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CHRISTIAN RELIGION AND REPRODUCTIVE HEALTH BEHAVIOUR: A CASE STUDY OF YOUTHS IN MAKURDI LOCAL GOVERNMENT AREA

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Abstract

There has been an increasing awareness of the need to pay special focus on the adolescent and their sexual and reproductive health. Religion plays a significant role in the life of individuals in every society. Its role as a moral builder has been variously acknowledged. This study examined the role of religion on the reproductive health behaviour of youths. The study was conducted in Makurdi, Benue State. Data for the study were collected from a representative sample of youths resident in Makurdi local government area. A total of 550 youths were successfully sampled using the purposive sampling technique. Results are presented in frequencies and percentages and the relationship between religious commitment and youth reproductive behaviour was tested. The study found out that, religion is irrelevant for youth who even if they are aware of the religious values still have sexual intercourse before marriage. The study also revealed that peers and mass media affect sexual attitudes and behaviour more than religion. Though religious practices are indicators that should affect youth reproductive health behaviour and attitudes towards premarital sexual activity but it is not so in practical lives of the youths. Since religion does not affect the sexual lifestyles of adolescents, religious representatives should take note of this double moral standard and thereby assist the State towards supporting HIV/AIDS, STI prevention initiatives and the formulation of accurate health policies in the country.

Key Words: Reproductive Health, Youth, Religion, Behaviour, Sexual.

1. Introduction

Religion is one of the most important social institutions with pervasive effects on various aspects of people's lives, attitudes and behaviours. The importance of religion in understanding the behaviour of individuals, groups or even communities is illustrated by Bellah, (1973) who defined religion as "a unified system of beliefs and practices relative to sacred things, that is to say, things set apart and forbidden beliefs and practices which unite into one single moral community for all those who adhere to them".

This definition indicates that religion is a set of beliefs and practices that is shared by a group of people. It can be deduced from the definition that religion affects not only the group's behaviour but also the individual's behaviour. This serves as the social function of religion in people's lives. Religion enables people to cope with and face the problems of life and death, health and ill health, success and failure. It is the opium of the mass. It also integrates the society by upholding and legitimizing the societal norms and values including morality.

Apart from these, religion plays the important role of socialization by inculcating in children the norms and values of society, thus strengthening the societal values and moral beliefs. Religion provides guides about what is right and what is wrong in the society. Religion offers not only moral support for societal norms, but also backs this up with the threat of supernatural sanctions, thereby providing more powerful direction for human behaviour. By defining certain behaviour as sinful and others as "Pleasing to God", there is usually a compelling force on believers' of the religious doctrine to abstain from the "sinful" and disapproved behaviour and adhere to the "Pleasing and approved behaviour". Of particular interest in this study is the influence of religion on reproductive behaviour and sexuality of youth in particular and the society in general, in terms of sexual morality, fidelity and chastity.

Religiosity encompasses such dimensions as commitment to the religion, the strength of religious beliefs, and participation in religious activities individually or as part of a congregation. This paper develops the argument that religiosity has an impact on reproductive health behaviour outcomes (Lehrer, 2004).

The definition of religiousness has been debated. It is generally characterized by an organized set of beliefs and measurable practices within a community of people who accept an authoritative doctrine. Religious beliefs and practices have positive functions, enabling the individual to adapt to normative expectations of the group, thus insuring social stability. Religion can be conceptualized within social-cognitive models of health behaviour because religious beliefs and practices often influence cost/benefit analyses, value perception, perceived behavioural control, and social influence. According to Chatters, there is a growing body of literature that has found religious involvement to have a salutary effect on health behaviour and outcomes. Religious-based coping with life difficulties may be manifested as faith-oriented cognitive schemas, religious behaviours (such as prayer or meditation), or social interactions. Religious organizations have the potential to positively influence the sexual behaviour of their members. For example, some churches encouraged their members to avoid pre- and extra-marital sexual activity, thereby reducing their risks for AIDS.

Nigeria has a population of one hundred and forty million people (NPC 2006) which makes her the most populated nation in Africa. One third of her population is young people between the ages of10 to 24 years. The Nigerian National Youth policy (2001:2), defines youth as comprising persons between the ages 18 and 35 years who are citizens of the Federal Republic of Nigeria.

