

Contraceptive knowledge, attitude and practices among Catholic and non-Catholic couples in Ibadan, Nigeria

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Abstract

Employing the neo-Malthusian and Voluntary Social Action Theories, this paper argues that irrespective of denomination Christians in Ibadan perceive family planning as an essential mechanism for achieving fertility reduction and moderate family size. Data were collected through questionnaire survey, Focus Group Discussions (FGDs), In-depth Interviews (IDIs) and Key Informant Interviews (KIIs). Results indicate that 98 percent of the respondents claimed to be knowledgeable about contraceptives; while 67 percent of respondents who are Catholics approved of contraception, only 42 percent of them actually used these contraceptives. Condom was mostly used by the respondents generally; cost/non-affordability and side effects are the main reasons why respondents may not use contraceptives even when they approve of it. Church leaders in both groups stressed the importance of family planning for achieving a moderate family size. Prioritizing advocacy to religious groups will go a long way in ensuring positive attitudinal and behavioural change towards adoption of context specific family planning strategies.

Key words: family planning, fertility reduction, contraceptive knowledge and moderate family size.

Background

Recourse to family planning practices as a means of population control increased gradually in the past few decades, especially in less developed societies. Indeed, family planning is erroneously equated with contraception in several quarters as if natural planning methods are excluded from its conceptualization. Such definitional limitation undermines attempts at viewing the concept as inclusive of both mental and physical activities geared towards achieving a moderate family size. This study argues that an elastic conceptual scope is more realistic in order to accommodate the complexity that now plays out in family planning discourse. To be sure, emphasis on family planning has become even more compelling as human population continues to surge despite interventions to reduce fertility levels in relevant contexts (Saha & van Soest 2013). Report indicates that the world population is over 7 billion in spite of high prevalence of mortality occasioned by diseases and challenging socioeconomic environment (PRB 2012). Less developed societies, particularly sub-Saharan Africa, contribute disproportionately to this global high fertility situation due to a combination of factors including poverty, ignorance, cultural

beliefs and practices and poor/lack of access to family planning counselling among others (Nwokocha 2012).

Research shows that despite campaigns against unplanned pregnancies due to its multiple consequences (Gipson 2008), more than 80 million of these still occur worldwide each year (Mwaikambo *et al.* 2011). Most unintended pregnancies end in abortion, which is usually unsafe in legally restrictive contexts where people ultimately resort to quacks for procurement (Galadanci & Abubakar 2011; Singh *et al.* 2010). Poorly performed abortions are among the leading causes of maternal morbidity and mortality and therefore antithetical to efforts at achieving the MDG-4 (Nwokocha 2013; Okonofua *et al.* 2011; Singh *et al.* 2010). A major response towards avoiding the effects of mistimed or unwanted pregnancies among different categories of individuals has been emphasis on family planning particularly contraceptives (Saha & van Soest 2013). Yet, Catholics going by the doctrinal position of the church are not meant to practice contraception; strict adherence to such injunction would undermine the global contraceptive prevalence considering that Catholics constitute over one billion of the total world population (Ross 2013). As Doctor *et al.* (2009) observed, several studies have linked religion to demographic behaviour including contraceptive use.

Hirsch (2008) found that even in predominantly Catholic societies, a very large number of adherents are not strictly bound by the Church's doctrine on contraception, but rather see compliance as situational. It therefore suggests that contraceptive prevalence is higher than reported especially among people whose religion proscribes its use. Thus, the total demand and unmet need for contraception, for birth spacers and limiters, are more than studies reveal due to the secrecy that characterizes contraceptive attitudes and behaviours (Wickstrom and Jacobstein 2011). For the most part, perceived high failure rate among natural family planning methods is often cited as the reason for seeking contraceptive strategy. As studies indicate, a large number of unwanted pregnancies and induced abortions results from withdrawal failures which are higher than those arising from all other methods (Erfani and Yuksel-Kaptanoglu 2012; Erfani 2011). However, notwithstanding the popularity of contraception in several quarters, Baumgartner and others (2012) noted that voluntary discontinuity among women is primarily explainable by issues related to side effects.

