

# Evaluation of Knowledge and Practice regarding Family Planning among Christians Pregnant Women of Gihanga Attending Antenatal Care at Vyizigiro Health Center, Bubanza, Burundi

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**How to cite this paper:** Manirakiza, E., Niyonsaba, R., Nyinawumuntu, G., Nsabimana, J. and Gasaba, E. (2022) Evaluation of Knowledge and Practice regarding Family Planning among Christians Pregnant Women of Gihanga Attending Antenatal Care at Vyizigiro Health Center, Bubanza, Burundi. *Open Journal of Nursing*, 12, 363-375.

<https://doi.org/10.4236/ojn.2022.125025>

**Received:** April 27, 2022

**Accepted:** May 28, 2022

**Published:** May 31, 2022

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## Abstract

**Introduction:** Family planning is an important service for everyone and contributes to the protection of women from unwanted pregnancies. In Burundi, it remains at a low rate due to different factors such as fear of side effects, low education level, and notably religious guidance. The purpose of this study was to evaluate the knowledge and practice regarding family planning among Christians pregnant women of Gihanga attending antenatal care at vyizigiro Health center. **Methods:** This cross-sectional study of Christians pregnant women attending antenatal care was conducted at Vyizigiro health center of Gihanga, Burundi in May 2021. The data were collected on a small sheet done in English, and translated into Kirundi's local language. In this study, were included all women fulfilled all criteria, and were excluded from all impregnated women who were not Christians and refused to participate in the study. Data were analyzed using SPSS. **Results:** In the current study, among 129 pregnant women who attended antenatal care at Vyizigiro Health center in the period of 1 to 30 October 2020, 118 of them were interviewed. The study found that the participants have low knowledge regarding family planning as participants scored less than 50% in all items assessed for knowledge and its practice was hindered by religious guidance (41.7%), while others refused modern contraceptives for fear of side effects (13%), lack of sufficient information about it (7.4%) and 5.6% were denied by their husband. **Conclusion:** This study found a low knowledge and practice regarding family planning among the Christians pregnant women of Gihanga attending antenatal care at

Vyizigiro health center due to their religious beliefs, fear of side effects, and lack of sufficient information or their husband who don't want family planning services.

## Keywords

Family Planning, Christians, Pregnant Women, Religious Guidance

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## 1. Introduction

Family planning is important to everyone such as women, children, men, families, nations, and the world. Specifically, it contributes to the protection of women from unwanted pregnancies and their high risks [1]. Worldwide, 187 million unintended pregnancies including 60 million unplanned births and 105 million abortions are prevented by family planning each year [2]. However, due to different factors, many women who would like to delay their next birth or stop childbearing altogether cannot access these important services. Noticed that 214 million reproductive age women have unmet needs for family planning in the World [3]. Unfortunately, high fertility persists in the world notably in developing countries, despite a global decline in the birth rate. The average number of children per woman in the world has decreased from 6.55 to 4.53 over the last 50 years [4]. For instance, in sub-Saharan Africa (SSA) persists high fertility connection to various cultural, social, and economic factors [5]. Given that Burundi is one of the SSA with the highest population densities with 27,384 km<sup>2</sup> and a population of 8.4 million in 2010, it was the second most density-populated country in Africa. The urban population represented only 10%. The population grew by 2.4% a year, and the Total Fertility Rate (TFR) remained high at 6.4 children per woman [6] [7].

That High rate of fertility is related to different factors such as limited choice and access to family planning methods, fear of side effects of using contraceptives, early marriage, their region of residence (rural/urban), employment status of women, low education level, privately religious or cultural constraints and poor quality of family planning services [8] [9]. In the case of Burundi is among the religious country with four religions dominated by Christianity and in some denominations, Family planning is looked at as against the Almighty plan and it is sinful to prevent unwanted pregnancies. In these denominations, each sexual act in a marriage needs to be open to the possibility of conceiving a child, otherwise, Almighty's will be thwarted [10]. These beliefs reduced the rate of family planning participation and increase the number of pregnancies which are very closed one to another, as the consequence, the child is at greater risk of being born with low birth weight, dying in its first year of life, being abused, and of not receiving sufficient resources for healthy development [11]. Such a situation challenged the socio-economic development of the individuals, the families, and

the country. Therefore, it is in this framework we conducted this study to evaluate the knowledge and practices regarding family planning among Christians pregnant women of Gihanga attending antenatal care service at Vyizigiro health center in Burundi.

