


Spring 2012

# An Outline of Contraceptive Use in Mali

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## Recommended Citation

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An Outline of Contraceptive Use in Mali

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SIT Mali Spring 2012

25 May 2012

Introduction

The global community continues to increase at alarming rates. October 2011 marked the world's population at a record high of 7 billion people, and counting. This population growth is linked to many complex factors, an important one of which is maternal health. The World Bank reports that over 99% of maternal deaths occur in developing countries, more than half of which occurred in Sub-Saharan Africa.<sup>1</sup> The term "maternal health" refers to the health of women before, during, and after pregnancy. A crucial factor in maternal health is contraception, as its use allows women to avoid or space pregnancies, effectively empowering women to possess more control over their own lives.

Mali is a landlocked West African country with an estimated population of 14.5 million, the majority of which live in rural areas. The country also has one of the world's highest infant & maternal mortality rates: 830 women die per every 100,000 births, and 109 infants die per every 1,000 births, 10th and 3rd highest global rates, respectively. Many causes help explain this high number of deaths, but one in particular is the issue of contraception. It's a precarious one in many societies, for both cultural and financial reasons. Malian society presents such a problem. Malian society is patriarchal; the culture delegates authority to men and elder females, and younger women have little autonomy over their bodies, mobility, and finances.<sup>2</sup> In such a culture, females obtaining contraception is often very difficult, and looked down upon.

Nevertheless, in recent years increasing numbers of Malians have decided to use family planning methods in order to avoid pregnancies, or choose when to have children. In 1994, the Programme of Action of the International Conference on Population and Development stressed the need to "increase the participation and sharing the responsibility of men in the actual practice

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<sup>1</sup> "Data." *The World Bank*. The World Bank, 2012. Web. 22 May 2012. <<http://data.worldbank.org/>>.

<sup>2</sup> Barnett, Barbara, Mamadou Konate, et al. "The Impact of Family Planning on Women's Lives: Findings from the Women's Studies' Project in Mali and Zimbabwe." *African Journal of Reproductive Health*. 3.1 (1999): 27-38. Web. 23 May. 2012. Page 29

of family planning.”<sup>3</sup> In 1998, UN reported that almost all of the less developed countries experienced an increase in the levels of contraceptive use.<sup>4</sup> Examining studies from the 1980s onward, one notices a trend of higher contraceptive prevalence. This conscious choice helps lower mortality rates by making mothers more aware of healthy behaviors to practice during pregnancy. Lack of family planning methods continues to exist throughout the country and contraception access is not always easy in to obtain Mali; yet the country continues to make many changes in societal beliefs that help to more easily permit contraception.

It should be noted that studies on contraception largely focus on females. One reason for this is perhaps that men in Malian and West African societies do not feel as comfortable honestly discussing their family planning methods with strangers in an interview. Another potential reason is that West African men may not use contraception as often as women, and thus are not surveyed as often. Females produce children, and so studies on contraception inevitably focus more on them. It’s important to note this disparity within contraception research; much more of the study focuses on females and their family planning decisions, rather than males. Thus, it’s important to be aware that while this paper acknowledges male contraceptive opinions and decisions, the focus sways more toward females. This is simply because previous research on the subject also focuses more on females, and thus when examining the research, this pattern unavoidably occurs.

### Recent History of Contraception in Mali

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<sup>3</sup> Castle, Sarah, Mamadou Kani Konate, Priscilla R. Ulin, and Sarah Martin. "A Qualitative Study of Clandestine Contraception Use in Urban Mali." *Studies in Family Planning*. 30.3 (1999): 231-248. Web. 23 May. 2012. Page 232.

<sup>4</sup> Ross, John, John Stover, and Demi Adelaja. "Family Planning Programs in 2004: New Assessments in a Changing Environment." *International Family Planning Perspectives*. 33.1 (2007): 22-30. Web. 23 May. 2012. Page 24.

