

Perception of and Attitudes toward the Nigerian Federal Population Policy, Family Planning Program and Family Planning in Kaduna State, Nigeria

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ABSTRACT

This paper discusses the perceptions of the Nigerian population policy, family planning program and family planning using data obtained from a 1995 survey of 600 Atyap women aged 15–49 years, in Nigeria. Additional qualitative data were obtained from married and unmarried women and men, clergymen, government officials, and respected community elders. The predominantly Christian and rural Atyap community generally accepts modern contraception and the need for family size reduction but considers the “four-is-enough” policy to be unacceptable. Religion may be important in determining the success of the federal government to reduce family size to four children by the year 2000. (*Afr J Reprod Health* 2000; 4 [1]:66-76)

RÉSUMÉ

Perception et attitudes vis-à-vis de la politique de la population fédérale nigériane, du programme de planning familial et du planning familial dans l'état de Kaduna, Nigéria. Ce travail étudie à la fois les perceptions de la politique de la population du Nigéria, du programme de planning familial et le planning familial, à l'aide des données recueillies d'une enquête menée en 1995 auprès de 600 femmes d'Atyap, au Nigeria, âgées de 15-49 ans. Des données supplémentaires ont été recueillies auprès des femmes et des hommes mariés et non-mariés, du clergé, des fonctionnaires et des honorables aînés de la communauté. La communauté atyapienne, en majorité chrétienne et rurale, accepte en général la contraception moderne ainsi que la nécessité d'une réduction de la taille de la famille, mais n'accepte pas la politique de “quatre enfants, cela suffit”. La religion sera peut-être importante pour déterminer le succès du gouvernement fédéral à l'égard de ses tentatives de réduire la taille de la famille jusqu'à quatre enfants dès l'an 2000. (*Rev Afr Santé Reprod* 2000; 4 [1]:66-76).

KEY WORDS: *Population policy, family planning program, Kaduna State, Nigeria*

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Introduction

The 1988 population policy of Nigeria¹ is presumably “predicated on the right of couples and individuals to decide fully the number and spacing of their children...”, but its goal of reducing birth rates and associated strategies² address the basic question of a population policy, “which is how to give society the number of children they need”.³ One of the strategies for achieving the goals of population policies is the development of family planning programmes which, through reliance on the diffusion of ideas, are believed to increasingly play a very important role in promoting contraception,⁴ and subsequently, fertility decline. Independent of economic and social changes, family planning programmes are considered to have played a key role in reducing fertility in less developed countries between 1975 and 1990.⁵ In Kenya, for instance, Robey and colleagues⁶ asserted that strong commitment to the family planning programme by the government and donor organisations, through efforts in changing attitudes towards contraception and provision of contraceptives, led to an increase in contraceptive use and fertility decline.

Nigeria, as a result of deepening economic crisis,¹ succumbed to pressure⁷ to launch its first national population policy in 1989. This policy aimed at reducing the population growth rate through reducing fertility from six to four children per woman by the year 2000. Since the launching of the population policy, educational and family planning programmes aimed at providing education on population issues and making modern family planning methods readily accessible to all Nigerians, are reported to have been fairly successful.^{1,6} Entertainment shows with family planning messages and other campaign strategies were reported to have greatly increased the number of family planning clients.⁸ The shows were also increasing the proportion of couples jointly taking decisions on family size in the southern and western parts of the country, where fertility started declining.¹ However, while the shows have been successful in the southern parts of the country, recent reports⁹ suggest that the northern part of Nigeria has been resisting government and allied efforts to reduce fertility.