Young people between the ages of 10 and 24 years face serious reproductive health risks. These risks mostly arise from cultural and parental pressure and the differentiation of the roles and prospects of boys and girls. Again, lack of

sexual health services and information places young people at high risk for pregnancy, abortion, HIV/AIDS and sexually transmitted diseases (STDS).

1.1. Statement of the Problem

One factor that has not been given adequate attention is the role of religion in youth sexuality. Although studies have shown a correlation between youths' sexual behaviour and religious commitment Lehrer, (2004) no attempt to confirm the underlying mechanism through which religion affects sexual behaviour exists in Nigeria.

Religious values being the source of moral proscriptions for many individuals, the teachings of the churches and mosques are likely to play a role in the formation of individual attitudes, values and decisions. The extent to which religion influences individual attitudes and behaviour depends on the specific doctrines and policies of the churches and on the degree of integration and commitment of individuals to their particular religious institutions. Young people who grow up in religious households may accept rules proscribing sexual behaviour outside marriage. Some emphasise the importance of commitment, respect and trust before entering sexual relationships. Religion could also provide a sense of meaning in life, which in turn leads to considered decision-making. Religious groups help young people to develop morally and spiritually by transmitting the teachings and observances of their faith. Most faith-based organisations explicitly address the issue of adolescent sexuality within the context of faith through sex and abstinence education, parent-child communication.

Does religious commitment affect adolescent sexual behaviour in Nigeria? Because religious values are the source of moral proscriptions for many individuals, the teachings of the groups are likely to play a role in the formation of individual attitudes, values and decisions. This study examines the role of religion on adolescent sexual attitudes and behaviour in Makurdi metropolis.

This is the aim of this study.

1.2 Research Questions

1. What is the pattern of youths' reproductive health behaviour in Nigeria?
2. Does religion influence the reproductive health behaviour of youths in Nigeria?
3. Do youths' peer relations influence their reproductive health behaviour?

1.3 Objectives of the Study

The general objective of this study is to ascertain the relationship between Christian religion and youth's knowledge, attitude towards and practice of reproductive health, religious affiliation and knowledge of reproductive health while the specific objectives are:

1. To discover the age at which a youth learnt about his or her sexuality
2. To examine the influence of youths' religious affiliation on their attitude to reproductive health issues;
3. To explore the extent to which youths' peer relations impact on their attitude to reproductive health issues;

1.4 Research Hypothesis

Ho There is no significant relationship between religion and sexuality

H1 There is a significant relationship between religion and sexuality

1.5 Scope of the Study

The scope of this research encompassed religion, religious commitment and reproductive health behaviour of youths in Makurdi. This study would investigate the influence of religion on youths' sexual behaviour with special consideration for age, sex, marital status, individual perception, religious denominations, religious commitments etc.

1.6 Justification of the Study

Youths are important group of people in the society. An analysis of statistics and census figures show that youths constitute a substantial proportion of Benue population (NPC, 2006). With an estimated population of 5 million now, the youth population in Benue State is estimated to be about 2.8 million. The potential contribution of youths to national development is therefore considered to be high. The youth also constitute a significant portion of the human resources in the state both now and in the future, representing over 65% of the states, total population aged 10 years and above (NPC, 2006).

The concern with reproductive health of youth is derived from the need to optimally harness their capacities in order to optimize their potentials. Reproductive health problems represent a direct threat to the optimal realization of the potentials of youth resources both for individual and natural development.

1.7 Significance Of The Study

Religion plays a significant role in the life of individuals in any society. Its role as a moral builder cannot be over emphasized. This study examines the role of religion in youths' reproductive attitude in Nigeria. This study is significant.

2. Literature Review

2.1 Reproductive Health among the Youths in Nigeria

Nigeria's population is characterized by a youthful age structure with young people below thirty years accounting for one third of her population. This big young population has a number of reproductive health and social needs which society must address to enable them realize their full potential as they prepare for future challenges in life (UNFPA, 2003:4).

