



Religion a Determinant of Conventional Family Planning Methods among Women of Childbearing Age in Selembao: Case Study of Sanru Project in Kinshasa, the Democratic Republic of the Congo

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Abstract: *The study explored the determinants of conventional family planning among women of childbearing age within the Sanru project in Kinshasa, The Democratic Republic of the Congo. The Functionalist and Social Marketing theories were applied to the study. Phenomenology research design and non-probability purposive sampling technique were used to select fourteen women and six key informants. Key informants included three community-based distributors (CBDs), one public health professional, one Sanru stakeholder, and one church leader. These data were collected through in-depth interviews, key informants' interviews, and content analysis, and then analysed using thematic analysis. The findings revealed that religious teachings and practices greatly influenced the use of family planning methods in Selembao. It was established that programmes organised by Sanru did not contribute to clients' knowledge regarding eligibility criteria, side effects, health complications, and natural family planning. Three recommendations were made. Firstly, it was recommended the implementation of the Government Policy on free counselling and the distribution of family planning methods. Secondly, the study suggested the establishment of a committee in charge of monitoring and evaluating programmes and activities that promote the use of diverse family planning methods. Lastly, the study called for the engagement of the Minister of Gender and Family in the remuneration of CBDs. The study equally advocated for the facilitation of a variety of family planning methods and the establishment of significant training on natural methods. It was anticipated that the research findings could contribute to the improvement of Sanru's implementation strategies.*

Keywords: *Family Planning Methods, Selembao, Functionalist theory, Social Marketing theory, Poverty*

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1. Introduction

Conventional family planning methods are used in reducing unexpected pregnancies according to the World Health Organization (WHO). These methods are generally distinguished into two namely the traditional or natural and modern or artificial (WHO, 2020). The first category deals with the daily tracking of a woman's fertility. It does not involve the use of any chemicals, drugs, or devices including *coitus interruptus* (withdrawal), periodic abstinence using the cycle bids, ovulation method as well as the lactational amenorrhea method (LAM) also known as consistent breastfeeding (WHO, 2020 & DRC MOH, 2020). The second category involves the utilisation of chemicals, drugs, and devices

meant to prevent pregnancy (WHO, 2020 & DRC MOH, 2020).

Estimates from World Health Organization (2017) attest that 214 million women of childbearing age in underdeveloped nations, including the DRC, do not have access to family planning methods. These are consequences of a limited variety of contraceptives, fear of negative side effects, social and cultural standards alongside religious dogmas, teachings, and practices as well as low service quality, and gender-based barriers (WHO, 2017). Consequently, Selembao municipality in the DRC has 432, 913 inhabitants with an approximate family size of seven children facing daily challenges in accessing basic needs (Demographic World Urban Areas, 2021; Sanru, 2020; Selembao, 2020). As a result,

eight in ten families do not have access to decent homes, food, clothing, clean water, constant electricity, good education, and appropriate healthcare (UN Habitat, 2018).

Records in the Sanru project indicated a trend that 45% of the women who had adopted these methods ended up discontinuing their use within the year (Sanru, 2020 & Selembao, 2020). This has led to unexpected pregnancies, unsafe abortions, and maternal and infantile deaths (Selembao, 2020). This shows that the sustainability of the said methods has remained low due to residents' beliefs that condemn any prevention of life. The study sought to explore the experiences of childbearing-age women in regard to their religious beliefs on the adoption and use of family planning methods to regulate family size.

2. Literature Review

World Health Organization (2018), sees conventional family planning methods as simple mechanisms of prevention against unexpected pregnancy. These methods should be considered as means towards mother and child's health improvement, community education, gender-based consideration, women empowerment, and social and economic development (WHO & John Hopkins Bloomberg School of Health, 2018). The Christian perspective on contraception is based on the significance of marriage, sex, and family (Pandia Health Editorial Team, 2021). Sex is an activity that is meant for married couples therefore any sexual intercourse among spouses should be opened to conception according to the Christian faith. This explains why the Catholic Church considers artificial or modern family planning immoral.

