

MESSAGE BRIEF – FAMILY PLANNING IN KINSHASA

MESSAGE: SPACE BIRTHS USING MODERN CONTRACEPTIVE METHODS, FOR BETTER MATERNAL AND CHILD HEALTH

Behaviour to promote

By choosing to wait at least two years between births, you choose better health for your whole family. There are many methods of contraception to suit different lifestyles, so discuss with a health agent to choose the option most suited to your needs.

Context

The WHO recommend that after a live birth, the interval before your next pregnancy should be at least 24 months (and at least 6 months after a miscarriage), to reduce the risk of adverse maternal, perinatal and infant health outcomes.

If a woman does not space births by waiting at least two years between them, their newborn will be at increased risk of health complications, as well as their other young children. The last-born child risks being born prematurely or with low birth weight, which reduces their chances of good growth, increases their risk of catching diseases and even of death. Any other infants are at risk of no longer being breastfed as the mother will have less time to devote to their care. By choosing to space births, maternal deaths can be reduced by 30% because mothers have more time to physically recover before a new pregnancy and have a greater chance of having a complication-free pregnancy and childbirth.

Motivation - By spacing births, couples will have more money for school expenses and food for each child. With less children, parents have more time and energy to work and can spend more time with their family. Family planning helps couples to achieve their fertility intention - having only their desired number of children, with proper spacing of pregnancies. You can have the family size you desire, and by discussing and planning the spacing of children's births, you can help ensure your family's health and prosperity.

Choices - You can choose from many contraceptive methods – including injectables, pills, implants, condoms – in order to anticipate and reach the number of children that you desire, as well as to plan the timing and spacing of pregnancies.

Statistics - Most men (95%) and women (88%) know of at least one modern contraceptive method, most commonly condoms (DHS 2014). 23% of women want no more children and 45% would like to wait two or more years before their next birth. This demand is only satisfied among 28% of married women. Despite high reported knowledge, only 21.6% of married women aged 15 to 49 in Kinshasa are using a modern method (PMA2014). Among women who are not using contraception, 90% have not discussed family planning with a health worker in the last year (DHS 2014).

Obstacles to behaviour change

According to PMA 2014 data for Kinshasa, the main reasons for non-use among women wanting to delay their next birth by 2 or more years included: not being married (36%); infrequent sex/husband away (27%); lack of knowledge about methods (16%); fear of side effects (14%) and because they or their partner opposed contraceptive use (11%).

Knowledge - The advantages of family planning are not always well understood, even if a woman herself is clear what the benefits are, her family circle (mothers-in-law and husbands) traditionally wish for big families. Many women do not discuss contraceptive use at all, and for others the main source of information is friends rather than health workers. Awareness of contraceptive methods and the benefits of their use tends to be lowest among adolescents.

Fear of side effects - Most people approve of family planning as a practice but have negative views or side effect fears regarding available methods, often based on myths and misconceptions. Some people believe that contraception will lead to women's infidelity, others are scared that they will not become fertile again after they stop using contraception. Some also report side effects like having irregular cycles or having longer periods.

Cultural tradition - Traditionally, high fertility has been a source of social status for both men and women. Young people are not considered adults until they have had a child. When a couple marry, the groom's family pay a significant dowry to the bride's family, "buying" her commitment to produce children for him. She legally loses her status as an autonomous adult and is subject to the mandates of her husband and his family, including how many children to have.

Social desirability - Having a large number of children confers social status to both the parents. Many couples would like to have at least one child of each sex. This desire often outweighs any inclination to stop at a certain number, especially if the couple does not yet have a son. Some women also fear social disapproval as women using contraceptive may be considered promiscuous, with loose morals, especially young unmarried women.

Religion - Religion per se is not a major barrier to contraceptive use in the DRC, but some religious groups do oppose its use. In some denominations procreation may be considered exclusively divine and not for human interference. A child is seen as a gift from God so women should give birth to all children that God places in their womb. Some Catholic-run health services turn a blind eye on the delivery of contraceptive methods, even if they don't openly publicize them. The major protestant groups (Eglise du Christ au Congo) pioneered family planning in the DRC.

Decision-making - A husband's objection to using contraceptives can be a barrier to uptake. He is usually the head of the household and decides the number of children and controls medical expenditures. Women therefore need to ask for their husband's permission to use contraceptives and for help with associated costs. In urban areas though, most women have their own source of income.

Terminology is important. Talking about controlling/limiting pregnancies can be a barrier to the adoption of a contraceptive method. It is better to talk about "choosing health for your family" or "choosing a prosperous family".

Elements favouring and facilitating behaviour change

Most women and men know about modern contraceptive methods, are in favour of family planning, and believe that birth spacing is desirable to ensure a healthy outcome for the baby. The population, particularly in urban areas, increasingly realise the value of education and would like to be able to send children (of both sexes) to school.

Spousal discussion is strongly predictive of family planning use, so encouraging couples to discuss contraceptive use and their desired number of children is important.

Most women in Kinshasa give birth in a health facility (98%). Any interaction with health agents (who are generally perceived as reliable sources) presents an opportunity for women to ask about contraception. Modern methods are usually available from health centres and independent pharmacies, the latter being most popular in Kinshasa. Condoms are the most popular modern contraceptive used, followed by injectables, the pill, implants and female sterilisation.

Another difference is that with urbanization, desired fertility declines and economic pressures come to bear much more than in rural societies. So women in Kinshasa may be under less pressure to have such large families.

Polygamy - which causes co-wives to compete for number and sex of children - is not legal or widespread in the DRC, though in Kinshasa some men do have long-time mistresses or "Zieme bureau".

In Kinshasa, taking pride in personal appearance is important and socially desirable among most men and women. The importance of looking glamorous is something we could use to emphasise the benefits of birth spacing not only on a woman's healthy but also appearance. Music is also a very integral part of culture and social life in Kinshasa.