## 2. Theoretical Framework

The Bloom taxonomy of educational objectives was used to support this study. Knowledge and practice are among the three main dependent variables interrelated and these latter correspond to cognitive and psychomotor domains of human learning expertise among the three domains of human learning expertise [12] [13]. The cognitive and psychomotor domains regarding family planning among Christians Pregnant women was evaluated from the level of understanding and applying (2<sup>nd</sup> level and 3<sup>rd</sup> level) basic concepts concerning family planning. The cognitive domain of women understanding level was assessed to evaluate the women's knowledge regarding family planning such as its importance and types of contraceptive methods commonly used to the level of applying the acquired knowledge in family planning. This would help to know the knowledge gap and contribute to enhancing their good practice. When writing his taxonomy, Bloom did not display the factors influencing three domains of learning; however, he explained the importance of environment and learner characteristics in the process of learning. Therefore, in this study environmental factors and participants characteristics were also discussed to assess their relationship with knowledge and practice regarding family planning.

## 3. Methods

According to the World Health Organization (WHO), family planning is defined as “the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through the use of contraceptive methods and the treatment of involuntary infertility” [14]. A cross-sectional study design was used to evaluate the knowledge and attitude regarding family planning among Christians pregnant women attending antenatal care at Vyizigiro health center of Gihanga. Vyizigiro health center is located in Gihanga district of Bubanza province, Burundi, in which majority of the population are the farmer and dominated by the Christianity. The four major Christian denominations are catholic, Pentecost, Methodist and Adventist. Before collecting data, the Hope Africa University requested permission to Vyizigiro health center of Gihanga which has been favorably replied. The antenatal care services are given between the hours of 8h30 am and 2h30 Pm on Monday, Wednesday and Friday.

## 4. Inclusion and Exclusion Criteria

Were included in this study all Christians pregnant women attending antenatal care service at Vyizigiro health Center from 1 to 30 October 2020, who con-

sented to participate in the study. The Christians pregnant women who refused to participate in the study and the pregnant women of other religious such as Muslim or no religious were excluded.

## 5. Data Collection and Analysis

The data was collected from an individual interview made in the reception room after consultation, recorded on a small sheet of questionnaire. The questionnaire was designed by authors to assess the participants' awareness on family planning and their uptake on modern methods and used to guide the interview process. Participants' knowledge or practice was good/high once they scored more than 50% in the knowledge or practice items, and was poor/low if they have scored less than 50%. That interview guide was prepared in English and then translated into Kirundi, the local language. The entry was made with Microsoft office Word 2007. The analysis of data was made with SPSS 21 version and Microsoft Excel.

## 6. Result

129 pregnant women were attending antenatal care at Vyizigiro Health center in the period of 1 to 30 October 2020 and 118 of them were interviewed. However, 10 among them were excluded because they did not fulfil the inclusions criterions. Finally, 108 pregnant women were interviewed and recorded in our study (Figure 1).

The current study found that Christians pregnant women were grouped into three age categories, the mean age was 29.8 years. Most of them have age ranged between 26 - 36 years (43.5%), in the case of the Christians pregnant women