These methods intentionally prevent natural conception by giving any individual the decision-making power on procreation. Traditional contraception involves the daily tracking of a woman's fertility and does not involve the use of any chemicals, drugs, or devices (WHO, 2020; DRC MOH, 2020). Modern contraceptives generally involve the utilisation of pills, chemicals, and devices meant to prevent pregnancy (Sanru, 2020).

Pope Paul VI (1968) pointed out that "it is never lawful, even for the gravest reasons, to do evil that good may come of it". Subsequently, Pope John Paul II (1994) clarified the Church's position on contraception. According to him, the position of the Church on family planning is often misunderstood. He states that people wrongly believe that the Church supports an ideology of fertility that urges married couples to procreate without thought of the future (Pope John Paul II, 1994). However, he confirms that the Catholic Church encourages natural contraception when it helps couples to regulate their family size in some circumstances. These include sicknesses, financial incapacity, and the accomplishment of the ideal family size (Pope Paul VI, 1968 & Pope John Paul II, 1994).

In regard to this, Pope John Paul II looks at childbearing as the way in which couples realise God's plan for humankind. It was also pointed out that both spouses

should faithfully exercise their respective responsibilities over their families' welfare (Pope John Paul II, 1994). The Catholic Church only allows natural contraception since it is chemical-free and does not have any side effects (Pope Paul VI, 1968 & Pope John Paul II, 1994).

However, the Church insists on the reasons motivating the adoption of family planning for birth regulation. Consequently, it is said that spouses should use family planning only in some circumstances. This was emphasised to prevent situations where spouses will fail to fulfil their marital roles and responsibilities under the disguise of using natural contraception as recommended by the Catholic Church.

The teaching of the Church with regard to the use of family planning in some circumstances has been anchored on the Word of God as found in Genesis 1:1 and 2:3. The Biblical verse established God's rest after the creation of man and woman on the sixth day. The Church's teaching points out that couples may experience some rest in between childbearing in accordance with the said circumstances of sicknesses, financial incapacity, and the accomplishment of the ideal family size (Pope Paul VI, 1968 & Pope John Paul II, 1994). Mensah (2020) found out that religious teachings of various denominations were against the adoption of conventional family planning methods in Ghana. Similarly, the DRC Youth Reproductive Health (2015) concluded that the teachings of some religious denominations were not in favour of the use of contraceptives. Additionally, Kaniki (2019) confirmed the same results pointing out that husbands and partners' disapproval of conventional family planning was in line with their religious teachings and practices.

Machiyama et al. (2018) found that traditional contraception was preferred because they were free of health damage, fertility complications, period disruptions, and side effects in Bangladesh and Kenya. Nguyen et al. (n.d) also found these results in Somalia and DRC. WHO (1986) and Hatcher et al. (1988) attested that both intrauterine devices (IUDs) and injectables are patterns of menstrual cycle disturbance and dysmenorrhea, breast, endometrial, and cervical cancer, tubal infertility, septic and spontaneous abortions as well as uterine perforation. Liskin et al. (1987) confirmed that vasectomy and tubal ligation have got a high risk of pelvic infection and death related to the clinical intervention procedure.

However, it is acknowledged that oral pills, emergency pills, and spermicides have proven to minimize the risk of endometrial, ovarian, and cervical cancer and prevent women from ectopic pregnancies (Hatcher et al., 1988; Spring & Gruber, 1985). This variety of knowledge necessitates some specific information regarding family planning. Globally, Cavallaro et al. (2020) acknowledged the value of the level of formal education, quality, efficiency, and effectiveness of counselling through crucial knowledge on the use of conventional family planning methods. Sharif et al. (2021) confirmed these results when they concluded that community-

based distributors (CBDs) were key assets both in adoption and sustained use via quality and efficient counselling in Bangladesh. Coulibaly et al. (2020) established that the insufficiency of accurate and adequate information regarding contraception constituted a key factor in its adoption in Ivory Coast. Shango et al. (2020) concluded that the knowledge on conventional family planning methods was a prerequisite to both adoption and use of the same in South Africa.

