

Research Article

## Influence of African Traditional Religion on Family Planning Among Women in Eldama Ravine Sub County of Baringo County

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**Abstract:** The world alarming increase rate in population has forced political leaders to view national and regional birth control projects as important. Support for control of personal fertility has been noted in all cultures, and frequently, even in those communities which social and religious rules have favored the abundant production of children. Therefore, the objectives of the study were to establish the influence of African traditional religious Values on family planning practices among women in Eldama Ravine Sub County, Baringo County, Kenya. The critical medical anthropological approach guided the study. The study adopted descriptive survey research design. The target population was all aged women above seventy years. The sample size was established using the snowball approach, and 53 respondents was used as sample of the study. Interviews schedules were used in collection of data. Data was analyzed using descriptive statistics which included the use of frequencies. The findings indicated that religion has its own doctrines and influences the use of contraceptives as women are keen to plan their families, control birth and spacing of their children according to these doctrines. The natural method was the most commonly used family planning method by women, because of their religious beliefs. The choice of natural family planning methods were chosen because of religious beliefs and doctrines. Partners approve the use of natural method of family planning to space their children. According to the outcome, African Traditional Religious beliefs on family planning significantly influence the family size, awareness, adoption and choice of a specific family planning method. The natural family planning methods are breast feeding, withdrawal, counting of safe days and using traditional herbal medicine. The lack of adoption of family planning methods is attributed to various religious beliefs. The findings of this research will be used to provide information to all stakeholders on cultural beliefs concerning family planning methods among women.

**Keywords:** Family planning methods, population, family size, and awareness.

### Background to the study

During the ancient time family planning was traced and discussed based on religious and cultural perspectives. Most of the major religions today have been covered like Roman Catholic, Protestants, Islam, Jewish, Hinduism, and Buddhism. Focus is on the recent methods though both male and female use traditional methods. Regardless of religious rules in terms of having many children, support for regulation of fertility of individual persons. Due to natural causes, epidemics, famine, war, poor nutrition and poor harvest population growth was low in ancient times.

Studies shows that, the European process of change started as a difficulty to an outcome of religious embracement of modern contraception, willingness and use of contraception by the

members of the Church has decreased from far and wide the fertility rate in married women in Europe (Lesthaeghe, 1980 as cited in Addai, 1999). Lesthaeghe (1989) argumentatively added that contraception use entirely rely on the stand of the church. Positive view on contraception by the Churches results to incremental adoption of the use of contraception as compared to when it is seen in a negative perspective (Lesthaeghe, 1989; Addai, 1999).

Yeatman and colleague, (2008) discovered that in rural Malawi, a high percentage of religious heads supported the uptake of modern family planning methods, a bonding relationship was portrayed amongst the two factors. Although at times the degree of approval varied amongst religious leaders. An example is seen between Pentecostal and Muslim's religious leaders who approves contraceptive uptake better than catholic religious leaders.

Contraceptive usage in sub-Saharan African countries ranges between 1% in Somalia to 60% in South Africa (Population Reference Bureau, 2011). According to Magadi & Curtis, (2003) contraceptive alternative present in Kenya are; natural family planning, condoms, hormonal implants, pills, IUD (intrauterine device) and sterilization. Research has aimed on the agreed and use of modern contraceptives amongst religious affiliations in different groups in the olden days (Caldwell & Caldwell, 1987; Coal, 1986; Lesthaeghe, 1980, Addai, 1999).

In sub-Saharan Africa the relationship between religion and fertility has been of great value given and is steadily increasing in areas affected by cultural practices and religious theology, (Yeatman & Trinitapoli, 2008).

In Kenya religion has developed for some time with African native religion coordinating with initial religions like Islam and Christianity (Kamaara, 2010). It has been regarded as the 'triple heritage' by Mazrui (1986), African traditions is viewed as the introduction opposing mainstream religions (Tayki *et al.*, 2006). Further leading to a composition of African indigenous and mainstream religions practices becoming joined together, causing factors of beliefs and practices are being different categories of people, (Kamaara, 2010). According to a research that views at modern contraceptive uptake amongst young women (15-24 years old) in Kenya, discovered that Muslims used contraceptives more than Catholics (Waitherero, 2009).