The present study focuses on Nigeria with a consistent record of high fertility which has been linked to low contraceptive use (Babalola *et al.* 2008) and the influence of socio-cultural

factors (Nwokocha 2012). This comparative analysis on Catholic and non-Catholic couples in Ibadan raises some pertinent issues which will advance understanding of the relationship between religion and fertility behaviour. The following questions will aid appraisal of the situation more critically: (a) if all non-catholic Christians of reproductive age are using contraceptives, why then is contraceptive prevalence very low in Nigeria? (see Population Reference Bureau 2010; 2011; 2012); (b) what factors are responsible for contraceptive-use among some Catholics despite its non-doctrinal approval?; (c) how does clandestine (covert and unreported) use of contraceptives affect demographic statistics?; and (d) is there a significant difference between Catholics and non-Catholics with regard to knowledge, attitude and use of contraceptives?

Theoretical/Conceptual Framework

The neo-Malthusian and Voluntary Social Action Theories were employed as theoretical framework on which the study was anchored. Neo-Malthusian scholars just like Thomas Malthus advocated reduction in human population to avert misery and starvation, as forecasted, would arise from astronomical increase in population, which would be trailed by very scarce resources (Kammeyer & Ginn 1986; Newman & Matzke 1984). Thus, apart from aligning with Malthus' moral restraint thesis that finds expression in celibacy and intentional delay in marrying, and positive checks, neo-Malthusians supported the adoption of artificial means of birth control (Jhingan, Bhatt & Desai 2006).

The Catholic Church is anti neo-Malthusianism but preaches family planning that depends on the natural methods particularly the Billings Method which research indicates has 99 percent success rate (McSweeney 2006) and therefore a sure way of attaining moderate family size. This doctrine of naturalistic approach to birth control, agrees with Malthus' description of artificial methods of family planning as vices, is based on the sanctity of life from conception not necessarily the side effects ascribed to most contraceptives (Hatcher, Rinehart, Blackburn, Geller & Shelton 2001).

Talcott Parsons' voluntary social action theory which is an aspect of the functionalist perspective emphasizes the constraint of individuals within specific customs and values and attempts to explain behaviour related to socio-cultural variables (Ritzer 2008; Oke 2009) including those related to religion and belief system. The perspective is premised on some basic assumptions:

1. Actions of individuals are ordinarily directed at achievement of end goals. In this case, the actor's perception is that recourse to family planning will facilitate achievement of a moderate family size.
2. The course of action is determined by the conditions of the physical and social environments. A given milieu and the structures and conditions around it shape as well as dictate an individual's perception and attitude towards actions that ultimately manifest in behaviours, both in everyday life and isolated activities that take place, among some individuals, occasionally such as contraception. In relation to the latter, the physical environment such as availability or the social setting and the opinion of people in a milieu will most likely influence a prospective actor's view of the world around him/her including disposition to contraceptives. An individual that is bred in a Catholic-tradition and neighbourhood will more likely develop a negative attitude towards contraceptives than another that grew up in a religiously declassified environ.
3. Members of society have emotions and therefore make moral judgments which influence selection of ends and means and their order of priority. This implies that individuals are free to seek achievement of set goals through whatever means they consider necessary. In this case, a couple may perceive family planning as morally imperative for attainment of manageable population.
4. Actions are to be explained by the subjective meaning given to these by the actors who are usually propelled by perception and definition of the ends and conditions. Therefore, even when contraceptives are associated with birth control and attainment of moderate family size, these advantages would hardly be obvious to individuals who only see the negative side of artificial family planning.

In sum, Parsons' position showcases the effects of social and cultural variables on use or non-use of contraceptives. The perspective sees behaviours related to low fertility and small or moderate family size such as long birth intervals, use of contraceptives and adoption of natural family planning methods as determined by cultural norms and values at a particular time. In what follows, we present a conceptual framework that synthesizes the theoretical perspectives adopted for the study.