Policy makers' belief that adolescents are healthy because they survive childhood diseases and are not old enough to suffer diseases of old age, has led to neglect by the health care system. This has not been based on informed decisions on young people's life options and their sexual risk taking. Consequently, engaging in early and unprotected sexual activities combined with drug/substance abuse and sexual exploitations leads them to RH problems such as early and unwanted pregnancies, unsafe abortion; STI's including HIV/AIDS (Nigerian National Youth Policy, 2001:2)

According to (UNHS, 2006), there is early sexual initiation with an average age of about 16.7 for females and 18.8 for males and low current contraceptive use by young sexually active females with only 27.7% of 15-19 year olds using any modern method. Although condom use is increasing among males and young people aged 15-19, the rate is still low to protect youth from STI's including the deadly HIV.

2.2 Religion and Sexuality

One factor that has not been given adequate attention is the role of religion in adolescent sexuality. Although several studies have shown a correlation between adolescent sexual behaviour and religious commitment, no serious attempt to confirm the underlying mechanism through which religion affects sexual behaviour exists in Nigeria. Because religious values are the source of moral proscriptions for many individuals, the teachings of the churches are likely to play a role in the formation of individual attitudes, values and decisions. The extent to which religion influences individual attitudes and behaviour, however, depends on the specific doctrines and policies of the churches and on the degree of integration and commitment of individuals to their particular religious institutions. (Odimegwu, 2005)

The Christian religious groups have strong opposition against premarital sex, although such opposition is more radical among the Pentecostal and evangelical religious movements. While the latter can sanction their members by excommunication, the former can tolerate the offending members with the hope that they will turn a new leaf. Those with no religious affiliation would be most likely to accept and engage in premarital intercourse. Since most religious groups discourage premarital sex, the degree of commitment to religious organisations may be more important as a determinant of premarital sex attitudes and behaviour than religious affiliation. Individuals who attend religious services may receive more frequent religious messages against premarital sex. Their greater religious commitment may also make them more likely to accept the teachings of their religious institutions concerning premarital sex (Odimegwu, 2005). Thus, individuals who attend religious services frequently and who value religion in their lives are probably more likely than others to develop sexual attitudes and reproductive behaviour that are consistent with their religious doctrines. As a result young people who are active in religious groups would either have a greater commitment towards sexual abstinence before marriage or would place greater emphasis on maturity in sexual relationships than would young people less active in religious institutions.

Involvement in religious institutions would also enhance the chances of young people making friends with peers who have restrictive attitudes towards premarital sex and other reproductive health behaviours like, abortion, hard drug taking, contraceptive use etc. Young people who are active in religion would have increased contact with adults who might be influential in leading them to delay sexual involvement. The religious commitment of individuals can be influenced by their values and behaviour concerning family and personal issues. Individuals with attitudes inconsistent with the teachings of their religious institutions can resolve such discrepancies through a number of mechanisms, including making redefinitions of the group's position on a subject or modifying their positions to be more in tune with that of the faith (Gardner, 1993).

3. Determinants of Youths' Reproductive Health Behaviour In Makurdi

Several factors determine youth's sexual behaviour. Majority of these factors are common to youths worldwide, however others are peculiar to youths in Nigeria and Makurdi particularly.

Youths Knowledge and Perception of Sexual and Reproductive Issues

It is a common assumption that adequate knowledge of RH issues by youths will affect their perception of these issues and so determine their sexual behaviour.

Access to Youth Friendly RH Services

It is recognised that access to RH facilities could influence RH behaviour. Adolescent friendly clinics create the environment that attract and serve youth. Unfortunately there are few or nonexistent. In the UNFPA baseline survey in Benue state majority of respondents in both urban and rural areas do not know of youth service centre in their locality.

Legal Restriction on Abortion

The legal restriction of abortion services has been a very contentious issue in Nigeria. Abortion is a major cause of maternal mortality in Nigeria. Experts have argued that liberalising the law on abortion will reduce abortion related deaths through increased access to safe abortion. The changes in abortion related mortality in association with the liberalisation of abortion in Romania is a typical example often cited.

Education

Studies have shown that adolescents with little or no formal education are more likely to have had sex and would have initiated sex earlier. This situation is quite encouraging as school based adolescent health programmes has the potential of reaching a large percentage of adolescents in the state.

