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Socio-Cultural Barriers to Family Planning Access

Aasha Jackson
SIT Study Abroad

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Socio-Cultural Barriers to Family Planning Access

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Abstract

This paper attempts to discern barriers to family planning access and use in the Manguier quarter of Yaoundé, Cameroon based on research collected during a three week period. Questionnaires and interviews were used to measure women's use of and opinions towards family planning consultations and methods. The spread of rumors regarding negative side effects, mistaken beliefs about family planning, husband's disapproval, and the availability of contraceptives elsewhere were found to be the major deterrents to the use of family planning by women in this study. This research shows the need for campaigns to educate women and men alike on the true advantages and disadvantages of family planning so that they can make informed choices regarding their reproductive health.

Resumé

Cet article tente de discerner les obstacles à l'accès au planning familial et à utiliser dans le quartier Manguier de Yaoundé, Cameroun basée de la recherche rassemblée au cours d'un période de trois semaines. Les questionnaires et les entretiens ont été utilisés pour mesurer l'utilisation et opinions à l'égard des consultations et des méthodes de planification familiale des femmes. La propagation de rumeurs concernant les effets secondaires négatifs, des croyances erronées sur la planification familiale, la désapprobation de l'époux, et la disponibilité des contraceptifs ailleurs ont été trouvés être les principaux moyens de dissuasion à l'utilisation de la planification familiale par les femmes dans cette étude. Cette étude montre la nécessité de campagnes de sensibilisation des femmes et des hommes sur les vrais avantages et les inconvénients de la planification familiale afin qu'ils puissent faire des choix éclairés concernant leur santé reproductive.

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Introduction

Family Planning as a Universal Human Right

The World Health Organization defines family planning as the means to allow people to attain their desired number of children and determine the spacing of pregnancies. Through family planning the general well-being and autonomy of women is improved, while simultaneously strengthening communities and nations by means of a multiplicity of benefits. First of all, family planning prevents pregnancy related-health risks in women, particularly adolescent girls and older women that face the greatest dangers in pregnancy, by allowing them to space or limit births if necessary. In addition, the power to space or limit births reduces the need for the unsafe and often deadly abortions that commonly occur in developing countries. Second of all, family planning helps slow the spread of HIV/AIDS by preventing unintended pregnancies, and thus mother to child transmission of HIV/AIDS. Condoms, a family planning method, additionally reduce the spread of HIV/AIDS by preventing unintended pregnancies while simultaneously preventing the transmission of HIV and other STI's. Thirdly, family planning combats infant and maternal mortality by preventing ill-timed pregnancies and births. Fourthly family planning slows unsustainable population growth, and thereby lessens negative stress on environments, communities, and nations.¹

¹"Family Planning ." May 2013. World Health Organization. 23 November 2013 <<http://www.who.int/mediacentre/factsheets/fs351/en/index.html>>.

These benefits of family planning to women's health and to the well-being of nations are reasons in and of themselves to advocate for its use. However, to truly understand its significance and necessity, one must also consider the ways that women's lives are changed when they are able to control the number of children they have throughout their lifetime. Amartya Sen writes, "*Perhaps the most immediate adversity caused by a high rate of population growth lies in the loss of freedom that women suffer when they are shackled by persistent bearing and rearing of children,*"² When women have many children against their wishes they are less likely to realize other opportunities that lie outside of childcare, and in this way their livelihoods suffer. But when women, and their partners, can make informed choices about their health and families through family planning their lives are profoundly changed. Women have greater prospects for participation in public life, including paid employment and enhanced education. Family planning also benefits families as a whole as fewer children allow parents to invest more in each child, thus increasing their likelihood of staying in school longer.³

Despite the many advantages of family planning, its recognition as a universal human right was many years in the making. The fundamental right to health was first recognized by the Universal Declaration of Human Rights of the UN General Assembly in 1948, with the right to choice in reproduction following 20 years later at the World Conference on Human Rights in Tehran, Iran in 1968.⁴ It was not until the 1994 International Conference on Population and Development in Cairo, Egypt that family planning was recognized as a universal human right. It was decreed that, "*the aim of family planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to*

²Sen, Amartya. "Population and Gender Equity." *Journal of Public Health Policy* 22.2 (2001): 169-174.

³"Family Planning."

⁴Shaw, Dorothy. "Sexual and reproductive health: rights and responsibilities." *The Lancet* 368 (3006): 1941-1943.

*have the information and means to do so,”*⁵. The right to family planning is a crucial aspect of reproductive rights and is essential in and of itself, but it is also significant in that it permits the attainment of other rights, including rights to health, education, and the achievement of a life with dignity.⁶

Family Planning in the Cameroonian Context

Cameroon is unique in that until the 1980's, the government had a pro-natalist policy supported by measures that encouraged births. As a result, the nation had a high rate of births, many of which were unwanted, and thus in 1988 the government launched an awareness-raising effort in an attempt to lower the birth rate. This campaign highlighted the difficulties that result from an imbalance between existing resources and large families, and therefore promoted “*responsible parenthood*”.⁷ Despite this recognition of the problems posed by high fertility rates, especially the high number of undesired births, reproductive health indicators in Cameroon remain meager. According to the 2011 Cameroon Demographic Health Survey (DHS), the total fertility rate is 5.1, lower than the 1991 rate of 5.8 and the 1998 rate of 5.2, but an increase from the 2004 rate of 5.0. The contraceptive prevalence rate is 14%, meaning that only 14% of married women aged 15-49 use a modern contraceptive method, with the male condom being most popular. Although this number is higher than in previous years, it only represents a 10% increase over 20 years time, from the rate of 4% in 1991. The Central region and Yaoundé have the

⁵“Report of the International Conference on Population and Development.” International Conference on Population and Development. Cairo: United Nations, 1994.

⁶Green, Margaret, Shareen Joshi and Omar Robles. “UNFPA State of World Population 2012 By Choice, Not by Chance: Family Planning, Human Rights, and Development.” 2012.

⁷“Women of the World: Cameroon.” Laws and Policies Affecting their Reproductive Rights. Prod. Center for Reproductive Rights. 2003.

highest modern contraceptive prevalence rates (25% and 24% respectively) but there is still significant unmet need.”⁸

Approximately 3 out of 5 married women want to have another child later in life or do not desire to have any more children, representing a significant number of women who may benefit from family planning if they haven't yet already.⁹ Unmet need for family planning services among married women is high, with a national rate of 19.7%. The majority of women have an unmet need for family planning to space births (13.3%) but the percentage that would like to limit births entirely is significant as well (6.4%). When comparing unmet need by region, Yaoundé/Douala have the lowest unmet need of 16%, but this is still very high when considering that this number represents almost 1 in 5 women.¹⁰ Through these statistics it is clear that family planning services are desired by women throughout Cameroon and that many women have not yet had access, even in large cities like Yaoundé where there is presumable greater access to family planning services. If all undesired births in Cameroon were avoided, the total fertility rate would be 4.1 instead of 5.1 children per woman, and this perhaps is the greatest illustration of Cameroonian women's desire for family planning services.¹¹

Cameroon's great unmet need for family planning can be seen by its high rates of adolescent pregnancy, and also by its incidence of illegal abortions. The 2011 Cameroon Demographic and Health Survey defines adolescents as young people aged 15-19, and considers

⁸Fécondité et Planification Familiale : résultats de l'EDS-MICS. Institut National de la Statistique . Yaoundé: Institut National de la Statistique, Ministère de l'Économie de la Planification et de l'Aménagement du Territoire, Ministère de la Santé Publique , 2011.