Social differentials within and among ethnic groups provide clues to important or major deter-

minants of social change, and future trends within the groups and the nation at large.¹⁰ Nigeria has about 426 ethnic groups that are culturally diverse¹¹ and that adhere principally to Christianity or Islam (about 10 per cent are Traditionalists).^{11,12} Therefore, studies, particularly among the minority ethnic groups in the “former Northern Nigeria”, who are culturally and religiously very dissimilar to their Hausa-Muslim neighbours, are necessary. Unfortunately, although research activities in demographic processes have increased in Nigeria, they are mostly concentrated in the southern part of the country and research in Northern Nigeria has mostly focused on the Hausa-Fulani. For instance, about 96 per cent of the sample for the 1981/82 Nigeria fertility survey for the former Kaduna State was Muslim and, most likely, Hausa.¹³

This paper uses data from the Atyap (also called Kataf or Katab by the Hausa), one of the ethnic minority groups in the southern part of Kaduna State, to examine how the people perceive the Nigerian government’s strategies for population control, namely, the population policy, family planning programme and family planning. The focus of the paper is on the influence of religion and the religious institution on people’s perceptions, and it relies upon qualitative data.

Research Setting, Data and Methodology

The Atyap Community

The Atyap live in Zongon-Kataf Local Government Area (LGA), one of the LGAs in Kaduna State, and they share the LGA with the Ikulu, Bajju and Kamantan. The population of Atyap community is not known but is estimated to be more than half of the approximately 145,000 reported for the Zongon-Kataf LGA from the 1991 census. The Atyap, along with several other ethnic groups inhabiting the southern part of the state, are predominantly Christians. By the 1930s, four Christian missions — Sudan Interior Mission (SIM), the largest, which is presently called the Evangelical Churches of West Africa (ECWA), the Roman Catholic Mission, the Church Missionary Society (CMS) and the Sudan United Mission (SUM) — were operating in southern Kaduna.¹⁴

Traditionally, the Atyap were predominantly engaged in agriculture, as the area, like other parts of the middle belt of Nigeria, is blessed with abun-

dant rainfall, rich soil and a mild climate. However, the arrival of Christian missionaries to Atyap homeland in 1920¹⁵ and the establishment of numerous western-type educational institutions, especially by Catholic and Protestant missions, introduced skills for other economic activities. Acceptance of Christianity enhanced the acceptance of western type of education, which became the means of occupational and social mobility. Similar phenomena have been observed among some groups in Sudan.¹⁶ Western-type education is, therefore, vigorously pursued by both sexes in the community as a means of occupational and social mobility.

Data and Methodology

The data for this study was obtained through a survey of Zonzon Atyap, one of the seven administrative units in Atyap homeland, between July and December 1995. The survey was conducted when the Federal Government of Nigeria in 1995 had not released the 1991 Census state level population figures. Distance to the major highway that passes through Atyap homeland, and the dominant religious denomination in the villages were used to select 10 of 15 Zonzon villages for conducting the survey. The latter allowed us to examine the influence of religion on fertility behaviour. Other criteria used include educational and medical facilities and the convenience with which the researcher could conduct the study within the time span of six months.

The qualitative data were obtained from seven focus group discussions (FGDs) made up of two FGDs of married and single Atyap males; and five FGDs of uneducated and educated, married and unmarried Atyap women (two urban and three rural FGDs). Thirty in-depth interviews were also conducted with clergymen, state and local government officials, respected community elders and selected women. Issues discussed during both FGDs and in-depth interviews include, *inter alia*:

1. What they understand family planning to mean
2. Views about modern and traditional methods of family planning
3. How information on family planning methods used is acquired
4. Difficulties, if any, couples experience in obtaining family planning services

5. Views about the Nigerian "four is enough" population policy and the implementation of the programs of the population policy.

Quantitative data sets used for this paper came from a household census of all inhabited dwellings (n = 446) in the survey villages and a questionnaire schedule administered solely by the author among 600 women from randomly selected inhabited dwellings (n = 278). Data collected during the household census include basic background information such as ethnicity, age, sex, education and marital status. The individual survey, in addition to the household items, included information on religious beliefs and practices, attitude towards family planning and family size, the proximate determinants of fertility, children ever born, number of surviving and dead children, and live births five years prior to the survey. The study by Renne⁹ among Muslims in Zaria, a northern town in Kaduna State, is heavily used to report the perceptions of the Atyap's Hausa neighbours.

The analytical approach employed is one which uses quantitative data to support or validate findings of qualitative data.¹⁷ Both excerpts and third person reporting have been employed in the presentations. Excerpts are those conveying widely shared views, beliefs and attitudes. To ensure absolute anonymity of all respondents, the use of names or pseudonyms was avoided.

