

*Full Length Research Paper*

# Barriers to family planning use among the Baoule Group in Djebonoua (North-Central Côte D'ivoire)

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## Abstract

Family planning has low utilization in Côte d'Ivoire. It is important to note the factors that hinder the objectives set by the Ivorian State in this area. This research aims to shed light on the social representations of family planning in rural areas in order to understand these resistance factors using the example of the Baoulé group in Djebonoua. This is qualitative research with an informative objective in the field of family planning. One midwife and six elderly women caregivers were interviewed using semi-structured interviews. Two focus groups were conducted with two different groups of twelve women and twelve men living in couples. The use of this information was based on content analysis. The recourse explanatory model was supported by the theory of personal constructs. We noted that the absence of family planning in cultural obstetrics, the contradictory perception of modern contraceptives and the negative reaction of men in the couple to contraception were the factors of resistance to family planning in the Baoulé group of Djebonoua. Appropriate preventive actions such as behaviour change communication are considered. These educational activities in the population would focus on knowledge of contraceptive products and adherence to prescribed family planning regimes for reproductive health.

**Keywords:** Family planning, contraceptive, social representation, reproductive health, Côte d'Ivoire.

## INTRODUCTION

Family planning is a high-impact intervention that can control rapid population growth and significantly reduce abortions and maternal deaths (MSLS, INS and ICF International, 2012). It contributes to good maternal and child health. This is what Coulibaly (2017) points out when he states that family planning is an important component of reproductive health. It has an undeniable effect in maintaining and improving the health and well-being of women and their families.

Target 3.7 of the sustainable development goal (SDO3)

rightly supports this component of reproductive health in that it supports "universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030" (UN, 2015). Like the international context, this measure is in line with the health policy of the State of Côte d'Ivoire. This is highlighted by strategic axis 5 of the National Health Development Plan (PNDS) 2016-2020, whose intermediate effect 5.3 stipulates the improvement of the socio-cultural environment for the practice of family planning and the use of family planning services among populations in need (MSHP, 2016).

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Beyond this issue, however, the question of meeting the need for family planning also appears to be a major challenge. The analysis of the situation reveals numerous constraints, particularly with regard to the quality of services, the unfavourable economic context, the low fertility rationale, cultural constraints and the consent of the spouse (Affo and al., 2019). These various reasons are still at the origin of the slow decline in fertility observed in West African countries (Delaunay and Guengant, 2019).

Essentially, it should be noted that, as things stand at present, 27% of women aged 15-49 in union in Côte d'Ivoire have unmet need for family planning, despite its promotion through multimedia campaigns combined with interpersonal communication and social marketing activities for contraceptive products (MSLS, INS and ICF International, 2012). Moreover, we note in these efforts that the subjective and objective conditions for birth control are not partially met. Indeed, how can a generic family planning communication recipe have a positive impact on a cultural community that has adopted local health beliefs and practices? how can we really explain the sociological resistance to the practice of family planning and the use of family planning services among populations in need? A viable and relevant solution hypothesis envisages taking human factors into account to remove reductionist barriers to family planning. This is the focus of this research in Djebonoua in the department of Bouaké. According to what family planning providers said during the exploratory survey, very few women use family planning for birth control. This state of affairs reflects the phenomenon of sociological resistance in the acculturation process with respect to family planning. This research aims to shed light on the social representations of family planning in rural areas with a view to understanding these resistance factors among the Baoulé group in Djebonoua.

## **MATERIALS AND METHODS**

The research was carried out in the village of Djebonoua in the department of Bouaké in north-central Côte d'Ivoire. This locality has a population of 891 inhabitants, with 459 men and 432 women according to the 2014 general population and housing census (INS, 2015). It has an urban health centre including a family planning service run by a midwife.

This qualitative research is descriptive and interpretative. We included the midwife who was a family planning provider on duty for more than six months at the time of the research. Elderly female caregivers of women between the ages of 60 and 75, and women and men in sexually active couples were

enrolled with a level of French language fluency and knowledge of family planning. Exclusion criteria included participants who were unfamiliar with French, unaware of family planning, not living as a couple, older women who were not caregivers for women, and those who expressed a lack of desire to participate in the research.