### **Influence of African traditional Religious values on family planning**

Demographic and socio-economic determinants of contraceptive use include age, education, family wealth, and age, and marital status, home, number of surviving children, fertility likelihood and age at first marriage among others. This is according to literature. Furthermore, marital status is a vital aspect when studying the use of contraceptives amongst women mostly in sub-Saharan Africa. The reason provided by literature, is that because marriage permits for the start of the dangers of conception. Thus, research mainly aims at married women when studying at the time of first marriage and child birth, use of contraceptive and fertility rates. Therefore, we are now starting to notice an increase in age at initial marriage as well as childbearing before marriage. These aspects therefore make it necessary to study variations in contraceptives amongst the married, unmarried, separated and divorced women. Most married women use artificial methods worldwide, (Margolis *et al.*, 2013). Furthermore, in sub-Saharan Africa, only very few married women use modern contraceptives.

In addition, in sub-Saharan Africa, nearly each country, artificial contraceptive usage is at an increased rate amongst single women in comparison to presently married women (Adetunji,

2012). For instance, in Namibia the most current survey states that: the influence of contraceptive use amongst single sexually active women was generally increasing and reducing in Mali. Marriage is still an important part of African society in which pre-mature marriage and child bearing is favored, (Akotli, 2012).

In addition, once women get married, they are enlightened to the dangers of childbearing mostly in sub-Saharan Africa where marriage is rampant. Furthermore, there is presence of marriage for younger females being preferred, (Akotli, 2012). Thus, age at marriage is a factor valued when marriage age retards the ability of conception.

In addition, religious affiliations influences age at initial marriage and age at initial child birth in Tanzania, (Ngalinda, 1998). Catholics are against the use of artificial contraceptives, Muslims insist on early marriage and Protestants are regarded to be the most neutral in their belief in use of contraceptives, (Ngalinda, 1998). Furthermore, setups in regions of Tanzania, young girls get married off early who influences the uptake of contraceptives. Research points out that rise in age at initial marriage will give room for fertility reductions given that the start of conception is retarded.

Fertility aim of women is characterized by use of contraceptive in Kenya (Ibisomi & Fotso, 2010). Uptake of family planning enables women to attain their fertility wishes in relation to the number and spacing of births, (Moreland & Talbird, 2006). In addition, Ettarh's (2011) research indicates that use of contraceptive is reduced amongst women who intend to give birth to children in a space two years and the contraceptive use rises as the number of children women gives birth rises. Women who intend to stop giving birth are most likely to use contraceptives in comparison to women who intend to bear many children (Rahayu *et al.*, 2009). In addition, women who have between 3 to 4 children were most probably to use contraceptives for they had attained their planned numbers in comparison to those with between 1 to 2 children.

In Uganda, the number of those who do not use contraceptives rises as the number of children rises, (Ojakaa, 2008). Use of artificial contraceptives varies amongst regions in Kenya, (Ettarh, 2011). Eastern and Northern regions had reduced rates of contraceptive use compared to Central parts that have increased rates of use in contraceptives. Furthermore, women residing in slums have an increase and decrease in use of contraceptive. Study indicates that there is presence of rural-urban variations in use of contraceptive in spite the knowledge of contraceptive methods in Zambia, Indonesia and Nigeria, (Olalekan & Olufunmilayo, 2012; White & Speizer, 2007; Rahayu *et al.*, 2009). These researches discovered that rural areas have reduced rates of contraceptive use compared to urban areas where women appreciate using contraceptives, (Olalekan & Olufunmilayo, 2012; White & Speizer, 2007; Rahayu *et al.*, 2009), reasons being that they wish to have a few children, accessibility to family planning and enough social amenities.

