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## RELIGION AND REPRODUCTIVE HEALTH: A POSER FOR DIALOGUE

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### INTRODUCTION

The factors that set the stage for discussing reproductive health within the context of religion are numerous. Principal among these factors is the divine injunction recorded in the book of Genesis 1:28 "Be fruitful, multiply, fill the earth and subdue it..." An estimated statistics show that 1,600 women die from the complications of pregnancy and child birth, this is 585,000 women, at a minimum dying each year (Catino 1999:14). A Global Factbook on Maternal Mortality reports that 99% of these deaths occur in developing countries (WHO 1991). Each year, approximately 15 million children are born to adolescent girls: and pregnancy-related complications are one of the major causes of death of girls aged 15-19 (Cationo 1999:14). Over 90% of infants who lose their mothers in deliveries die by their first birthday (Tinker & Koblinsky 1993:202). But this need not be so. Motherhood is meant to be safe to ensure continuity of the human race.

One may argue that these estimates of sexual and reproductive ill-health may not be exact but we are familiar with the fact that there are extensive lost of young lives in rural areas in relation to reproductive ill-health issues. These cases of reproductive ill-health may partly be due to ignorance of reproductive health processes, cultural beliefs and or lack of

timely information and services to help them multiply successfully. Aside from this, issues of sexuality are often not a common subject of discussion in many cultures. In 1993, UNICEF and WHO convened a conference for young people so as to know what was really happening concerning their needs and problems in the areas of health and development and what should be done about them. The young people said:

"There is a global lack of information about sexuality; governments and churches fail to convey the right messages to young people, there is lack of communication with parents, especially about sex, HIV/AIDS... We would like to see communication between parents and their children improve; teachers and health workers trained to have warm and welcoming attitude and *Religious Leaders* mobilised to discuss issues of sexuality. . ." (Guidelines for Comprehensive sexuality Education, 1996: v-vi).

Religious beliefs and religious leaders do play an immense role in the lives of people particularly in the rural areas. Their importance cannot be overemphasized. This article discusses the importance of religion in reproductive health of the people. The effects of ignorance of sexual and reproductive health issues, which are most often fatal, are highlighted here in. finally, the paper proposes a framework for reproductive health education that may be adopted to help people successful go through the reproductive process without fatal consequences. Since great variations exist in different cultures with regards reproductive health issues, I shall draw examples from a culture that is familiar to me: the Annang<sup>1</sup> culture of Akwa Ibom State, Nigeria.

### RELIGION AND REPRODUCTIVE HEALTH

The concept of religion borders on man's relationship with and expression of ideas about the divine. The system of

beliefs and practices associated with religion usually draw the adherents into a community: Christians, Muslims, Hindus etc. A cursory review of the history of humanity reveals that religion exhibits a tremendous social force that cannot be safely ignored. In some societies, religion determines the social values, structure, stratification and developments. Powerful as religion is in societal development, there are always horrific consequences form conflicts related to religion. Religion permeates every facet of life of the adherents and has great power to help or to hurt. The various dimension of religion have both healthy and unhealthy aspects. The part of the religion that helps people to be disciplined and productive, responsible and open-minded portrays the healthy side. When religion is fanaticized, unhealthy consequences emerge. The Annang society like most societies in the third world countries has in the past few decades witnessed a massive and unprecedented explosion of independent religious movements. The area is sometimes referred to as having only churches as its main "industries". This anecdotal reference no doubt show the central place of the churches in education, communication, information and social control in the area. There is no doubt that the religious groups in the area offer positive services to their members. Most often these services exclude information in reproductive health issues and this explain the numerous causalities of reproductive ill health that exist among the church members. Some of the *spiritualist* religious groups act as quasi hospitals *diagnosing* and *prescribing* treatment of often complicated medical cases they know little or nothing about. In December, 1999, I watched helplessly the death of a child who was rushed to the hospital at a dying point. The parents own an independent church and had diagnosed the child's ailment as attack from the evil spirits. The treatment – expelling the evil spirit followed the diagnoses. At the dying point they probably came to the realization that they were after all wrong. In the hospital, measles was diagnosed but it was

too late to save the child's life. There are many cases of this nature in the society. Pregnant women have lost their lives in Churches and prayer houses. It is therefore important to discuss issues of reproductive health in the context of religion. Issues of reproductive health are a global concern due to the health hazards facing humanity as a result of past neglect of these vital issues particularly in the third world countries. The burden of these issues culminated in the 1994 International Conference on Population and Development (ICPD) that brought together at Cairo, Egypt nearly 180 countries in the world and myriad representatives of civil society. The government that were present at the conference agreed on Programme of Action that:

