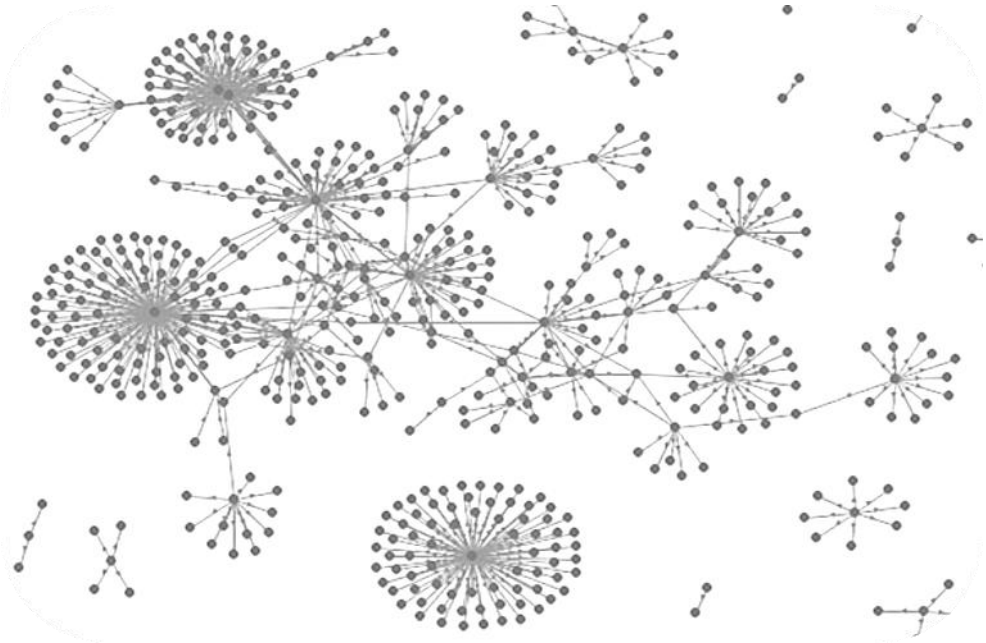

Topline Results of Rapid Assessment of Barriers to Family Planning Use

Tékponon Jikuagou: Addressing Unmet Need for Family Planning through Social Networks in Benin

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INTRODUCTION

In order to assess the social and cultural similarities between Benin and Mali with regards to barriers to family planning (FP) use, we carried out a rapid assessment in six villages in Couffo. Though not exhaustive, the results of this analysis provide useful information on the similarities and differences in key factors which influence FP use in the two countries. This information was collected to guide efforts to adapt social network intervention approaches, originally designed to address unmet need in Mali, for the Benin context.

METHODOLOGY

Research was carried out the Aplahoue-Djakotomey-Dogbo (ADD) and Klouekanme-Toviklin-Lalo (KTL) health zones in the department of Couffo from September-November 2012. Several different research methods were used to collect information on attitudes towards family planning, including participatory learning activities, key informant interviews, and focus group discussions.

Participatory learning activities (PLAs) included several exercises that helped community members create visual representations—a map, a matrix, and a diagram—of the factors that play a role in family planning decision-making and use in their village. One activity guided participants in drawing a map of the most important locations in their village; this allowed us to identify places in which people meet and converse, as well as to identify individuals who are sought out for advice and ideas in the community. A second activity employed a series of questions to help participants draft a matrix of the most influential individuals in the village by specific topics related to FP. The third activity led participants in outlining a diagram showing the factors and individuals who play a role in decision-making about FP. PLAs were carried out with groups of eight women of child-bearing age and groups of 10 men married to women of child-bearing age in each of four villages, two in ADD zone and two in KTL zone.

Key informant interviews were conducted to better understand how certain influential individuals diffuse information in the community, as well as to ascertain community perceptions of key topics underlying unmet need. We asked informants their opinions on community attitudes toward FP use, community members' comfort level in discussing topics related to child spacing and FP, and the influence of religion and fatalism or "God's will" in FP decision-making. As many as three community leaders in each village were interviewed, at least one of whom was female. A total of eleven interviews were conducted.

Focus group discussions (FGDs) were conducted to analyze barriers to FP use. Eight focus group discussions (FGDs) were conducted in two villages, one in ADD zone and one in KTL zone. A total of 37 women (age 20-50 years old) and 33 men (age 22-65 years old) participated. We explored people's positive and negative associations with FP, perceived risk of pregnancy, perceived severity of consequences of an unwanted/mistimed pregnancy, perceived efficacy of FP methods, social acceptability of FP use, perception of divine will, and perceived self-efficacy in FP use.