Thus, poor growth in urban population in Kenya necessitates the desire to scrutinize basic services, (Irani *et al.*, 2012). Research show that, there is an increased desire for family planning services in towns even though services are readily available, (Irani *et al.*, and 2012). Furthermore, Bogale (*et al.*, 2011) discovered that married women in urban centers are most likely to use contraceptives as opposed to rural married women.

Education is still the most key aspect that influences contraceptive uptake, (Rahayu *et al.*, 2009). According to investigations in Uganda, use of contraceptive was the highest amongst

women with primary education compared to illiterate women (Ojakaa, 2008). In Nigeria, it was discovered that highly educated women were most likely to use contraceptives hence resulting in reduction of their fertility rates, (Olalekan & Olufunmilayo, 2012).

Furthermore, women are most likely to use contraceptives when they are educated as opposed to the illiterate women, (Rahayu *et al.*, 2009). In addition, knowledgeable women who live in urban regions mostly marry at later ages and are most likely to use contraceptives (Adetunji, 2012). In Kenya, women with higher educational standards living in urban regions with higher an increase in wealth quintiles were discovered to have a higher demand of artificial contraceptive use as opposed to their colleagues (Ettarh, 2011). Research in Malawi unveiled those women who are oppressed by poverty, illiterate in comparison to the wealthy are likely not to use contraceptives (Adebowale *et al.*, 2013), in addition to the values of education.

A research study in 15 sub-Saharan African countries on the wealth variations in terms of usage of contraceptive discovered that usage of contraceptive by wealthy women and attainment of their fertility wishes as linked to women with low income (Creanga *et al.*, 2009). Thus, this research is still hopeful in its discoveries that family planning programs have been rolled out in most countries hence giving room to poor women to also attain their contraceptive desires thus lowering the wealth variation amongst women in terms of accessibility to family planning methods. According to studies, it's well written that women oppressed by poverty do not use of family planning as opposed to their richer counterparts, (Creanga *et al.*, 2009; Rahayu *et al.*, 2009).

Research carried out by Waitherero (2009), that keenly focused on contraceptive uptake amongst young women (16-25 years old) in Kenya, it was amazingly discovered that female youth with primary education were most likely to use contraceptives as opposed to those with secondary education and above. The research discovered that standards of contraceptive uptake were below average despite high sexual activity (Waitherero, 2009). Remembering the Kenyan government's effort to improve on contraceptive use since before Kenya's independence, contraceptive demand should be at increase given that contraceptive knowledge is generally high (Akotli, 2012).

## Findings

The study sought to establish the approximate number of children in the families as counting of the members of the family was considered as a forbidden taboo. Most of my respondents, who were the ten aged women, claim that each had more than ten children. This indicates that majority of women value the importance of large family.

According to their beliefs, children were regarded as blessing from God. So a woman gave birth till attains menopause. Also polygamism was the order of the day, in that a man was allowed to marry as many wives as possible so long as they were able to take care of them equally. "Kimoi" added that, this meant a family of three wives the approximated number of children was thirty.

Generally from the study most of respondents belong to various denominations, six out of ten belong to protestant, one belongs to catholic and three belong to African Traditional Religion (ATR). This implies that majority of the respondents were affiliated to protestant churches and a few Catholics and ATR. Since the religion has its own doctrines and does not influence the usage of contraceptives. Though they belonged to a denomination they stuck to their African traditional believe strongly.

Practice of family planning is not considered by the Catholic Church according to (Ezea & Iffih 2004). The use of artificial methods of family planning is considered a hindrance and sinful according to beliefs in Catholics church. Billing of ovulation method considered to be natural by the Catholic Church as best option in managing the family planning strategies. All religions abhor barrenness and consider the traditional values practiced in the society. Most of the religions like the African Traditional religion, Islam, Christianity and other religions have regarded barrenness as disgusting to limit women from procreation. This concurs with Igbudu, *et al.*, (2007) that marrying of many wives is encouraged by some religious practices like Islam encourages men to marry more than one or four wives if they are able to look after the family with the essence of bearing many children.