Findings

Characteristics of Household Population and Survey Women

The Atyap population is quite young with a large proportion having some form of Western education (Table 1). About 41 per cent of the household population were under 15 years of age, and about 80 per cent of those aged six years or above were educated.

Approximately, 62 per cent of the 927 female household population aged 15–49 years (not shown), and 62 per cent of the survey women had secondary or higher education. Fifty-seven per cent of participants in FGDs were 30 or more years old, while 73 per cent FGD participants and 60 per cent Atyap men and women interviewed in-depth had secondary or higher education (not shown).

Table 1 Per cent Distribution of Atyap according to Age, Marital Status and Education by Sex, Zonzon Atyap, 1995

Characteristic	Household population			n	Survey women	
	Male (%)	Female (%)	Total (%)		(%)	
<i>Age group</i>						
<15	41.7	40.0	40.8	1552	—	—
15–29	33.0	30.0	31.4	1196	60.3	362
30–49	12.9	16.7	14.9	568	39.7	238
50+	12.4	13.3	12.9	489	—	—
Total	100.0	100.0	100.0	3805	100.0	600
Number of cases	1823	1982	3805			
<i>Marital status</i>						
Currently married	43.3	50.0	46.9	1058	57.8	347
Widowed	2.4	13.4	8.2	186	4.2	25
Divorced	0.2	0.3	0.2	5	0.8	5
Separated	0.4	1.1	0.8	17	1.7	10
Never married	53.7	35.2	43.9	992	35.5	213
Total	100.0	100.0	100.0	2258	100.0	600
Number of cases	1066	1192	2258			
<i>Education</i>						
No education	13.9	24.9	19.7	643	17.5	105
Primary	37.0	36.5	36.7	1200	21.0	126
Secondary/Higher	48.1	36.5	42.1	1372	61.5	369
Adult education ^a	1.0	2.1	1.6	53	—	—
Total	100.0	100.0	100.0	3268	100.0	600
Number of cases	1544	1722	3268			

Source: Zonzon Atyap Household Survey, 1995

^aFormal classes for religious education offered by Christian denominations to equip adults for teaching religious knowledge at elementary schools. Percentages may not add to a hundred due to rounding.

Ideal Family Size Decisions: Whose Prerogative?

Most participants of FGDs and Atyap women interviewed accepted the need to re-evaluate fertility aspirations but argued that individual couples have the prerogative to liaise with God concerning the number of children they could have without imposition from anybody or group. Expressing her

views about the “four is enough” policy, a 38-year-old diploma holder stated:

... those that formulated this policy are human beings. Did they ask God about the ideal number for Nigerians? [...] They should not give us any number as if they are God. Do they create children? (26/10/95)

Views about Family Planning

An NGO personnel interviewed during the 1995 Zonzon Atyap survey reported that the family planning campaign was initially rejected in northern Nigeria because the Nigerian government introduced family planning as *kayeda* (Hausa word for "limiting or stopping birth"), rather than "spacing", through the use of modern methods. He further observed that there was still a strong resistance to family planning campaigns by some people and groups in northern Kaduna State, in spite of the change in definition from "stopping birth" to "spacing of births" by government's family planning campaigners.

However, most of the Atyap survey respondents seem to have accepted both definitions of family planning as shown in the following phrases:

It (family planning) means you should have them in such a way that the older can carry the younger one (spacing). (34-year-old degree holder, 28/10/95)

and

... it is something done when a woman has difficulties in childbirth or unable to provide for her children (stopping childbearing). (47-year-old uneducated rural woman, 12/10/95)

In spite of the differences in their perceptions of family planning, the Atyap generally accepted it as good, and modern methods of family planning were preferred to traditional methods. Table 2 shows that among the Atyap women surveyed, 98 per cent knew of at least one method of family planning and 96 per cent had knowledge of modern methods. The table also shows that 86 per cent of all women and 91 per cent of ever-married women approved of the use of family planning methods, while 61 per cent and 69 per cent of all and ever-married women respectively, approved of relaying family planning messages through the radio.