⁹Ibid.

¹⁰"Perspectives on Unmet Need for Family Planning in West Africa: Cameroon ." Conference on Repositioning Family Planning in West Africa . Accra: USAID, 2005. 1-10.

¹¹République du Cameroun Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS) 2011. Institut National de la Statistique. Yaoundé: Institut National de la Statistique, Ministère de l'Économie de la Planification et de l'Aménagement du Territoire Ministère de l'Économie de la Planification et de l'Aménagement du Territoire, Ministère de la Santé Publique , 2011. p. 89

them to be a high risk group as early pregnancy creates numerous health problems for mother and child, and babies born to young mothers face a greater risk of death. At the time of the survey, one out of four adolescent girls in Cameroon had already begun their reproductive life; 21% had at least one child and 4% were pregnant with their first child.¹² Adolescent pregnancies pose other significant problems for young girls, as girls who become pregnant are more likely to drop out of school, and this may have lasting consequences throughout her life. The high rate of unmet need for family planning coupled with the prevalence of adolescent pregnancy contributes to the pervasiveness of induced abortion. Cameroonian law prohibits abortion, except when the mother's life is put at risk by the pregnancy, and in cases of rape and incest, forcing many women to have clandestine abortions, often in unsafe conditions.¹³ The 2011 DHS reports the rate of induced abortion among women as 7%, but as this number is self-reported and abortion is a crime, this is very likely a gross underestimation of the true rate of abortions in the country.¹⁴ Abortions in this context put women's lives at great risk, and exemplify the need for family planning in Cameroon.

Justification and Expectations

As a development studies concentrator, family planning greatly interests me because it can serve a major facilitator of development. Certain statistics related to family planning are also indicators of development, such as total fertility rate, and the existence of family planning

¹² Ibid, p.86

¹³ Calvès, Anne-Emmanuèle. "Abortion Risk and Decisionmaking among Young People in Cameroon." *Studies in Family Planning* 33.3 (2002): 249-260.

Schuster, Sylvie. "Women's experiences of the abortion law in Cameroon: "What really matters" ." *Reproductive Health Matters* 18.35 (2010): 137-144.

¹⁴ République du Cameroun Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS) 2011 p. 80

lessens the imbalance between available resources and population, thereby helping families, communities, and nations. Most importantly, family planning allows women to exercise their inherent reproductive rights, thus giving them greater agency over their lives. Knowing the many benefits of family planning and the high unmet need for it among women in Cameroon, my project is focused on the barriers to family planning access in the Manguier quarter of Yaoundé. Although the city has the highest contraceptive prevalence rate and the lowest unmet need for family planning services in Cameroon, these numbers still are too high and there remains many women who have not yet had access. Geographical barriers are often cited as reasons for limited access to family planning in sub-Saharan Africa, thus for this study I sought to eliminate that barrier to determine other existing obstacles. For this reason I chose to conduct my research in a neighborhood in Yaoundé with a centrally located family planning center and I ultimately chose the Manguier quarter, where the Saint Dominique Health Care Center, a provider of family planning services and methods, is located.

As I previously stated, family planning is defined as the means to allow people to attain their desired number of children and determine the spacing of pregnancies. In using the term family planning in this study, I am referring to this definition, and therefore I am speaking in regards to both family planning consultations and methods, or contraceptives. In addition, the definition of family planning used for this paper incorporates the importance of informed choice. The Essentials of Contraceptive Technology defines informed choice as situations where, “clients have the clear, accurate, and specific information that they need to make their own reproductive choices, clients understand their own needs because they understand their own situations, clients have a range of family planning methods to choose from, and clients make

their own decisions without outside pressure.”¹⁵ It is using this definition of family planning that I will measure access to and use of family planning.

With this in mind, I hypothesized that women living in the Manguier quarter would have a modern contraceptive prevalence rate higher than the national average of 14%, and comparable to that of Yaoundé (24%). In addition, I hypothesized that cost and societal, familial, or cultural disapproval would be the greatest barriers to family planning access for women in the Manguier quartier. My accompanying research questions were:

1. How does the presence of the Centre de Santé Saint Dominique affect the contraceptive prevalence rate of the Manguier quartier?
2. What are the factors that limit women’s access to family planning, when there isn’t a geographical barrier, as in the case of the Manguier quartier?

Methodology

Project Inspiration and Growth

Before coming to Cameroon, I designed a Global Independent Study Project (GLISP) with the approval of Brown University on reproductive health and development in Cameroon. For this project, I created a syllabus with readings on Cameroonian reproductive health laws and policies, contraceptive use and family planning, maternal health and other related topics to be accompanied by independent research. When I submitted my GLISP application for approval, I indicated that this research would be conducted at a local organization focused on family

¹⁵Robert A. Hatcher, Ward Rinehart et. al. The Essentials of Contraceptive Technology: A Handbook for Clinic Staff. Baltimore: Population Information Program , 1997.pg. 3-3

planning, maternal health and/or women's rights in Cameroon. This aspect of my project was purposely left vague because I was unsure of what I would discover when I arrived, and what subject would most interest me. After a few weeks I decided that I wanted to study contraceptive usage to determine barriers to its use. While this research topic was applicable to my interests and my GLISP, I ultimately realized that I wanted to know more than just barriers to contraceptive usage. Much literature already exists on the subject, with one of the often-cited obstacles being geographical, especially in Sub-Saharan Africa. In an attempt to discern new information about barriers to contraceptives I decided to focus my research on a neighborhood with a centrally located family planning center. I assumed that by doing this I would be able to eliminate one barrier to contraceptive access entirely and thus learn more about other barriers that are lesser known.

For some time, I thought that this was the final distinction that had to be made for my project but later I noticed that I had been using the terms family planning and contraceptives interchangeably, as if they had the same meaning. While in essence they have the same purpose, family planning and contraceptives are quite different. Contraceptives are medicines used to limit and space births, while family planning utilizes medical consultations to educate the patient on their reproductive health options and assess the best contraceptive for each patient. Without consultations, women have cannot determine what method will work best for them, and therefore might use contraceptives that are detrimental to their health. It is for this reason that I believe that family planning is essential as it encompasses both consultations and contraceptives. Therefore, for this project I decided to focus on access to family planning so that I could study the barriers to medical consultations as well as contraceptive use.

Site Selection

After deciding to conduct my study in a neighborhood with a centrally located family planning clinic, Yaoundé seemed to me to be the best possible site for such a study. Yaoundé is the capital of Cameroon, located in the Central region with a population of approximately 2 million.¹⁶ This large urban area was the ideal choice for my study because of the many health centers located in or near to residential areas. I presumed that the wider availability of family planning services in Yaoundé would also produce a greater knowledge of family planning and contraceptives as compared to smaller cities and rural areas. In this way I hoped to minimize another known barrier to family planning use, lack of awareness, in the hopes of learning other impediments to its use. Finally, as a metropolitan area, I anticipated that women would be more open and willing to speak to me about their sexual health practices, a topic that I believed might be taboo in other areas.