Socio-Cultural Factors

Available reports indicate that a varied proportion of parents do not discuss sex and sexuality with their children. Because, they believe it would promote sexual promiscuity, and contraceptive use is believed to cause infertility, it could kill.

Peer Pressure and Influence

Peer pressure is a significant determinant of youths reproductive health behaviour. Male adolescents more often than females identify peer pressure as one of the reasons for having sexual activity.

Gender Norms and Values

It has become obvious that gender norms and values make significant contributions to adolescent sexual behaviour and RH. The culture in Makurdi show preference for the male child and accord him privileges often to the exclusion of the female child. This leaves the female with little or no education and at a low socio-economic stratum with sex as the only bargaining tool.

Socio-Economic Factors

Youths in the study area especially female go into commercial sex/prostitution in order to make ends meet while their male counterpart indulge in dealing with illicit drugs, thuggery in order to cope with the high social life style. All these result from lack of job opportunities.

4. Research Methodology

4.1 Introduction

This chapter will discuss the methodology through which the empirical aspect of the study will be achieved. The chapter provides the information by which a study's validity is judged and also renders explanations to the processes and procedures used in collecting and analysing data for this study.

4.2 Research Setting

The area under investigation by the researcher is Makurdi Local Government Area. Makurdi is located within the Middle Belt Zone and is the capital of Benue state linking the Northern and Southern parts of the country Nigeria. Makurdi, is located at 7.7411 [latitude in decimal degrees], 8.5121 [longitude in decimal degrees]. The average elevation of Makurdi.

The dominant population of Makurdi within the working age is in the civil service, with many civil servants from the Federal, State and Local government authorities. The study area is also characterized with certain degree of economic, political, and religious activities which goes on daily with high level of social relationships between members of its population. The level of socio-economic activities there is influenced by the number of people who move into the area frequently for service labour.

4.3 Research Design

The research design is social survey. The research is a descriptive study that explores the impact religion has on reproductive health behaviour of youths in makurdi local government area of Benue State in Nigeria.

4.4 Sample and Sampling Technique

A non probability sampling (purposive sampling) technique was used to recruit 550 respondents for the study. Purposive sampling technique was used because of the type of respondents under study and the main criterion for this technique is due to the fact that the study was carried out when Secondary Schools were on holiday and Universities on strike.

4.5 Method of Data Collection

The quantitative method of data collection was adopted for this study through the use of un semi-structured questionnaire to gain insights into the context in which religious affiliations/commitments regulates the reproductive health behaviour among youths and make suggestions for feasible interventions in this population.

4.6 Methods of Data Analysis

The method of data analysis involves quantitative method. The quantitative method is based on univariate and bivariate analyses. The univariate analysis which is purely descriptive uses frequency counts and percentages to present the data and the relationship between variables is established. The questionnaire employed both open-ended and closed-ended questions; it was designed to be self-administered. The questionnaire was divided into two (2) sections. The first section asked for the socio-demographic data of the respondents. The second section assessed the impact of religion on youths' reproductive health behaviour. The copies of the questionnaire were administered over a period of two weeks. A total of 550 questionnaires was administered and 515 (93.6%) of these questionnaires were retrieved. The completed questionnaires were checked for completeness and a coding guide was developed to facilitate data entry. The data was analyzed with Statistical Package for Social Sciences (SPSS) software package, version 16.0 using descriptive statistics and chi-square at 0.05 significant level.

5.0 Ethical Consideration

The nature, purpose and process of the study were explained to the respondents after which verbal consent were obtained from those who agreed to participate in the study. Respondents were assured of confidentiality, privacy and anonymity of information provided and giving the choice not to partake in the study if they so desired and as many that agreed were recruited for the study.

6.0 Discussion and Conclusions

Young people who grow up in religious households may accept rules proscribing sexual behaviour outside marriage. Some emphasise the importance of commitment, respect and trust before entering sexual relationships. Religion could also provide a sense of meaning in life, which in turn leads to considered decision-making. Religious groups help young people to develop morally and spiritually by transmitting the teachings and observances of their faith. Most faith-based organisations explicitly address the issue of adolescent/youth sexuality within the context of faith through sex and abstinence education, parent-child communication.