In 1972, a 2 year pilot program was created by the government to gather data necessary to form a family planning program. Mali became the first francophone country in Sub-Saharan Africa to commit itself to such a project.<sup>5</sup> From this, the Association Malienne pour la Protection et la Promotion de la Famille (AMPPF) was founded, although not officially acknowledged by the government until 1983.<sup>6</sup> AMPPF's president in 1984 commented on the difficulties in helping Malians to obtain contraceptive services, citing "the lack of information about family planning services, the prevalence of a great deal of incorrect information and the widespread opposition of the male partner" as barriers.<sup>7</sup> 2002's Demographic & Health Survey for Mali found that 6% of married women overall use modern family planning methods, and that among married women surveyed, 17% were using a modern methods.<sup>8</sup> These numbers continue to grow as more individuals gain access to health education and nearby clinics.

### Benefits of Family Planning

Numerous benefits to family planning methods exist in the context of Malian relationships. "It reduces fear of unplanned pregnancy and affords women the freedom to enjoy sexual relationships more fully; it relieves women from the physical and financial stress of caring for a large family; allows some to pursue an education and gain economic security; means to avoid an inconvenient pregnancy."<sup>9</sup> A woman's ability to control her fertility gives her autonomy and allows her greater independence to make decisions about her own life, including spacing when

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<sup>5</sup> van de Walle, Francine, and Mariam Maiga. "Family Planning in Bamako, Mali." *International Family Planning Perspectives*. 17.3 (1991): 84-90, 99. Web. 23 May. 2012. Page 84.

<sup>6</sup> "Présentation de l'AMPPF." *Association Malienne pour la Protection et la Promotion de la Famille*. N.p., n.d. Web. 21 May 2012.

<sup>7</sup> van de Walle, Francine, and Mariam Maiga. "Family Planning in Bamako, Mali." Page 85.

<sup>8</sup> Castle, Sarah. "Factors Influencing Young Malians' Reluctance to Use Hormonal Contraceptives." *Studies in Family Planning*. 34.3 (2003): 186-199. Web. 23 May. 2012. Page 189.

<sup>9</sup> Barnett, Barbara, Mamadou Konate, et al. "The Impact of Family Planning on Women's Lives: Findings from the Women's Studies' Project in Mali and Zimbabwe." Pages 28-29.

she wants to have children. This also allows women to achieve greater financial independence, increasing their societal status.<sup>10</sup> Thus, it's clear that with greater access to contraception, women are allowed more personal freedom, which empowers to have more control in all aspects of their lives. The control of pregnancies also benefits men by decreasing the number of children that they have to provide for. Condom use is also prevalent among Malian couples. The use of condoms simultaneously helps to prevent the spread of HIV/AIDS, while preventing unwanted pregnancies. With the spread of HIV/AIDS epidemic, many government agencies promote the use of condoms, even among married couples, both for pregnancy and disease prevention.<sup>11</sup>

One method is beneficial in many ways to sexually active couples, both in preventing unwanted pregnancies and lengthening the adults' lifespan by not contracting lethal diseases. Thus, condom usage allows them to better space pregnancies by being able to consciously/purposefully decide when to have children, and the disease-prevention aspect also promotes this. Sarah Castle's research shows that Malian adolescents also preferred the condom because it lacks side effects that could compromise their current and future social relations.<sup>12</sup> Though, research still indicates a lower use of condoms than other contraceptives. This perhaps shows a lack of concern about the spread of HIV/AIDS because of Mali's low prevalence rate. More significantly, it could indicate Malian men's cultural beliefs & attitudes toward family planning: perhaps they don't feel as responsible, since they don't suffer the physical consequences of an unintended pregnancy. Hence, the higher usage rates of female-based

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<sup>10</sup> Castle, Sarah. "Factors Influencing Young Malians' Reluctance to Use Hormonal Contraceptives." Page 188.

<sup>11</sup> Seiber, Eric E., Jane Bertrand, et al. "Changes in Contraceptive Method Mix in Developing Countries." *International Family Planning Perspectives*. 33.3 (2007): 117-123. Web. 24 May. 2012. Page 118.

<sup>12</sup> Castle, Sarah. "Factors Influencing Young Malians' Reluctance to Use Hormonal Contraceptives." Page 196.

contraceptives. Furthermore, studies have found that in Malian society, males often want children before females do, so from this perspective their low condom usage makes sense.

