

“Everyone has their own problems and realities so the religious community cannot judge someone.”
**Contraception motivations and perceived consequences among young women who practice a religion
in Burkina Faso**

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4
5 **Abstract**

6 **Background:** Numerous factors at the individual, interpersonal, and societal levels are related to
7 contraceptive use (or non-use) among adolescents and youth. Little is known about the role of religion
8 as an individual and community-level influencer of contraceptive use among young women.

9 **Methods:** Using in-depth interviews with 24 young women ages 18-24 who practice their Catholic,
10 Protestant or Muslim religion in two cities in Burkina Faso, this study examines motivations and
11 perceived consequences of contraceptive use. By including users of modern contraception who were
12 both single and married, a range of perspectives are provided.

13 **Results:** Generally, the young women interviewed who practice their religion and use contraception
14 perceived that their religion was not supportive of contraceptive use. A few exceptions were provided,
15 including perceived acceptance of use of some methods for married women for spacing purposes; this
16 was specifically identified as acceptable among Muslim respondents. Sexual activity and contraceptive
17 use were not acceptable by any of the religions for unmarried young women. That said, young women,
18 both married and unmarried, reported their motivations for use that often related to their and their
19 children’s health and the realities of life. Contraceptive use was considered a private matter which
20 meant that the religious community would not find out about women’s use.

21 **Conclusions:** Recognizing that some women are willing and able to use contraception even without the
22 perceived support of their religious communities might help to push social norms to change and be
23 more accepting of contraceptive use that meets young women’s and families’ circumstances.

24

25

26 **Keywords:** Adolescent, youth, contraception, religion, Burkina Faso

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34 **Background**

35 Early and unintended pregnancy among adolescents (ages 10-19 years) and youth (ages 20-24 years) can
36 have short- and long-term consequences on their own health and well-being as well as on the health
37 and well-being of their children and families [1]. Access to and use of contraception for young people
38 has become an important global goal to help improve young people’s lives and trajectories [2]. While
39 contraceptive use has increased globally [3], increases have been unequal across geographies and by
40 age groups and marital status. In particular, young people are often the least likely to use contraception
41 and when they do use a method, they typically use the least effective methods [4]. Further,
42 contraceptive use and use of the least effective methods are particularly problematic among unmarried
43 young people [4]. Numerous factors at the individual, interpersonal, and societal levels have been
44 identified to be related to contraceptive use, non-use (or ineffective use) among adolescents and youth
45 [5]. These include social and gender norms that support high fertility and pose restrictions on non-
46 marital or premarital sex, limiting young people’s access to and use of contraception [6]. These norms
47 often come from religious and moral convictions. In this study, we focus on the role of religion as an
48 individual and community-level influencer of contraceptive use behaviors among young women.

49

50 Quantitative studies have demonstrated that there are distinctions in contraceptive adoption, method
51 choice, and reproductive decision-making by religious affiliation [7-10]. These studies have found that
52 Muslim women in union were significantly less likely to have ever used a contraceptive method than
53 their non-Muslim counterparts [7, 8]; this has also been found in an analysis among young women ages
54 15-24 years [9]. Further, in an analysis of reproductive health decision-making, Darteh and colleagues

55 [10] demonstrated that Muslim women were significantly less likely to make a decision about their
56 reproductive health than their Christian counterparts.

57

58 Qualitative studies have been undertaken with women [11-15], men [11, 13-15], providers [16], and
59 religious leaders [13, 16, 17-20] to obtain a better understanding of how interpretations of religion in
60 different contexts and communities are related to perceptions of contraceptive use and contraceptive
61 decision-making. A notable gap in qualitative (and quantitative) studies on religion and its association
62 with family planning (FP) use has been an examination of how religion and interpretations of religious
63 doctrines by women, adolescents, and religious leaders are associated with young people's (i.e., under
64 age 25) and unmarried youth's contraceptive decision-making and their access to and use of sexual and
65 reproductive health (SRH) information and services. This qualitative study fills this gap and examines
66 young women's perspectives on their religion's acceptability of contraceptive use in two cities of
67 Burkina Faso. It goes on to examine among young female users of contraception, their perspective on
68 how religion influences their contraceptive decision-making processes and the perceived consequences
69 of their current contraceptive use.