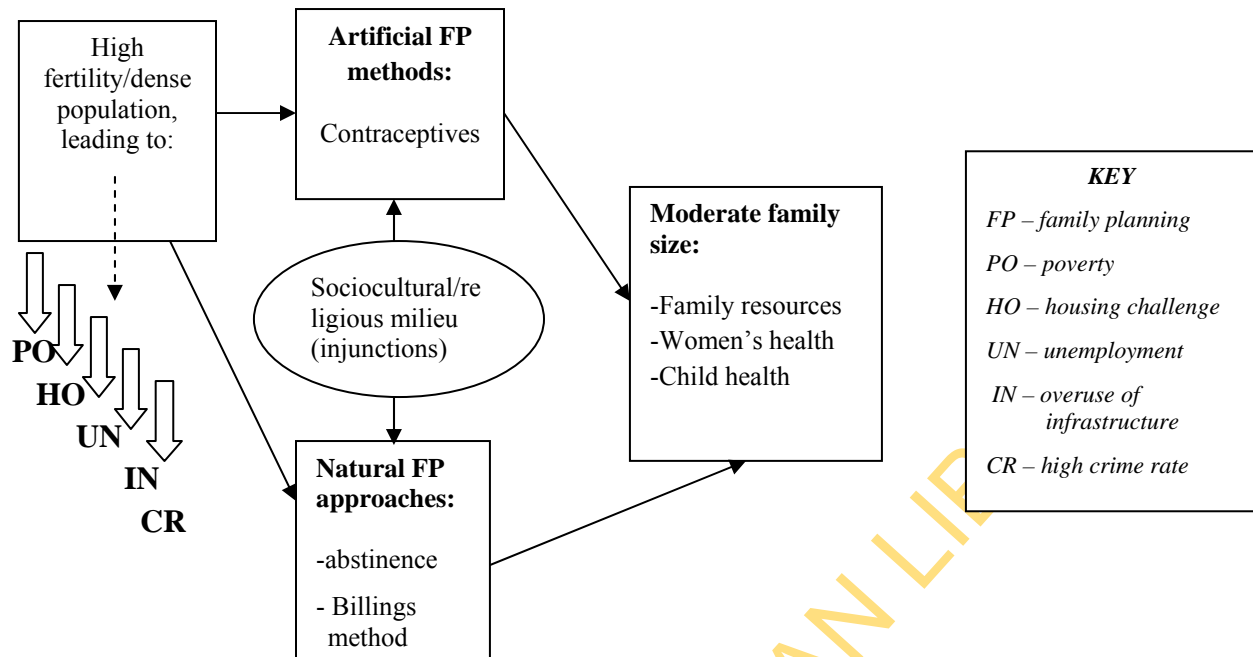


Figure 1: Conceptual framework
Source: Nwokocho & Bakare 2013

Figure 1 indicates that high fertility which explains dense population accounts for unemployment, poverty in its several manifestations, increase in crime rate, housing crisis, and overuse of infrastructure among others. To be sure, efforts at averting these challenges explain recourse to family planning practices whether artificial or natural. The framework shows that the choice of birth control strategy adopted by an actor or a group of actors is influenced by the socio-cultural environment including religious injunctions. Striving for a moderate family size impacts positively on the health of mothers and children; it also has implications for the resources available to households.

Materials and Methods

The study adopted a descriptive cross sectional survey design involving the use of structured questionnaire, Key Informant Interviews (KIIs), In-depth Interviews (IDIs) and Focus Group Discussions (FGDs). A multistage sampling technique was employed in selecting 400 respondents beginning with the random selection of 5 Local Government Areas (LGAs). In each of the selected LGAs, we clustered Catholic Churches and using the simple random method selected 5 on which data were administered. The same process was followed in selecting other non-Catholic Christian Churches. In all, 10 churches were selected for data collection. In each church, 40 respondents were purposively selected mainly on the basis of willingness to

participate in the study; thus, 400 respondents were chosen as sample. We could not achieve gender-balance in administering the questionnaire schedule due to high decline rate among males. In the end however, only 376 questionnaires, which represent 94 percent response rate, were found useable due some obvious inconsistencies and non-completion issues.

Five KIIs were conducted among religious leaders including Reverend Fathers and Pastors in Catholic and non-Catholic Churches respectively. In addition, 6 IDIs were undertaken among older and younger couples as a way of drawing comparison between the two generations of Christians with regard to the thematic issue. Five FGDs were organized among church elders and members of small groups in these churches. This triangulation of data accounted for robust information used for analysis. Ethical considerations were emphasized throughout fieldwork; participation was based on informed and voluntary consent. Consequently, respondents and participants were not only at liberty to discontinue their involvement, in the study, at any point during the exercise but also their confidentiality and opinions regarding questions perceived as impinging on their privacy were fully respected. The principle of beneficence was emphasized to the extent that recommendations arising from the findings could inform policy at the micro-church and macro-society levels.