Once I knew I wanted to stay in Yaoundé I needed to find a suitable family planning center located in a residential area. My advisor, Dr. Ndonko, knew of several family planning clinics that seemed to fit my criteria and so we visited two to see the conditions ourselves. We decided against the first because they informed us that they only provided one family planning method, the injectable, instead of the wide range of options family planning centers are intended to supply. We were well received at the second clinic, the Saint Dominique Health Care Center, located in the Manguier quarter of Yaoundé. From this first visit I noticed the many family planning advertisements containing descriptions of the many contraceptive options available. The nurse trained in family planning was interested in my project and granted me permission to

¹⁶Effectifs de la population du Cameroun. 30 November 2013 <<http://www.statistics-cameroon.org/news.php?id=18>>.

use Saint Dominique as a site for my research. After her approval, and visual confirmation that the area surrounding Saint Dominique was indeed highly populated, I decided upon Manguier as my research site.

Sample Population and Data Collection

To discover women's opinions towards and use of family planning in the area surrounding Saint Dominique, my sample population was 50 women who lived or worked in the Manguier quarter. I originally intended to speak only with women who actually lived in Manguier, but I ultimately decided that women who work in the quarter have the same geographical access to Saint Dominique as those who live there and therefore included both groups. My inclusion criteria thus were sexually active women in Manguier aged 18-45 of any marital status (single, engaged, married, or free union), pregnant or not pregnant. Since my goal was to determine the contraceptive prevalence rate, a quantitative variable, and beliefs about family planning, a qualitative measure, I utilized both questionnaires and interviews for this study.

During my questionnaire distribution I was accompanied by Catherine Aba, the communication officer at RENATA, *le Réseau National des Associations de Tantines*, as she is very experienced in reproductive health fieldwork and could help ensure my safety in the unfamiliar neighborhood. Cathy was a tremendous help throughout the process; as a Cameroonian woman with a strong background in reproductive health surveying she explained my questions in French more clearly and succinctly than I could have, and helped put participants at ease. Instead of giving my questionnaires to participants for them to fill out, I read the questions aloud and had them respond in order to better ensure comprehension and improve

the reliability of my data. Essentially Cathy and I went door-to-door in the Manguier quarter to women that appeared to fit my selection criteria, and in this way I utilized judgment sampling and collected 50 questionnaires. This is an instance of judgment sampling because there was no sampling frame for the women in the Manguier quarter so I searched for people with the characteristics previously defined.

After I finished distributing my questionnaires I began conducting follow-up interviews. In the end I conducted eight interviews with a diverse set of women that lived and worked in the Manguier neighborhood. Unlike my questionnaire distribution I conducted all of my interviews alone. Initially I hoped to interview four women that used contraceptives or family planning services, and four women that did not, but I ultimately spoke with four women that use condoms, two that used oral contraceptives in the past, one that uses Depo-Provera, and two that don't use any modern contraceptive methods. Although I conducted eight follow-up interviews, only six were used, as the two other interviews didn't provide information pertinent to this study. These interviews were conducted in the homes or workplaces of the participants, and for this reason it was sometimes difficult to speak to participants one-on-one. In these instances the women ensured me that it was okay to conduct the interview with someone else present, and in one case two other women present joined the conversation and consented to being recorded and included in my study. In addition to the eight follow-up interviews conducted I also interviewed the nurse at the Saint Dominique Health Care Center that works in family planning and a ProFam consultant, as Saint Dominique is a member of the ProFam network of private healthcare clinics.

Data Analysis

To understand my results and the overarching themes of these questionnaires and interviews I used two different methods of analysis. Being that I utilized questionnaires for the quantitative data, I used the statistical software EPI-Info to determine the descriptive statistics of my data and find any correlations between variables. Questionnaire responses were input into the computer and assigned numbers for identification instead of their names to safeguard the anonymity of participants. In this way I was able to quickly and efficiently calculate the frequency and percentage of responses for each variable, and also establish associations between questions which would have been much more difficult if I had done it manually or used an Excel spreadsheet.

For the second method of analysis I used interview guides to conduct in-depth interviews. I recorded and transcribed all of my interviews on my computer, and assigned each interviewee a number to preserve anonymity, except for my interview with the nurse at Saint Dominique, as well as the ProFam consultant, as I asked if they wanted to be named and they both consented. With my other interviews I told participants it would be anonymous so that they felt more comfortable and open during the course of the interview as this is a society where some people may be very afraid to give their names to strangers, even if Cameroonian. These transcribed interviews and observations at Saint Dominique were then coded to ascertain recurring themes in my study, but even before this analysis I noticed several returning themes.

Strengths and Weaknesses

I benefitted from a number of facilitating factors throughout my research, with the foremost being connections in the field. My GLISP advisor, Professor Michael White, put me in

contact with my eventual ISP advisor, Dr. Ndonko, before I even arrived in Cameroon. Dr. Ndonko's experience working in reproductive health in Cameroon and his large network greatly contributed to the success of my project, as it was through this network that I gained access to Saint Dominique and received Cathy's assistance in questionnaire distribution. Working with Cathy was also a major benefit as she knew the best way to approach participants and through working with her I learned better ways of phrasing my questions in French, which helped when I conducted interviews alone. In some ways, I believe that my American status was also beneficial, as the staff at Saint Dominique seemed pleased that I was interested in learning from them and were always friendly.

Although being American was an advantage in some respects, my nationality was also a disadvantage at times. My status as an African-American woman was often confusing for participants, as they couldn't understand why I spoke like "*la Blanche*"¹⁷. Therefore even though I was a black woman, I was still very much an outsider and the time limitations for this study didn't allow for me to make deeper connections with as many participants as I would have liked. Language was also an impediment to my study, but I expected it to be as I'm definitely not fluent in French. However, I think it was made worse by the fact that participants expected me to speak better French than I did based on my appearance.

My sample size was also a limitation for this study. Accurately determining access to family planning services and the contraceptive prevalence rate of such a large neighborhood of is impossible with a sample size of 50 participants. Thus any conclusions made will be based off of my study results and aren't applicable to all women in Yaoundé or the Manguier.

¹⁷ "a foreigner"

Results

Saint Dominique Health Care Center and the Manguier quarter

Before entering the community and speaking to women about their opinions and choices regarding family planning, I spent some time at the Saint Dominique Health Care Center to learn more about the services they offered and also to discern whether or not women would want to use Saint Dominique for family planning. Just because a family planning center is up and running, that doesn't mean that it provides quality and acceptable services for all, as I learned at the first center I visited. Although my research wasn't focused on the running of the clinic, the observations and interview I conducted there helped frame the rest of my study.