70

71 **Methods**

72 Study Context

73 This qualitative study took place in Ouagadougou and Bobo Dioulasso, the capital city and the second
74 largest city, in Burkina Faso. Burkina Faso is a land-locked country in francophone West Africa with an
75 estimated 2021 population of 22 million.¹ In 2020, about 43% of the population is estimated to be under
76 age 15 years of age² and 20% of the female population is estimated to be in the ages 15-24.³ In 2021, it

¹ <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=BF>.

² <https://www.unfpa.org/data/world-population/BF>.

³ <https://www.unfpa.org/data/adolescent-youth/BF>.

77 was estimated that about 61% of the population of Burkina Faso was Muslim, 19% were Roman
78 Catholic, 4% were Protestant, and about 15% practice another indigenous religion [21].

79 Study Sample and Approach

80 In each study site, qualitative data were collected from young women and religious leaders. This study
81 focuses on the data from in-depth interviews with 24 young women ages 18-24 across the two cities.

82 Given that the focus of the study was to understand the role of religion and religious leaders on young
83 women's contraceptive decision-making and use, we included a select sample of young women ages 18-
84 24 who were using contraception. Since use among younger women (e.g., ages 15-17) is less common,
85 it was determined that this slightly older sample will better reflect the perspectives of young users.

86 Selection criteria included that they were current users of a modern method of contraception including
87 intrauterine device, implant, injectables, pills, male or female condoms, and emergency contraception.

88 The other important selection criterion was that participating young women had to report that they
89 practice their religion. If the young person was Muslim, she had to report that she prays five times a day
90 and participates in activities at her mosque or with her religious community. If the young woman was
91 Christian (Catholic or Protestant), she needed to report that she goes to church at least once a week and
92 participates in activities within her religious community outside of church services. A screening tool was
93 used to ask young women identified in the recruitment phase (see below) if they met these
94 contraceptive use and religious practice criteria.

95 Recruitment happened with the assistance of health workers in the study communities since we were
96 seeking to interview users of contraception. Female community health workers approached young
97 women who they knew were users of contraception and asked them to meet with interviewers for
98 screening purposes. All screening happened by study interviewers who identified potential participants'
99 contraceptive use, religion, and marital status to ensure a mix of users of different religions and marital

100 statuses. Among users of contraception, we included married and unmarried young women from each
101 of the two study sites. Once an eligible young woman was identified, she was read the consent form in
102 the local language and asked to give written consent to participate. Those who consented were
103 interviewed in a private location by a trained female interviewer who spoke the local language.
104 Interviews took about an hour on average. Those who chose not to participate or were not eligible were
105 thanked and given a beverage. Following completion of the interview, participating young women were
106 also given a beverage.

107

108 A semi-structured interview guide was developed that asked questions about the woman's
109 contraceptive experience, influencers of contraceptive use, perceptions of her religion's acceptance of
110 contraception, and how she views her religion and contraceptive decision-making. Interviews were
111 undertaken in French or in one of the local languages of the two study cities (Dioula and Mooré). All
112 recruitment materials, consent forms, and semi-structured interview guides were reviewed and
113 approved by the Comité d'Éthique pour la Recherche en Santé in Burkina Faso (#2022-06-122) and by
114 the Institutional Review Board at the University of North Carolina at Chapel Hill (#22-1125).

115

116 Interviews were recorded, transcribed, and translated into French for coding and analysis. The study
117 team used Dedoose, a collaborative qualitative data software. As a first step, five team members
118 separately coded one transcript using an initial codebook developed based on the interview guide and
119 then the team met to compare coding. This permitted identification of new parent and child codes for a
120 more comprehensive coding process and alignment of the coding team. A second transcript was then
121 separately coded and alignment across coders discussed. Once this process was completed, each
122 transcript was coded by one member of the team using the finalized codebook. Once all data were
123 coded, a thematic analysis was undertaken to identify key themes in the data based on the main codes

124 that emerged from the interviews. Matrices were created that assessed the depth related to specific
125 points being made by study participants. Below we present the results by key themes identified. All
126 citations included in this paper were translated into English and then rechecked by the Burkina Faso
127 team to ensure that they reflected the underlying meaning of the quote.