Almost all the Zonzon Atyap Survey respondents mentioned physical risks such as sterility, cancer, high blood pressure, weight increase or loss and death, in the use of some modern methods. For example, a Catholic mother of four surviving children angrily stated:

Contraceptives almost killed me. If I were not educated, I'm sure I would have died... (26/10/95)

A 34-year-old mother of five living children and a university graduate expressed fear of these side effects, which she believed many contraceptive users were experiencing.

Table 2 Per cent Distribution of Women by Selected Demographic Characteristics, Zonzon Atyap, 1995

Characteristics	All women (%)	Ever-married women (%)
<i>Knowledge of family planning</i>		
Any method	97.8	99.7
Modern methods	96.2	99.2
Approval of family planning by women who know a method	86.4	90.6
Approval of dissemination of family planning messages through the mass media	61.0	68.8
N of women	600	387

Source: Zonzon Atyap Women Survey 1995

Although the side effects of the modern methods were considered by the respondents to be too serious to ignore, the preference for modern methods was still acknowledged in statements such as:

[...] *Modern methods are better than the traditional because they are more effective, and the traditional ones are only meant for stopping childbirth.* (41-year-old uneducated rural woman, 1/10/95)

[...] *Traditional methods are not as good as the modern ones because their effectiveness depends on luck. It was the second traditional one that helped me stop childbearing.* (45-year-old educated urban woman, 21/10/95)

[...] *You can use IUD for spacing and use sterilisation or the injection for stopping childbearing.* (35-year-old uneducated rural woman, 1/10/95)

[...] *Modern methods are better because they are meant for both believers (Christians) and unbelievers and are given in the hospital where everybody, irrespective of religious faith, can go.* (37 year-old educated rural woman, 21/10/95)

According to one of the Protestant clergymen:

...modern family planning is good because it helps couple have adequate birth spacing that will result in just the number [of children] they can care for adequately. (26/9/95)

Also arguing in favour of modern family planning methods, another Protestant clergyman observed:

God has given us wisdom to choose what we know will help us...The woman's eggs are not life already; so it's not a sin to stop getting pregnant by using family planning. (29/9/95)

However, as reported for northern Nigeria generally by an NGO official, government's initial definition of family planning as "stopping childbearing" also met with some resistance among the Atyp. One of the clergymen explained that some pastors tend to discourage the use of permanent methods [sterilisation] because,

...we liken stopping childbearing to murder since we don't know the number of children God has blessed that couple with.

But he reported that those members of his congregation who viewed family planning as stopping

childbearing and so rejected it, were corrected and told:

...family planning is only spacing of births until you naturally stop childbearing. (12/8/95)

Family Planning Campaigns

I was on the lookout for any billboard posters advertising the family planning campaign or educating the people about family planning because of reports that the mass media is widely and effectively used in Nigeria.^{1,8,18} I was shown a stock of posters in the Ministry of Health and the PPFN in Kaduna, but except for the few displayed in offices of officers involved in the family planning campaign, there was nothing by the streets or roads linking towns. In addition, throughout the 1995 Atyp survey, people that had been requested to be on the lookout for any family planning campaign on the radio or television reported that they heard or saw nothing. Although this is no proof that the electronic media does not convey family planning messages in the state, a government official involved in the family planning campaign reported that the state government

...no longer requests for time slots (for relaying family planning messages) since the state is hard of funds. Local governments are presently left to initiate programs. Now, we aren't doing anything because there is no transportation, no nothing. (23/10/95)

The situation among the Atyp indicates that even if the mass media is effectively being used, the family planning campaign is not reaching majority of the rural population through this communication medium. Although 61 per cent of the Atyp women considered provision of family planning information on the radio and television good and beneficial, only six per cent reported that they had ever heard family planning messages through the radio or television, and less than one per cent heard any in the month prior to the survey. Similarly, only three per cent read any newspaper or magazine at least once a week. This could largely be attributed to the non-availability of electricity supply in the survey site (very few families owned generators), and the women reported that economic difficulties hinder replacement or repairs of broken down radios or purchase of batteries. There was also no news agency in the survey area.