The Saint Dominique staff consists of one doctor, seven nurses, and one laboratory technician. One of the nurses, Florence, is the primary family planning practitioner, and another is currently undergoing training in family planning provision under her supervision. Although the center is a general health care facility, its family planning services are the most advertised, as they are the first and largest listed service on the center's sign, and as posters advertising family planning occupy the greatest space in the waiting area. This is most likely because Saint Dominique is a member of the ProFam network of family planning clinics. ProFam is a clinical franchise that aims to "*improve the quality and accessibility of and increase the demand for health care services in the private sector.*"¹⁸ ProFam works with family planning clinics

¹⁸Réseau ProFam, Cameroon. 8 December 2013
<<http://healthmarketinnovations.org/program/r%C3%A9seau-profam-cameroon>>.

authorized by the Ministry of Health that meet their selection criteria and organizes mobilization campaigns in the areas surrounding their clinics to inform the populace about the services available.¹⁹

Women who wish to start using contraceptives can schedule family planning consultations at Saint Dominique to learn more about the services offered, and the advantages and disadvantages of each one. The family planning consultations themselves cost 1000 FCFA²⁰, and each method has a different price. Masculine condoms, feminine condoms, and oral contraceptives all cost 100 FCFA. Depo-Provera, the injectable contraceptive given every three months, is 300 FCFA per injection. Intra-uterine devices or IUDs, which last 10-12 years, cost 2000 FCFA, and the Norplant implant, which lasts 5 years, costs 5000 FCFA.²¹ According to Florence, the most popular method is the intra-uterine device because with the IUD, *“il n’y a pas tellement d’effets secondaires, elles sont à l’aise avec la méthode,”*²² and Saint Dominique’s family planning records confirmed this. From June 4, 2013 to October 18, 2013, 91 IUD insertions were performed at Saint Dominique, proving it to be the center’s most popular family planning service over the past five months. The intra-uterine device’s low price, combined with its long duration of protection against pregnancy and ease of use is probably the reason for its popularity. In addition, IUD’s can be used without partner’s knowledge, creating an additional advantage to its use.

The Saint Dominique staff warmly welcomed me to their facility, and always answered any questions that I had, and it was in this same manner that patients were received. Although

¹⁹ Interview with Zogo Germain, ProFam Consultant. Interviewed by Aasha Jackson. 29 November 2013.

²⁰ 500 FCFA is approximately 1 USD

²¹ Interview with Florence Kesseng. Interviewed by Aasha Jackson. 12 November 2013

²² “There aren’t any secondary affairs, they’re at ease with the method,” Interview with Florence Kesseng. Id.

they sometimes had to wait, the waiting period was definitely shorter than what I've witnessed at other health care facilities, and the staff in the office usually make conversation with the patients as opposed to letting them sit idly. One woman in the waiting room told me that she likes Saint Dominique because the nurses are very nice and easygoing, particularly Florence, because she *“doesn't bother people and you can come and tell her your problems”*. A participant in explaining why she liked Saint Dominique also noted the center's hygiene.²³ Based on these observations and comments, I determined that Saint Dominique is a reputable provider of family planning services.

A Google search of Manguier, Yaoundé returns numerous articles reporting crimes that occurred in the Manguier quarter, with one even naming Manguier, *“le quartier le plus dangereux de Yaoundé.”*²⁴ After reading this, and spending some time in the quarter, I understand why Florence had reservations about me working in the quarter alone. Although most streets begin with ample space between the homes, the deeper in the quarter we delved, the closer the homes became, making the neighborhood almost maze like. Most residential streets aren't paved, and the area is very hilly with small, polluted streams running throughout, resulting in the existence of makeshift stairs and bridges to get around. A few of the larger homes had gated entries, but the vast majority did not, allowing me to walk right up to potential participants.

Family Planning Awareness but Lack of Use

Of the women I surveyed, 47 out of 50, or 94% were familiar with family planning, therefore confirming my previous idea that women living in an urban area, in a neighborhood

²³ Interview with Participant 6. Interviewed by Aasha Jackson. 21 November 2013

²⁴ “the most dangerous quarter of Yaoundé,” Salatou, Aziz. Insécurité : Rue Manguiers, quartier le plus dangereux de Yaoundé. 12 January 2010. 8 December 2013 <<http://www.cameroun-online.com/actualite,actu-13273.html> >.

with a centrally located family planning center, would likely be aware of family planning. 36 participants also knew someone currently using a family planning method. In addition, 80% of participants were cognizant of the Saint Dominique Health Care Center. So almost all of the women I spoke with were conscious of family planning and Saint Dominique, and the majority of them knew someone personally who used it. Initially I believed that these indicators would also be associated with use and knowledge of family planning methods, but this was not the case.

Despite the fact that 80% of participants knew of Saint Dominique, only four participants, or 8%, had ever utilized their family planning services. In fact, more participants used family planning clinics that weren't Saint Dominique. When I asked one participant why she chose to use a different clinic, she told me, "*J'habite Manguier mais je ne suis pas au courant.*"²⁵ Lack of information about Saint Dominique was the reason cited by 12% of my participants when asked why they had never used their family planning services, which I found to be very interesting since ProFam conducts mobilization campaigns in the quarter. Although I didn't formally hypothesize that a certain percentage of women from Manguier would use Saint Dominique, I did expect that more women would benefit from the existence of a family planning center so close to their home. This demonstrates that the presence of a family planning center alone doesn't encourage women to make use of it if there are already existing barriers deterring its use, as there were in this study.

In total, 15 participants had used Saint Dominique or a different health center for family planning service, and double this number used contraceptives. 30 participants, or 61%, currently used a modern contraceptive method, thus partially validating my hypothesis that the Manguier quarter had a higher contraceptive prevalence rate than that of Cameroon as a whole. This

²⁵ "I live in Manguier, but I wasn't aware [of Saint Dominique's services]" Interview with Participant 2. Interviewed by Aasha Jackson. 16 November 2013

number is much greater than Yaoundé's contraceptive prevalence rate of 24%, and therefore exceeded my hypothesis that the contraceptive prevalence rate of the Manguier quarter would be comparable to that of Yaoundé. Even though 61% used modern contraceptives, almost all of these women used condoms. Out of the 30, 25 used condoms, 3 used oral contraceptives, and 2 used Depo-Provera, the injectable contraceptive, making condom users 83% of the total contraceptive users. This high rate of condom usage is understandable given the fact that only 15 women had used family planning services, but it is still puzzling. Clearly these women had a need to limit or space births, and many of them even recognized the benefits of family planning, but their choice of method was limited to condoms.

While condoms are recognized as a modern family planning method, they don't offer the same reliability and effortlessness offered by other family planning methods. A new condom must be used with each sex act, and therefore may be forgone entirely if one isn't available at the time. In addition, condoms require the consent of both partners, unlike other contraceptives where the woman is in control and her partner may not even be aware. Therefore condoms already pose a significant problem in consenting relationships, and present an even greater risk in nonconsensual situations. *“Si on est moussée par les trois quarts d'une bière et qu'on se fait peut-être violer par un monsieur qui n'a pas ses préservatifs, tu n'as rien.”*²⁶ Other family planning methods on the other hand, provide long-term protection against pregnancy and can be used without the partner's consent or awareness.