128

129 **Results**

130 Table 1 presents the characteristics of the young women interviewed in Bobo Dioulasso and
131 Ouagadougou. As can be seen in the table, the majority of the women were in the oldest ages (age 23-
132 24 years). Half of the sample were never married while the other half were ever married or currently in
133 union. The sample is evenly split across the religious groups in both cities. That said, the current modern
134 method used in the two cities varies with more implant users interviewed in Bobo Dioulasso and more
135 injectable and condom users interviewed in Ouagadougou.

136 Findings from the in-depth interviews were examined under several key themes. These were: a)
137 perspective of religion's acceptability of contraceptive use; b) reasons and motivations for using
138 contraception under perceived unsupportive religious circumstances; and c) perceived consequences
139 from one's religious community for using contraception. It is worth noting that when the adolescents
140 and youth were talking about their perspectives and experiences, they were often referring to two types
141 of scenarios – married users, no matter the age; and unmarried users, often equated with questions
142 around adolescent and youth use.

143

144 Perspectives on Religion's Position on Contraceptive Use

145 During the interviews, the young modern method users were asked about their knowledge of their
146 respective religion's position on contraception. In general, all respondents had an understanding of the
147 position of their religion on contraception. This knowledge was acquired either through direct contact

148 with religious leaders or from their sermons on the topic. Others learned about their religion's views on
149 contraceptive use from discussions within their family and in some cases through personal readings of
150 religious texts. Across all religions, generally the respondents felt that their respective religions are
151 opposed to the use of contraception or any means to avoid becoming pregnant, no matter the age or
152 marital status of the person using. For example, these two married young women talked about religious
153 prohibitions against contraceptive use.

154 *In the sermons they often say that it is forbidden to use contraceptive methods because it is a*
155 *sin to do so.*

156 *Married Muslim Woman from Ouagadougou*

157 *Religion is against the use of contraceptive methods; whether it is the pill or the other methods,*
158 *religion is against it.*

159 *Married Catholic Woman from Bobo Dioulasso*

160 According to the young users, the prohibition of contraceptive use is based on religion's perspective that
161 a woman or couple should not limit the number of children they have. The child is considered "a gift
162 from God" and the different holy scriptures (the Bible and Koran) as well as the religious communities
163 across the religions have a strict position on this subject. Avoiding getting pregnant is therefore contrary
164 to the will of the three religions included and therefore perceived as a sin.

165 *In the church it is said during the prayers that the woman must never limit, nor space her*
166 *births, the number of children that God gives you only you must give birth to them. It has never*
167 *been written in the Bible that a woman can do family planning. Rather, it is written that the*
168 *woman must have as many children as God will give her.*

169 *Unmarried Catholic Woman from Bobo Dioulasso*

170 *My husband himself is a practicing Muslim who has finished reading the Koran and who*
171 *teaches the Koran to people, it was he who always told me that it is forbidden in Islam to use*
172 *contraception. He told me never to use contraception, that the number of children that God*
173 *has allowed all Muslim women must do and never seek to limit births. He also added that a*
174 *child is a gift from God, it is God who gives and it is he who takes care of it and no one else ah*
175 *(smile).*

176 *Married Muslim Woman from Ouagadougou*

177
178 In the same sense, several respondents felt that their religion considers that the use of contraception to
179 avoid becoming pregnant amounts to "terminating the life of a child" and this is considered a serious
180 sin.

181 *It is when we pray in church, we often open parentheses to say that if you do contraception,*
182 *after death you will go directly to hell insofar as you kill children. That if God had planned five*
183 *children for you and if you practice contraception for five before your marriage, it is your*
184 *children that you are killing. Now after your marriage you want children when you have*
185 *already killed them.*

186 *Unmarried Catholic Woman from Ouagadougou*

187 Importantly, according to many of the respondents, the debate on the position of religion and
188 contraceptive use is only relevant for women in union. Concerning single people, sex before or outside
189 marriage is strictly prohibited and thus they should not be part of the discussion of religion and
190 contraceptive use.