Consequently, Nicole et al. (2020) also found out that increasing the quantity and quality of counselling agents influenced the adoption and sustained use of family planning methods worldwide. Kwete et al. (2018) concluded that community-based distributors played a key role in both the adoption and sustained use of conventional methods of family planning in the DRC. Duminy et al. (2021) conducted research in some countries with low and moderate-income and concluded that conventional family planning programmes should be appropriately and constantly monitored.

Study Theories

This study was anchored on Functionalist theory by Elihu Katz and Jay Blumler (1974). It also applied the Social Marketing theory by Gerald Zaltman and Philip Kotler (1971). The Functionalist looks at women's active participation in regard to the selection of knowledge on contraceptives in accordance with their needs, interests, and values (Ekambo, 2006). Social Marketing focuses on the planning and implementation of strategies that favour the selection of the same (Zaltman & Kotler, 1971). These theories helped the researcher to associate factors that bind the choice of women of childbearing age on their use of family planning methods to regulate their family size. This was said to be applied in accordance with the families' available resources to afford their needs. In doing so, women and couples of Selembao are able to make informed choices that may empower child-bearing age women enabling them to pursue their studies to get well-remunerated jobs that might allow them to provide daily basic needs for their families. Additionally, it allows them to be independent and capable of contributing to their society's well-being at different levels and not living under their partners' shadows and mercies.

The Functionalist theory was critical because it advocates for women's values, needs, and interests that dictate their selection of knowledge with regard to the use of family planning. This was said to be the case since women are not passive consumers who use these methods simply because public health professionals and community-based distributors (CBDs) market them (Ekambo, 2006). This explains why women usually tend to discontinue the use of these methods when their values, interests, and needs are not being met as promised (Ekambo, 2006). Hence, women and couples make informed choices regarding family planning methods in accordance with the expected personal benefits and social achievements.

Social Marketing theory was of great value for the current research because it points out different elements that determine the choices of clients that seek family planning methods. The elements are the conception, implementation, monitoring, and evaluation of family planning activities and programmes organised by Sanru. Sanru should keenly look at these elements because they take into consideration contraceptive methods and their prices. They equally take into account the type of communication, the distribution channel, the research marketing, and the quality of provided counselling (Zaltman & Kotler, 1971). This suggests that Sanru and the officials of Selembao should invest more in the planning, organising, implementation, monitoring, and evaluation of family planning programmes.

3. Methodology

3.1 Research Design

The investigation used a constructivist paradigm through phenomenology research design. Content analysis, In-depth interviews, and key informants' interviews were used to explore participants' experiences regarding their use of conventional family planning methods. Phenomenology is a qualitative approach that engages in an in-depth description of phenomena according to the people who lived them (Anderson & Spencer, 2002 & Creswell, 2013). It focuses on a small sample and examines opinions, attitudes, and perceptions through participants' experiences that are meant to be manually coded and translated into textual data. Participants were provided with the opportunity to deeply and fully share their experiences in regard to the use of family planning with the help of the current phenomenological research. They co-researched and co-designed with the researcher through the act of in-depth and key informants' interviews (Rudestam & Newton, 2001).

Phenomenology emphasises common human lived experiences undergone and shared by a specific group of individuals (Anderson & Spencer, 2002). It was relevant in this study because the purpose was to have a clear, specific, and described understanding of the reasons behind women's discontinuation of contraceptives. The design was used because it gave women and key informants the capacity to express their points of view in their own ways and according to the experiences they had in common.