Although contraceptives offer many benefits for Malians, negative aspects also exist. It's important to note a major Malian social and cultural expectation of women to bear children quickly after marriage. A woman's failure to reproduce soon after marriage may result in her husband taking another wife.<sup>13</sup> Consequently, Malian women are faced with the dilemma between fulfilling the cultural/social expectations of husbands and families by producing numerous children, or the personal choice of spacing/limiting births, for the sake of her health & the family's economic well-being. Other, less frequently used methods include injectable contraception and intrauterine devices. These methods must be obtained from a clinic, which explains their lower prevalence among Malian women: the more accessible the method, the higher frequency with which it will be used.

### Basic Outline of Contraception Services Offered

It should be noted that decision-making regarding contraceptive use is complex and can involve many factors. Most importantly, it often reflects issues of availability and accessibility of a certain drug; those which are more obtainable are those which are likely to be used more frequently.

When studying contraceptive use, it becomes clear that there is no one example of a Malian contraceptive user. Some may have spouses who accept the usage and financially support

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<sup>13</sup> Castle, Sarah. "Factors Influencing Young Malians' Reluctance to Use Hormonal Contraceptives." Page 196. Page 187.

it, others many not. Not every user is in the same situation, which makes studying usage more complex and difficult to generalize.

Castle's research notes that in Mali, the most common brand of oral contraceptive, Pilplan, is available over the counter, from pharmacies, health-care providers, and peer educators, and by means of community distribution systems.<sup>14</sup> Multiple women interviewed at the Association Malienne Pour la Protection et la Promotion de la Famille (AMPPF) also reported that their main method of contraception was Pilplan, purchased by her husband at her local pharmacy. Both said their reasons for usage were to "space my children, and for financial reasons."<sup>15</sup>

Being able to purchase the contraception clears a major hurdle against access. But it's important to acknowledge that many barriers exist in preventing women from purchasing this contraception, even if it's carried by many providers. A woman may not be able to afford the monthly cost of the medication. Transportation is another issue; inability to travel to and from the clinic is a common impediment to purchasing medication, even if it's easily accessible to the general public. Families cannot afford to miss work to visit clinics, or have no mode of transportation. If women do not attend school or community health centers where peer educators work, they may not even have an awareness that the medication exists. Family and cultural beliefs also play a large role in influencing a woman's access to contraception; if her family and surrounding culture does not accept contraception, purchasing it clandestinely is far more difficult. One study reports that lack of knowledge, sex education, risk misperceptions were

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<sup>14</sup> Castle, Sarah. "Factors Influencing Young Malians' Reluctance to Use Hormonal Contraceptives." Page 196. Page 188.

<sup>15</sup> E-mail Interview with AMPPF clients. 15 May 2012.



among the most common limits to contraceptive usage.<sup>16</sup> Thus, although it's easy to report that ideally Malians have easy access to contraception, realistically examining the challenges that they face to actually obtaining the medication illustrates that there are many difficulties.

There is a relatively higher prevalence of condom usage among younger Malian couples. In her report on Malians' hesitance on hormonal contraception, Castle reports that many Malians preferred the condom because it lacks side effects that could compromise their current and future social relations.<sup>17</sup> In the sample of Malians' surveyed, 4% used condoms, compared to 8% who used the pill. Often, this was due to the perception among young adults that contraception in the form of the pill would lead to long-term sterility.

This opinion was also found among some interviewees for this report. Another woman surveyed at AMPPF reported that her family prohibited the use of contraception, because "it's not a good thing for long-term health." She further explained her beliefs against contraception, saying that it's the "base for certain illnesses like infertility, cancer, and physical problems for women"<sup>18</sup> Furthermore, condoms are more prevalent in Malian society, with widespread ability, low cost, and usefulness in preventing both pregnancy and sexually transmitted infections. They are obtainable by both men and women, so the likelihood that they will be used may be higher.

Condom use is greatly controlled by the male partner, thus although many Malian couples may use it as a form of contraception, it's a method that's entirely dictated by male choice. This illustrates why clandestine contraception use by women still exists in Mali; they still prefer to have autonomy in sexual relationships, regardless of their partner's preferences about

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<sup>16</sup> Williamson, Lisa, Alison Parkes, et al. "Limits to modern contraceptive use among young women in developing countries: a systematic review of qualitative research." *Reproductive Health*. 6.3 (2009): n. page. Web. 23 May. 2012. Page 2.

<sup>17</sup> Castle, Sarah. "Factors Influencing Young Malians' Reluctance to Use Hormonal Contraceptives." Page 196. Page 189.