191 *In the Muslim religion it is formally forbidden for the young unmarried woman to have intimate*
192 *relations with a man outside marriage. In any case, the religious leaders talk about it and they*
193 *advise young single women to get married before having intimate relations with a man. At this*
194 *time they do not even talk about methods concerning them.*

195 *Married Muslim Woman from Ouagadougou*

196

197 *Nuanced views about religion and contraceptive use based on type of method and marital status*

198 While overall, most respondents feel that their religion prohibits contraceptive use, there were some
199 respondents who talked about ambiguities of religious doctrines and leaders' statements about family
200 size and FP.

201 *No, it's general. For them, they are against everything that prevents the birth of a child. But*
202 *they also say not to make children more than our ability to care for them. Now how are you*
203 *going to make sure a child doesn't come? We want something and its opposite? It is*
204 *complicated.*

205 *Married Catholic Woman from Ouagadougou*

206 Some women acknowledged that some methods of contraception were more acceptable, and that use
207 was considered appropriate for some married women. In particular, across the religions, some
208 respondents felt that the use of traditional methods (i.e., withdrawal or rhythm method) is authorized
209 for spacing births. In addition to these traditional methods, the condom was considered acceptable by
210 some of the respondents across the religions.

211 *What is allowed in the Muslim religion on FP is above all the use of methods such as condoms,*
212 *the rhythm method or women who are educated calculate their cycle, there is also the method*
213 *coitus interruptus. These are really methods that we do not say that the religion has forbidden*
214 *because that is what many married Muslim women use.*

215 *Unmarried Muslim Woman from Ouagadougou*

216 To a lesser extent, some young women felt that the use of FP from a religious point of view was
217 accepted provided that the woman had the prior consent of her husband/partner.

218 *As far as married women are concerned, we always say that your use of FP depends on your*
219 *husband, if he wants you to have a child, that's it, if he wants that much, he's the one who*
220 *decides.*

221 *Unmarried Protestant Woman from Ouagadougou*

222

223 Reasons and Motivations for Using Contraception under Unsupportive Religious Circumstances

224 Despite perceived religious injunctions on the use of FP and the awareness they have on this subject, the
225 young women interviewed noted their reasons or motivations for their contraceptive use. The reasons
226 or motivations given were diverse but similar across the different religions and can be distinguished
227 according to the marital status of the young women. The majority of young women in union mentioned
228 as the first reason for using contraception the difficulties inherent in contemporary life, in particular
229 financial difficulties in coping with the care of the family. This imposes the need to space children and
230 sometimes limit births.

231 *I say we have no choice, it's because of real life. I told you what I do for work; my husband is*
232 *also a trader and the market is not stable. If you have a child in school and other children in the*

233 *private sector, will you be able to get by? It's difficult. Religion also says that abortion is not a*
234 *good thing and in order not to condemn you with God, it is better to take the path where you*
235 *can justify yourself later.*

236 *Married Catholic Woman from Ouagadougou*

237

238 *Nowadays life has become very hard. For example, if you do not use contraceptive methods*
239 *and each time you give birth to children and the spacing between them does not exceed a year*
240 *like that and if your husband does not have enough means it is difficult. Also, the children have*
241 *to attend [school], you have to feed them, take care of them so when there are many of them*
242 *and then there are not enough means there it is difficult; this is the reason why I decided to use*
243 *the contraceptive method. I use FP I know it's not good in the Muslim religion but I hope God*
244 *will forgive me one day.*

245 *Married Muslim Woman from Ouagadougou*

246

247 The young married women also mentioned reasons for use related to the health of the mother and the
248 child.

249 *It is true that our religion does not support the use of contraception, may God only forgive us*
250 *because I thought about my health before making the decision to do so. I thought about my*
251 *child's health before I did. I saw that if I space my births well I can take good care of them.*

252 *Married Muslim Woman from Ouagadougou*

253 For young married women, they bear the brunt of the consequences and burdens associated with
254 pregnancy and childcare. For this, they use contraception for their own well-being despite the
255 religious discourses that oppose this.