Sampling describes the process in which the researcher chooses some significant units of people from the target population to be able to generalise the findings (Creswell, 2012). Sampling differs from the sampling methodology that concerns the way in which the said units are selected from the available target population of the study (Creswell, 2018). Non-probability sampling, mainly purposive sampling was used to recruit a total of 20 participants in accordance with Creswell's rule for qualitative sample size which recommends 5 to 25 respondents (Creswell, 1998 & 2013). These included fourteen women of childbearing age and six key

informants with expert knowledge. Purposive sampling occurs when the researcher selects participants because of the knowledge they can offer (Creswell, 1998). The sampling frame represents an exhaustive record of sampling units from which the researcher is expecting to select the sample (Selvam, 2017).

Purposive sampling used the lists of women aged 14-49 years, community-based distributors (CBDs), public health professionals, stakeholders from Sanru, and church leaders in the files of the Sanru Project. Women were selected in accordance with where they belonged in the Selembao municipality specifically the concerned suburbs. They should have been within the age bracket (14-49) and must have purchased at least one contraceptive from Sanru. Women must have equally been clients of conventional family planning methods at the Selembao health zone and willing to participate in the research. Women were grouped into age categories as follows: 14-23 years with three respondents, 24-33 years with four respondents, 34-43 years with four respondents, and 44-49 years with three respondents. Key informants were picked in regard to their access to detailed first-hand information and key knowledge on the use of family planning methods in Selembao.

3.2 Research Instruments

The researcher employed in-depth interviews and key informant interviews as the main data collection tools. An in-depth interview is a qualitative data collection instrument that enables researchers to access detailed information about the topic under study (Creswell, 2003). It is the appropriate instrument for this study because it gives interviewees the opportunity to clearly express themselves on their experiences of using various family planning methods. This enabled the researcher to gain some detailed and first-hand information. Key informants' interviews were also used to gather the experiences of community-based distributors (CBDs), public health professionals, stakeholders from Sanru, and church leaders. These data were captured in written form on paper sheets during the interview sessions. Content analysis is an approach used to analyse textual data (Morgan, 1993). It focuses on the coding and interpretation of data found in written documents.

The researcher analysed written documents and records provided by the Sanru project before, through and after fieldwork. These records regarded the number of women currently under contraceptives, those who discontinued, and the quantity of contraceptives and their frequency of use. This was done to have a clear picture of factors that influenced the non-use of contraceptives considering the current situation whereby families struggle to eat at least one meal a day (World Urban Areas, 2021).

Similarly, the researcher analysed theses and journal articles by reading them several times in order to capture the right data related to the topic under study. These data were afterwards summarised and included in the study. In summary, both primary and secondary sources of data were used in this study. Each guide had nine questions

of fifteen words in length. Interview guides comprised open-ended questions because of interviewees' flexibility to tell their experiences in their own words.

3.3 Trustworthiness

According to Maykut and Morehouse (1994), trustworthiness establishes evidence of dependability, confirmability, and transferability of the study. Dependability is proved through hard or soft copies of documents such as authorisation letters from different offices, in-depth interviews, key informant interviews, consent forms, and field notes. Confirmability is proved by the nature of questions being open-ended, references of reviewed studies at global, continental, and local levels, and the use of in-depth interviews and key informant interviews. Confirmability is also seen through the inclusion of different categories of participants including women, community-based distributors (CBDs), public health professionals, stakeholders from Sanru, and church leaders. Evidence of transferability are the pilot study and the open-ended questions that enabled a full and deep explanation of the topic under investigation.

The pilot study pre-tested 15 % of fourteen women of childbearing age which equals to two participants and 15 % of six key informants which equals to one. These three partook in both in-depth interviews and key informant interviews respectively. The key informant was one public health professional. This was done in order to ensure that the findings were credible and could be applied to more different settings. Additionally, the pilot study raised the researcher's confidence knowing that different researchers may use the same context, target population, and research methods and could still come up with similar conclusions. The pilot study was the actual validating instrument.