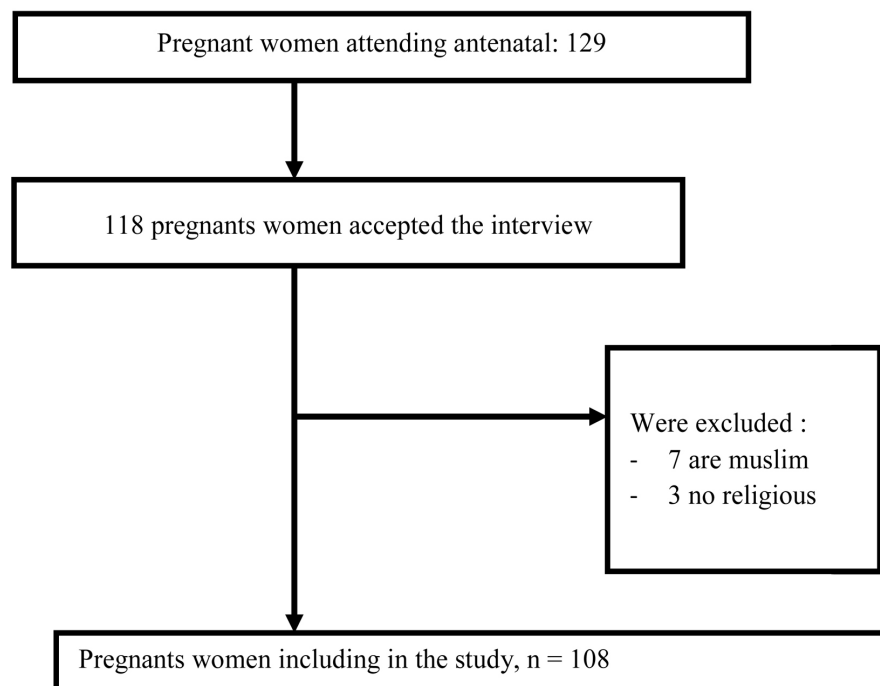


Figure 1. Participants' organigram.

whose age ranged between 15 - 25 and 37 - 45 were respectively 32.4% and 24.1%. Majority of the participants (38.9%), has an equal interval number of children between 0 - 2 and 3 - 5, while those who had an interval number of children between 6 - 8 and 9 or more were 19.4% and 2.8% respectively (**Table 1**).

Most of the participants (53.7%) had primary education level, while 30.6% have no formal education and 15.7% have secondary education level, and most of them were domestic farmers (76.9%) (**Table 1**).

The participants were from the following church Pentecost, free Methodist, Catholic, Adventist and revival churches with the proportion of 22.2%, 14.8%, 30.6%, 13.9% and 18.5% respectively. Among them 44.4% had no meaningful status, 36.2% members of prayer house and 19.4% leader or very religious (**Table 1**).

## 7. Knowledge and Practice of Family Planning

This study revealed that the participants' knowledge was low, except for one variable where they argue that family planning is for spacing births, otherwise, for the remain items, participants scored less than 43%. Majority of the participants (75.9%) had erroneously affirmed that family planning is to thwart God's plan, while 68.5% said that family planning is for killing the fetus, and is for shunning

**Table 1.** Socio-demographic characteristics of the participants (N = 108).

	Characteristics	Frequency	Mean	SD
Age:	15 - 25 years	35 (32.4%)	1.92	0.75
	26 - 36 years	47 (43.5%)		
	37 - 45 years	26 (24.1%)		
Number of children:	0 - 2	42 (38.9%)	1.86	0.826
	3 - 5	42 (38.9%)		
	6 - 8	21 (19.4%)		
	9 or More	3 (2.8%)		
Education level:	No formal education	33 (30.6%)	1.85	0.667
	Primary education	58 (53.7%)		
	Secondary education	17 (15.7%)		
Profession:	Domestic famer	83 (76.9%)	1.28	0.544
	Shopkeeper	20 (18.5%)		
	Civil servant	5 (4.6%)		
Religion:	Pentecost	24 (22.2%)	2.92	1.388
	Free Methodist	16 (14.8%)		
	Catholic	33 (30.6%)		
	Adventist	15 (13.9%)		
	Other Christian church	20 (18.5%)		
Religion status:	Leader or Very Religious	21 (19.4%)	2.25	0.763
	Member of prayer house	39 (36.1%)		
	No meaningful status	48 (44.4%)		

pregnancy (57.4%). However, a significant number of participants 67.6% argued that family planning is for spacing births (Figure 2).

Figure 3 showed that a significantly small number of the participants (8.3%) knew the number of ovules that can be produced during a women’s lifetime, while half of the participants had no idea. Additionally, only 41.67% know the period in which Pregnancy occurs when one has sex (Figure 4).

The family planning practice was poor among Christians’ women, as they scored less than 35% on practice item. This study found that out of one hundred and eight Christians women who participate in this study, 35 (32.4%) had used modern contraceptive while 73 (67.6%) not yet (Figure 5). For those 32.4% who accepted to use the modern contraceptive, this study found that 15.7% were using pills, 7.4% use Implant or IUD, 5.6 Injection and 3.7 were using condoms (Figure 6).

