

The Influence of Modern contraceptives on Christian Family Values among Catholics of Hoima Diocese in Uganda

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ABSTRACT

This study examines the use of modern contraceptives and their influence on Christian family values among Catholics of Hoima Diocese in Uganda. The study is grounded on the Health Belief Model. It adopts the survey research design. The population comprises all Catholics of Hoima Diocese in Uganda. Data are collected from 448 respondents using mixed methods paradigm (purposive and random sampling techniques). The major instruments for data collection are questionnaire, interview guide and Focus Group Discussion (FGD). Quantitative data are analysed using frequency count and simple percentage with the help of Statistical Package for Social Sciences (SPSS) version 20. Chi-square test is used to measure the direction of association between variables. The findings reveal among others that the desire to space children is the major factor for the use of contraceptives and that has far reaching influence on Catholic family values. It therefore concludes that use of contraceptives has negatively influenced family values among Catholics of Hoima Diocese in Uganda. Hence, parents should play their role of parental guidance to their children on Christian family values and the Catholic teaching on contraception.

Keywords: *Modern Contraceptives, Family Values, Lay Faithful and Hoima Diocese*

INTRODUCTION

Wills (2000) notes that from time immemorial, women and men have always desired to decide when and whether to get a child or not. Contraceptives have, therefore, been used in many forms for many years throughout the history of man, globally and locally to enable individuals and couples to space and limit childbirth. According to WHO (1978), in many African countries, family planning services and contraceptives first became available after the Alma Ata Conference in 1978 when many Governments, particularly in Africa, adopted a primary health-care strategy with integrated family planning services. By the mid-1970s, nine countries including Ghana, Uganda, Democratic Republic of the Congo, Kenya, Madagascar, Mauritius, Seychelles, United Republic of Tanzania and Zambia had adopted legislation that was supportive of family planning (United Nations, 2003). According to the Uganda Bureau of Statistics (UBOS),

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family planning services were introduced in the country in the 1950s with the establishment of Family Planning Association of Uganda (UBOS and Macro International, 1995). At that time, most Africans were in favour of large families and hence they paid little attention to family planning. Mukasa (2009) reports that a group of volunteers, mainly members of Asian and African Mothers' Union formed a loose association to advocate for family planning and later on, they founded the Family Planning Association of Uganda in 1957. In 1995, the country adopted the National Population Policy (NPP) whose overall goal was to influence future demographic trends and patterns in a desirable direction in order to improve quality of life and standard of living of her people (UBOS and Macro International, 1995).

Nakimbowa (2012) notes that with the contraceptive wave in Uganda, families have been faced with increasing women's risks of infertility and illness resulting from the misuse of contraceptives. Nakimbowa (2012) expresses her worry that the issue of contraceptives exposes teenagers to HIV/AIDS infection in Uganda. She reports that in 2010, among the 1,527 girls who carried out pregnancy tests, 775 were tested (HIV) positive. On the other hand, Wabomba (2014) laments that the strength of the families is gone, comparing the days before the introductions of this so called modern methods, family values were more cherished than it is today. The use of modern contraceptives, therefore, raises many moral issues for the Christian family especially Catholic families, hence, a need for this study. The aim is primarily to establish the factors responsible for the use of contraceptives among Catholics in Hoima Diocese and how this practice influences their Christian family belief.

METHOD

The study adopted the survey research design to examine the factors responsible for the spread and persistent use of modern contraceptives among Catholic families in Hoima Diocese. The target population consisted of all the Lay Christians (Laity), all the diocesan priests, catechists, medical practitioners and heads of the married couples within Hoima Diocese totalling 724,789 Catholic Christians and 171 diocesan priests (Businge, 2017). The formula by Yamane (1967) as cited by Glenn (2009) was used to calculate the sample size of the lay faithful.

$$n = \frac{N}{1 + Ne^2}$$

Where n = sample size, N = population size and e = the error of 5% points, therefore,

$$n = \frac{724789}{1 + 724789 (0.05)^2}$$

$$n = \frac{724789}{1812.9725}$$

$$\therefore n = 399.77 \approx 400$$

The sample size was 400 which was increased to 406. Stratified random sampling technique was then used to select 56 respondents (28 males and 28 females) from each of the 7 parishes. Purposive sample technique was also used to select 12 respondents from each parish and divide them into two groups of six people each which made a total of 14 focus groups, that is, two groups from each parish. These were aided by the parish priests using snowball sampling technique.