The overall mean age of participants was 26.1, while the mean age of those currently using a family planning method was 25.7 meaning that there's no correlation between age and

²⁶“If one drinks three-quarters of a beer and is drunk and is raped by a man who doesn't have his condoms, you have nothing,” Interview with Zogo Germaine. Interviewed by Aasha Jackson. 29 November 2013

contraceptive use, and also insinuating that those using contraceptives were doing so at all stages of their reproductive lives. Of those participants who had used a family planning method, 43.3% were single, 23.3% were married, 26.7% were in a free union, and 6.7% were engaged. Thus 50% of those using contraceptives were in a long-term relationship, and this number is comparable to that of single women using contraceptives, thus suggesting that single women and women in long term relationships use contraceptives equally.

However, age and marital status may affect use of a family planning center. 81.8% of women who used a family planning center that wasn't Saint Dominique were married or in a free union. In addition, the mean age of those who used said family planning clinics was 29.6, while the mean age of those who had not was 25.1, a gap of almost four years. Based on these statistics of my study, it seems as though older women in long-term relationships are more likely to use family planning centers than young, single women. Nevertheless, no participants spoke of age or marital status affecting use of family planning centers, thus further research needs to be done to determine if this is true.

Despite the lack of use of family planning methods by participants, most of them had positive feelings about family planning methods as a whole. One participant told me, "*Moi je trouve que c'est une bonne chose, parce que ça évite à la femme de tomber enceinte au moment où elle ne veut pas,*"²⁷ demonstrating that family planning can be used as a method to space or limit births. Her statement also illustrates the idea that women should be able to choose when they want to give births, because as the ProFam consultant aptly stated, "*le corps de la femme n'est pas une machine.*"²⁸ In spite of this positive opinion of family planning, and relative

²⁷ "Me, I think that it's a good thing, because it prevents women from getting pregnant at a time where she doesn't want to," Interview with Participant 1. Interviewed by Aasha Jackson. 29 November 2013

²⁸ "A woman's body is not a machine," Interview with Zogo Germaine. Id

awareness of its purpose, the same participant also wasn't currently using any contraceptive methods.

Another woman said, "*Moi je vois que c'est bien, ça aide beaucoup des femmes parce que à nos jours comme il y a la pauvreté maintenant, la plupart des gens n'aimerait plus accoucher beaucoup.*"²⁹ In stating her comparable positive opinion on family planning, this participant acknowledged the fact that family planning helps families live within their means, and prevents situations where there are too many children for available resources. But she similarly only used condoms, regardless of her acknowledgement of the benefits of family planning.

In fact, every woman I interviewed had positive things to say about family planning, but only one was currently using a contraceptive method that wasn't a condom. This strange occurrence may be the result of their desire to please me as the interviewer, their acknowledgement of family planning as good for women as a whole but not for themselves, or most likely both. Although the women didn't use family planning methods that weren't condoms, they recognized its benefits for women in general, and as they knew my project was on family planning, I believe this also may have influenced them to answer positively.

Barriers to Family Planning Access

The Strength of "la Causerie"

The women I spoke with cited multiple reasons as to why they hadn't yet gone to a family planning center, were using condoms, or weren't using any family planning methods at

²⁹ "Me, I see that it's good, it helps a lot of women because in our days there's poverty now, and the majority of people wouldn't like to have a lot of children," Interview with Participant 5. Interviewed by Aasha Jackson. 20 November 2013

all. One of the reasons I was told most often was that they knew someone who had a bad experience with family planning or that they were advised by someone against it. These women explained that said person experienced or spoke of adverse side effects, such as weight gain, heavy bleeding, or trouble conceiving as a result of family planning, and for that reason they themselves were not interested in using it. Many women do experience side effects as a result of family planning methods, but this is why family planning consultations are so valuable. At the consultation, medical personnel should go over the patient's medical history to determine which method would work best as each has unique advantages and disadvantages. *"With the provider's help, the client considers how these advantages apply to his or her own situation. Then the client can make an informed choice about whether the method meets his or her needs,"*³⁰ However, many women relied on information provided by others and were discouraged by it, and thus never learned this from a medical professional.

Fear of weight gain, infertility, and other side effects based on rumors thus presented a serious barrier to family planning among women in my study. One of my participants was an unmarried pregnant 20 year old that already had one child. When I asked her why she never used a family planning method, she told me, *"ma mère a dit que ce n'est pas bien pour moi, je peux grossir,"*³¹ While it is true that certain contraceptives cause weight gain, if that was her greatest concern, a nurse or doctor could have directed her toward another family planning method. However it seems as though women don't seek professional medical advice once they learn about the potential negative side effects of family planning, as demonstrated by the number of women in my study who used family planning services at Saint Dominique or another clinic. Thus family planning hearsay discourages women from seeking factual family planning information and this

³⁰Hatcher pg. 1-6

³¹ "My mother said it isn't good for me, I can gain weight" Questionnaire 18

was confirmed by the ProFam consultant when he stated, “*un bon nombre des femmes ne le font pas, elles sont réticentes, elles préfèrent écouter les copines au quartier.*”³²

Infertility is perhaps the greatest fear I encountered among the women I spoke with. “*Les gens disent que tu ne peux plus accoucher ou t’accouche des triplets,*”³³ I was told by one woman as an explanation as to why she doesn’t use family planning methods. Interestingly enough, it was the same woman who felt that family planning as a whole was beneficial to women. This participant had trouble conceiving her first child, as she told me, “*J’ai beaucoup cherché l’enfant...en fait Dieu m’a donné un bébé.*”³⁴ Her initial trouble conceiving and worry that she would have trouble conceiving her next were made worse by the rumors that claim family planning causes infertility. In a society where children are highly valued and considered to be gifts from God, use of a medication that may impede that can be preposterous.

However, in reality, contraceptives don’t lead to infertility, and that is something that one could learn at a family planning consultation. One woman I spoke with told me about her cousin who couldn’t conceive after using Jadelle, the implant. I conducted a follow-up interview with this participant and when I asked her about her cousin, she told me that she had had trouble conceiving, but was now pregnant. I originally believed that this was the reason why she wasn’t using any contraceptives, but she later told me it was because she was actively trying to conceive. In reality, she had learned about family planning from a nurse and knew that her cousin wasn’t infertile as, “*quand on enlève ça peut encore prendre un peu de temps avant de*

³² A good number of women don’t do it [family planning], they’re stubborn, they prefer to listen to their friends in the quarter,” Interview with Zogo Germain. Id.

³³ “People say that you won’t have any more children or you’ll give birth to triplets,” Interview with Participant 5. Id.

³⁴ “I really looked for a child...in fact God gave me a baby,” Interview with Participant 5. Id.

concevoir,”³⁵ demonstrating the beneficial information women could learn if they spoke with medical professionals about their reservations concerning family planning.

Even before I encountered this barrier in the field, Florence, the nurse from Saint Dominique, told me that it would be one of the reasons why women wouldn’t use family planning. “*Vous dites que non, la chose, ça va donner le cancer, ça va...on va te décourager et quand tu te décourages, tu ne peux pas utiliser les méthodes...elles sont découragées par rapport aux autres femmes.*”³⁶ Initially I didn’t think it would pose a great problem, but I learned it’s severity the first day I distributed questionnaires. The spread of misconceptions about family planning is a serious issue because it creates and perpetuates a negative image of family planning. As more and more women learn this false information and circulate it, more women have erroneous ideas about family planning and are further discouraged from using it.