This study found that the most reason of no using the modern contraceptive

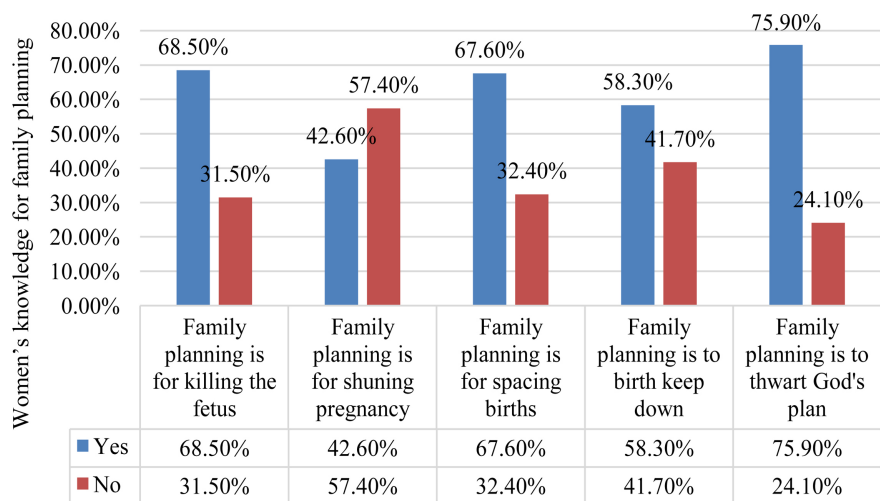


Figure 2. Pregnant women’s knowledge for family planning.

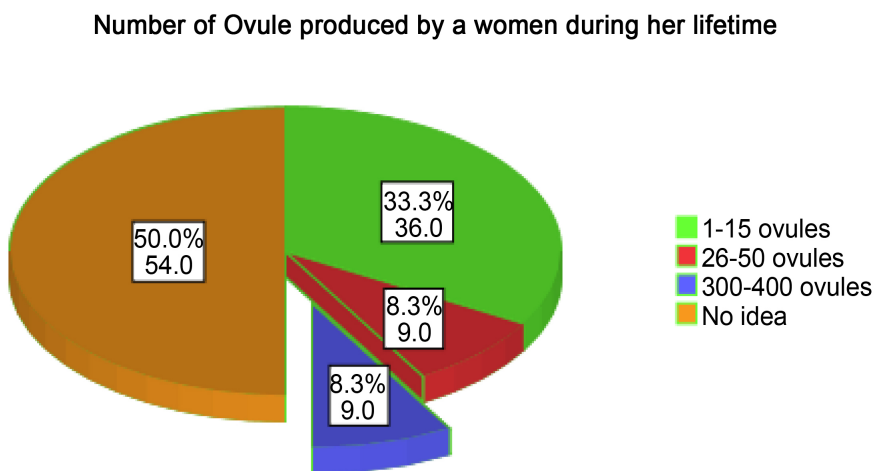
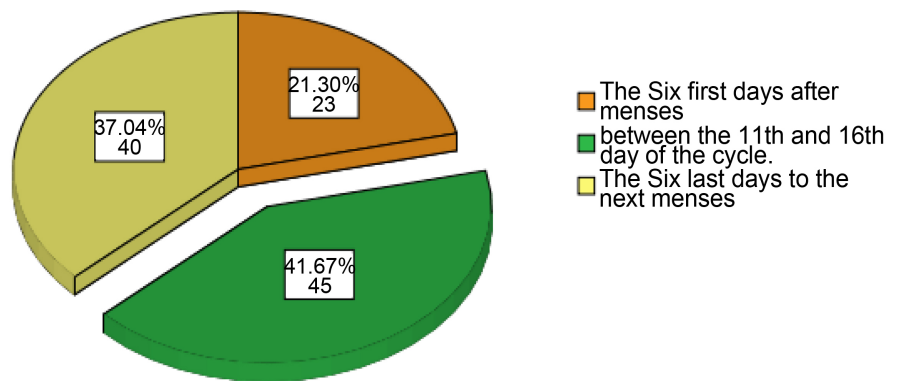