Qualitative data analysis involved the use of ethnographic summaries and manual content analysis. The procedure began with the translation and transcription of tape recordings of KIIs, IDIs and FGDs. These were followed by the examination and, later thematic isolation of various responses from in depth interviews complemented questionnaire survey. Quantitative data, on the other hand, were edited and cleaned to eliminate inconsistencies that could undermine validity and reliability. Data generated from pre-coded, open-ended and fixed choice questions were entered using Microsoft Access Software in order to minimize data entry error and to ensure effective data management. These data were finally exported and analysed using the Statistical Package for Social Sciences (SPSS) at univariate and bivariate levels to indicate percentages and test of associations.

Results

Table 1 which displays data on the socio-demographic characteristics of respondents shows that more Protestants (52.6 percent) than Catholics (47.3 percent) took part in the study. A large

majority of the respondents are within age 20-40 years (81.6 percent), while the remaining are over 40 years. About 83 percent of the respondents are females and the rest are males. On the educational status of respondents, the table indicates that for both Catholics and non-Catholic Christians, the highest level of education is secondary school with a cumulative of 41 percent. About 15 percent of the entire respondents had tertiary education, which is far higher than the national average of 5.4 percent and 8.6 percent for females and males respectively (NPC 2009).

Table 1: Socio-demographic Characteristics of the Respondents (N=376)

Age	Catholic %	Protestant/Pentecostal %	Total %
≤ 20	21(5.6)	31 (8.2)	13.8
21 – 30	41(10.9)	43(11.4)	22.3
31 – 40	72 (19.1)	99 (26.3)	45.5
41-- 50	25 (6.6)	20 (5.3)	12.0
51 years and above	11(2.9)	13 (3.5)	6.4
Total	170(45.1)	206 (54.7)	100
Sex			
Male	29(7.7)	36(9.6)	17.3
Female	104(27.7)	207(55.0)	82.7
Total	133(34.7)	243(64.7)	100
Educational Level			
No formal schooling	18(4.8)	43(11.4)	16.2
Primary school	55(14.6)	50(13.3)	27.9
Secondary school	64(17.0)	79(21.0)	40.7
Tertiary school	19(5.1)	38(10.1)	15.2
Total	156(41.5)	210(55.8)	100
Religion			
Religious denomin	178(47.3)	198(52.6)	100
Monthly Income			
≤ 10,000	17(4.0)	30(8.0)	12.0
10,001 – 20,000	18(6.2)	40(9.2)	15.4
20,001 – 30,000	39(9.0)	72(20.0)	29.5
30,001 – 40,000	24(8.2)	32(6.7)	14.9
40,001 – 50,000	18(6.2)	38(8.2)	14.4
50,001 – and Above	17(5.3)	33(8.5)	13.8
Total	123 (38.9)	208(60.6)	100

Table 1 also reveals that over 86 percent of the respondents had a maximum of N50,000 (\$335) monthly income, which translates to about 11 Dollars per day or less in some cases. For 27.4 percent of the respondents whose monthly incomes are N20,000 (\$134) or less, it amounts to a

daily average of 4 Dollars. In situations where the income earner is the breadwinner, the amount is grossly inadequate to cater for the needs of the household. Table 2 indicates respondents' views on knowledge of family planning between the two groups. Whatever these respondents perceived such knowledge to be, about 98 percent claimed to be knowledgeable about family planning.

Table 2: Perceived knowledge of Family Planning among Catholic and Non-Catholic Christian couples in Ibadan

<i>Denomination</i>	<i>Knowledge about family planning</i>		Total
	Yes	No	
Catholic	157(41.8%)	5(1.3%)	162(43.1%)
Protestant	107(28.5%)	2(0.5%)	109(29.0%)
Pentecostal	103(27.4%)	2(0.5%)	105(27.9%)
Total	367(97.6%)	9(2.4%)	376(100.0%)

Indeed, the views of questionnaire respondents were corroborated by Key Informant Interviewees from Catholic and non-Catholic Christian churches sampled for the study. In each case, the church leader stressed the importance of family planning and efforts at exposing members to relevant information:

I am very grateful for this opportunity to enable me inform the public that members of the Catholic church like other individuals and groups have some knowledge about family planning. In our church, for instance, we have a committee on family planning, chaired by a medical professional, that organizes sensitization programmes for couples on issues related to family planning **(KII/Rev. Father/June 2012)**.

