

Contraceptive Use among Women of Reproductive Age in Northwestern Nigeria: The Influence of Socio-Cultural and Religious Factors on Family Planning Practices

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Abstract

Contraceptive use among women of reproductive age in Northwestern Nigeria remains notably low compared to other regions of the country and neighboring African nations. This study examines the socio-cultural and religious influences that shape family planning practices in the region, drawing on data from the 2018 Nigeria Demographic and Health Survey (NDHS) and relevant literature. Findings reveal that while limited education, spousal consent, restricted healthcare access, and economic hardship contribute to low uptake, socio-cultural norms exert the strongest influence. Cultural expectations of high fertility and male dominance in reproductive decision-making overshadow religious teachings, as the predominant religion in the region does not explicitly forbid contraceptive use. Our research concludes that engaging religious and community leaders in awareness campaigns is essential to dispel misconceptions, promote informed choices, and improve reproductive health outcomes in Northwestern Nigeria.

Keywords: Contraceptive Use, Family Planning, Socio-Cultural Factors, Religious Influence, Reproductive Health.

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INTRODUCTION

Family planning, as defined by the World Health Organization (WHO), is the ability of individuals and couples to anticipate and achieve their desired number of children, as well as to determine the spacing and timing of births. This is principally achieved through contraceptive methods and interventions addressing infertility. Family planning is a cornerstone of reproductive health and sustainable development, yet its practice remains irregular across regions and populations.

Globally, family planning has been recognized as a critical intervention for reducing maternal mortality, preventing unintended pregnancies, and promoting women's empowerment. Despite progress in contraceptive availability, unmet needs remain high, particularly in sub-Saharan Africa. Nigeria's contraceptive prevalence rate lags behind regional

averages, with the North West zone recording the lowest uptake. Cultural expectations of high fertility, patriarchal decision-making, and misconceptions about contraceptive safety contribute to resistance. Religious beliefs, though often cited, are less prohibitive than assumed, with many faith traditions allowing family planning within certain contexts.

Nigeria, the most populous country in Africa, faces persistent challenges in contraceptive uptake, particularly in the North West geopolitical zone. In this zone, socio-cultural and religious norms strongly shape reproductive choices, often discouraging the use of modern contraceptives. Ethical dilemmas surrounding fertility, gender roles, and divine will intersect with limited healthcare access, poor female education, and economic constraints, creating a complex environment for family planning adoption. According to the 2018 Nigeria Demographic and Health Survey, contraceptive

prevalence in Northwestern Nigeria is among the lowest nationally, with cultural expectations of large families and male authority in reproductive decisions serving as major barriers.

Despite assumptions that religion is the primary obstacle, evidence suggests that cultural norms exert greater influence, as the dominant religion in the region does not explicitly prohibit contraceptive use. This highlights the need for a better acceptable interventions that address cultural perceptions while leveraging the authority of religious and community leaders to promote accurate information. Improving contraceptive uptake in Northwestern Nigeria is not only vital for reducing maternal mortality and unintended pregnancies but also for advancing national goals in population control and sustainable development. This paper explores the interplay of socio-cultural and religious factors in shaping contraceptive practices and identifies strategies to enhance family planning acceptance in the region.

Problem Statement

Contraceptive use in Northwestern Nigeria remains critically low despite national and international efforts to promote family planning. The persistence of socio-cultural norms that prioritize large families and reinforce male dominance in reproductive decision-making, coupled with misconceptions about contraceptive safety, has created significant barriers to uptake. While religion is often perceived as a primary obstacle, evidence indicates that cultural expectations exert a stronger influence. This misalignment between perception and reality complicates policy interventions and hinders progress toward improving reproductive health outcomes in the region.

Significance of the Study

This study is significant because it addresses the gap between policy efforts and actual contraceptive uptake in Northwestern Nigeria. By analysing the relative influence of socio-cultural and religious factors, this research provides clarity on the dominant barriers to family planning. The findings have practical implications for policymakers, healthcare providers, and community leaders, offering evidence-based strategies to improve contraceptive acceptance. Enhancing uptake in this region is essential for reducing maternal mortality, preventing unintended pregnancies, and achieving sustainable population growth. Furthermore, the study contributes to broader discussions on the role of culture and religion in shaping reproductive health behaviors across sub-Saharan Africa.

Aim: To evaluate contraceptive use among women of reproductive age in Northwestern Nigeria.