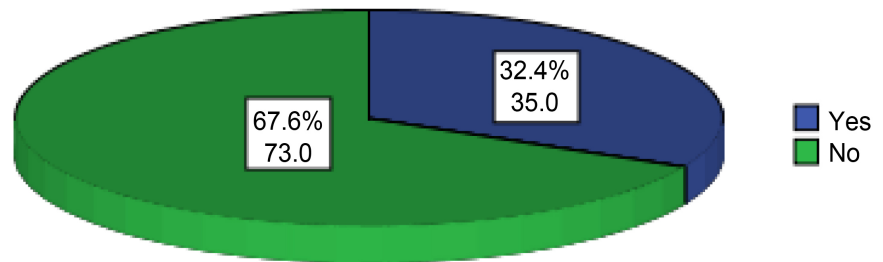
Figure 3. Distribution of the participants’ knowledge on the number of ovules during a lifetime of women.

Pregnancy occurs when one has sex in the period of



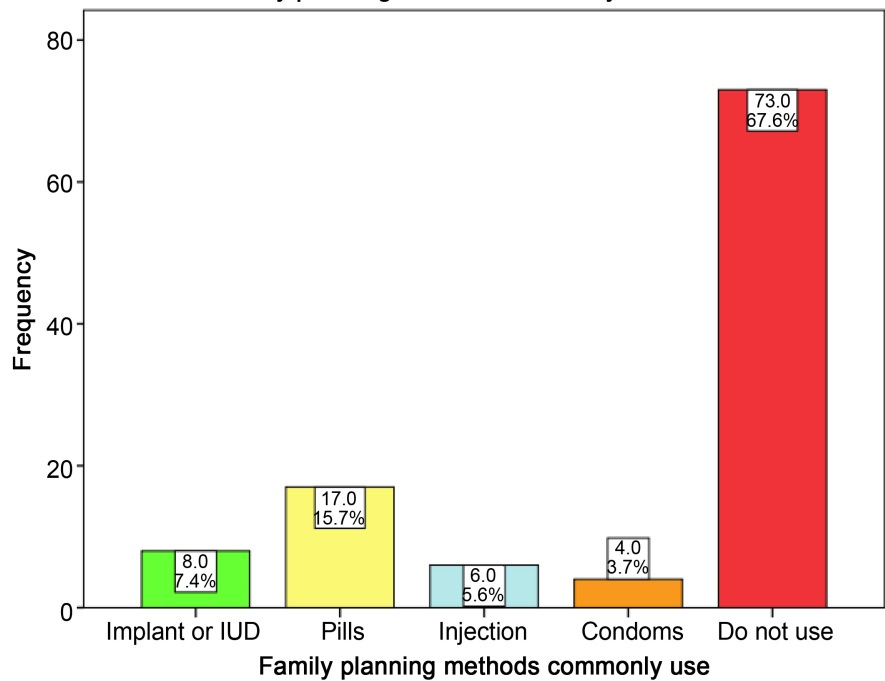
**Figure 4.** Distribution of the participants' knowledge for the period in which pregnancy occurs once one has sex.