3.4 Credibility

The term "credibility" describes the extent to which results are accurate and consistent in the long run (Joppe, 2000). This allows the methodology to be used in a similar study. Credibility is presented through interviewees' validation and the use of triangulation of qualitative methods like content analysis, in-depth interviews, and key informant interviews. Similarly, credibility is proved through the researcher's interaction with five participants per day to facilitate the collection of genuine, subjective, and authentic data not obstructed by fatigue. Credibility is also presented through the grouping of women into four age categories reducing the risk of data being biased and facilitating the collection and analysis of the same. The double-checking of answers with participants is also proof of credibility in this study. In addition, the researcher conducted a pilot investigation to attest to the credibility of the study's collection tools, which are the content analysis, in-depth interview, and key informants interview guides.

The study equally involved a wide range of participants such as women of childbearing age, community-based

distributors (CBDs), public health professionals, stakeholders from Sanru, and church leaders. Similarly, it made use of global, continental, and local knowledge related to the topic of conventional family planning. As a result, the study used organisations' records, government documents, books, and journal articles.

Participants filled in the consent form to show that they freely agreed to partake in the research. They were all allowed to read the manual transcripts at the end of both in-depth and key informant interview sessions. This practice was observed to ensure member checking. Questions were double-read to ensure that interviewees provided correct answers to the right questions. Responses were double-checked with participants before moving to the next questions to ensure conformability. In summary, the different components that guarantee both trustworthiness and credibility of the study were sampling size, sampling techniques, and triangulation of qualitative methods including content analysis, in-depth interviews, and key informant interviews.

The constructivist approach and the inclusion of both genders among community-based distributors (CBDs), public health professionals, stakeholders from Sanru, and church leaders were also proof of the same. The reflexivity and role of the researcher greatly contributed to the self-guiding of both the in-depth and key informant interview sessions to ensure the caption of the right data. The researcher equally wrote up the transcripts for the sake of transparency, credibility, and conformability.

4. Results and Discussion

The study explored determinants of conventional family planning methods among women of childbearing age in Selembao within the Sanru project in Kinshasa, in the

Democratic Republic of the Congo. The responses of women and key informants are presented and discussed.

4.1 Demographic details of participants

Saturation was attained at fourteen for women and six for key informants, which scored a total number of 20 interviewees involved in the present study (Creswell, 2013). Out of the 14 women of childbearing age, the seven suburbs accounted for 2 women each. Consequently, 2 were from Badiadingi, 2 from Inga, 2 represented Kalunga, 2 accounted for Madiata, 2 from Molende, 2 were from Ngafani, and 2 from Pululu Mbambu suburbs. 3 were aged 14-23 years, 4 were between 24-33 years, 4 were between 34-43 years, and 3 were aged 44-49 years. Furthermore, 3 participants completed their secondary studies whereas 7 did not complete them. 1 completed her bachelor's degree whereas 3 did not complete their bachelor's degrees. In regard to employment status, 2 were housegirls, 2 were housewives, 1 was a second-hand cloth seller, 1 charcoal seller, 1 pharmacy attendant, 1 shop attendant, 1 restaurant waitress, 1 fruit seller, 1 meat seller, 1 hairdresser, 1 shoe seller, and 1 public servant. Marital status revealed that 6 were married, 4 were widows, 2 were single mothers, 1 was divorced, and the remaining 1 was a single woman. The religious denominations of different participants proved that 12 interviewees were fervent members of Christianity whereas 2 did not disclose their religion. This matches the religious affiliation in the DRC whereby 95.8 % are Christians, 1.5 are Muslims, and the remaining 1.8 with no religious affiliation (Pew Research Centre 2010 & United States Department of State, 2018). Religion was said to be the factor with the greater influence on the use of family planning methods among couples in Selembao.