The study revealed that 50% of the male and 34.5% of the female students had initiated sex. Boys initiated sex earlier than the girls (17 years for boys and 19 years for girls). This is in line with existing literature (Odimegwu, 2005).

Most of the adolescents agreed that sexual intercourse should only take place in marriage (75% for males and 89% for females) although 95% agreed that premarital adolescent sex could be allowed in a steady relationship if there is a commitment to marriage. Premarital adolescent sexual act, irrespective of marital status, was strongly approved by 74% of the respondents. Sexual intercourse is seen as a way of strengthening relationships.

The study also revealed that religious variables are associated with initiation of sexual activity. It indicates that across the various religious factors, initiation of sexual activity was higher than current sexual behaviour with clear-cut differential in gender. The differences are statistically significant. More of the male students in the various religious categories had initiated sex, reported been currently sexually active, and had more sexual partners than female respondents.

The effect of religious practice does not depend so much on religious affiliation. This tends to show that one can be in any religious group provided s/he carries out the teachings and doctrines of the holy writs, s/he can be regarded as religious. This indicates strongly that participation and commitment to religious beliefs and practices rather than affiliation is more important in determining sexual attitudes and behaviour. All the major religions are opposed to the expression of sexuality outside marriage among young people to serve as a deterrent to the adoption of permissive attitudes and to prevent sexual activity. At the same time, all of the major groups are apparently sufficiently negative towards premarital sexuality, that young people of all religions who come to accept premarital sex adjust their relationships with their religious organisations.

If religiosity can prevent adolescents from premarital sexual activity, it has a great implication for the current HIV/AIDS prevention activities in Nigeria. It has an important meaning for religious leaders and policymakers in Nigeria. For religious leaders, their present silence and non-involvement in HIV/AIDS prevention in Nigeria is dangerous. Religion is a powerful tool with which to address both the HIV and AIDS prevention. It plays central and integrating role in the social and cultural life of the people than the health workers. The voice of religious leaders is highly respected because of the moral authority they command. Green (2001) has observed that the role of religious organisations in some countries contributed to the current stabilisation of HIV/AIDS prevalence rate in those countries. Policymakers should make conscientious efforts to mobilise religious leaders in this current drive. Religious leaders in their different corners are involved in various exciting innovative programmes that influence the life and health of their followers, and yet little is known about the effectiveness of these programmes on adolescents' attitudes and behaviour in relation to sex.

Conclusions

The study revealed that peers and mass media affect sexual attitudes and behaviour more than religion. Though religious practices of attending religious services frequently, daily exercises of bible reading and prayer, evangelisation measured by preaching and distribution of religious leaflets and tracts, are critical religious indicators that should affect youth reproductive health behaviour, attitudes towards premarital sexual activity, and engagement in current sexual behaviour but it is not so in practical life of the youths. In theory religious affiliation and commitment are seen as a guide to the sexual behaviour of the youths but in reality the case is different as seen in the analyses of the relationship between religiosity and sexual behaviour. There is no significant relationship between the study variables.

The effect of religious practice does not depend so much on religious affiliation. This tends to show that one can be in any religious group provided s/he carries out the teachings and doctrines of the holy writs; s/he can be regarded as religious. This indicates strongly that participation and commitment to religious beliefs and affiliation does not determine the actual reproductive, sexual attitudes and behaviour of youths. Although, all the major religions are opposed to the expression of sexuality outside marriage among young people to serve as a deterrent to the adoption of permissive attitudes and to prevent sexual activity. At the same time, all of the major groups are apparently sufficiently negative towards premarital sexuality, that young people of all religions who come to accept premarital sex adjust their relationships with their religious organisations.

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Further study is needed in this area in order to establish a longitudinal relationship between reproductive health issues and religion and vice versa including other factors that play important role in the effect produced. Factors such as: ethnicity, parental characteristics, peer influence and community factors should be included in future studies so that there would be a proper and comprehensive understanding of the complexity of the relationship between religion and reproductive health behaviour. Nigeria and other countries ravaged by HIV/AIDS pandemic should pursue this course of action.

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