256 *Other men refuse, but it's up to you, the woman, to think about it because the man doesn't*
257 *care, it's you who will be there with very young children lined up and you can't do anything. He*
258 *will get up to go about his business and leave you with your children. For this, even if no one*
259 *tells you, you must try to do FP unless you yourself are insane.*

260 *Married Catholic Woman form Ouagadougou*

261 Concerning young unmarried women, the main reason cited for use is related to social, family, and
262 religious sanctions that can result from pregnancy before marriage in a context where cultural and
263 religious norms emphasize abstinence until marriage, a practice that is increasingly difficult for girls to

264 respect. Pregnancy before marriage is considered a dishonor for the family and the consequences
265 include stigmatization of all kinds and in some cases the repudiation or expulsion of the young woman
266 from the family circle. Thus, the use of contraceptive methods is perceived as a means for unmarried
267 young people to be sexually active but also to protect themselves from the sanctions and other
268 consequences which could result from an unwanted or extramarital pregnancy.

269 *Ah if you see that I myself put religion aside and went to do it, it's because it's personal. I went*
270 *to do... it's getting pregnant, that's the problem. You see in family, especially us the Mossis*
271 *[ethnic group] even, we are complicated. If a child (a girl) becomes pregnant, she is divorced*
272 *from the family, as long as they do not do certain things to fix it (tradition), you cannot return*
273 *(to the family); so I went to do so as not to get pregnant; I want to honor my parents and those*
274 *from where I go to pray.*

275 *Unmarried Muslim Woman from Bobo Dioulasso*

276 *That's what I said, it's because of what our community members say, because if you have a*
277 *child before marriage, we'll insult you that you got pregnant while you're going to the church.*

278 *Unmarried Catholic Woman from Bobo Dioulasso*

279 Overall, for these young, unmarried religious women, the reasons for violating religious prescriptions by
280 using FP are all social and cultural. While young brides use contraception mainly to space births, single
281 people use it to delay the onset of fertility, which is poorly accepted if it happens outside marriage.
282 Sanctions and stigmatization of all kinds constitute the main fear pushing young unmarried women to
283 use FP.

284 *Use of contraception and religious practice*

285 The young respondents were asked directly about their use of contraception and how this relates to
286 their religious beliefs and practices. Some of the respondents reported that their contraceptive use does
287 not affect their religious practices or beliefs, that is, they were able to separate these issues.

288 *Because using contraception has never stopped me from always practicing my religion, it*
289 *doesn't stop me at all. Whether I use FP or not, it's the same thing, I practice my religion*
290 *without any problem. When I see my period only I cannot pray for four days and that is long*
291 *before I start using the contraceptive method. So for me, I don't see any negative impact of*
292 *contraception on religious practice or belief.*

293 *Unmarried Muslim Woman from Bobo Dioulasso*

294 *Because we do, but while continuing to practice our religion. FP is like an aid that allows us to*
295 *space births; it's like they say help yourself and God will help you too. One does not prevent the*
296 *other.*

297 *Married Catholic Woman from Bobo Dioulasso*

298 Some of the young women did struggle with their contraceptive use and how this affects their religious
299 practices and beliefs. The messages from their religion are important in affecting their decision-making
300 to use or continue contraceptive use. This unmarried Catholic woman from Ouagadougou expresses
301 these concerns:

302 *I think that what I did is not good because it is a life that I eliminate so I think my faith is a little*
303 *reduced, it is not complete insofar as my use of FP kills children and I think that after this dose I*
304 *will stop contraception because I am killing children. (.....) Because we were told in church that*
305 *we kill children when we use FP. That we are reducing the number of children that God has*
306 *given us.*

307

308 Perceived Consequences from Religious Community for Using Contraception

309 During the interviews, respondents were asked what were the perceived consequences or sanctions a
310 young woman could face if her religious community found out that she was using contraception despite
311 perceived religious prescriptions prohibiting its use. On this subject, some respondents, mostly single
312 Christian women, mentioned consequences from the religious community, such as the denial and
313 withdrawal of certain responsibilities that formerly fell to the young women in question and even a ban
314 on frequenting the church.