In spite of the scenario described above, knowledge of modern methods of contraception has been shown to be high among the Atyap women. The main sources of family planning information among the Atyap, as given by the respondents, include religious institutions and organisations, hospitals or/and antenatal clinics, and friends. The church seemed to be the major source as the pastors, all the four government officials, and leaders of Christian women's organisations reported that they provided family planning messages through churches and church organisations. One of the ECWA pastors reported that the denomination introduced family planning services in all its clinics in 1992, and more family planning posters were observed in this clinic than in the Zongon-Kataf Government General Hospital situated in the study area.

Relatively large proportions of the sample of Atyap women were educated, approved of the dissemination of family planning messages, had knowledge and approved of modern family planning methods in 1995, compared with the northwest female sample in 1990. Of the northwest subsample of the 1990 Demographic and Health Survey, about 12 per cent had formal education and 28 per cent had knowledge of any modern family planning method. In addition, 54 per cent approved of family planning and 37 per cent considered dissemination of family planning messages to be good.² A greater number of younger Muslim women in the predominantly Muslim northwest region with which Kaduna State is grouped, may have been attending school in 1995, and more are likely to have knowledge of contraceptives. However, the educational attainment of the Atyap is more like those of the predominantly Christian southern regions of Nigeria.¹⁹ Therefore, it is assumed that a difference in educational attainment between the Zonzon Atyap and the northwest region women still exists and may partially account for the differences in perceptions and attitudes.

The above reported views and attitudes toward family planning are not unique to the Nigerians. The definition of family planning as limiting of births was also found to contribute to the rejection of family planning by the Mayans of Guatemala.²⁰ The view held by some Atyap clergymen that the use of contraception is religiously right, has also been expressed by Jayasekara,²¹ who pointed out

that although interference with the fetus is wrong, "it is within scriptural allowance to prevent fertilisation" when a child is not desired. Furthermore, the perception of family planning as a means for spacing births has also resulted in positive attitudes towards family planning in other African countries.²²

Approval of modern family planning methods for spacing of births by the Atyap is partially due to the abhorrence of close birth intervals by this community in which postpartum abstinence duration has declined from a mean duration of 15 months in 1986²³ to an average of 11 months in 1995. The traditionally sanctioned postpartum abstinence duration is two or three years, which according to some survey respondents was meant to avoid polluting breast milk through sexual intercourse and short birth intervals that retarded the growth of the child. It was also considered to be good for the health of the mother, who needed time to recover from the ordeal of childbirth. In Niger, to the north of Nigeria, all these reasons were also found to be the underlying factors for accepting family planning.²² A strong desire to space births in an environment of high educational levels and availability of contraceptives, which also generate great pressure to reduce the duration of postpartum abstinence,²⁴ has also been found to enhance acceptance of modern contraceptives among the Yoruba.¹

Focus group data revealed that many Atyap women link their health to birth intervals. Some of the women strongly argued that birth intervals shorter than the traditional duration are resulting in the deterioration of Atyap women's health. A 45-year-old uneducated mother of eight children suggested birth intervals of 4–5 years to ensure the health of mothers in view of the economic difficulties the Atyap women were experiencing. Most of the women, educated and uneducated, suggested a birth interval of three years as ideal for ensuring mothers' health, and recommended the use of modern family planning methods to achieve it.

The Influence of Religion on the Perception of the "Four is Enough" Policy

The NGO official interviewed during the 1995 Zonzon Atyap Survey observed that the federal government was sitting on the fence with regard to

population issues, and attributed it to religion and the economic situation of the country. The influence of religion on national issues has also been observed by Turaki¹⁴ who pointed out that religion has continued to have great influence in both social and political life and institutions in Nigeria in spite of the official claim of secularity of the nation. Political leaders are expected to be keepers of the religious moral order rather than its modifiers.²⁵ For example, a former ambassador who is a Muslim remarked that it would be unwise for the Muslim policy makers in Nigeria to pass family planning laws contrary to their religious beliefs.⁹

Atyap clergymen and some Atyap respondents observed that,

...although the Bible says we should multiply and fill the earth, it also teaches that having the number of children we cannot provide for is a sin.

