

BEHAVIOUR: SPACE BIRTHS BY USING MODERN CONTRACEPTIVE METHODS FOR BETTER MATERNAL AND CHILD HEALTH

Behaviour to promote

For better maternal and child health, choose to wait at least two years before trying to have another child. You can choose from several methods –including injectables, pills, implants or condoms – in order to anticipate and reach the number of children that you wish for as well as to plan the timing and spacing of pregnancies. Discuss it with your health agent who will prescribe you the method best adapted to you.

The advantages of the different methods are:

Injectable: With only one injection, the woman is protected for three months.

Pill: It is quite easy to use – you only need to take one pill a day.

Implant: This method prevents pregnancies for five years (but the implant can be removed before then if you wish to have children).

Condom: As well as preventing pregnancies, condoms protect men and women from sexually transmitted diseases like HIV/AIDS.

Reasons

By spacing births, you choose better health for the mother and their children.

If a woman does not space births by waiting at least two years between them (“giving birth and resting” in Gulmamtchéma), their newborn will be at increased risk of health complications, as well as their other infants and young children. The last-born child risks being born prematurely or with a low birthweight, which diminishes the chances of him/her having good growth, increases their risk of catching diseases and even of dying. Any other young children are at risk of not being breastfed anymore 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 the mother will have more time to physically recover before she has a new pregnancy and she will have a greater chance of having a complication-free pregnancy.

By spacing births, you will have more money (for school expenses for instance) and food for each child. In families with less children, parents have more time to work and can spend more time with their family. The woman will have more time for her own income-generating activities. As a man from Katchari said: *“in a family which practises it [family planning], women are stronger, do not lose weight, have a long life, do not fall ill, and the same goes for their children. On the other hand, those who do not do it are tired, their children are malnourished, and the family falls into poverty.”*

Figures

According to the DHS 2010, 50% of women aged 15 to 49 want to wait for a certain time before they have another child. 20% want a child soon and 24% do not want more children. Only 11% of women in rural areas use a modern contraceptive method: the most popular method is the injectable (used by 6% of women), followed by the implant and the pill. Women get their contraceptives in health centres most of the time. Among women who ask for family planning, 29% want to space births, 12% want to limit births. This demand is only satisfied in 32% of cases in rural areas. Qualitative research has revealed that it is also possible to use traditional means to limit pregnancies.

Obstacles to behaviour change

Ideas

The advantages of family planning are not always highlighted in the woman’s family circle, by mothers-in-law and men, who traditionally wish for big families.

Several problems exist around contraceptive methods. Certain people invoke religion to prohibit the use of contraception. Others believe that contraception will lead to women’s infidelity, or are scared that they will not become fertile again after they stop using contraception, or report side effects like having irregular cycles or having longer periods. Some people believe that contraceptive methods can cause cancer.

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”.

Decision-making

Usually, the husband, the head of household, decides the number of children and controls medical expenditures. Women would therefore need to ask for their husband’s permission to use contraceptives and for help with associated costs – although the cost of contraceptives is within reach of women’s budgets. It is possible for a woman to use contraceptives without her husband knowing it because she can use a discrete method such as injectables.

Missed opportunities

According to DHS 2010, 75% of women who do not use contraceptive methods said that they had not talked about family planning with a health agent or in a health centre in the twelve months preceding the survey.

Elements favouring behaviour change

Most women and men know about modern contraceptive methods. Many women, and more and more men, are in favour of family planning.

During antenatal care visits, postnatal care visits, healthy child examinations and weighing visits, health agents – who are perceived as reliable sources – can offer family planning information and services. New mothers come by themselves, or sometimes accompanied by their partners.

Modern methods are usually available from health centre stockrooms. Their costs are affordable to women: injectables (500 CFA), pills (100 CFA per blister pack), male condoms (100 CFA for 4 condoms), female condoms (200 CFA each), 5-year lasting implant (1000 CFA), IUD (800 CFA).

Presentation

Directives regarding family planning will be integrated into interactive modules. The team of scriptwriters will create modules on different contraceptive methods, which will model conversations on Family Planning between key characters who are involved in family planning decision-making.

These modules will clarify the advantages of the different methods (as described above) for different couples.