315 *Well, for example, if I had responsibilities in the church, they can remove me from my duties, I*
316 *would no longer be responsible for these responsibilities. They can decide to punish you, but I*
317 *don't know but they can even tell you not to come to church for a long time, somehow they*
318 *punish you.*

319 *Unmarried Protestant Woman from Ouagadougou*

320 *With us, if you are a young girl and you do the work of God, for example if you sing or if you*
321 *perform, they will forbid you all that. You won't be able to do anything for God yet. They're*
322 *going to write it down on a paper and read it before the whole church.*

323 *Unmarried Protestant Woman from Bobo Dioulasso*

324 Notably, for the majority of respondents across the religions, the expectations of sanctions because of
325 their contraceptive use were rare with the women acknowledging that it is difficult for their families and
326 religious community to know that a woman is using contraception because use is systematically done in
327 a hidden way. For them, the possible consequences that could result from the discovery of
328 contraceptive use would mainly be counseling by religious leaders and also possibly community member
329 stigmatization.

330 *Ah, they will take it badly, it will not be good for me and the reputation of my family who*
331 *attend the mosque. But it will never happen because I don't see how they will find out that I*
332 *use.*

333 *Married Muslim Woman from Ouagadougou*

334 Others, on the other hand, consider that there is no need to fear possible negative consequences on the
335 part of the religious community.

336 *Like for example telling me not to come to the choir anymore? Or refusing to allow me to*
337 *participate in church activities? No no !! They're not going to do that, it's not going to get to*
338 *that level, they're just going to advise you.*

339 *Unmarried Catholic Woman from Bobo Dioulasso*

340 On the contrary, for some young women (mostly Christian) they did not foresee consequences from
341 their religious community. In the end, these women report that the decision to use or not to use
342 contraception remains an individual and private choice, a choice that the young woman or the couple
343 make according to their realities and their well-being.

344 *There is nothing that can happen to her because the others do not know what the person lives*
345 *to judge her. Since the community doesn't know why you did the FP, it can't do anything to you.*
346 *The use of FP can be a relief for the person; it is a responsibility that only engages the person so*
347 *the community cannot say anything.*

348 *Unmarried Catholic Woman from Ouagadougou*

349 *Since it's our life for both of us, my husband and I, we decide to do so. We are both Protestants*
350 *and so we follow each other to seek paradise so it's like that and it's us who know how to do so*
351 *that the family is in peace and joy.*

352 *Married Protestant Woman from Ouagadougou*
353 Ultimately, according to the women, only God is able to pass judgment on their actions and not the
354 religious community.

355 *The religious community cannot judge people in place of God, that is not their task, it is God*
356 *alone who judges. Everyone has their own problems and realities so the religious community*
357 *cannot judge someone.*

358 *Unmarried Muslim Woman from Ouagadougou*

359 *No, I don't mind my faith. It is in God that I believe, it is only he who can judge me. A human*
360 *being cannot judge me. The fact that God does not test me because I use birth control does not*
361 *bother me.*

362 *Unmarried Protestant Woman from Bobo Dioulasso*

363 Overall, although some young women raised fears of sanctions from their religious community regarding
364 the use of FP, for the majority, the consequences of this use can be summed up only in warnings, advice
365 or limited stigmatization. However, the risks of sanctions, even if they exist, are not likely to curb their
366 desire to use contraception, which for them responds to their current social and economic realities.
367 Moreover, they believe that the use of FP remains a private matter that concerns only the young woman
368 (and her husband/spouse) and that only God can judge.

369

370 **Discussion**

371 This qualitative study from two cities in Burkina Faso among young contraceptive users who practice
372 their Muslim, Catholic, or Protestant religion showed that there is a common perspective that religion
373 generally prohibits contraceptive use. On the one hand, there is the perspective that all religions
374 condemn the use of contraception without restrictions; however, there were exceptions made for
375 spacing and traditional method use among some religions and for married women. There is also a
376 general agreement that all religions condemn sexual intercourse among single people.

377 Among those who discussed acceptable contraceptive use practices, it was felt that use was essentially
378 for spacing and not limiting births. The women, especially the Muslim women, acknowledged that
379 spacing births up to two years through breastfeeding or another means was considered acceptable,
380 even if they did not specifically say that the religion permitted modern contraceptive use to meet this
381 objective. These perspectives go against the perceived prohibitions against contraceptive use but
382 demonstrate the importance to these young women of doing what they felt was better for their health
383 and the health of their children.