Consecutive convenience sampling, taking into account inclusion criteria, was used to select research participants. Due to the nature of this research, the number of participants could be determined in advance. The participants were one (01) midwife, six (6) elderly women, twelve (12) women and twelve (12) men living as a couple. All of these participants meet the inclusion criteria that were selected for the research.

The Scientific Research Directorate of the Department of Anthropology and Sociology of the Alassane Ouattara University in Côte d'Ivoire reviewed and approved the procedures used to obtain verbal informed consent from all participants. The data collected are anonymous and cannot be associated with specific participants.

The duration of the survey was two weeks, from 12 August 2019 to 25 August 2019. Four (4) trained students collected data using structured questions from semi-structured interviews and focus groups to obtain detailed data. Tape recorders and field notebooks were used to record the interviews.

In the course of the survey, semi-structured interviews were conducted with the midwife to elucidate accepted conventional norms and with older women caregivers to specify the Baoulé socio-cultural model of family planning. In addition, focus groups were conducted with a group of women and a group of men, each living in a couple, to highlight the risk factors and behaviors regarding family planning in the Baoulé group.

In the analysis phase, the thematic content analysis method was used to identify categories and develop a coherent and intelligible corpus. To better understand the survey data, we took into account the theory of personal constructs formulated by (Carré and Fenouillet, 2019) to make sense of personal subjective experiences with family planning.

## **RESULTS**

### **The socio-cultural model of pregnancy avoidance in the post-natal period**

The Baoulé group in Djebonoua represented family planning as sexual abstinence following childbirth. Abstinence or "*n'do mien*" in the local language means "*I rest*" according to the older women interviewed. For them, the woman had to abstain from sex with her man

**Photo 1:** Plant "Ylolowa", *Laportea aestuans* (Urticaceae)



**Source:** Photo taken in Djebonoua, August, 2019

until the baby was weaned. In this regard, one participant said:

*"When the wife gives birth, most of the time, she's with her family and the husband's at home. We avoid letting them sleep together, otherwise a pregnancy can surprise us. This is how we avoid having children here. Stairs". (Interview/woman M.A. 65 years old, elderly woman).*

This concern to avoid childbearing at an accelerated pace was a practice that was better shared in this rural community.

In addition to this, this Baoulé group considered sexual intercourse to be a stain on the child. Therefore, the nanny was forced to deprive herself of it, as one participant reported:

*"Often the baby gets very sick because the dirt has touched him. This is because those parents who have had sex at night come the next day to hold him. When this happens, the child gets hot and may be in pain". (Interview/M.A. 65 years old, elderly woman).*

For all these reasons, the newborn in this community remained in a recluse for three months after delivery and was subject to sexual abstinence before weaning the child to avoid possible sexual acts and provoke pregnancy or endanger the health of the baby.

To achieve this, the women of the Baoulé group of Djebonoua used medicinal plants to prevent pregnancy and avoid successive childbirths. In this case, they used the "Ylolowa" plant, *Laportea aestuans* (Urticaceae), as one participant revealed:

*"The Ylolowa plant prevents women from getting pregnant. It purifies the belly after childbirth and the woman who comes cannot get pregnant as long as she*

*uses it". (Interview/K.B, 65 years old, traditional practitioner in Djebonoua).*

#### **"Ylolowa" *Laportea aestuans* (Urticaceae)**

Women's caregivers used this plant as a drinkable decoction for weeks or even months before weaning the child to render the newborn infertile. The plant is said to be used as a contraceptive in the post-natal period according to the elderly Baoulé women of Djebonoua.

From these facts, it is indisputable that sexual abstinence and the use of medicinal plants to avoid pregnancy in the post-natal period in the Baoulé group of Djebonoua are important. This is all the more so since distrust of modern methods of contraception would undeniably compromise the conventional practice of family planning in this rural area.

#### **Mistrust of modern methods of contraception**

Most respondents preferred sexual abstinence instead of modern methods of contraception in the Baoulé group in Djebonoua. Since the use of modern contraceptive products such as pills, injectable progestogens, and implants would result in adverse consequences for women's health. According to them, infertility would be one of the most recurring consequences, as a participant living in a couple said:

*"It's said that the pills and everything else that goes into our bodies to prevent pregnancy will prevent us from having children afterwards. So I make the effort to avoid them myself. The midwife looked after us when I had my baby, she offered us all these contraceptives. But*

none of them interested me, because I haven't finished having children yet. (Focus group/woman K.B. 20 years old, 1 child).

