

Factors Underlying Couple Communication in Burkina Faso

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- High fertility (6.0), maternal mortality and morbidity
- CPR for modern methods in Burkina Faso is 15% (MICS & DHS)
- Additional 24% have unmet need for FP
- Burkina Faso among worst maternal outcomes in the world
 - MMR 300/100,000 in 2010
- Inadequate FP services
 - lack of qualified medical personnel
 - poor accessibility
 - limited range of methods





Photo by Mohamad Sy-Ar, JHU-CCP

- Perceptions of one's husband's approval of FP affects use
- As women age, have more children, spousal discussions about FP increase
- Couple communication predictor of FP uptake
- Decision making involves complex process of negotiation & discussion
- Few tools model couple communication on FP—even less so in West Africa
- Builds on Africa Transformation™

- Examine role of couple communication and decision-making in FP uptake focusing on under-utilized LA/PMs
- Individual in-depth interviews and couple interviews
- 45 couples (20 rural and 25 urban)
- Recruited from health facility catchment communities through providers and community health management committees
- All provided informed consent prior to participation in the study
- Data collected in 2011

1. Women often first seek info and initiate discussion on LA/PMs. Gender norms support this pattern of division of labor
2. Decision to use LA/PM typically taken jointly after discussing their needs and preferences; though women sometimes make unilateral decision
3. Decision easier when man had prior contacts with FP providers and is knowledgeable about methods
4. Couple communication spontaneously and sporadically develops around relevance of various methods for their needs and management of side effects

6. In rural areas, key motivation for choosing LA/PM is that it allows woman time to take care of domestic and farming-related chores
7. Couples reported no problems communicating with each other about FP although lack of knowledge may make effective communication problematic
8. Couple discussions on methods typically center on relevance and appropriateness of methods given couple's reproductive goals, follow-up & management of side effects
9. No clear-cut strategy couples adopt to communicate about LA/PMs

- Friends and relations play limited role in contraceptive decision-making process
- Couples tend to keep intention to practice FP secret from friends and family until they start considering specific methods
- They then turn to friends and family members whom they believe have experience with contraceptive use
- Even then, information received from friends and family remains secondary to that from health facilities
 - Especially when man is involved in information-seeking from health professionals

- Posters
- Flip chart and discussion guide
- Radio shows
 - Real providers, modern FP users, community health agents, and religious leaders
- Radio spots on community radio stations
 - Targeted service providers, Christian religious leaders, Muslim religious leaders, and men
- 4 videos focused on couple communication
 - Implant, IUD, vasectomy, female sterilization
- Used in hospital/ health center waiting rooms as tools for providers to discuss FP in counseling sessions and group talks

Planning Familial



Les méthodes contraceptives de longue durée et les méthodes permanentes vous aident à planifier votre vie.

Choisissez celle qui vous convient!

FP pamphlet

**Ce qui vous affecte chers fidèles m'interpelle, voilà pourquoi,
je discute avec vous des avantages de la planification familiale.**

**Conseillons les Familles
à Pratiquer la PF !**

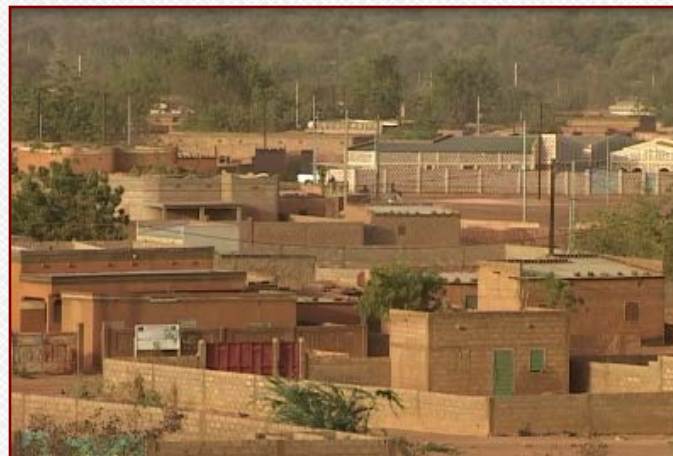


1. Prepared 4 short videos capturing process of decision making around use of each LA/PM
2. Trigger discussion around FP uptake
3. Consolidate resolve of clients coming to facility & encourage more discussion around LA/PMs in counseling sessions
4. Showcase couples who have struggled with FP-decisions and overcame them successfully
5. Inspire others to talk with their spouse about FP/LA/PM use



