



RESEARCH ARTICLE

SOCIO-CULTURAL OBSTACLES AND BARRIERS RELATED TO THE USE OF MODERN CONTRACEPTION IN A POPULATION IN AFRICA SOUTH OF THE SAHARA

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ABSTRACT

Introduction: In sub-Saharan African countries, contraceptive use has always been low. Ivory Coast is not to be outdone, as national contraceptive prevalence was low, rising from 14% in 2012 to 22% in 2017. The objective of the study was to identify socio-cultural obstacles and barriers related to the use of modern contraception among women of childbearing age. **Methods:** We conducted a qualitative cross-sectional descriptive qualitative study in the Dallas district of Adjamé commune, located in the centre of Abidjan city in Ivory Coast. From June 5th to July 4th, 2018, we conducted four focus groups with men, women of childbearing age and a religious leader recruited from a reasoned sample. **Results:** We interviewed 29 people, including 14 men, 14 women and a religious leader. Both men and women described several obstacles and barriers related to the use of modern contraception. They also spoke about the social risks involved and the strategies that women have put in place to overcome barriers to contraceptive use in order to plan the family. **Conclusion:** Socio-cultural obstacles and barriers persisted in the community.

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INTRODUCTION

Effective contraceptive use prevents unplanned births, reduces maternal morbidity and mortality, and improves the well-being of women and their families (Cleland *et al.*, 2006; Marston et Cleland, 2004 ; Nalwadda *et al.* 2010). However, in developing countries, an estimated 214 million women would like to delay or stop having children but do not use any contraceptive methods (OMS, 2018).

In Africa south of the Sahara, contraceptive use remains low. To explain this low use, the majority of studies conducted in urban areas have described the factors associated with modern contraceptive use by quantitative surveys (Fassassi, 2007 ; Mohammed *et al.*, 2014 ; Leye *et al.*, 2015). However, very few of these studies sought qualitative data on contraception in

communities. In Ivory Coast, as national contraceptive prevalence was low, estimated at 14% in 2012 and 21% in 2017 (Ministère de la Santé et de la Lutte contre le Sida, Institut National de la Statistique, Côte d'Ivoire, 2013 ; Côte d'Ivoire, Family planning 2020, 2018). However, maternal mortality ratio remained very high, estimated at 645 per 100,000 live births in 2015 (Ministère de la Santé et de l'Hygiène Publique, Plan National de Développement Sanitaire 2016-2020, 2016).

In response to this situation, community awareness-raising activities and fairground consultations coordinated by the National Reproductive Health and Family Planning Programme (NRH/FPP) were carried out by non-governmental organizations such as the Ivorian Association for Family Welfare (AFW) and the Ivorian Social Marketing Agency

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(ISMA). These actions have had little effect on the increase in contraceptive prevalence, which remains low. Also, in Ivory Coast, there is a lack of qualitative data on contraception.

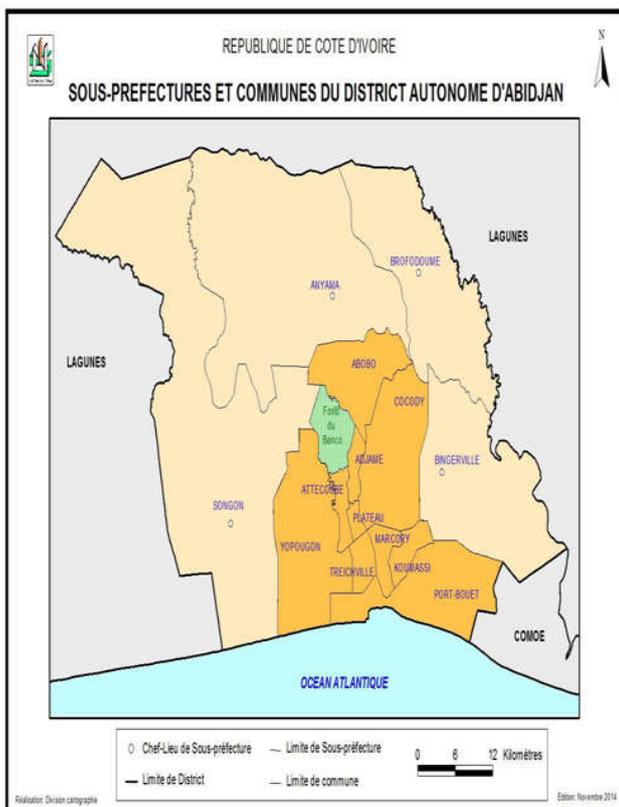
In order to understand the underlying reasons for low contraceptive prevalence, we conducted this study in the Dallas district of Adjamé. Knowledge of these reasons can lead to the development of innovative strategies to increase contraceptive use. In addition, awareness-raising and educational community activities on the use of modern contraceptives that take into account the socio-cultural realities of the population are necessary. These strategies must involve men more because, in most cases, they are the ones who decide in the couple.

Indeed, the Dallas district is part of the Adjamé, Plateau, Attécoubé health district and constitutes the experimental field of the National Institute of Public Health (NIPH) of Adjamé. The objective of the study was to identify the socio-cultural obstacles and barriers related to the use of modern contraception among women of reproductive age in the Dallas district of Adjamé.

METHODS

Study framework

Located in the centre of Abidjan, Ivory Coast, Dallas is a district of Adjamé municipality. Bordered by the municipalities of Abobo (north), Plateau (south), Attécoubé (west) and Cocody (east), Dallas has a population of nearly 372,978. The municipality of Adjamé has a total of 19 neighbourhoods, including the Dallas neighbourhood that is the subject of our study. (Map1) (Institut National de la statistique, 2014).