Objectives:

1. To examine the socio-cultural and religious factors influencing contraceptive use among

women of reproductive age in Northwestern Nigeria.

2. To analyze the relative impact of cultural norms versus religious teachings on family planning practices.
3. To identify barriers to contraceptive uptake and propose strategies for improving acceptance and utilization.

METHODS

This study draws on secondary data from the 2018 Nigeria Demographic and Health Survey (NDHS) and a review of relevant literature. The NDHS provides nationally representative data on contraceptive prevalence, fertility preferences, and reproductive health indicators. Literature sources include peer-reviewed articles, policy documents, and reports from international organizations. The analysis focuses on socio-cultural and religious determinants of contraceptive use, with particular attention to gender roles, fertility norms, and community perceptions.

RESULTS AND DISCUSSIONS

Findings from the 2018 Nigeria Demographic and Health Survey (NDHS) and supporting literature indicate that contraceptive uptake in Northwestern Nigeria is significantly lower than the national average. Modern contraceptive prevalence in the region remains among the lowest nationally, with uptake rates far below those recorded in other geopolitical zones and neighboring countries. Several interrelated themes explain this outcome.

Family Planning in Nigeria

Family planning is widely recognized as the most acceptable form of population control, enabling couples to determine the number and spacing of their children. The history of modern contraceptive use in Nigeria dates back to the 1950s, when traditional methods such as prolonged breastfeeding, abstinence, and herbal remedies were gradually replaced by modern contraceptive services. Despite government efforts to strengthen primary healthcare centers and expand reproductive health services, uptake remains low. Cultural resistance, religious perceptions, and economic values continue to shape attitudes toward contraceptive use, limiting progress in achieving universal reproductive health coverage.

Regional and Ethnic Variation

Contraceptive use varies significantly across Nigeria's regions. In Northern Nigeria, particularly the North West, uptake is lowest due to conservative religious and cultural practices that discourage modern family planning. In contrast, Southern regions demonstrate greater openness, driven by higher education levels and urbanization. Religious doctrines also influence attitudes, with some Christian and Islamic denominations opposing modern contraceptives.

Religious leaders act as gatekeepers, either reinforcing resistance or promoting acceptance, thereby shaping community-level behaviors and outcomes.

Maternal Mortality Rate (MMR)

Nigeria accounts for more than 28% of global maternal deaths, with Northern Nigeria recording the highest maternal mortality ratios. In the North West, maternal mortality reaches 1,530 deaths per 100,000 live births, far above the national average. This alarming figure is driven by socio-economic hardship, cultural practices that discourage contraceptive use, insecurity, and poor access to healthcare facilities. Despite interventions, maternal mortality remains persistently high in the region, underscoring the urgent need for systemic reforms.

High Fertility Rate (TFR)

Although Nigeria's national total fertility rate (TFR) has declined from 6.4 in 1960 to 4.5 in 2023, the North West continues to record higher rates. Jigawa State has the highest fertility rate at 7.1 children per woman, while Kaduna records the lowest at 5.9. Faith and tradition strongly favor large families, while education tends to reduce fertility rates. UNFPA confirms that the North West has the highest fertility rate in Nigeria, highlighting the influence of cultural and religious norms on reproductive behavior and the persistence of high fertility in the region.

Contraceptive Use in North West Nigeria

NDHS 2018 reported that only 12% of sexually active young women aged 15–24 use modern contraceptives. By 2023–24, the national modern contraceptive prevalence rate (mCPR) rose slightly to 15.3%, yet the North West remained the lowest at approximately 3%. Regional disparities are stark: the South East recorded 44.8%, the South West 43.9%, while the North West lagged far behind. Factors such as education, age, wealth, and religion strongly influence contraceptive uptake, with women in the North West facing the greatest barriers to adoption.

Social Factors in Contraceptive Use

Social norms play a decisive role in shaping reproductive behavior. In Northern Nigeria, societal expectations and religious norms discourage contraceptive use among adolescents and unmarried women, contributing to early pregnancy, unsafe abortion, and maternal morbidity. Patriarchal structures further limit women's autonomy, as reproductive decisions are often controlled by men. These social dynamics reinforce resistance to family planning and perpetuate poor reproductive health outcomes.

Religion and Contraceptive Use

Religion is often cited as a barrier to contraceptive use, yet Islamic doctrine does not categorically forbid contraception. Instead, it discourages irreversible methods such as sterilization.