RESULTS

VILLAGE CHARACTERISTICS

The most common religions in the intervention zones are Animism (including voodoo) and Christianity. Overall, the economic level in the villages was average, with agriculture being the predominant occupation, often accompanied by small informal or retail businesses. The most widely spoken language in these villages is Adja, and in a few rare cases, Fon. A majority of the inhabitants in these villages are neither educated nor literate in the local languages.

Generally speaking, women in these villages hold traditional gender roles, including deference to male decision-making and responsibility for household chores, food preparation, and child rearing. They are autonomous and have access to land, but don't have control over it.

LOCATIONS OF DISCUSSIONS

In Benin, discussions related to fertility and FP are held in similar places as in Mali.

Women	Men
Fields	Under trees
On the way to the market	During games (dominos)
While going to the well	In small groups of individuals
VHUs (Village Health Units)	Local wine extraction atelier (SONABI)
At home	At informal meetings
At social group gatherings	In the bedroom (in bed)

INFLUENTIAL FIGURES

Influential figures in the community include community leaders, religious, traditional, and group leaders. Some were selected for key informant interviews. It was found that all were well-connected and involved in community activities, and they belonged to a traditional religion, specifically voodoo.

Within couples, the person with the most influence is the husband's uncle. He is responsible for asking the woman’s family for her hand in marriage, and also for organizing the wedding. When the couple experiences a problem, he is the first person they reach out to for advice.

People who influence women and men are as follows (listed by order of importance):

Women	Men
Aunt	Father
Mother	Mother
Uncle	Brother
Father	Uncle
Mother-in-law	Sisters
Father-in-law	Mother-in-law
Husband	Friends
Sisters	Aunt
Friends	
People who influence both sexes: mother, father, uncle, aunt, mother-in-law, sisters	

DIVINE WILL AND THE ROLE OF RELIGION

The most marked difference between Mali and Benin is the emphasis on "God's will". Unlike in Mali, belief in “God’s will” or the “divine” is not a major hindrance to FP use in Benin. A majority of participants said that no religion prohibits the use of FP methods, even Islam. However, some explained that the Catholic and Pentecostal churches prohibit the use of certain methods, mainly hormonal methods. On the other hand, abortion is strictly prohibited and punished by fetishes and divinities—this fact could even encourage FP use.

Furthermore, religious leaders provide advice to couples without imposing any one method: as a result, couples may choose according to their needs and preferences. Religious leaders are generally supportive of FP use and are less fatalistic on the issue of fertility, as illustrated by this quote, “It is God who gives the child, but that does not prevent the use of an FP method.”

On the other hand, in order to increase the number of their faithful followers, some religious leaders espouse beliefs that might impact the use of contraceptives. For instance, some people spoke of a priest who calls on his parishioners to "Go forth and procreate” in his benediction. This could indirectly encourage his followers to have less positive attitudes toward child spacing and FP use. Other participants explained that certain religious leaders preach about couples’ relationships by advising, for example, that a woman should not refuse sex with her husband. Promoting such inequitable gender norms can impact women’s sexual negotiation abilities, decision-making role in the couple, as well as their perceived self-efficacy, all of which contribute to unmet need.

COUPLE COMMUNICATION

The husband's approval is one of the greatest obstacles to FP use. Among those we spoke with, both women and men believed that using an FP method is easy once a woman has her husband's consent. According to men, a wife should not use a method in secret, she must inform her husband. Men believe that women who use FP are either prostitutes or easy women who might influence other women to be unfaithful.

However, lack of communication within the couple makes it difficult for women to broach the topic in order to obtain approval from their husbands. Couples rarely discuss how many children they desire or the timing of pregnancies, and discussion of FP is even less frequent. If couples do discuss these intimate subjects, it often occurs in the bedroom just before having sex. During the interviews/focus groups, men discussed lack of couple communication more often than women. Many men stated that it is the woman's responsibility to bring up the issue of child spacing or FP use. At the same time, many women indicated that they do not talk about FP with their husband out of fear he will doubt her faithfulness or refuse to use contraception because he desires many children.

COMMUNITY DISCUSSION

Discussions about child spacing and FP use are not the norm in Couffo—these topics are rarely discussed publicly. Both women and men said that FP use is a decision made within the couple, and not something to be discussed or shared with others. Occasionally, the men and women interviewed disagreed about how acceptable it is to talk about these topics publicly. In one village, respondents said it was acceptable for men to talk about FP methods in public, but not about child spacing; for women, on the other hand, it was acceptable to discuss child spacing but not FP methods in public. (Note, this varied by village.)

FAMILY PLANNING ATTITUDES AND INFLUENCES

All participants were against the use of FP to limit births. Men were resistant to the idea of limiting births due to the fear of child mortality; for them, having many children ensures that even if a child dies, they will still have several living children to contribute to the family's economic activities and care for them in old age. Other than this, however, men's contraceptive method-related concerns were minimal, provided their wife is still able to conceive once she stops using it.