Misconceptions of Family Planning

The dissemination of inaccurate information about family planning creates another barrier to family planning access, in that it contributes to general misunderstanding and gives women a negative impression of family planning methods that aren’t condoms. When asked why they didn’t use a family planning method, false beliefs constituted 37% of responses, making it the greatest reason cited. The effect of these false beliefs can be clearly seen in the contraceptive methods chosen by women who had them. Of the 19 women who had erroneous beliefs about family planning, 14 were currently using a contraceptive method. However, 13 of the 14 used

³⁵ “When it’s removed it can still take a little time before conceiving,” Interview with Participant 4. Interviewed by Aasha Jackson. 20 November 2013.

³⁶ “You all say no, that thing it’s going to give you cancer, it’s going to...it’s going to discourage you and when you’re discouraged you can’t use the methods...they’re discouraged by other women,” Interview with Florence. Id.

condoms as opposed to other, more reliable family planning methods due to their prejudices against them.

Many of the misconceptions that women had were related to medical side effects, thus showing the strength of rumors in discouraging women from using family planning. Of those who feared medical side effects three women expressed fear of not having children in the future, seven feared weight gain, and four women had general fears of the problems caused by family planning. This is substantial because these fears constitute the greater part of these women's beliefs about family planning, as opposed to the advantages of family planning. Their ideas about family planning are largely the result of hearsay, and this greatly discourages them from going to a family planning center and learning the whole truth about the services and methods offered.

According to *The Essentials of Contraceptive Technology*, good family planning counseling helps clients use family planning longer and more successfully, as they learn the effectiveness, advantages, disadvantages, and side effects of each method.³⁷ The women who feared family planning because of the negative side effects only see one side of the picture in that they don't know that with a family planning consultation, medical professionals can help you choose the method that's best for you specifically, and in this way any side effects deemed unpleasant by the client can be reduced. In this way, their misconceptions about family planning deter them from seeking and learning the fundamentals of family planning, therefore preventing them from making an informed choice and serving as a serious barrier to family planning use. Thus, even though Saint Dominique is a hospitable environment with an experienced family planning practitioner and another currently in training, women that have negative misconceptions of family planning are less likely to ever see this for themselves.

³⁷Hatcher p. 3-1

Many women also misunderstood the purpose of family planning in that they only viewed it as a method for limiting births, and weren't aware of its purpose to space births as well. When asked whether they wanted to use modern contraceptives in the future, 80% of participants said yes, but the majority, 41%, didn't want to use them for four years or more, leading me to conclude that many of them didn't understand that family planning could be used as a tool to space births. Several told me, "*je veux faire tous mes enfants d'abord,*" with others explaining to me, "*j'accouche encore*" and "*je suis encore jeune et je veux accoucher plus.*"³⁸ While it's possible that they did understand family planning's dual purpose and their choice to wait was a matter of preference, I believe that it was a result of mistaken beliefs about family planning.

Erroneous beliefs of family planning might largely stem from the fact that the concept of family planning is relatively new in Cameroon. Historically a pro-natalist country, the Cameroonian government encouraged births through the 1980s, and even lessened taxes with the number of children in family. It was only in 1988 that the government began an awareness raising campaign to emphasize the disadvantages of an imbalance between available resources and too many children, and began to promote "*responsible parenthood*". In support of this campaign, the government introduced family planning centers in some cities, and sponsored Women's Houses where women could discuss contraception and birth spacing.³⁹ Thus modern family planning methods have only been recently introduced, and for this reason the true purpose, advantages, and disadvantages of family planning have yet to be well understood by the general populace in Cameroon. This can be seen by the general fear of the side effects of family

³⁸ "I want to have all of my children first," "I'm still having children," and "I'm still young and I want to have more children," Questionnaires 11, 49, and 46

³⁹Women of the World: Cameroon

planning, and also the fact that many women still view it as a means for only limiting, and not spacing births.

It is important that women learn about the dual spacing and limiting purpose of family planning methods like oral contraceptives, intra-uterine devices, injectable contraceptives, and implants because there is clearly a need for family planning to space births among women in my study. Among those currently using contraceptives, 27 or 90% want to have more children, thus demonstrating their desire to space births. However, of this 27, 24 use condoms as their primary contraceptive method. Educating women on the spacing features of family planning methods that aren't condoms would allow them to space births with more reliability and effortlessly than they do with condoms.

Disapproval of Husband

Although it applies to a small population of my study, husband's dislike of family planning constituted another barrier to family planning access among women in the Manguier quarter. Three of the woman I spoke with told me that their husband's disapproval was the reason why they didn't use any contraceptives, and why they hadn't gone to Saint Dominique or any other family planning clinics. Therefore women with disapproving husbands must either avoid family planning entirely, or use it in secret, as another participant had. Despite the fact that I only encountered four women with dissenting husbands, another participant identified husband's refusal as a major barrier to family planning use. "*C'est le mari, c'est pour ça qu'elles*

font en cachette,” she explained to me. *“C’est parce qu’on veut faire des souhaits du conjoint,”*⁴⁰

When women are forced to buy their contraceptives in secret, this creates another problem in that they don’t have the opportunity to have a formal family planning consultation. *“Alors comme tu ne peut pas faire ouvertement, tu vas donc acheter chez la boutique à coté, parce qu’il n’y a pas les carnets, il ne va jamais trouver le carnet, l’ordonnance, donc tu marche avec tes pilules dans ton sac.”*⁴¹ This is problematic because these women then lose the opportunity to make an informed choice about the contraceptive methods they choose, as I will explain further in the next section.

Husband’s disapproval of family is also most likely a result of the relatively new introduction of family planning in Cameroon. The doctor at Saint Dominique told me, “Worth in Africa is measured by children. The conception is that when you have many children you’re rich. A chief that only has a few children is weak, but one with 50 is powerful.” Children’s value as the wealth of the family is inherent in Cameroonian culture, thus apprehension of a device that limits births is easy to understand, and can only be overcome by sensitization. *“Il faut aussi mieux se rapprocher des hommes, leur demander parce que le planning familial c’est pour un couple, c’est l’ensemble, c’est papa, maman et les enfants aussi.”*⁴² Just as women, men need to understand family planning’s purpose, in that it’s not just meant to limit births. When used for spacing, family planning can improve and sustain the health of mothers and also lessen the stress on a family’s financial resources.

⁴⁰ “It’s the husband, that’s why they do it [family planning] in secret. It’s because we want to follow our partner’s wishes,” Interview with Participant 3. Interviewed by Aasha Jackson. 18 November 2013

⁴¹ “Then since you can’t do it openly, you’re going to buy them at the boutique because he will never find the notebook, the prescription. Therefore you’re going to walk with them in your bag,” Ibid

⁴² “It’s necessary to also incorporate men, and ask them because family planning is for a couple, it’s the ensemble, it’s dad, mom and the children also,” Interview with Zogo Germain. Id.