Valid reasons for contraceptive use include health and economic capacity, with decisions ideally made jointly by couples. However, misinterpretations of religious teachings, combined with cultural norms, complicate acceptance and reinforce community-level resistance to modern family planning methods.

Religious Organizations and Faith Leaders

Religious leaders are influential stakeholders who can either hinder or promote family planning. Studies show that when leaders endorse family planning, uptake improves significantly. Catholic and Islamic leaders often express stronger views on specific methods but not necessarily against the concept itself. Advocacy from faith leaders is therefore critical to dispelling myths, reducing misconceptions, and improving acceptance of contraceptive use in communities. Their involvement can shift public opinion and foster greater acceptance of family planning initiatives.

CONCLUSION

Contraceptive use in Northwestern Nigeria is shaped more by entrenched cultural expectations than by religious doctrine. Norms that emphasize high fertility, male dominance in reproductive decision-making, and misconceptions about contraceptive safety remain the most significant barriers to family planning uptake. Although religion is often perceived as the primary obstacle, evidence indicates that cultural practices exert a stronger influence, as the predominant faith traditions in the region do not explicitly prohibit contraceptive use.

Addressing these challenges requires active engagement of religious and community leaders, who hold considerable influence over public opinion and can help dispel myths surrounding family planning. Policies should prioritize culturally sensitive health promotion, expand access to affordable contraceptives, and empower women through education and advocacy. Coordinated efforts among policymakers, healthcare providers, traditional authorities, and faith-based organizations are essential to foster behavioral change.

Improving contraceptive uptake in Northwestern Nigeria is not only critical for reducing maternal and infant mortality but also for achieving sustainable population growth, advancing reproductive health outcomes, and contributing to broader economic development. By tackling socio-cultural barriers while leveraging trusted community structures, Nigeria can make meaningful progress toward healthier families and a stronger society.

Recommendations

To overcome barriers and improve contraceptive uptake in Northwestern Nigeria, the following strategies are recommended:

Community Engagement: We can mobilize traditional leaders, elders, and community influencers to promote family planning acceptance and use culturally sensitive

messaging that emphasizes both health and economic benefits, tailored to local values.

Religious Leader Involvement: Healthcare educators can partner with religious leaders to dispel myths and clarify that family planning is not prohibited by faith. Furthermore, we can encourage faith-based organizations to integrate reproductive health education into sermons, outreach, and community programs. Similarly, engaging male participation by promoting their involvement in reproductive health decisions through targeted education and awareness campaigns. We can encourage joint spousal decision-making to reduce patriarchal resistance and foster shared responsibility.

Health System Strengthening: Expand access to affordable contraceptives, particularly in rural and underserved areas where uptake is lowest by training healthcare providers to deliver culturally sensitive counseling and services that respect community norms.

Education and Awareness: Increasing female education and literacy, as higher education levels correlate strongly with contraceptive use. Implement school-based reproductive health programs to reach adolescents early and normalize family planning discussions.

Policy and Advocacy: Ensure government policies prioritize family planning as a public health and development issue. Allocate sufficient resources for sustained awareness campaigns and reliable contraceptive supply chains.

Limitations

This study relies mainly on secondary data from the 2018 Nigeria Demographic and Health Survey and published literature. As such, it may not fully capture recent changes in contraceptive use patterns or evolving socio-cultural dynamics. The focus on Northwestern Nigeria limits generalizability to other regions with different cultural and religious contexts. Additionally, the absence of primary qualitative data restricts deeper exploration of individual and community-level perspectives. Future research should incorporate field-based surveys, interviews, and longitudinal studies to provide richer insights into the lived realities of family planning adoption.

Implications for Policy and Practice

The findings of this study carry important implications for reproductive health policy and practice in Nigeria. Policymakers must recognize that cultural norms, rather than religious doctrine, are the dominant barriers to contraceptive uptake in Northwestern Nigeria. Programs should therefore prioritize culturally sensitive interventions that address fertility expectations and gender dynamics. Engaging religious and community leaders as advocates can help dispel misconceptions and foster trust in family planning initiatives. Expanding access to affordable contraceptives, strengthening healthcare systems, and promoting female education will further enhance uptake. Ultimately, integrating family

planning into broader development strategies will not only improve health outcomes but also contribute to poverty reduction, gender equality, and sustainable national growth.

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