384 Further, among young married women, the husband's consent and support was perceived as a sort of
385 override on the religious prohibitions. This acceptance may reflect the effect of gender norms that
386 encourage women to follow the will of their spouse, who is supposed to know religion better than them,
387 rather than specifically focusing on a religious doctrine. This highlights gender norms that typically place
388 the responsibility for daily family needs on the women but the decision-making around FP and family
389 size on men [22]. In a recent study from Burkina Faso, men are a key barrier to women's FP use, not only
390 because of their desire for large families but also due to their lack of knowledge about FP, negative
391 beliefs and perceptions about contraception, and a lack of engagement in FP programming [15].

392 Despite the perception among women of the different religions that contraceptive use is not allowed,
393 these young women who practiced their religion still opted for the use of contraceptive methods for
394 reasons they consider more urgent and important than compliance with perceived religious guidelines.
395 The motivations to use contraception were essentially linked to the young women's socioeconomic and
396 cultural realities, as found previously [22]. FP use among women of all ages and religions is often
397 undertaken for the betterment of women, couples, and families, no matter the perceived community
398 norms surrounding contraceptive use. Here, young women, despite the practice of their religion and
399 the strong perspective of unfavorable religious norms, make choices that address the various difficulties
400 imposed on them. This shows a high level of women's self-determination and agency to satisfy their

401 reproductive health desires as shown in previous studies [23]. This is particularly true for the young,
402 unmarried users in this study who prefer to use contraception without their perception of their
403 religion's (or family's) approval and to avoid a non-marital or unintended pregnancy that is viewed as a
404 worse outcome.

405 Although women say they do not fear sanctions from their community for their FP use, a number of
406 them also recognized that the discovery of their hidden use could lead to their abandonment by the
407 religious community or possibly result in reprimands or counseling by members of the religious
408 community. That said, they also acknowledged that their use was a private affair and there was not
409 necessarily a way that it would be discovered by their family or religious community. Quality FP services
410 is equated with confidential service availability [24] and if this is the case, maybe it is easier to use a
411 method discretely.

412 The results from this study are interesting when compared to a global review of religion and
413 contraceptive use. Pinter and colleagues [25] demonstrate that contraception is generally acceptable for
414 married women among Protestants and acceptable to support the health of married women and their
415 children among Muslims. That said, the Catholic religion does not consider any modern methods of
416 contraception acceptable. Our findings illustrate that all participants perceived that their religion was
417 not supportive; however, they used a contraceptive method nevertheless. This was true across the
418 religious groups as well as marital status groups. Of course, this study specifically enrolled users and
419 there are likely many non-users who are influenced by these same beliefs and are not using a method.
420 Programs are needed that engage Protestant and Muslim religious leaders as advocates for
421 contraceptive use to help change the underlying negative beliefs of the acceptability of contraceptive
422 use. Among the Catholics, programs may need to bring together young users and religious leaders to
423 help the leaders understand the realities of life that affect young, practicing Catholic women's (married
424 and unmarried) decisions to use a method without the perceived support of their religious community.

425 This in-depth information may be crucial for the religious leaders to help them better understand the
426 situations and needs of their young constituents.

427 Prior quantitative studies typically show greater contraceptive use among Christian (Protestant and
428 Catholic) women as compared to Muslim women [7, 26]. This may reflect greater autonomy of Christian
429 women to go against their religious beliefs and use a contraceptive method when or if they need to. In
430 this study, we find that young users (married and unmarried) are making conscious decisions to use
431 based on their own and their families' needs. When examining the perceived sanctions for their use, we
432 saw that some of the Christian women felt that the consequences of their use would be minimal in their
433 religious community and for the most part, their religious community was unlikely to learn of their use.
434 These young Christian women likely have greater decision-making autonomy which is consistent with
435 the study by Darteh and colleagues [10] that found that Christian women were significantly more likely
436 to be part of reproductive health decisions than their Muslim counterparts. To explore this in more
437 depth requires a broader sample of young users and non-users from the different religious groups.