Some of the Atyap's clergymen reported that they encourage their members to limit their family sizes but only after consulting with God. A female respondent also explained:

If we decide the number [of children] without seeking His [God's] mind about it, He may decide to punish us and not allow us achieve our goal.

The idea of liasing with God concerning family size and birth control was also expressed by a Kenyan Christian. She was quoted as stating:

Before having tubal ligation [after three children], I was really praying to God to be very sure about the decision I was about to make...²⁶

In contrast, some Muslim religious leaders in Nigeria believe that

...the implication of limiting family size that Allah will not provide is blasphemous.²⁷

However, many of the Atyap respondents, like some Muslims, tend to disapprove of government's 'four-is-enough' campaign, but for a different reason. While some Muslims consider the suggestion by government to limit family size to four children for economic reasons to be religiously blasphemous, the Christian Atyap consider its link to national economic recovery to be an unacceptable political gimmick. In spite of their support for smaller family sizes, some respondents strongly argued that a reduction in family size is not the key

to improved living standard but a return to God in repentance. They argued that even if Nigerians reduced their family sizes to two children, their economic situation would not improve "unless we change our evil ways." The views of both urban and rural respondents were expressed by one of the urban women who asserted that:

...it is our human reasoning that makes us think children are the problem. Children are not the problem but sin. If we (Nigerians) turn to God, then we will be in a better position to come up with solutions to the hardship. We should wash our hearts and then go to God for help rather than thinking reducing family size will solve our economic problems. (45-year-old mother of eight children, 1/11/95)

The head of the Presbyterian Church in Nigeria is reported to have also announced, during the 1988 Independence Day, that the ills of the Nigerian society, economic hardship and others, was God's judgement and punishment for sin.²⁷

The views expressed by the Atyap and their clergymen are interesting because they suggest that they do not perceive the Bible as containing, nor the church as giving purely pronatalist teachings as often suggested by scholars. Therefore, the assumed teachings of Bible and the church may require further investigation and analysis, in various populations, for better understanding of the influence the Christian religion and its institutions may be asserting on fertility behaviour.

The Influence of Religion on Attitudes towards Family Planning

Although Renne⁹ downplays the role of religion in the rejection of the campaign for family planning in northern Nigeria, many responses reported in her article and cited above clearly suggest otherwise. Religion has long served as a constraint on "many who may secretly want to limit the number of children" in Nigeria.²⁸ Data from the 1995 Zon-zon Atyap Survey also highlight the influence of religion on the attitudes towards family planning.

A government official interviewed during the survey observed that:

[...] Some government officials who accept family planning (use of modern methods) do not want to be seen openly supporting it for fear of being ostracised by members of their religion. (23/10/93)

The NGO official also reported that some of his friends secretly saw him at home for modern family planning services and that negative propaganda by some religious groups and individuals were responsible for the secrecy and rejection of family planning. He added:

...when I took this job, some friends and relatives rejected me. They now have nothing to do with me ... I granted the BBC an interview, in which I stated that malams were aiding family planning by citing from the Quran, verses that encourage (it). At the Jumaat Mosque (in Kaduna) I heard the malam informing worshippers that one of us (Muslims) had stated that Islam supports family planning. He went on to explain to the worshippers that it was a lie to say Islam supports family planning. If the worshippers closest to me knew I was the one being referred to by the malam, I would have been lynched there and then. (23/10/95)

He further maintained that,

... to the best of my knowledge of the Quran, Islam does not oppose family planning.

However, he pointed out that certain methods might not be acceptable to Muslims and reported that the Hausa-Muslim women prefer and were using traditional methods, often acquired from *malams*. Other studies have reported that some Muslims disapprove of artificial methods such as IUDs, which are considered to be bodily invasions of the woman and contrary to Islamic values.^{29,30}

Atyap Catholics and Protestants, as reported for Christian groups in Nigeria,⁷ also have strong objections to certain population control methods, particularly abortion. The Catholic clergymen among the Atyap also endorsed the official Roman Catholic's stand against the use of artificial modern family planning methods by its members. In contrast, as has been reported earlier, Protestants approve of the modern artificial methods of contraception but take a doctrinal stand against the use of some traditional methods. The evangelical Protestant denomination, especially the ECWA, generally teaches against going to traditional doctors or herbalists who, they believe, get powers from the devil for diagnosis and treatment of ailments or for solutions to childbearing problems. One of the Atyap Protestant church elders explained that it is "risky" for Christians to use the traditional methods because,