<sup>18</sup> E-mail Interview with AMPPF clients. 15 May 2012.

contraception. Examining condom use also illustrates an interesting trend among sexually active Malians: while it's a positive sign that men also choose to use condoms to prevent conception, studies still indicate that women often seek other methods of contraception for themselves, such as the pill or IUD. So it seems that, despite men using condoms at higher rates and thus entering a the contraception discourse that usually revolved solely around women, females still seek their own autonomous forms of contraception.

Furthermore, it illustrates the different motivations that Malians have for using contraception. Some women place more importance on their future fertility options by choosing to use condoms rather than potentially harming themselves with hormonal contraceptives, though this allows males more control in the sexual relationship and decision-making regarding contraception usage. Others instead focus more on maintaining their own personal independence by limiting births and using a separate, perhaps clandestine form of contraception.

### Challenges

One major challenge for Malians attempting to obtain family planning methods is the lack of access to health care and the availability of methods. A restricted choice of contraceptive methods has constrained the opportunity of individual couples to obtain a method that suits their needs, resulting in lower levels of contraceptive prevalence.<sup>19</sup> The fewer contraceptive choices that are available, the less likely that a couple is to use birth control. With fewer options, fewer people will utilize contraception, thus causing it to cycle out of the health system completely. Thus, it's necessary for health organizations, both governmental and not, to provide more contraceptive options.

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<sup>19</sup> Ross, John, Karen Hardee, et al. "Contraceptive Method Choice in Developing Countries." *International Family Planning Perspectives*. 28.1 (2002): 32-40. Web. 23 May. 2012. Page 32.

Research shows that condoms are more available for use in Malian society, which means that it will likely be used at a greater rate. While this is a good option, it also presents problems for the women in these relationships. Since condoms are used by the male, this means that men are given more decision-making power in sexual relationships, and consequently, may lead to a lower use of condom use in general. Thus, clearly it's important for both sexual partners to have access to a variety of different methods. This leads to more female empowerment: women would have the ability to choose whether or not they want a pregnancy, and if so, when. Multiple women interviewed for this study reported that they used contraception with the goal of spacing pregnancies, and consequently being able to better take care of their families. Better choice, via easier access to methods, leads to use by more couples, which may lead to fewer unwanted pregnancies. This again illustrates that the more that a contraception method is available, the more it will be used.

Another problem surrounding contraception is the individuals' location. In large towns, such as Bamako, small health clinics exist in almost every neighborhood. But a large portion of the country still lives in rural areas, with access to clinics varying among the villages. Many rural residents have to walk several kilometers for health care services. This means that urban residents may have more access to a variety of contraceptives, while those in rural areas may rely on only the ones provided at the nearest health clinic, or on traditional methods. Availability also differs depending on geographical location; urban residents may have more access to multiple methods because they are located closer to clinics, than rural residents. Methods popular in rural areas may be different from those popular in urban areas.

Another challenge with contraceptive usage among Malians is spousal permission. Mali is a patriarchal society, and men hold much of the control in household decisions. Study results

showed that in Mali, family planning is considered by women and men to be a woman's domain, but both sexes regard decision-making as the purview of men.<sup>20</sup> Many participants in studies emphasized that only men have the right to make the decision regarding contraception use in a relationship. This illustrates one of the largest challenges to contraception access and usage in Mali. Husbands often pose major problems for women wanting to prevent or limit pregnancies. It also demonstrates well the difficulties that women face regarding contraceptive use. They are the ones who use the birth control and deal with the consequences of pregnancies, and yet they don't hold the final authority on whether or not to use contraception in their relationships. In the debate between Malian couples over who holds more authority in matters of using contraception, the disparity is evident between a man's right to choose and a woman's responsibility to follow decisions.

Yet, one cannot make generalizations about such an extensive issue. Interestingly, among the women interviewed at AMPPF, multiple reported that their husbands purchased their contraception for them, with the goal of spacing births and saving money. This again illustrates that there is no exact model of a Malian contraceptive user. Although many face difficulties with spousal approval, clearly other spouses approve of its usage. But for women who feel strongly about the necessity for contraceptive use and whose husbands disapprove, more drastic steps to protect themselves from unwanted pregnancies are often taken. This often results in covert contraceptive use, which is highly prevalent in modern Malian society.