Used modern method of contraception



**Figure 5.** Distributions of Christians women who use modern contraceptive method.

Family planning methods commonly use



**Figure 6.** The most commonly family planning methods used by participants.

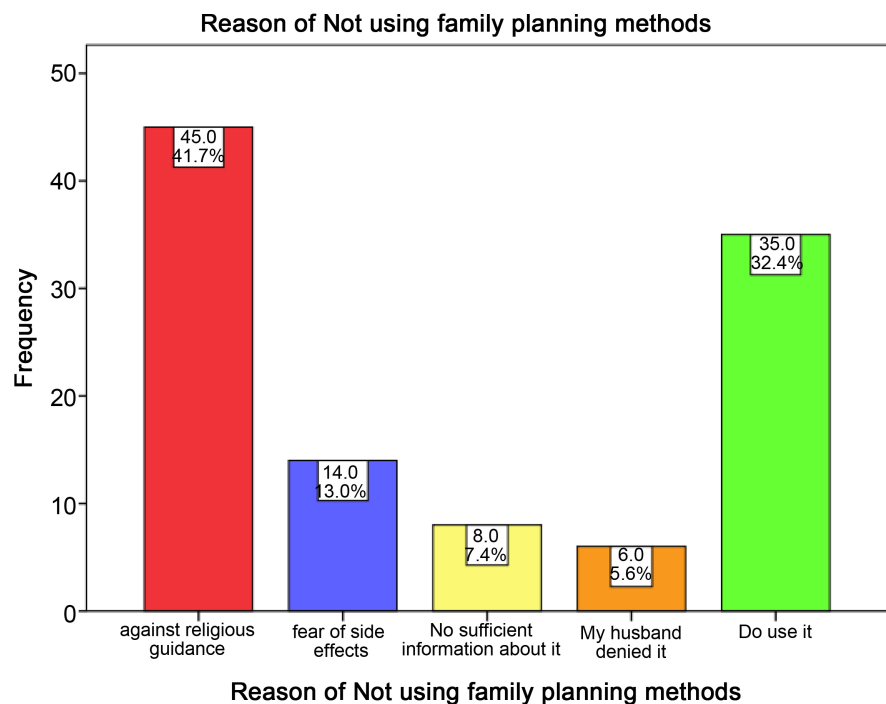
method was the religious guidance (41.7%), while other refused modern contraceptive for fear of side effects (13%), lack of sufficient information about it (7.4%) and 5.6% were denied by their husband (Figure 7).

The Bivariate Pearson correlation between the participants knowledge on family planning and their reason of not using it revealed that there was a strong statistically significant between these two variables ( $r = 0.968$ ;  $p < 0.001$ ).

Finally, the current study revealed that there was a significant strong positive correlation between the participants knowledge on family planning and their level education ( $r = 0.771$ ;  $p < 0.001$ ), age ( $r = 0.876$ ;  $p < 0.001$ ) and the number of children one has ( $r = 0.884$ ;  $p < 0.001$ ) (Table 3).

## 8. Discussions

This cross-sectional study assessed the knowledge and practice of family planning among Christians pregnant women attended the antenatal care. The participants were aged between 15 - 45 ages, with an average age of 29.8 years is similar to the 29.9 years reported by Olamijulo and Olorunfemi in Lagos University Teaching Hospital [2]. This could explain that younger women dominate the number of the attending the antenatal care, they should have no or few children thereupon the desire of children is more than the old women. Moreover, those who had an interval number of children between 0 - 2 and 3 - 5, were statistically significant (Table 1). Majority of the participants (53.7%) had primary education level. This could do be explained by the fact that many students leave schools in the period of rice cultivation for helping their parents and to gain the money. Many studies have shown that the educational level of women



**Figure 7.** Reasons for not using family planning methods by participants.



tends to affect fertility levels at all ages and also seen as proxies for wealth, a measure of modernity and fundamental to the psychological will to adopt contraceptives [15] [16]. Majority of the participants were domestic farmers (76.9%) which motivated the families to have many children to increase the workers. This concurs the finding Jean Claude which show that 77.5% of women were farmer and only 4.9% worked in modern occupations [17].

In this study, majority of the participants (75.9%) had affirmed that family planning is to thwart God's plan. While 68.5% said that family planning is for killing the fetus (**Figure 2**). This could be explained by the fact, that most of religious leader prohibit their followers to take modern family planning methods. Study for assessing women's attitudes and knowledge towards the use of contraceptive methods at Van Norma Clinic in Burundi, illustrate that religion was the most reason prohibiting the use of contraceptive methods among the participants (73.0%) [9]. Church leaders should work together with the government to improve women awareness on family planning methods, for the purpose of increasing women up take on modern planning method. In this context, it seems that the church leaders did not have the same idea about the family planning as well as the same goals with the government towards birth limitation for the purpose socio-economic development. Research has found an inverse relationship between sexual permissive attitudes and the degree of individual religiosity [10] [18].

This study shows that a significant small number of the participants (8.3%) knows the number of ovules that can be produced during a women lifetime, while half of the participants had no idea and other think that the number of ovules is related to the number of the children can born to one mother (**Figure 3**). Reproductive health awareness is needed to enhance their knowledge. Only 41.2% know the period in which pregnancy occurs when one has sex, in case of this is the foundation of natural planning family which is very safe [19].