All the respondents were not aware of family planning methods. Since the religion has its own doctrines and does not influence the usage of contraceptives. The study shows that most women would desire to have a child under certain condition. This is a clear indication that majority of women are keen to plan their family according to their religious beliefs. The respondents identified that family planning is a process of preventing pregnancy, birth control and spacing of children. Igbudu *et al.*, (2011), agrees that attitudinal factor such as the strong religious beliefs leads to the desire for more children.

The research indicates that, most of the respondents have not used family planning method. Because of the religious affiliation. Lack of awareness and children being regarded as blessings from God. African traditional belief, women need to multiply and fill the earth, women should give birth too many children as many children is a sign of riches.

According to Kobilu there was no use of family planning because they were not aware and if so feared, children were blessings from God, so a married woman's role was to give birth till menopause. Use of family planning was seen as a way of correcting God yet anything created by God was excellent and had no blemish. Corrections to God meant future judgment and punishment. So whoever attempted to use family planning was strongly believed to be making corrections to God's creations. These findings agrees with Samuel (2010) that ATR beliefs that women should multiply and fill the earth women should give birth to as many children as possible, children are regarded as a blessings from God and many children is a sign of riches.

According to Kokob Chepnyangur Marriage among the Tugen community was a very important rite of passage.

*"Initiation for both boys and girls on her view prepared them for responsibilities ahead. She further noted that Marriage was expected to be blessed with children (kolal ma) to be complete continuity of family lineage and name. Also the bonding between the two old men to be strong for these reason totems representing clans of bride to be the groom must be investigated thoroughly to avoid any possible traditional beliefs and taboos being broken".*

It is taboo to marry or have sexual relationship with one's parent or child, aunt, sister grandparent of half-brother, half-sister, brother or half-brother, aunt children of one's sister, uncle brother or brother in law (Magesa, 2008). This taboos connect human like and the benevolence of creation to humanity.

Tugen community belief that marriage between related people (Kotagenge) results to abnormal babies caused by what tugen community call," close blood (Korotikabkotagenge).it is a very strong taboo.

*“Virginity (berkeyat) was valued in that a virgin girl was accorded with a lot of respect by being given a special seat(kecheret) to sit on to be given presents (kutuet) mostly inform of all sorts of cattle and to be married off mostly to the choice of the parents”.*

It was parents' choice because it was believed that old men had wealth and their daughter will be taken care of properly. The parents also received heavy dowry in form of cattle. In such a case, girls abstained from sex completely till marriage.

Kokobchepnyangor added that, immediately a girl gets married she was expected to conceive as that was one of the ways of checking fertility. Expectant mothers was not allowed to do certain hard duties which was believed to cause harm to the fetus and the mother for example cutting firewood, crushing stones or even climbing a steepy area. This was so as protection against any harm for both the mother and the unborn. One elder women commented that; *“Kobilo comments that foods like eggs, liver was not allowed as it was believed to increase baby's weight causing a problem during birth. She added that expectant mothers (tomonet) were not allowed to attend functions like burials or any place where there were many people as believed to catch shadows of the evil spirits (chesawil)”.*

### **Conclusion**

Majority of women were deeply affiliated to protestant churches, a few Catholics and ATR. The deep-rooted traditional aspects which is positively dominating different religions like Traditional religions, Islam and Christianity beliefs which oppose family planning. The religious beliefs has its own rules and regulations that affects the use of contraceptives as women are keen to plan their family, control birth and spacing of children in relation to their beliefs.

### **Recommendations**

The following recommendations were made; the urgency for improved quality methods, creation of awareness on various types of contraceptives and address inter-related safety concerns from religious aspects. Proper formal education is advised for women and men who may lead to positive change towards family planning in the community. Accessibility of FP services to women and men should be effective.

**Conflicts of interest:** There is no conflict of interest of any kind.

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