Here in our church, we always organise marriage seminars, fora for couples so as to give them the insight on what family planning is all about and its benefits. As a pastor, I discovered that most of our church members did not have adequate information about family planning and therefore bore more children than they could cater for. But with these seminars, I believe they are receiving sufficient information about family planning; we usually invite health professionals to educate all the couples in our church on family planning methods and their usage **(KII/Pastor/June 2012)**.

Table 3 shows that while all non-Catholic respondents, disaggregated as Protestant and Pentecostal, stated that contraceptive use is good and acceptable, about 67 percent of Catholics approved of contraception. The rest 33 percent reaffirmed the Church's position that conceives it as unacceptable and therefore not to be used under any circumstance. To be sure, the Catholic Church does not approve of any form of 'artificial' birth control method and its use indeed translates to sinful behaviour among adherents.

Table 3: Distribution of Respondents by perception of couples towards contraceptives Use/family planning

<i>Denomination</i>	<i>Perception on contraceptive use</i>		<i>Total%</i>
	<i>good/acceptable</i>	<i>Bad/unacceptable</i>	
Catholic	108 66.7%	54 33.3%	162 100.0%
Protestant	109 100.0%	0 .0%	109 100.0%
Pentecostal	105 100.0%	0 .0%	105 100.0%
Total	322 85.6%	54 14.4%	376 100.0%

df = 2; P <= 0.001

Table 3 also shows that perception about contraception has a significant relationship (0.001) with the denomination of the respondents. Table 4 displays a number of birth control methods used by respondents in the one year immediately preceding the study. For the two groups, condom was the method mostly used (27.1%) by the respondents and more so among non-Catholics. Of the 26.1 percent of respondents that used pills, Catholics comprised 13.6 percent. Apart from Injectables (24.5%) and IUD (13.0%), less than 3 percent of the respondents used each of the other methods.

Table 4: Distribution of respondents by Contraceptive/Family Planning method used

<i>method used</i>	<i>Catholics %</i>	<i>Non-Catholics %</i>	<i>Total %</i>
Oral contraceptive pills	51 (13.6)	47 (12.5)	26.1
Condom	40 (10.6)	62 (16.5)	27.1
The IUD	15 (4.0)	34 (9.0)	13.0
Injectables	41 (10.9)	51 (13.6)	24.5
Foaming spermicide tablets	0 (0)	6 (1.6)	1.6
Periodic abstinence	5 (1.4)	1(0.2)	1.6
Vasectomy tubal ligation	2 (0.5)	6 (1.6)	2.1
Withdrawal	4 (1.0)	0 (0)	1.1
Traditional	0	4 (1.0)	1.1
Other	2 (0.5)	5 (1.4)	1.9
Total	160 (42.6)	216 (57.4)	100.0

The popularity of condom use among questionnaire respondents was corroborated by subjects who participated in the qualitative aspect of the study. For instance, a 37-year old male IDI respondent noted:

I prefer using condom than other contraceptive methods for three main reasons. First, it is not only accessible but also inexpensive and can be procured for just ₦30.00. Second, its use is not linked to any form of complications and health implications. The third reason is that unlike other methods, condom use does not necessarily require that the user seeks the attention of a medical staff (IDI/male/July 2012).

Many of the reasons given by the above IDI respondent were reinforced by female FGD participants. The views of one of the discussants which are common among discussion group members are thus:

It is very expensive to undertake family planning in the health centres. Moreover, some of the contraceptive methods may have negative effects on the body. For these reasons, the only contraceptive method I encourage is condom use. That is what my husband uses since we don't want to give birth now. The good thing is that there are condoms for males and females at affordable prices (FGD/Female/July 2012).

The main opinions expressed by both the respondent and participant for condom preference over other methods of birth control included those that relate to accessibility, convenience, cost and side effects. Table 5 further presents the factors that could influence non-use of contraceptives among the respondents, with non-affordability identified by most respondents (39.1%) as the major factor. About 26 percent of the respondents who linked non-use of contraceptives to

affordability are of the Catholic faith. Thus, compared to the 13.3 percent of Catholic respondents that would not use contraceptives because it is against their religious belief, the influence of condom-affordability far outweighs proscription by the Church on such method among many Catholics in the study area.