Questionnaire, interview guides and Focus Group Discussion (FGD) were used for data collection. The three sets of research instruments were used as a form of triangulation. According to Nachmias C. and Nachmias D. (1996) and Wellington (2000), triangulation yields more valid findings. The questionnaire was used to collect quantitative data because it is much easier to score a closed item, the subject can answer the items more quickly, and it can be used with a large number of subjects or a large number of items (McMillan and Schumacher, 2010). For the qualitative data, FGDs and interview guide were used to collect data. Krueger (2002) recommends that focus group participants should be carefully recruited and should be five to ten people per group, however, six to eight people are preferred. This method was suitable in providing comparability, spontaneous reactions and supplementary information. The technique was also suitable because it allowed the participants to express their views freely to meet the specific objectives of the study (Liswanti, Shantiko, Fripp, Mwangi and Laumonier, 2012). Furthermore, interview guides were used because of their high response rate and ability to be used with non-readers (McMillan and Schumacher, 2010).

Ethical consideration involved a number of activities carried out in this study such as; obtaining permission and approval from the Catholic University of Eastern Africa (CUEA), obtaining a permit from the office of the Bishop of Hoima Diocese and from the office of the District Education Officer (DEO) of Masindi district as well as obtaining consent of all individuals who participated in the study. Data were collected from the lay faithful by use of questionnaires and FGDs. The researchers also conducted in-depth interviews in order to gather information from the parish priests, head catechists, medical practitioners and heads of the married couples. Notes were taken on the key issues in the conversation with the permission of the respondents. Recording was also opted for because when taking field notes, the researcher is limited to writing down the gist of what the interlocutors said (DuFon, 2002). For the analysis of data, which were presented in tables, descriptive statistics particularly frequency count and simple percentage were used to summarize the data. Statistical Package for Social Sciences (SPSS) version 20 was used in all analyses. Data were then categorized in themes and sub-themes based on the research hypothesis. Chi-Square test was used to test the null hypothesis.

RESULTS AND DISCUSSION

A total of 270 out of 324 lay faithful completed and returned the copies of the

questionnaire, with a response rate of 83.3%. Table 1 shows the demographic information of the respondents. From the table, there was an unequal distribution of gender, about 48.1% of the lay faithful were male while 51.9% were female. The slightly lower number of males can be attributed to their assumption that contraceptive issues are mainly for women, hence, the lower return rate of the copies of questionnaire from men. Gender can influence the perceptions as females view the issue of contraceptive use differently. They also have diverse reasons for use or non-use of contraceptives.

With regard to age, majority of the lay faithful, that is 35.2% were in the age bracket between 20 and 29 years, followed by those between 30 and 39 years who were 22.2%, those between 40 and 49 years were 20.4%, those of 50 and above years were 12.2% and the least were those less than 20 years with 10%. The age can also influence the respondents' views on contraceptives use. However, looking at the ages where most lay faithful respondents fall, the trend suggests that most of the active lay faithful are people from the middle generation.

As regards the marital status, the findings indicated that majority of the respondents (52.2%) were married, 40.7% were single, and 3.3% were divorced/separated while 3.7% were widowed. The higher number of the married respondents can be attributed to the value attached to marriage in the Catholic Church which shows that the married possess some moral authority on matters related to procreation. Marital status can influence the responses because the single, married, divorced/separated and the widowed hold different views on contraceptive use. The lower number of divorced/separated lay faithful can be attributed to the Catholic Church's discouragement of divorce/separation among couples, hence, the small number.