- calls for sexual and reproductive health care to be available to all including adolescents, by 2015;
- defines reproductive rights and applies human rights principles of population policies and programs;
- states that gender equity and equality are essential for sustainable development and call for women and all other clients to be involved in the planning, implementation, management, and evaluation of reproductive health care programs;
- encourages men to be full and responsible partners in sexual and reproductive health and family life;
- assets that both stabilizing population growth and changing production and consumption patterns are central to reducing environmental degradation and poverty; and
- calls for economic, social and education policies that will help the ICPD meet its goals including universal primary education, debt reduction, and women's asses to economic resources<sup>2</sup>.

Reproductive Health has been said to be the ability to reproduce and to regulate fertility, to go safely through



reproductive events and to have sexual relations without fear of disease or unwanted pregnancy (Fathalla, 1988). The ICPD conference defined Reproductive Health as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. Reproductive health therefore implies that people have the capacity to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as "the constellation of methods, techniques, and services which contribute to reproductive health and well being through preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases" - ICPD Programme of Action. Paragraph 7.2).

Sexual health which is a part of reproductive health addresses issues of development, equitable, responsible relationships and sexual fulfillment, and freedom from illness, disease, disability, violence (Particularly against women) and other harmful practices related to sexuality (POA 7.3,7.6).

Since sexual and reproductive health are very important to human development, reproductive health should be topmost in their agenda of any religious group. One of the ICPD goal is that. . . Religious groups should be encouraged to become

involved in the promotion of better reproductive health (POA 7.9). religious group should endeavour to develop strategies to addressing, discussing and educating members on the importance of reproductive healthy so as to multiply successfully according to divine injunction. If the religious leaders fail to teach their members how to handle issues of sexuality the most vulnerable group—the women and the adolescents will fall victims to reproductive ill health which at times are fatal. Religion remains a powerful tools for communication in the area, therefore the issues of reproductive health need to be addressed effectively. A study<sup>3</sup> involving 1513 people drawn from different religious groups and back grounds in Annang Society further shows the importance of discussing the issues of reproductive health in the context of religious milieu. The general opinion from the respondents were that issues of sexuality and reproductive health are masked in the churches. Artificial taboos and prejudice exist around this very important subject, young people are denied information and services that could improve their knowledge of reproductive health. A high percentage of 62.8% of the respondents belief that knowledge and information about sexuality necessarily lowers moral standards. This is very wrong notion that religious leaders would do well to correct. A comprehensive sexuality education on reproductive health rather helps in acquiring accurate information about human sexuality: growth, development, human reproduction, physiology, pregnancy, HIV/AIDS etc. often more females are exposed to risky behaviour than males and more adolescents are at risky of behaviours that can bringing about sexuality transmitted disease and or teenage pregnancies, they represented 28% of the study group. Adolescence has been wrongly or ignorantly misconceived as a period when young people discover that their physical bodies have strong economic values they can therefore use their bodies to generate income by commodifying social relationship. This is

often the source of trouble in the future of such girls. 47.1% of our respondents said their source of income in their boyfriends. This is a trouble spot that could lead to all sorts of risky behaviour and sexual exploitation of young girls by older males. A total of 47.4% of our respondents had not heard of sexual and reproductive health before, and an alarming 69.7% did not know what sexual and reproductive health issues means, and 68.4% did not know the consequences of being ignorant of the sexual and reproductive health issues. These church members do fall victims of such ignorance. Their religious groups have to take the bull by the horn, teach and clarify values of sexuality. These educational needs on sexuality and reproductive health are important for safe motherhood and successful passage from adolescence to adulthood.

Pre-marital sex is pervasive, with 34.1% of our respondents supporting it. There is need to discuss with this group of people general sex education and the skills needed to observe abstinence in sexual relationship until marriage. Pre-marital sex leads to all kinds of problems ranging from unsafe abortion to the contraction of STDs, HIV/AIDS. Unfortunately sometimes the problem is not just the awareness of the presence of HIV/AIDS but the attitude towards it. The association of this dreaded killer disease with the manipulation of *witches* does not help matters at all. It does divert attention from the true causes of these conditions to an opposite direction and put people more at risk of contracting the disease.