### Consequences

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<sup>20</sup> Barnett, Barbara, Mamadou Konate, et al. "The Impact of Family Planning on Women's Lives: Findings from the Women's Studies' Project in Mali and Zimbabwe." Page 30.

A major consequence in a society without birth control is the resulting economic problems. Families can't afford to feed the growing number of children that they continue to produce. A common further consequence of this is child malnutrition. The inexpensive food that families can afford to buy are often rich in starch, such as potatoes, which can feed a larger number of people. Yet these foods often lack other nutrients crucial to growing children. Thus, the act of not using contraception, whether by choice or by ignorance, can greatly contribute to Mali's high child malnutrition

The CIA World Factbook reports that in 2006, 27.9% of Malian children under the age of 5 were underweight.<sup>21</sup> A large portion of this percentage is due to parents not being able to provide sufficiently healthy foods for their children. And, in turn, this inability is linked to Malian couples having more children than they can adequately support. Mali's total fertility rate is also one of the world's highest: estimated that in 2012, 6.35 children will be born to every woman.<sup>22</sup> These high numbers of children per family are often rooted in the lack of, or poor usage of, contraception. If one considers the many barriers to contraceptive access that Malians face, the rate makes more sense. Couples may not be able to afford birth control pills, the male may prefer to use condoms, or there may be pressure from elder family members to conceive. Numerous barriers exist, all of which contribute in increasing the fertility rate. Furthermore, with lack of resources or access to care, these barriers may indirectly lead to the country's high maternal & infant mortality rates.

Furthermore, many studies have found that family planning methods help to increase greater overall lifestyles. "Greater reliance on modern contraceptives carries well-known benefits

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<sup>21</sup> Central Intelligence Agency. *World Factbook*. Web. <<https://www.cia.gov/library/publications/the-world-factbook/geos/ml.html>>.

<sup>22</sup> Central Intelligence Agency. *World Factbook*.

for women, their families, and society-- lower levels of unintended pregnancy, unsafe abortion, and maternal and child morbidity and mortality, as well as a slowing of population growth.”<sup>23</sup>

Another economic consequence is that children are often forced to enter the workforce to help support the family’s income. A lack of contraception use causes a greater number of children, which means an increasing number of people to support with food and shelter. When parents cannot provide this, their children must often work to collect money for family support. This is deleterious to a child’s health and well-being, and often depletes their life expectancy, since their bodies are being worked harder at even younger ages

Conversely, many Malian couples have begun using contraception as a way to support their families, which includes allowing them an education and including more women into the workforce. “Higher rates may also indicate difficulties for families, in some situations, to feed and educate their children and for women to enter the labor force” Two study participants included that they use birth control pills for financial reasons, thus allowing to have more money to better care for their children, and one woman included to better perform at her job as a reason for use. Thus, the lack of contraception usage, whether through ignorance or on purpose, has huge impacts on the health and economic welfare of children. More than just having an impact on the parents by increasing the number of children born to families, it also elevates the risk that their children’s lives will be unhealthy.

### Covert Use of Contraceptives

Clearly, many barriers to access exist in preventing Malian couples from using contraceptive methods, a significant one of which is the disapproval of husbands and family members. Yet, for

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<sup>23</sup> Seiber, Eric E., Jane Bertrand, et al. "Changes in Contraceptive Method Mix in Developing Countries." *International Family Planning Perspectives*. 33.3 (2007): 117-123. Web. 24 May. 2012. Page 120.

many Malian women, this obstacle is not enough to impede their usage. Often, the methods must be taken in secret, and many women choose to take this step.

Mali's is a patriarchal society; decisions controlled by male family members and elder females. This often leaves younger women (those in the prime of their reproductive age) with little control about their own body. This does not mean that reproduction cannot be limited; it just must be done in secret. Covert use highlights the discrepancies between husbands' and wives' contraceptive needs. Women and men have different motivations for using contraception, and, in Mali's patriarchal society, if a husband does not approve of his wife's wishes, she often has no choice but to use contraception covertly. A man may prefer not to use contraception because he desires more children, or doesn't undergo the physical process of pregnancy, while women may be more concerned with her own physical health, or the family's financial situation. Thus, because of women's relative lack of decision making power in many aspects of life in Malian society, one can see why they would want a private way in which to control their reproductive choices