438

439 Limitations

440 This study that included young women practicing their religion and using a contraceptive method has
441 some potential limitations. First, given the sensitivity of the subject, it is possible that the respondents
442 who agreed to take part in the study could be young women who are more open and motivated to the
443 idea of FP and less under the influence of religious constraints. Second, these results conceal the case of
444 young religious women who do not have access to contraception because of these same norms. This
445 would attenuate the importance of religion in the study sample. Third, because this is a qualitative
446 study it is not generalizable beyond the study sample and study sites.

447 Despite these limitations, this study provides knowledge on the articulation between religious beliefs
448 and the use of FP among adolescent girls and young women in Burkina Faso. On the one hand, it
449 highlights the understanding and interpretation of the three religion's positions on FP use and, on the
450 other hand, it shows how young religious women rationalize their choice to use contraception despite
451 perceived unfavorable religious prescriptions.

452

453 **Conclusions**

454 Torn between respect for norms and religious prohibitions concerning contraception and the realities of
455 contemporary life, young married and unmarried women often decide to use contraceptive methods in
456 a hidden way. Covert use is necessary because it allows the young women to meet their reproductive
457 goals in accordance with their current realities. However, the majority of young women in Burkina Faso
458 and elsewhere, remain under the influence of various constraints, including religion, preventing them
459 from having access to or using contraceptive methods and from satisfying their reproductive health
460 needs and rights. Recognizing that some women are willing and able to use contraception even without
461 the perceived support of their religious communities might help to push social norms to change and be
462 more accepting of contraceptive use that meets women and families' personal and financial
463 circumstances. Better targeted communication towards the different religious communities could lead
464 to a change in perspectives of family planning and its comparative advantages for women and for
465 families in general.

466 This can be done by strengthening collaboration between the FP providers and religious leaders to help
467 the leaders to understand the importance of child spacing for better health and well-being of women,
468 children, and families. As more religious leaders obtain greater knowledge of contraception, how
469 modern methods work, the advantages of using contraception, and facts and falsehoods about side

470 effects of the methods, they can become important spokespersons and champions for their respective
471 religious communities. These types of well-conducted strategies are likely to lead to more supportive
472 positions of different religious communities on the issue of FP and support the promotion of broader
473 use among all women when or if they need it.

474

475

476 **List of abbreviations**

477 FP – Family planning

478 SRH – Sexual and reproductive health

479

480 **Declarations**

481 Ethics approval and consent: All recruitment materials, consent forms, and semi-structured interview
482 guides were reviewed and approved by the Comité d’Ethique pour la Recherche en Santé in Burkina
483 Faso (#2022-06-122) and by the Institutional Review Board at the University of North Carolina at Chapel
484 Hill (#22-1125).

485

486 Availability of data and materials: The qualitative data generated and analyzed during the current study
487 are not publicly available in order to protect the identities of the participants involved but are available
488 from the corresponding author (speizer@email.unc.edu) on reasonable request that clarifies how the
489 data will be used and provides plans for safeguarding the data in a manner that protects the participants
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498

499 Authors' contributions:

500 FB: Design of work, data acquisition and analysis, interpretation of data, drafted paper

501 ISS: Design of work, interpretation of data, drafted paper

502 AMJ: Design of work, analysis of data, reviewed and revised paper

503 KB: Data acquisition and analysis, reviewed and revised paper

504 MFT: Data acquisition and analysis, reviewed and revised paper

505 BIA: Analysis of data, reviewed and revised paper

506 YO: Design of work, data acquisition, reviewed and revised paper

507 GG: Design of work, data acquisition, reviewed and revised paper

508

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632 **Table 1. Characteristics of young women interviewed in Ouagadougou and Bobo Dioulasso, Burkina**
 633 **Faso**

Characteristic	Bobo Dioulasso	Ouagadougou	Total
Age			
18-19	0	2	2
20-22	3	2	5
23-24	9	8	17
Marital status			
Never married	6	6	12
Married/in union/ever married	6	6	12
Religion			
Catholic	4	4	8
Protestant	4	4	8
Muslim	4	4	8
Current method use			
IUD	1	0	1
Injectable	2	4	6
Implant	6	2	8
Pill	3	2	5
Condom	0	4	4

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