Table 5: Factors that could account for non-use of contraceptives among Respondents

<i>Factors</i>	<i>Catholics%</i>	<i>Non-Catholics%</i>	<i>Total%</i>
Cost/non-affordability	97(25.8)	50(13.3)	39.1
Side effects	31(8.3)	78(20.7)	29.0
Against religious belief	50(13.3)	50(13.3)	26.6
inaccessibility	5(1.3)	15(3.9)	5.3
Total	183(48.7)	193(61.3)	100.0

Table 5 also shows that the major factor that accounts for non-use of contraceptives among non-Catholic respondents is the fear of likely side effects (20.7%). For both groups, inaccessibility is the least factor that could discourage respondents from use of contraceptives.

Discussion

One major limitation to contraceptive use among couples including those whose religion permits such family planning method is cost of services. This study found that a large number of respondents live on less than 4 Dollars per day and thus unwittingly de-emphasize expenditure outside the core family livelihood issues such as food, shelter and clothing. Therefore, even when cost of services is moderate, low income levels makes access to family planning services appear daunting. As such, natural family planning methods such as Billings Method, withdrawals among others which are largely accessed at no cost but which are infamous in some quarters for high failure rate (Erfani & Yksel-Kaptanoglu 2012) would more likely be preferred by the poor irrespective of religious affiliation. Were this not the case, a country like Nigeria with a large number of people of religions/denominations other than the Roman Catholic Church would not persistently rank low in the use of either modern or all methods of contraceptives (PRB 2011, 2012).

This study indicated an unusually high contraceptive knowledge among respondents to the extent that only about two percent reported otherwise. We consider such a claim as tenuous for several reasons including low literacy levels, poverty and low level of contraceptive use whose relationship with poor knowledge of this family planning strategy is well documented in the literature (Garcia *et al.* 2008). Perhaps, what the respondents in this study consider contraceptive knowledge is having heard about the methods. To be sure, knowledge of contraception goes beyond hearing about the methods but also includes issues related to knowing how to use these and the advantage of one over others, where best to access it, possible side effects and the effects of abusive discontinuity among others.

Both Catholic and non-Catholic pastors interviewed in this investigation recognized the need to promote moderate family norm among members and organized sensitization fora to re-echo the imperatives of family planning activities. In a way, particularly for the Catholic Church, the result of this research debases the myth about the Church and non-adoption of family planning methods. The Catholic Church rather promotes pronatalism, and opposes modern methods of contraception (Gipson *et al.* 2011) although compliance with Catholic doctrine concerning fertility regulation is conditional among some Catholic women (Hirsch 2008). Indeed, only as few as 13 percent of the Catholic respondents stated that the Church's doctrine is the factor that discourages them from using contraceptives. By recognizing family planning, though the natural method, the Catholic Church is now adopting the rational-pronatalist approach to reproductive health behaviour of adherents, which could be equated with moderate-antinatalism in line with contemporary reality wherein high fertility is now more than ever implicated in multifaceted socioeconomic limitations.

In addition, condom which is both affordable, accessible and with negligible side effects is the contraceptive method mostly used by respondents in this analysis. This is similar to what Isiugo-Abanihe (2003) found in a study on sexual behaviour of Nigerian men. Being inexpensive and available, condom use ought to be attractive to the poor except for doctrinal prohibition; thus reporting low contraceptive use in the context of supposed condom attractiveness suggests that the method may also be characterized by inadequacies which relate to reduction in sexual pleasure or sensitivity among others.

Conclusion

The world population reaching seven billion, in spite of increasing cases of mortality resulting from diseases including HIV/AIDS, malaria, lower respiratory infections and others, suggests an inbuilt mechanism that finds expression in persistent high fertility. Although, the consequences of large family size and dense population are well documented and appreciated, particularly in sub-Saharan Africa where the Malthusian apprehension is most valid, such appreciation has not translated fully into action. Part of the people's inaction stems from poverty, ignorance and socio-cultural beliefs and practices that emphasize the inviolability of the African pronatalist value. As such, low contraceptive use in Nigeria and Ibadan specifically is not strictly in obedience or disobedience to religious doctrines, among Catholic and non-Catholic couples respectively, but an expression of financial incapacity to access family planning services. Therefore, family planning practices in Ibadan and contraceptive prevalence in particular will increase remarkably as people's income improves.

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