Table 1: Demographic Data on women of childbearing age

Suburbs	Age bracket	Education level	Occupation	Marital status
Badiadingi	14-23 Years	Incomplete secondary school	House girl	Single mother
Badiadingi	24-33 Years	Incomplete secondary school	Second-hand cloth seller	Married
Inga	34-43 Years	Incomplete secondary school	Pharmacy attendant	Widow
Inga	14-23 Years	Complete secondary school	Shop attendant	Single
Kalunga	24-33 Years	Incomplete secondary school	Restaurant Waitress	Married
Kalunga	34-43 Years	Incomplete Bachelor Degree	Housewife	Married
Madiata	34-43 Years	Complete secondary school	Fruit seller	Divorced
Madiata	44-49 Years	Complete secondary school	Charcoal seller	Widow
Molende	24-33 Years	Incomplete secondary school	Meat seller	Married
Molende	44-49 Years	Incomplete Bachelor Degree	Housewife	Married
Ngafani	14-23 years	Incomplete Bachelor Degree	House girl	Single mother
Ngafani	44-49 Years	Incomplete secondary school	Hairdresser	Widow
Pululu Mbambu	34-43 Years	Incomplete secondary school	Shoe seller	Widow
Pululu Mbambu	24-33 Years	Complete Bachelor Degree	Public servant	Married

N=14**Table 2: Demographic information on the key informants**

Gender	Age bracket	Education level	Occupation	Marital status	Role	Religion
Male	14-23 Years	Complete secondary school	Mechanic	Single	CBDs	Christian
Female	24-33 Years	Incomplete secondary school	Hairstylist	Married	CBDs	Christian
Male	34-43 Years	Incomplete secondary school	Handyman	Widower	CBDs	Christian
Male	44-53 Years	Complete Diploma	Nurse	Married	Public health professional	Christian
Male	54-63 Years	Complete Bachelor Degree	Director of Marketing	Married	Sanru's stakeholder	Christian
Male	54-63 Years	Complete Master Degree	Public servant	Married	Church leader	Christian

N=6

Six key informants of which 3 represented community-based distributors (CBDs).1 represented public health professionals, 1 was a stakeholder from Sanru, and the remaining 1 a church leader. 5 of them represented the male gender while 1 was female. In regard to age, 2 were between 54-63 years while the remaining 4 accounted for each different age categories namely 14-23 years, 24-33 years, 34-43 years, and 44-53 years. Regarding religious affiliation, 6 out of 6 were Christians as also

acknowledged by Pew Research Centre (2010) and the United States Department of State (2018). Key informants' religious affiliations were studied so to identify their influence on the use of conventional family planning methods to regulate births. The following table portrays the common theme and responses from interviewees' answers in regard to religious influence.

Table 3: The common theme and evidence of interviewees' responses to the religious influence

The common theme	Participants' responses
Religious teachings and practices	<ul style="list-style-type: none"> - Religious values, beliefs, and dogmas of numerous church denominations encourage human conception - The prevention of human conception is a sin against God's plan for procreation - The Church considers the use of conventional family planning methods as an immoral behaviour - Every child is a blessing for both their parents and the society - Men and women have been sent on earth for the purpose of giving life - Both men and women determine the family size - Childbirth is the biggest God's gift to humankind - Women honour God's will through childbearing

Theme: Religious teachings and practices

Most women and men regardless of their socio-economic status voiced out their experiences in regard to their beliefs when it comes to family planning adoption and utilisation. 18 (90 %) interviewees admitted their allegiance to the Catholic Church whereas two women (10 %) were not comfortable sharing their religious affiliations in relation to the topic under study. Participants' religious affiliations were said to be an important pattern in their adoption and use of family planning. These included dogmas, beliefs, and values from various denominations. Most interviewees acknowledged that their respective Godly affiliations condemned the voluntary prevention of any human life. This is because childbirth is the biggest God's gift to humankind. Both users and non-users of family planning stated that childbearing was the purpose that every man and woman have been sent to achieve on earth. Consequently, childbirth happens to be the means through which women honour God's will of procreation. The study findings corroborate the outcomes of various studies reviewed at the global, continental, and local levels.

These are seen through the work of Pope Paul VI (1968), DRC Youth Reproductive Health (2015), Kaniki (2019), Mensah (2020) as well as Pandia Health Editorial Team (2021). These results proved that participants' teachings and practices of the word of God discourage the prevention of human conception. This is because it is looked at as an offence to God's plan of procreation. This suggests that family size is an agreement between both spouses (the Centre on Gender Equality and Health (2020)).