Availability of Contraceptives Elsewhere

Although it isn't a barrier to family planning in the same manner as the other obstacles, the availability of contraceptives outside of family planning facilities is a deterrent to family planning in the traditional sense. When contraceptives are freely accessible outside of medical facilities, women have the opportunity to buy them without consulting medical professionals and are less inclined to. This is a problem first of all because without medical advice, women cannot make an informed choice about the family planning method that would best serve them. As previously stated, *The Essentials of Contraceptive Technology* highlights the importance of informed choices, and specifies informed choices as situations where, "clients have the clear, accurate, and specific information to make their own reproductive choices, clients understand their own needs because they have thought about their own situations, clients have a range of family planning methods to choose from, and clients can make their own decisions."⁴³ Therefore, it is only at well-qualified family planning centers that women are able to make informed choices, so when contraceptives are sold and purchased at other locations women lose this benefit of family planning.

Second of all, the availability of contraceptives outside of family planning centers is a problem because markets and boutiques are less likely to provide safe, quality products to their customers. One participant explained to me that, "*je conseille elle même pas, d'acheter les pilules en bordelles du route parce que parfois ils peuvent être périmés et puis bon ça vient te*

⁴³ Hatcher, pg. 3-3

causer autres choses dans le ventre.”⁴⁴ When contraceptives, and prescribed medications as a whole, are sold outside of medical facilities this poses a serious risk to buyers because there’s no way of knowing whether they are valid products, and whether they are still safe to use. While this isn’t necessarily a barrier to family planning, it does pose a significant health risk.

Finally, when women buy contraceptives without having a proper family planning consultation, there is a greater possibility that they will experience negative side effects, as they didn’t find out what method would suit them best. This poses a problem because women may stop using contraceptives entirely, as opposed to if they had had a family planning consultation, and thus would know to return to the clinic if they had any difficulties. One participant’s experience buying oral contraceptives on the street demonstrates. She purchased oral contraceptives on the street at the advice of her sister-in-law, and they ultimately caused her stomach problems, so she stopped using them entirely. One of my participants who had done a family planning consultation and uses Depo-Provera explained this situation to me, and said,

*“Il y en a qui prennent seulement les médicaments comme ça sans se rendre à l’hôpital parce qu’elle a vu l’autre prendre, bon c’est pas normal. Il faut se rendre à l’hôpital, il faut qu’on connaisse ton group sanguin, il faut qu’on connaisse ton état de santé, il faut qu’on connaisse quelles maladies te dérange d’habitude donc quand le médecin est au courant de tout ça, on sait déjà quoi te prescrit.”*⁴⁵

Family planning consultations diminish the likelihood of having negative side effects, and thus increase the likelihood that women have successful experiences with family planning. For this

⁴⁴ I advise them not to buy pills on the street because sometimes they can be expired and then well that causes other things in the stomach,” Interview with Participant 4. Id.

⁴⁵ “There are some who take medicines just like that, without going to the hospital because she saw someone else taking it, that’s not normal. It’s necessary to go to the hospital, it’s necessary to know your blood type, it’s necessary to know your state of health, it’s necessary to know what sicknesses affect you regularly, therefore when the doctor is aware of all of that, one knows already what to prescribe you,” Interview with Participant 2. Id.

reason, it is essential that women speak to medical professionals about family planning, before beginning any contraceptive method, and those women who have undergone family planning recognize its importance.

Conclusion

The main goal of this paper was to determine women's usage of family planning methods in the Manguier quarter, and discover the factors that prevent its use. Although the majority of participants were familiar with family planning, the percentage of those who actually utilized a family planning clinic or a contraceptive method other than condoms was very low. I originally hypothesized that the contraceptive prevalence rate of the Manguier quarter would be higher than that of Cameroon as a whole, and comparable to that of Yaoundé. This proved to be true in regards to the latter, as the Manguier quarter's contraceptive prevalence rate of 61% greatly exceeded Cameroon's rate of 14%. However it also greatly exceeded Yaoundé's contraceptive prevalence rate of 24%, and thus the two rates are not comparable.

My second hypothesis, that cost and societal, familial, or cultural disapproval would be the greatest barriers to family planning access for women, proved to be mainly false. The greatest barriers that I found to family planning were not cost and disapproval, but actually hearsay among women regarding the negative side effects of family planning, and general misconceptions of family planning in regards to its purpose and side effects. Husband's disapproval was found to be a barrier, but it was not as significant as hearsay and poor understanding of family planning among the women in my study. A fourth obstacle to family planning was also the availability of contraceptives outside of family planning centers and pharmacies.

I originally believed that if a high-quality family planning center was located close to the homes of women, they would be more encouraged to use its services. However, this was not the case in this study, as only four women out of 50 used Saint Dominique's family planning services. This shows that proximity to a family planning clinic is not associated with use of that clinic if there are existing barriers to its access and use, as there were in this instance. Barriers to family planning use and access are complex and come in many forms, and this demonstrates that they need to be studied further to determine how they can be overcome. One possible explanation for this phenomenon is that the existence of a family planning clinic may actually discourage use among women living in that area, as they fear being seen by their neighbors and friends, especially in instances where the husband disapproves of family planning. However this is just a possibility, and it needs to be researched further to determine its credibility.

Although I was able to gain some insight into obstacles to family planning in the Manguier quarter, this study was greatly limited by the sample size and four week time constraint. Further research should be conducted with a greater sample size over a longer period of time to establish greater rapport with the community and determine barriers to family planning use with more certainty. I also regret the omission of two questions from my questionnaire, one measuring the education level of participants, and another to determine where or from whom they first learned about family planning. I realized my oversight of the question on education level after my first day of questionnaire distribution, and asked participants the second day and thus received 27 responses. However, my analysis would have been more pertinent with responses from all 50 participants. Additionally, a question to discern where participants first learned of family planning would have greatly aided my goal of discovering women's opinions and use of family planning.

The barriers to family planning use discovered in this study reveal steps that that can be taken to increase knowledge and use of family planning services and methods. Many of the women surveyed and interviewed had a vague understanding of family planning, and were deterred by its negative side effects, or by the idea that its sole purpose is to limit children. Many of these mistaken beliefs of family planning were the result of rumors spread among friends and family, and were then perpetuated in the same manner. The Cameroonian state, non-governmental organizations, and private healthcare facilities could combat these misconceptions by undertaking awareness raising campaigns to combat preconceived notions of what family planning is and isn't. Although many women claim to be familiar with family planning, many of them have a vague understanding of what it truly is. A campaign of this sort could also combat the other family planning barriers discovered, as men could also gain greater comprehension of family planning and women would learn the importance of family planning consultations prior to contraceptive use.

Even though prior campaigns of this type have been undertaken, in order to have a significant effect on the population and change existing attitudes about family planning, this campaign would have to specifically target the mistaken beliefs about family planning and emphasize the idea that family planning can be used for spacing and limiting births. ProFam, the clinical franchise network that Saint Dominique is a member of, conducts mass mobilization campaigns among the population already, but clearly these campaigns aren't enough. If the Cameroonian state wants to reduce the total fertility rate, improve the health of women and children, and generally enhance the well-being of its populace, it needs to prioritize educating its citizens on family planning, so that they can make informed choices regarding its use.