In addition to infertility, some women in this ethno-cultural group have complained about the effect of excessive weight gain during the use of modern contraceptives. This implied their preference for sexual abstinence or the use of condoms by their partners, as one woman living in a couple testified:

*"After my second child after a caesarean section, I wanted to rest a little, so I agreed to have an implant with my husband's consent. You can see my shape, I'm only getting fatter. At first, I thought it was a C-section, but then people told me it was this contraceptive device. I immediately asked my man to take the condoms or else we were going to avoid intercourse". (Focus group/woman K.B. 40 years old, 5 children).*

In addition, some men admitted to occasionally using condoms to prevent their wives from becoming pregnant. Except that they had to avoid using condoms because they did not appreciate this contraceptive method in their relationships with their wives, as one participant put it:

*"With my wife, I don't use them because I don't feel her. But if I go out, I can use them so I don't get sick". (Focus group/male K.S. 45).*

From the influence of inconvenient experiences with contraceptive use, men's hostility to the practice of conventional family planning is becoming increasingly noticeable among the Baoulé group in Djebonoua.

### **Men's refusal to use contraception**

Men have been a real problem for women in the practice of family planning in the Baoulé group in Djebonoua. For them, men should not use condoms, especially with their wives, because it is the woman's duty to give birth to children to perpetuate their lineage and this is the basis of their union, as one participant said:

*"With my wife, I can't take condoms. In a couple, it's normal to have children, you don't have to calculate. It is God who gives. We can't decide to take medication not to give birth to children. He will take it badly". (Focus group/man Y.K. 50 years old).*

In addition, other men refused to allow their spouses to use contraceptives because, in their view, they are intended for women who do not have husbands, at the risk of attracting suspicions of infidelity, as mentioned by one participant:

*"When a woman is in a home, she must no longer use pills. If her husband isn't informed, it's serious. It means that she loves him more, or she doesn't want to have children, or she has another boyfriend. It means there's*

*a problem. If she doesn't have to give birth anymore because she is sick, we can understand". (Focus group/man K.L. 66 years old).*

Similarly, the village midwife pointed out that men did not make it easy for women to practice family planning. Since they refused to pay for contraceptives on the grounds that birth spacing or limiting births had never been a priority in their community, as she reported:

*"Women always tell us about prescriptions when it's a hospital issue. When it comes to family planning, men wonder how they can spend money to keep their wives from giving birth? They don't think it's normal. Since the day they want to have children, it means they will spend more. For this, they prefer to do as their parents did before". (Interview/ midwife K.K. 50 years old).*

This state of affairs related to the practice of family planning among the Baoulé group in Djebonoua is to be examined in a process of signification.

## **DISCUSSIONS**

### **A lack of family planning in the Baoulé cultural obstetrics of Djebonoua**

In the Baoulé obstetrical culture of Djebonoua, family planning is an absent concept. No action is taken to space or limit births. The practice of *"n'do mien"* makes it possible to avoid an impending pregnancy before weaning the child by giving the woman the opportunity to rest or recover physically. This community is aware that a close birth could lead to health problems for the child. For this reason, sexual abstinence was seen as a temporary means of birth spacing. Téfouet, Vouking and Essi (2019) showed that women's fertility control in traditional settings relied primarily on sexual abstinence used in the postpartum period. Moreover, they revealed that the mother waited until the child started walking before giving birth. This practice was common as it was observed from generation to generation in rural areas in a natural and informal way without the use of modern methods of contraception. For (Nganawara and Yongs, 2017), traditional methods such as periodic continence and sexual abstinence were the contraceptive methods most used by women in union.

This was easily justified since in the context of Djebonoua, the Baoulé group stipulated that having children was a gift from God. That is why a woman should have children while she had the opportunity. Procreation is identified with divine grace in the Baoulé obstetrical culture. This reproductive thought had led (Tamo Mbouyou and Fopa Diesse, 2014) to note that fertility followed the logic of honour, since the strength of a family lies in the number of its members in traditional societies where all values are centred on the

family and children. Evoking this thought, Nene and al. (2018) stressed that it implied a natalist attitude since a large number of offspring always remains a sign of prosperity, a workforce, a pension insurance and a guarantee for the parents' old age.