Examination of covert contraceptive use also illustrates the need to evaluate men & women as separate decision-making entities. Castle's research examines many motivations exist for covert use. It's also important to take all of these in the context of a society with greater men's power in relationships. One significant reason is the husband's disapproval of contraception in general. Another may be the pronatalism of the husband, promoting more births: a greater economic investment- with more children, provides more resources for the family to make money. In West Africa, husbands generally want to have children and want to have them sooner than their wives. Furthermore, there may be difficulties with communication about contraception. Religious beliefs also play into discouragement of contraception. In Islamic

societies, like Mali, there exists the erroneous belief that contraceptive use is condemned by the Qur'an and that seeking to avert childbirth is sinful, is widespread<sup>24</sup>

Despite many efforts to prevent the development of family planning methods, contraceptive prevalence among married women has increased gradually in all regions of the developing world since 1980, rising to 60% for the period 2000-2005.<sup>25</sup> Because of women's relative lack of decision-making power in many developing countries, including Mali, it makes sense to provide methods that are female-controlled and can be used covertly.

Covert use is easier with the non-intercourse-related methods (vasectomy, tubal ligation, Depo-Provera, Norplant, intrauterine device). These methods aren't required to be taken on a daily basis, so that the spouse would not notice any absence, though this does not discount women's use of the pill; one study reports that more women opt to use the pill than any other contraceptive method.<sup>26</sup> Injectables are highly effective, long lasting, and reversible methods which offer several benefits, including reduced likelihood of unplanned pregnancy, unsafe abortions, and maternal mortality. And women can use this method without anyone else knowing. Many of these methods are also reversible, so that if and when a woman decides that she'd like to have more children, the option still remains.

Researchers have found that in Mali, a low percentage of married women reported use of modern contraceptive methods, but a high percentage of contraceptive used reported by wife but not by husband.<sup>27</sup> This indicates that covert use occurring, with wives obtaining and using contraceptives without their husbands' knowledge. This means that in general, contraceptive use

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<sup>24</sup> Castle, Sarah et al. "A Qualitative Study of Clandestine Contraception Use in Urban Mali." Page 234.

<sup>25</sup> Seiber, Eric E., Jane Bertrand, et al. "Changes in Contraceptive Method Mix in Developing Countries." Page 117.

<sup>26</sup> Becker, Stan, and Elizabeth Costenbader. "Husbands' and Wives' Reports of Contraceptive Use." *Studies in Family Planning*. 32.2 (2001): 111-129. Web. 24 May. 2012. Page 122.

<sup>27</sup> Seiber, Eric E., Jane Bertrand, et al. "Changes in Contraceptive Method Mix in Developing Countries." Page 117.



by wives is low, so the covert percentage that uses it comprises a large portion. Side effects of some contraceptives, such as bleeding, may reveal a woman's covert use to her husband. Thus, many women may feel uncomfortable using such methods, for fear of revelation. But still others prefer to use the methods without their husbands' knowledge, preferring their own

### Conclusion

Contraceptive use in Mali is complex. There is no single reason that motivates couples' usage, just as many arguments exist that discourage it. And these multi-faceted arguments even differ between the sexes, making the decision to use a contentious one for many Malians. But with one of the world's highest infant and maternal mortality rates, Mali's population is quickly realizing that more children does not necessarily equal an improved life for the family. A lack of family planning methods often leads to financial and troubles for both parents and children, and can result in a vicious cycle lasting for generations. Clearly, better choice of family planning methods, via easier access to methods, leads to use by more couples, which may imply greater satisfaction and fewer unwanted pregnancies. Moreover, countries where a method is more available, the method is used more widely. Currently, family planning programs and research are undergoing a fundamental shift from a focus on women only to one on both partners in a sexual relationship, as well as slowly expanding the amount of health care services throughout the country. Thus, in order to reduce the amount of maternal and infant deaths, poverty, and health problems, the Malian government and outside health organizations must focus on providing more contraceptive services to the population, in the form of education and clinic access. Hurdles will always exist in obtaining contraceptive methods, but with an increase in services, a shift in cultural attitude may occur, with more encouragement placed on helping young adults to obtain family planning methods. Time still exists to change Malian society's fundamental attitudes on

contraception, but its citizens must be determined and effective in order to effectively reach more couples and slow the frightening mortality crisis.