Interviewee Two shared her experience saying:

I have never used any family planning methods despite my poor economic status. This is because I believe that the God who blessed me with these seven children, will provide for them. In addition, one day my husband and I will grow old and will not be in a position to hustle anymore to survive. These children will provide and care for us when that time comes. Therefore, the more children parents bring into this world, the more comfortable their lives will be in the future.

Interviewee Eleven added that:

My husband and I do not have any steady income but we make sure to at least pay the house rent and provide food. We still desire more children despite the fact that those we already have are unable to attend school due to the lack of money.

Interviewee Ten reiterated saying that:

My husband's hustle barely allows me to put some food on the table, and talk less of other basic needs. My husband has never agreed to use family planning to curtail the number of children. This is because as a catholic, preventing human conception is the ultimate sin against God's plan for procreation.

Interviewee nineteen concluded with these words:

God's great plan for humanity takes shape through conception. Everybody has their purpose on earth. Socio-economic statuses should not determine whether or not a soul deserves to be brought into this world. I used to be a Catholic and the teachings do not support

modern contraception. I personally agree with the Catholic Church because every pregnancy has the right to life. This is despite the family's ability to provide and care for it. Life is a gift on its own. Therefore, I preach against family planning whether it is natural or artificial. In my sight, individuals who prevent pregnancy using family planning methods are all acting against God's great plan for procreation. I believe in providence and trust that God does not make things happen in vain. He has got a plan for each one of us. Women and couples should be ready and accept their fate like Mary accepted to be God's servant and carried the saviour of humanity.

These findings clearly point out that religion has a great grip on childbearing women's adoption and the constant use of family planning methods to control the size of their family. It was understood upon analysis that residents in Selembao have all different stands influenced by various dogmas, beliefs, and values of their respective church denominations. Most interviewees expressed themselves with certitude saying that any voluntary prevention of human life was considered a great sin against God's plan for procreation (Kaniki, 2019). Following participants' explanations, childbirth is believed to be the biggest God's gift to humanity (Pope Paul VI, 1968; DRC Youth Reproductive Health, 2015; Kaniki, 2019; Pandia Health Editorial Team, 2021). In accordance with this view, family planning methods are perceived as mechanisms that allow couples to have power over conception (Mensah, 2020).

This is why the adoption and use of the same methods are prohibited by various church denominations. This suggests that participants may make informed choices once they access more knowledge on contraception (Machiyama et al., 2018; Coulibaly et al., 2020; Kwete et al., 2018). They thus deserve to have a better understanding of the Church's position on family planning so that they are able to exercise their roles and responsibilities as stewards to their children (Cavallaro et al., 2020; Shango et al., 2020; Sharif et al., 2021; Nicole et al., 2020).

Another participant, Interviewee Eighteen shared a different experience saying:

As a fervent member of the Catholic Church, my wife and I are not allowed to adopt family planning. However, we agreed to stop childbearing in order to offer our seven children a life worth living. Consequently, my wife got an intrauterine device inserted in spite of our faith which condemns any prevention of human life.

Interviewee Thirteen seconded him saying:

I disobeyed the Church teachings with regard to family planning through my use of modern contraception to control my family size. This is because of my socio-economic status, which

does not allow me to provide adequate living conditions for the children I already have.

Interviewee Fourteen concluded that:

I am a fervent Catholic who once used modern contraception for the purpose of my children's quality of life. This is in a bid to allow my husband and I to provide them with better life opportunities.