Photo by Mohamad Sy-Ar, JHU-CCP

- Outskirts of Northern city (caterer & teacher)
- Married 7 years w/ 1 boy
- First talked about FP after watching TV program
- After 1st child, was counselled at hospital & together chose implant
- Discussing # of children they wanted beforehand—made communication about FP easier
- Providers helped them a lot





- Wanted “shorter” method to avoid speculation about their inability to bear a child
- Didn’t want others to think Caroline is a “ponre” (Woman who wants sex all the time)
- Communication critical during decision making process
- Know many women afraid to talk with husbands about FP
- To ease discussion, “prepare his favorite dish”; he brings home a “black bag”
- Planning 2nd child now

- Small village (shop owner & tailor)
- 2 children (boy & girl)
- Learned about FP after birth of 1st child at growth monitoring visit
- Prepared food, water for washing to ease discussion but Arba wasn't happy—said “if God wants, we'll have”
- Georgette used arguments she learned at HC around spacing but he walked out—Mossi men way of saying “no”





- Provider asked at next visit about FP; talked with Arba 2nd time—he left again
- 3rd time gave money for implant
- Sister-in-law had dispelled rumors
- Arba agreed: not having sex was hard; trusts his wife won't cheat; wants healthy children
- 3 years later pressure within village so great they had a child
- Now people comment on healthy children, growing business & good life (now using IUD)

- District southwest of Ouagadougou (both tailors)
- 10 children—8 surviving
- Abstinence until infant stops breastfeeding at 2 yrs; slept in different rooms or at in-laws—very difficult for everyone
- First talked about FP after 9th child with info from provider
- Veronique's reasons:
 - poor health after 8th child
 - Bernard's "hot blood"
 - Struggling to feed & school children

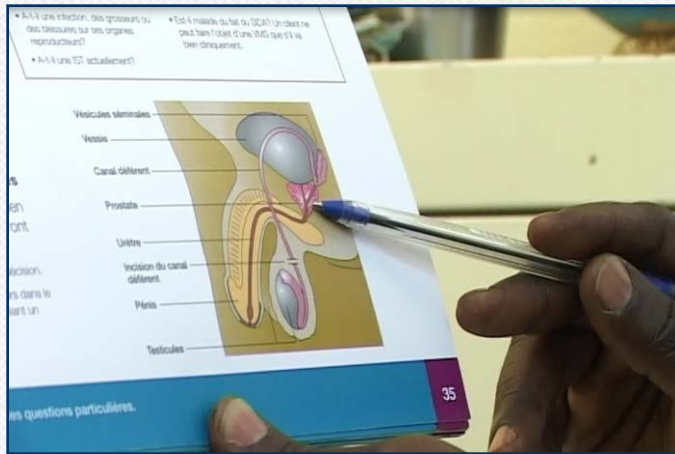




- Argued about safety of methods & side effects that “ruin sex life”
- Rumors: infertility; infant abnormalities; bleeding to point of fainting on street
- Bernard agreed: she didn’t hide method, always honest; wanted good sex life; didn’t want wife to have health problems
- Nurse advised TL on medical grounds & agreed

- Small village (farmer & fish seller) aged 56 and 32
- After 6th childbirth, midwife counselled on FP
- Awa always had poor health
- Awa had problems with injectable; sex life affected; didn't want to try another method so suggested NSV
- Soule against it—worried about sexual performance





- Soule talked with MSI team & Dr who performs NSV answered his questions
- Soule now promotes NSV among his friends...during shooting introduced friend with a scheduled NSV that week
- Muslim religion never became an issue in their decision making

- Women play predominant role in LA/PM utilization, from decision to use to actual use and maintenance
- Reflects social norms governing sexual division of labor and relationships in study communities
- Normatively, bearing and rearing of children are in a women's domain
- Consequently, birth regulation is also responsibility of woman, although she is not expected to make any decision unilaterally
- Decision to use a method was typically made jointly by both husband and wife, though husband's position weighs heavily on decision
- Appropriate messages to promote male involvement can appeal to normative expectation of men as provider and protector of families

<http://www.respond-project.org/pages/pubs/videos.php>

Véronique, Bernard et la ligature des trompes

Awa, Souleymane et la vasectomie

Caroline, Zakaria et l'implant

Georgette, Arba et le stérilet

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Les Films de l'Orfèvre

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