Factors responsible for the use of modern contraceptives: Overall, the lay faithful had various reasons for the use of modern contraceptives, the highest rated reason is the desire to space children as said by 85.5% followed by the need to plan family size as agreed by 76.3%. Table 2 shows the responses of the lay faithful on the factors for modern contraceptive use. Most of the study participants as indicated in Table 2 agreed that they engaged in contraceptive use because of the desire to space children and to plan family size Findings demonstrate that there are many people in the society who use modern contraceptives in order to space and plan births. This could be due to financial constraints that push many people to desire to space their children and plan family size in order to have a manageable family size. These findings differ from those of Asimwe, Ndugga and Mushomi (2013) which reveal that the likelihood of using contraception is associated with women's educational attainment. The more schooling a woman has, the more likely she is to report use of a modern contraceptive method.

People not yet ready to have children was another reason for modern contraceptive use as reported by 66.7% of the respondents. On the other hand 52.2% indicated that having no time for children was not a reason for people to use modern contraceptives. From these findings, it is most likely that some people, both married

and unmarried who feel that they are not yet ready to have children opt for contraceptive use in order to avoid pregnancy. This is in line with the findings of Frost and Lindberg (2013) who note that not being able to afford a baby, not being ready for children, feeling that having a baby would interrupt their goals, and wanting to maintain control in their lives were the most commonly reported very important reasons for using birth control. This is also in line with the findings of Jones (2011) which reveal that birth control is the most common reason women use the oral contraceptive pill, as reported by 86% of the current pill users. Fear to lose their husbands to other women in case they refused to have sex with them also forces women to use modern methods of contraception so as to avoid unplanned pregnancy.

On the other hand, about 68.9% of the lay faithful stated that some people use modern contraceptives to prevent pregnancy while still in school. Parents are most likely to be a source of pressure to their children when they communicate messages perceived to be emphasizing their desire to have their children complete studies and get a decent send off at marriage without or before conceiving. This reason encourages students and the unmarried people to use whatever methods of contraception to avoid getting pregnant while still in school or before marriage to avoid bringing disgrace to their parents. This is similar to the findings of Kayongo (2013), which revealed that sex and marital status significantly influenced condom use, whereas, age and marital status had a statistical significance with use of Depo-Provera. This implies that the unmarried especially adolescents use modern contraception to avoid unwanted pregnancy in order to achieve their given goals.

Another reason for the persistent use of contraceptives as said by 55.5% of the respondents was due to low economic status. Possibly women who are of a low economic status tend to use modern contraceptives in order to limit the number of children they give birth to and to space them since it is expensive for them to raise a child. They want to have a small number of children whom they can offer a descent upbringing. The findings of this study show that women of low economic status are more likely to use modern contraception in order to limit the number of children they give birth to so that they can provide them with the basic necessities with the meagre income they earn. This disagrees with the findings of Asiimwe, Ndugga and Mushomi (2013) which show that modern contraceptive use is positively associated with level of household wealth. In their study, use of modern methods of contraception was highest among women from the richest households. The likelihood of using contraception is associated with women's educational attainment. The more schooling a woman has, the more likely she is to report use of a modern contraceptive method.

Contraceptive behaviour, viewed through the Health Belief Model, is motivated by an individual's desire to avoid unwanted pregnancy and the value placed on not becoming pregnant plus perceived ability to control fertility and reduce the threat of pregnancy by using modern contraceptives (Janz and Becker, 1984). This indicates

that users of contraceptives will try all possible means to avoid pregnancy and to control fertility in order to have a desired number of children and finish their studies among other reasons.