The potentials of parents and religious leaders as source of information on sexual and reproductive health are important. Information network of friends (peer groups) at times does not help matters, 76% of our respondents said they receive information on these issues from their friends at school. Where religious leaders and parents have failed, peer groups have shown measure of success comparatively. What

is not certain, however, is the accuracy of what are learnt from peer groups and friends.

Violence against women is another area of great concern in reproductive health. Though the root causes of violence are numerous, patriarchal societies like the Annang society most often support violence against women. The religious groups most often support the patriarchal ideologies of male preference and unequal relationship between men and women. Women are most often excluded in important decision making in the churches. 87% of our female respondents agreed that they have experienced some degree of psychological violence in their religious groups simply for the fact that they are female. Unfortunately, there are also reported cases of violence of women against women. Some male would refer to the bible to justify their domination over women; it is important for such people to take into account the historical, geographical and cultural aspects of the Scripture in interpretation and application of the bible. Gender inequality has great negative impact on women's reproductive health. It does lead to low self esteem, loss of confidence, depression, poverty, constant fear, loss of opportunities, alcohol and drug abuse. Worst still, it perpetuates another generation of violence because children growing up think that violence against their mother are normal. Religious groups have the responsibility of intervening in the reproductive health crisis of their members.

#### A FRAMEWORK FOR REPRODUCTIVE HEALTH EDUCATION FOR RELIGIOUS GROUPS

It is important to develop a teaching manual/guide on sexual and reproductive health from the point of view of Christian scriptures, life and morality. The guide must be both culture sensitive and culture relevant. The first draft has to be pre-tested by giving copies to some Church members and scholars for their reactions and comments and

observation/objections. The feedback data is to thoroughly analyzed. The result of the analysis is to inform the final copy of the manual. This manual can be used to train and educate peer leaders and educators including religious leaders and should be based on well thought out modules. As an illustration, the modules could include the following areas:

MODULE ONE: Human being as sexual beings-gender issues

(Cultural perspectives on sexuality and reproductive health).

MODULE TWO (Parents' Responsibility) God's reasons(s) for creating sexual beings;

(Biblical perspectives on sexuality and reproductive health).

MODULE THREE: How things could go seriously wrong with sexual being.

(Problems of sexuality and reproductive health).

MODULE FOUR: (Religious Leaders Responsibility) Human Sexuality; God's gift & Kindness (search for answer in the light of scripture and human sciences)

MODULE FIVE: Integrated Sexuality; the Christian Goal

MODULE SIX: Men - Partners in Reproductive Health/Women and Safe Motherhood Programmes (important for the Patrival Annang Society).

## HIGHLIGHTS AND CONCLUSION

Many factors ranging from poverty, globalization and social upheavals, the youth of today seldom practice abstinence. To them, abstinence is not only out-dated but also a self defeatist strategy. A manual on sexuality and reproductive health issues is to rearm the Christian youth with:

- information that can help them observe abstinence by refusing sexual intercourse until appropriate period; the manual should arm youth with information that will help them develop positive & healthy attitudes about their bodies, feelings & relationships with the opposite sex; the restoration

of Christian dignity, pride and worth to the youth; Cultivation of objective Christian values about human sexuality and the inculcation of healthy decision-making skills. Among other things, it should help people to know how to tackle negative consequences of decisions; an how to avoid contracting STDs/HIV/AIDS.

Every religious group should have an authentic Christian counseling Centres for unbiased and realistic information about the purpose of human life from the Christian perspective. There should also be a provision of an integrated perspective on Christian values and non-judgmental information on sexuality and reproductive health.

## NOTES

1. The Annang people are the second largest ethnic group in Akwa Ibom State, Nigeria with a fairly large population people, grouped into eight Local Government Areas viz: Ikot Ekpene, Essien Udim, Abak, Oruk Anam, Etim Ekpo, Ukanafun and Obot Akara and Ika. They occupy the north western part of the state. Their territory lies between latitudes 4.25 and 7 north and longitudes 7.15 and 9.30 east (see Enang 1979:5ff).
2. Jennifer Catino. *Meeting the Cairo Challenge*. Progress in Sexual and Reproductive Health. Implementating the ICPD Programme of Action p. 3
3. Research on Sexual and Reproductive Health in Annang land conducted in 1998 by Essien Anthonia Maurice.

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