... some of the traditional methods are acquired by the herbalists through devilish means and some of the instructions for use given to the client, are often contrary to the teachings of the Bible. (24/7/95)

A female respondent with secondary education also explained:

As a Christian, I don't want to be seen in a traditional doctor's place as people may give wrong interpretation as to why I went there. (2/10/95)

Another religious reason for approving modern contraception, clearly expressed by one of the post-secondary educated married rural respondents, is that the Bible

... teaches we shouldn't deny each other our bodies. It is then a sin if a woman refuses her husband's sexual advances. (27/10/95)

Thus, in order to obey this biblical injunction without having the culturally undesirable closely spaced births, both men and women approved of modern contraceptives over the traditional ones. All participants in the two male FGDs strongly approved of modern methods of contraception. The women survey data shows that about 70 per cent of 295 currently married women, who knew their husbands' views about the use of family planning, indicated that their spouses approved of it. Thus, high commitment to particular religious doctrines can result to positive attitudes toward modern contraception.

As observed by Bygrunhanga-Akiiki,³¹ the discussion in this section indicates that Christians and Muslims in Nigeria accept family planning although they differ in their preferences of the contraceptive methods. The acceptance of modern methods by Protestants may lead to greater use of these more effective methods of birth control than the natural and traditional methods that are more acceptable to the Catholics and Muslims.

Conclusion

The rejection of government's ideal family size by the Atyap in favour of the one arrived at after couples have liased with God, and some Muslims' view that limiting family size for economic reasons is religiously blasphemous, may delay the adoption of the small family in the state. A reduction in the desired family size has been found to precede the

onset of fertility decline in most sub-Saharan African countries.^{32,33}

The findings of this study demonstrate how different religious groups may resist government population policies for different reasons. Nigerian governments should therefore locally organise and support studies that would provide information needed for adopting policies and programmes that best suit local socio-religious environments.

The approval of modern contraceptives for spacing births by the Atyap indicates that, if the family planning campaigns were properly handled, they could result in acceptance and use of modern methods as alternative methods for birth spacing by societies that traditionally approve of long birth intervals.

The study also provides evidence that, if the perceptions of a generally religious society are taken into consideration in the formulation and implementation of population programmes, its religious groups or institutions may serve as effective promoting agents. The church in Atyap homeland, for instance, has compensated for the failings of the national family planning program in providing family planning information and services. Williams³⁴ also reports that respect for the religious beliefs of Jordanians led to an increase in family planning services and acceptance of the pill and IUD in addition to traditional birth spacing methods promoted by the Jordan Family Planning Association (JFPA).

Furthermore, the data presented in this paper tend to support Targett's³⁵ assertions that there is a need to assess the importance of religion in how individuals perceive things, and in their attitudes. The clue for understanding the fertility behaviour of highly religious groups, as found in sub-Saharan Africa²⁵ may lie in this assertion. Therefore, evidence that reveals the influence of religion should be further examined for better understanding of the aspects of the religion that produce them.

John McWilliam, USAID's Nigerian Family Health Service Project administrator, made the despairing remark: "People try to simplify Nigeria. Believe me, there's nothing simple about this place."²⁹ Since Nigeria is such a complex society, by virtue of its population size and cultural and religious diversity, there is an urgent need for more investment in research, especially among various ethnic minorities. This is important if government is

to have the necessary information to guide it in the formulation of generally acceptable and successful implementation of policies.

Although this study cannot be generalised to cover Kaduna State, it provides great insight into the beliefs and attitudes of the Atyap towards fertility-influencing factors. The study also shows that the same expressed perception or attitude could stem from different underlying factors. This underscores the importance of qualitative research in supplying policy makers and programme planners with the underlying factors for expressed perceptions and attitudes, for the purpose of determining goals and choosing strategies that best accomplish them.

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