One of the consequences of this conception remains the weakness of modern contraceptive practice. Similarly, Ntambue and al. (2017) found that modern contraceptive use was very low, as women were sexually abstinent after their last delivery. Hence, Singh and Darroch (2012) showed that women and their partners using traditional methods were at much higher risk of unwanted pregnancy than those using modern methods of contraception.

It should be noted that the women of the Baoulé group in Djebonoua are no exception to this reality. Consequently, they have an unmet need for family planning.

### **The effects of modern contraceptives associated with the risk of infertility and disease**

The Baoulé community of Djebonoua believes that pills, implants and injectables can lead to infertility in women and many other diseases also attributed to the side effects of these contraceptive products. These fears were the reasons for the defection to family planning in this Baoulé group. In the same vein, Ouédraogo (2015) pointed out that according to the perceptions of women encountered in Ouagadougou, Burkina Faso, the side effects of contraceptives such as the pill, implants or injectables would attack women's reproductive organs to eventually create sterility, hence their refusal and reluctance to use them. Citing this fear of the side effects of modern contraceptives, Chae and Woog (2015) found that some women stopped using contraception despite their desire to delay or avoid a birth. This finding is the same among women in some developed countries such as France. In this regard, Gomard (2017) showed that fear of adverse effects such as amenorrhea or metrorrhagia remained a major obstacle to contraception.

For their part, Leye and al. (2015) indicated that contraceptives have disadvantages such as: sterility, bleeding, stomach aches that can be avoided if one inquires at the specialized structures in this field. For him, these disadvantages are negligible compared to the advantages. He points out that overuse and misuse are factors that make it possible for contraception to have consequences. However, Anoua (2016) pointed out that the difficulties associated with the use of hormonal contraceptives in rural areas favour the natural regulation of contraception. It proves to be an opportunity to guarantee the health of the mother. In

addition, it is a means to avoid complications associated with the use of hormonal contraceptives.

This assurance justifies the use of sexual abstinence and the use of the medicinal plant "*Yolowa*", *Laportea aestuans* (*Urticaceae*) among women of the Baoulé group of Djebonoua to the detriment of modern family planning practice.

### **The influence of men in the use of modern contraceptives**

Men have the power of decision regarding the use of modern contraceptives. Most of them living in couples in the context of Djebonoua have not expressed their consent to their wives' use of these contraceptive products of official medicine. Similarly, Mbarambara and al. (2016) showed from an information study on women that 23.6 percent of the participants acknowledged that they had given up using a modern family planning method because of their husband's refusal. Similarly, Chae and Woog (2015) assumed that while modern contraception is mostly for female use, married women do not always have a voice of authority in the decision to use it. Moreover, married women have stated that this is primarily the responsibility of their husbands.

However, it should be noted that men's decision-making power in the area of family planning is based on a number of preconceived ideas. Among them, women's use of modern contraceptives is attributed to an act of infidelity, a refusal to give birth, as was the case in the Baoulé group in Djebonoua. These perceptions hinder men's appropriation of the practice of family planning. To change this situation, Radan (2017) proposed awareness campaigns conducted locally by medical personnel, the content of which should highlight the advantages and disadvantages of the various contraceptive methods. This would make it possible to meet the needs of women whose partners are not very favourable to family planning, and more broadly those with little bargaining power in the couple.

### **CONCLUSIONS**

This research has shown the factors of sociological resistance to family planning in the Baoulé group of Djebonoua. These include the complexity of the obstetric culture, the contradictory perception of modern contraceptives and the negative reaction of men in the couple to contraception. Indeed, sexual abstinence, the use of medicinal plants, the influence of uncomfortable experiences, and male hostility related to contraceptive use are all factors that decelerate the practice of conventional family planning in this rural community of

Djebonoua. In order to achieve a change in the situation, we propose information and awareness-raising actions for community members, with themselves as actors, to promote the appropriation of the practice of family planning and improve the use of modern contraceptives. The scope of such a community-based solution envisages the development of community information and education tools on knowledge of contraceptive products, health risks and their management methods among vulnerable populations, and finally on knowledge of prescribed family planning regimes for sustainable reproductive health.

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