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Appendix 1: Questionnaire

Questionnaire

Introduction: Merci pour votre participation. Je m'appelle Aasha Jackson et je suis une étudiante américaine qui étudie au Cameroun avec SIT (School for International Training), un programme d'étude à l'étranger où nous suivons les cours du développement et du pluralisme social camerounais. Ce questionnaire est pour mon devoir sur le planning familial à Yaoundé. Vos réponses sont très importantes pour mon devoir et elles resteront confidentielles et anonymes. Si vous avez des questions et vous voulez me contacter, vous pouvez me contacter à 51169039 ou à aasha_jackson@brown.edu Merci beaucoup encore pour votre contribution.

Optionnel Nom: _____ Age: _____

Optionnel Numéro de téléphone : _____

Est-ce que vous êtes marié ? (encerclez votre réponse)

OUI NON UNION LIBRE FIANCE DIVORCEE VEUVE

A quel âge avez-vous eu votre premier rapport sexuel ? _____

Est-ce que vous êtes actuellement enceinte? OUI NON

Votre profession: _____ Profession de votre mari : _____

Nombre d'enfants: _____

1. Est-ce que vous voudriez avoir plus d'enfants? OUI NON

Si oui, combien d'enfants désirez-vous avoir ? _____

2. Est-ce que vous connaissez le planning familial ? OUI NON

3. Est-ce que vous connaissez les femmes qui utilisent une méthode de planning familial ?

OUI NON

4. Est-ce que vous connaissez la Centre des Soins de Santé Saint Dominique?

OUI NON

5. Est-ce que vous avez déjà eu à utiliser le centre Saint Dominique pour le planning familial?

OUI NON

Si oui, pourquoi (quels services) ? _____

6. Est-ce que vous avez eu à utiliser une autre clinique ou un autre hôpital pour le planning familial? OUI NON

Si oui, quelle clinique ou quel hôpital: _____

7. Est-ce que vous utilisez les méthodes de contraceptifs modernes ?

OUI NON **[allez à 8]**

Si oui, quel type : 1) DIU () 2) Implant (Jadelle/Norplant)()

3) Injectable (Depo)() 4) Pilule ()

Si oui, à quel âge ? _____ Qui l'a fait? _____

Appendix 2: Interview Questions

Interview with Florence Kesseng, nurse at Saint Dominique

1. Comment vous s'appellez?
2. Quelle est votre occupation?
3. Combien des temps avez-vous travaillé ici?
4. Avez-vous travaillé dans les cliniques de planning familial avant de travailler ici? Si oui, où?
5. Quels sont les services de planning familial offerts ici à la clinique/
6. Est-ce qu'il y a beaucoup des femmes qui viennent ici pour le planning familial?
7. Quels sont les services le plus populaires?
8. Est-ce que cette clinique fait les choses dans la communauté pour enseigner les femmes du planning familial?
9. Comment est-ce que les femmes apprennent de cette clinique?
10. A votre avis quelles sont les raisons que les femmes utilisent le planning familial?
11. A votre avis quelles sont les raisons que les femmes n'utilisent pas le planning familial?
12. Les femmes qui utilisent cette clinique viennent d'où?
13. Combien des femmes du quartier Manguier vient ici?
14. Quels sont les différences entre cette clinique et les cliniques de l'état?

Interview with Participant 1

1. Tu étais marié à quel âge ?
2. Tu as eu tes enfants à quels âges ?
3. Pourquoi est-ce que tu as choisi d'utiliser les pilules ?
4. Pourquoi as-tu cessé à utiliser les pilules ?
5. Hier tu as dit que tu veux recommencer à utiliser les une méthode de planning familial dans l'avenir, pourquoi ?
6. En général quelles sont tes pensées de planning familial ?

Interview with Participant 2

1. Tu as eu tes enfants à quels âges ?
2. Comment est-ce que tu as appris de planning familial ?

3. Pourquoi es-ce que tu as choisi d'aller à l'hôpital Passarelle pour le planning familial ?
4. Comment était ton expérience là ?
5. Pourquoi est-ce que tu as choisi d'utiliser le Depo ?
6. En général quelles sont tes pensées de planning familial?
7. Quels sont les obstacles pour les femmes qui veulent faire le planning familial?

Interview with Participant 3

1. Tu as eu tes enfants à quels âges?
2. Pourquoi est-ce que tu as choisi d'utiliser les pilules?
3. Comment est-ce que tu as appris de planning familial?
4. En général, quelles sont tes pensées de planning familial?
5. Quels sont les obstacles pour les femmes qui veulent faire le planning familial?

Interview with Participant 4

1. Tu habitais avec ton partenaire pour combien des années?
2. Pourquoi est-ce que tu as cessé d'utiliser les pilules?
3. Tu m'as dit que tu n'as pas besoin d'utiliser Saint Dominique?
4. Nous avons parlé de ton cousin qui n'accouche pas à cause de Jadelle, est-ce que tu peux me dire plus d'elle?
5. En général quelles sont tes pensées de planning familial?
6. Qu'est-ce que ton partenaire pense de planning familial?
7. Quels sont les obstacles pour les femmes qui veulent faire le planning familial?

Interview with Participant 5

1. Tu as eu ton enfant à quel âge ?
2. Tu étais marié à quel âge ?
3. Pourquoi est-ce que tu n'utilise pas les contraceptives ?
4. Pourquoi est-ce que tu n'étais pas allé à un centre de planning familial ?
5. Pourquoi est-ce que tu veux utiliser une méthode de planning familial dans l'avenir ?
6. En général quelles sont tes pensées de planning familial?
7. Qu'est-ce que ton mari pense de planning familial?
8. Quels sont les obstacles pour les femmes qui veulent faire le planning familial?

Interview with Participant 6

1. At what ages did you have your children?
2. At what age did you get married?
3. Why did you choose to go to Etoug-Ebe for family planning?
4. Why did you stop using Depo-Provera?
5. Since you don't use contraceptives and you also don't want any more children, what will you do to avoid getting pregnant?
6. In general what are your thoughts of family planning?
7. What does your husband think about family planning?
8. What do you think about Saint Dominique?

Interview with Zogo Germaine (originally intended for Florence)

1. Pourquoi est-ce que tu penses que seulement 4 femmes ont utilisé Saint Dominique pour le planning familial ?
2. Pourquoi est-ce que tu penses que la majorité des femmes utilisent les préservatifs ?
3. 11 sur 50 ou 22% des femmes ont utilisé un autre clinique ou hôpital pour le planning familial, pourquoi ?
4. Beaucoup des femmes ont dit qu'elles veulent avoir tous leurs enfants et utiliser le planning familial après, pourquoi ?
5. Beaucoup des femmes avaient des fausses croyances de planning familial. Est-ce qu'il y a un façon de changer ça ?
6. Est-ce qu'il y a une type spécifique de femme qui vient ici pour le planning familial ? (marié, seul, jeune, vieux, etc...)
7. A ton avis quelles sont les choses qui déterminent si une femme utilise le planning familial ?

Appendix C: Tables and Charts