Women were afraid of admitting to using FP due to perceived stigma in the community. Women who use FP are criticized as being promiscuous or unfaithful (many used the word "prostitute" to describe how the community views an FP user), or for being a negative influence on others. Conversely, men are less criticized for FP use. When they are, they are viewed as less valuable than other men, lacking in authority, and overly influenced by their wives (since ideally a man is expected to lead the couple).

In-laws also contribute to the stigmatization of FP use. It was reported that a man's family may kick his wife out of the house if they discover she is using FP, especially because Adja culture highly values having large families. However, if the husband has agreed to use FP, then the in-laws' opinion matters little. Furthermore, the husband's in-laws also influence FP decision-making. Some polygamous men fear that their in-laws may look unfavorably upon FP use due to competition between co-wives to have more children.

Through the course of the fieldwork, the researchers conducting these rapid assessment activities observed that a mother-in-law is responsible for caring for her grandchildren if

her daughter-in-law is unable (if she is sick, for example). When couple with community members' descriptions that women who have closely spaced children are weak or often ill, we may infer that mothers-in-law have an inherent interest in child spacing so they do not become overburdened with these child care activities. Yet, mothers-in-law do not talk about FP with their daughters-in-law for fear of being criticized that they dislike their son's wife (as in, do not wish for her to have children) or that they are seeking a new wife for her son. This is another key difference from Mali, where a woman will ask her mother-in-law to intercede on her behalf if her husband does not approve of FP. A woman in Benin is most likely talk to her husband's aunt.

Polygamy also influences contraceptive use. Regardless of a husband's desires, some women refuse to use contraception because a woman in a polygamist union who has many children is generally regarded more highly by her husband and in-laws.

SIDE EFFECTS

Side effects present a much bigger obstacle to FP use in Benin, as compared to our research findings in Mali. Women often mentioned side effects, especially the fear of gaining weight due to the use of injectables. At the same time, researchers noted that bigger/heavier women are considered more attractive and desirable. So how does one explain this contradiction? Participants clarified that since bigger women are considered more attractive, they are afraid of gaining weight from FP use and attracting men's attention, which may invite accusations that they are unfaithful.

Most of the conversations regarding the pill focused on its efficacy—many believed that it was effective if taken properly; if not, some said a woman could become pregnant with multiples. In one example, a woman described a situation in which her sister-in-law was using the pill, but became pregnant with twins after forgetting to take her pill one day.

Other side effects mentioned include infertility or sterility after using injectables or implants. It was repeated many times that in Adja culture, a woman should have many children, so the threat of sterility is a significant deterrent to contraceptive use.

POSITIVE ATTRIBUTES OF FAMILY PLANNING

A large majority of people saw many benefits from using FP for spacing births—it helps mothers and children to be in good health, reduces domestic expenses, and enables women to engage in income-generating activities. Despite the side effects mentioned, respondents remarked that the positive aspects of FP use outweigh the potential drawbacks.

Respondents judged FP methods primarily by their perceived effectiveness. Therefore, perceived effectiveness (or lack thereof) of FP does not appear to be a major obstacle to contraceptive use.

Methods perceived most effective	Methods perceived least effective
Injections Implants	Withdrawal Condoms Pills (if she forgets to take them)

FAMILY PLANNING ACCESS

Lack of access to FP services is an important barrier to contraceptive use. Respondents stated that contraceptives were not available in their village health center, and they needed to go to the zonal health center to obtain them, which for some is quite distant. In addition, they mentioned that not all methods were available, even in the larger health centers.

Another barrier is that health providers frequently ask for the husband's consent before providing a woman with a long-term method—there is a widespread belief that this is legally required. Some health providers even go so far as to inform the husband that his wife is using a contraceptive method, even if she does not give them permission to do so.

UNPERCEIVED NEED

Most respondents believed that women cannot become pregnant before her first period after giving birth. They also believed that normally a woman will not become pregnant while breastfeeding, as this delays the return of her period. Participants did, however, note exceptions to this, and there is even a word in Adja for children conceived while a mother is breastfeeding before the return of her menses.

SELF-EFFICACY

Self-efficacy did not present an obstacle to FP use in Benin. Participants agreed that it would be easy to use FP if the barriers revealed through this rapid assessment were removed. For example, using a method is possible if the husband consents, and it is easy to secure his consent if he is sensitized about FP and there is good couple communication.

MIGRATION

There are migrants from Couffo in Cotonou, but they are not influential in the area of FP. Unlike in Mali, they do not diffuse new ideas about FP.