Chi-Square test was used to explore whether there was an association between certain variables such as due to low economic status as a reason for use of modern contraceptives. The p -value of 0.004 obtained from the results was less than 0.05 significance/alpha level (α), hence, the null hypothesis was rejected. Based on the findings, it was concluded that there was a significant relationship existing between low economic status as a reason for use of modern contraceptives and sacredness of sex as a Christian family value. These findings agree with the findings of Klapilova, Cobey, Wells, Roberts, Weiss and Havlicek (2014) whose results suggested that suppression of fertility through oral contraceptive (OC) use may alter important aspects of female sexual behaviour, with potential implications for relationship functioning and stability. This also agrees with Tessier and Armstrong (2016) whose main finding of the study was a decrease in sexual desire in women using contraceptive implants. This means that as females use oral contraceptives and implants, their sexual behaviour may be altered negatively or their sexual desire decreases, hence, encouraging their partners to involve themselves in promiscuous behaviours. This will automatically undermine sacredness of sex in marriage and fidelity as Christian family values which must be upheld.

Table 1: Demographic Information of the lay faithful (n=270)

Variable	Frequency	Percent
Gender		
Male	130	48.1
Female	140	51.9
Age group		
Less than 20 years	27	10.0
20-29 years	95	35.2
30-39 years	60	22.2
40-49 years	55	20.4
50 years and above	33	12.2
Marital Status		
Single	110	40.7
Married	141	52.2
Divorced/Separated	9	3.3
Widowed	10	3.7

Source: Survey, 2018

Table 2: Lay faithfuls' responses on the reasons for use of modern contraceptives

	Strongly Agree		Agree		I don't know		Disagree		Strongly Disagree	
	F	%	F	%	F	%	F	%	F	%
To space children	147	54.4%	84	31.1%	17	6.3%	11	4.1%	11	4.1%
To plan family size	90	33.3%	116	43.0%	45	16.7%	11	4.1%	8	3.0%
To prevent pregnancy while still in school	98	36.3%	88	32.6%	36	13.3%	27	10.0%	21	7.8%
No time for children because of employment	36	13.3%	37	13.7%	56	20.7%	68	25.2%	73	27.0%
To stop giving birth to children	66	24.4%	76	28.1%	35	13.0%	52	19.3%	41	15.2%
My friends use contraceptives too	50	18.5%	70	25.9%	49	18.1%	52	19.3%	49	18.1%
Not ready to have children yet	79	29.3%	101	37.4%	52	19.3%	15	5.6%	23	8.5%
Poor health condition	64	23.7%	65	24.1%	49	18.1%	60	22.2%	32	11.9%
Due to low economic status	70	25.9%	80	29.6%	46	17.0%	47	17.4%	27	10.0%
Due to marital misunderstandings	40	14.8%	47	17.4%	56	20.7%	82	30.4%	45	16.7%
Due to menstrual-related disorders	64	23.7%	81	30.0%	42	15.6%	55	20.4%	28	10.4%
Due to Pressure from parents	47	17.4%	54	20.0%	61	22.6%	56	20.7%	52	19.3%

Source: Survey, 2018

Table 3: Chi-Square test on rating the relationship between reasons for modern contraceptive use and Christian family values

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	34.923 ^a	16	.004
Likelihood Ratio	38.764	16	.001
Linear-by-Linear Association	.837	1	.360
N of Valid Cases	270		

a. 9 cells (36.0%) have expected count less than 5. The minimum expected count is 1.60.

CONCLUSION AND RECOMMENDATIONS

The study found that some Catholics of Hoima Diocese were using modern contraceptives for various reasons. The two major factors that influence contraceptive use are the desire to space children and to plan family size. Modern contraceptive use has an influence on Christian family values in Catholic families in Hoima Diocese such as sacredness of sex, fidelity, respect for life, chastity, conjugal love, respect for self and others, and children as a gift from God. The study, therefore, recommends that parents should play their role of parental guidance to their children on Christian family values and the Catholic Church teaching on matters of contraception. Parents should also ensure that the home environment is healthy, safe and protective to their children and they should teach their children based on the Catholic Church values.

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