This study found that out of one hundred and eight Christians women who participate in this study, 35 (32.4%) had used modern contraceptive while 73 (67.6%) not yet (**Figure 5**). The most reason for not using the modern contraceptive method was the religious guidance (41.7%), while other refused modern contraceptive for fear of side effects (13%), lack of sufficient information about it (7.4%) and 5.6% were denied by their husband (**Figure 7**). This could be explained by the above reason of their religious beliefs of (**Figure 2**) or the level of education as majority have primary and no formal training education (**Table 1**). Literature found that the number of children required by a woman is related to their education level, because it was found that women who had a primary school graduate or higher education, has 1 to 3 pregnancies and did not want more children in the future [9]. Study conducted by Hakizimana, *et al.* 2021, one of the women interviewed said "*Our community health workers always sensitize about family planning but their teachings conflict with the church teachings which say that modern family planning is a sin of killing an unborn baby. When it is known that a church follower has adhered to one of those methods [modern*

methods], she will be suspended from the church. That is the reason many individuals have given up the use of modern contraceptive methods.” (FGD man, Kabwayi colline) [20].

In the current study, for those 32.4% who accepted to use the modern contraceptive, the study found that 15.7% were using pills, 7.4% used Implants or IUDs, 5.6 Injections, and 3.7 were using condoms (Figure 6). Finally, this study found that there was a strong positive statistically significant correlation between the participants’ knowledge on family planning and their reason of not using it ( $r = 0.968$ ;  $p < 0.001$ ) and the participants’ knowledge on family planning and their level education ( $r = 0.771$ ;  $p < 0.001$ ), their age ( $r = 0.876$ ;  $p < 0.001$ ) and their number of children one has ( $r = 0.884$ ;  $p < 0.001$ ) by using the Bivariate Pearson correlation (Table 2 and Table 3). This can be explained by the fact that

**Table 2.** Correlations between the participants’ knowledge on family planning and their reason of not using it.

		Reason of Not using family planning methods	
Reason of Not using family planning methods	Pearson Correlation	1	0.968**
	Sig. (2-tailed)		0.000
	N	108	108
knowledge	Pearson Correlation	0.968**	1
	Sig. (2-tailed)	0.000	
	N	108	108

\*\*Correlation is significant at the 0.01 level (2-tailed).

**Table 3.** Correlations of the participants’ knowledge on family planning and their education level, age and number of children.

		knowledge	Age	Number of children	Level of education
knowledge	Pearson Correlation	1	<b>0.876**</b>	<b>0.884**</b>	<b>0.771**</b>
	Sig. (2-tailed)		0.000	0.000	0.000
	N	108	108	108	108
Age	Pearson Correlation	0.876**	1	0.917**	0.908**
	Sig. (2-tailed)	0.000		0.000	0.000
	N	108	108	108	108
Number of children	Pearson Correlation	0.884**	0.917**	1	0.862**
	Sig. (2-tailed)	0.000	0.000		0.000
	N	108	108	108	108
Level of education	Pearson Correlation	0.771**	0.908**	0.862**	1
	Sig. (2-tailed)	0.000	0.000	0.000	
	N	108	108	108	108

\*\*Correlation is significant at the 0.01 level (2-tailed).

the majority of the participants have a low education level, the fact of their low knowledge, or strongly by their beliefs got from their church (**Table 1**). Church leaders should give correct information regarding family planning and support the government mission of birth limitation, instead of preaching by their own impulses, or beliefs. In a qualitative study conducted in Dori in the Sahel Region of Burkina Faso for assessing religious leaders' knowledge of family planning and their involvement in family planning programs, results revealed that religious leaders had good knowledge about family planning including modern contraceptive methods and fertility regulation through birth spacing; nevertheless, they were not involved enough and were reluctant to promote the use of FP methods [21]. Lastly, the government, through the ministry of health should take initiative to increase public awareness of family planning through different channels of communication.

## 9. Conclusion

Due to the low educational status and lifestyle of the participants, the knowledge of family planning methods was observed at a low level among Christians Pregnant Women in this study. Additionally, the practice of these methods is still relatively low. More studies and pieces of training for the Christian church leaders are needed to improve the knowledge of family planning in the Christianity area.

## 10. Limitation

This study has some limitations. This study focuses only on Christians pregnant women who have attended one HCF in one district and the authors did not test the validity and the reliability of the instrument.

## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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