Upon analysis of participants' experience, it was realised that some families have chosen to use family planning to be able to exercise their responsibilities as parents of the children they already have. This was done despite the teachings and practices of their respective faith denominations that condemn contraception because it prevents human conception. This category of parents chose their children's welfare at the expense of their religious beliefs. Their choices corroborate what is said by Pope John Paul in relation to the circumstances during which family planning is allowed. However, they did not use only natural contraception because they were not introduced to it. They used modern contraception because it is easy to find and apply. Upon this analysis, it is clear that parents used these methods to be able to provide the basic needs of their children (Adapting to An Urban World, 2018; Manortey, 2017). Women and couples in Selembao could provide for their families if they were trained on the use of natural contraception (Duminy et al., 2021). This could allow families to afford good housing, food, clothing, clean water, constant electricity, basic education, and health treatment. Consequently, women could be empowered through businesses since they need to be involved in sustaining their society's development (Selembao, 2020).

5. Conclusion and Recommendations

5.1 Conclusions

The research revealed that women's adoption of family planning was influenced by various church teachings and practices. It was pointed out that religion has a great influence on women's stands regarding conventional family planning methods. This is said to be the reason because it regulates the way the African society values children and the level of interest given to every topic that is sex-related. Following Pope John Paul II's perspective on contraception, women and couples misinterpret the position of the Catholic Church. The Church prohibits the use of modern contraception and sees it as evil because of its various implications.

Some of the implications include health complications, infertility, side effects, trivialization of the sexual act, and encouragement of infidelity among married couples.

The Church encourages natural contraception because it is chemical-free, does not involve any third party, and does not have any side effects. However, couples practice their beliefs according to which any prevention

of human life is a sin against God's plan for humankind. Most interviewees pointed out that children are gifts from God and there was no need to regulate family size because God who allowed parents to bear children will provide for them. The findings highlight the misinterpretation that lies between what individuals believe in and the real position of the Catholic Church on the adoption of family planning methods. Consequently, families comprise an average of seven children struggling to access good shelter, food, clothing, clean water, constant electricity, basic education, and health care. Some couples have adopted modern contraception because they have been introduced to it. Furthermore, participants witnessed the challenges of using natural family planning methods. Therefore, those who chose to use modern contraception since natural contraception was difficult to adopt, observe, and implement on a daily basis. Following participants' experiences with failure using natural contraception, the findings proved that training could be of great value. This is because it may provide women of childbearing age with a sufficient amount of knowledge on a woman's reproductive system, monthly cycle length, and ovulation signs and symbols. This may enable parents to exercise their roles and responsibility for the welfare of their children.

5.2 Recommendations

Participants' experiences with both natural and modern family planning methods suggested that a lot needs to be done. Interviewees acknowledged that access to basic needs on a daily basis is the greatest challenge experienced by the residents in Selembao. This was pointed out as an implication of big family size due to couples' religious beliefs that condemn the prevention of any human life. The research encourages the following recommendations to improve the number of needs satisfied and the quality of life in Selembao.

1. It is recommended that officials from the Ministry of Health and Ministry of Gender and Family should ensure the implementation of the Government Policy on free counselling and distribution of conventional family planning methods to couples. This will enable women and couples to access knowledge on these methods and thus use them according to their needs.
2. Sanru should establish a committee in charge of monitoring and evaluating programmes and activities that promote the use of family planning methods to regulate births. This will help the organisation to closely follow the outcomes and rectify some issues that can hinder the process. As a result, officials from Sanru and the health zone of Selembao need to set better strategies and communication plans that are able to convince more women to use family planning.

3. Sanru should also be involved in the facilitation of various options of family planning methods. This is because women may be eager to adopt them if they have more available alternatives.
4. The Ministry of Health should advocate for its clients. This advocacy should be directed towards the minimisation of contraceptive side effects and probable health complications. Hence, women may feel more comfortable using these methods without fearing side effects such as infertility or any health complications that come with the use of modern contraception.
5. The Ministry of Gender and Family should operationalise the role and position of community-based distributors (CBDs) in the chain of the hierarchy of health zones. This will enable Sanru to look at CBDs as employees who deserve a salary on a monthly basis. Hence, they will be more engaged in counselling and distribution of family planning methods. This is because CBDs' status as volunteers is currently not motivating them to do an effective job since they are not being paid.

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