Map 1 Geographical location of Adjamé municipality (Source: National Institute of Statistics, 2014)

Type and period of study

We conducted a qualitative survey that took place from June 5th to July 4th, 2018. The focus group was held one hour before the start of the discussion. It was carried out four successive Saturdays from 2 pm to 5 pm. She saw the participation of a doctor, two sociologists and a community health worker.

Study population

The study interviewed women of reproductive age, men, including a religious leader and adolescents whose legal guardian accepted participation, who had resided in the neighbourhood for more than six months. Pregnant women were not included.

Data collection

We developed a group discussion guide for facilitating the focus groups. An individual interview guide was used to interview a religious leader. The investigators collected the verbatims through note-taking coupled with recording with the dictaphone.

Sampling method

The sample size was 29 people. The sampling was reasoned. Indeed, the involvement of community health workers allowed the interviewers to select participants according to their availability so that they could be the representatives of the neighbourhood. We conducted two men's discussion groups and two women's discussion groups, as well as an individual interview with a religious leader. Each group consisted of six to eight people from the four blocks of Dallas.

Conduct of the investigation

Before the start of the survey, interviewers were trained on May 4th, 2018, on the group discussion guide and individual interview guide at NIPH Adjamé. We also mobilized community health workers in the neighbourhood to help organize the surveys. Discussions were held in the neighbourhood, either with groups of women of childbearing age or with men aged 20 and over. They lasted two to three hours until the ideas were exhausted. Each participant presented himself with code during the exchanges.

Data analysis

The interviews were transcribed manually in a comprehensive manner using Word software. Once the list of codes had been drawn up manually, after reading and proofreading the interviews, we inserted them into the text. Then, the categories of ideas were grouped and analyzed for content. Some verbatims from the key messages were selected to support some ideas as illustrations.

Ethical considerations

The investigation teams were required to inform and obtain verbal and informed consent from men and women of reproductive age before questioning them. We administered the discussion guide after making an agreement and obtaining the authorization of the district officials.

RESULTS

A total of 29 people, including 14 men and 14 women for the group discussions and a spiritual guide for the individual

interview. We identified two themes according to the different speeches held in the groups. These are barriers to the use of contraceptive methods and attitudes to overcome social barriers and risks.

Barriers to the use of contraceptive methods

Lack of information, religious prohibition, illiteracy, side effects, men decision-making power, misconceptions about contraception and socio-cultural contradictions were barriers to contraceptive use expressed by many participants.

Lack of information

The majority of men believe that a lack of information could be due to low or lack of awareness at the community level.

"We also learned that women did not know that contraception exists because there has not been much awareness about it here. They do not have the information because there has been no real awareness". (26-year-old male).

Religious prohibitions

The religious prohibition comes from the fact that modern methods of contraception are said to be at the root of diseases and infidelity in the couple, as this religious leader conceives it. Also, the men's point was that a married woman should have children and as much as possible as long as God gives.

"Muslim women should not use these modern contraceptive methods because it can have harmful consequences on their health. It also promotes women's infidelity". (Imam from one of the mosques in Dallas)

The real reason that prevents women from using modern contraception was religion, according to some participants. Because some men were likely to prevent their women from using modern contraception.

"And then there are many Muslims even who do not let their wives use that. They refuse because religion does not allow this practice". (33-year-old male).

The Muslim religion considered the use of modern contraception a sin, as some participants testified. Hence, they do not want to go against the divine prescriptions, which leads them to have many children.

"Some women even say that they want to have many children because it is written in the *Quran* that contraception is a sin. They say in the yard here that this is a sin, so they make their child. Like a child that God has given them, they want to take everything out of their bodies. Moreover, for this reason, some people do not want it because it is what God said". (46-year-old woman).

Illiteracy

Starting a discussion on contraception was not easy because it was considered unacceptable by the partner, especially for people with no education. This situation is aggravated by the Muslim religion, which considers the use of contraception as a sin. Thus, some participants thought.

"It is difficult for parents who have not been to school to talk about it. So, there is a matter of religion. They have taken

religion so much that they say it is a sin". (30-year-old woman).
Fear of side effects related to modern methods

The majority of participants were concerned about side effects and feared that they would be permanent. The consequences could be infertility and disease. The fear they had described came from their own experiences and those of their loved ones. As several participants testified.

"Modern contraception is harmful to women in the long run because it can lead to illness and also the woman will no longer be able to have children". (52-year-old male)

"I have already used these methods, but despite that, I made several periods in the month, 2 or 3 times so I dropped out and I no longer use contraceptive methods". (42-year-old female).

"I have never used contraceptive methods because I have a friend who has used it has made him tired because he has had health problems, so I have never used it". (32-year-old female).

Some women expressed fear of the side effects of contraceptives, especially for young women who had not had children because they could cause prolonged spotting and abdominal pain.

"I often hear that young girls like me who do not have children should not use because of the consequences. When we used contraceptive methods, periods came in abundance. Also, it gave us back pain, stomach pain and several months, we had at least 15 to 20 days of menstruation". (18-year-old female).

Power relations between men and women

The permission of their partners is essential for contraceptive use, as the majority of women in couples claimed.

"A married woman must always tell her husband what she wants to do. It is like that also before using contraceptive methods. If he does not agree, she should not use even if her life is in danger...". (32-year-old female).

The men knew that the last decision was theirs, and the women had no choice but to comply with their demands.

"Well, I also think there are husbands like us who tell their wives not to use. They refuse because religion does not allow too much". (37-year-old male).

"Also because of their husbands who forbid them to do so; otherwise the women themselves always want to use contraception because it suits them". (21-year-old male).

"It is normal for a woman to talk to her husband because he is the man of the house and he is the one who has to make the decisions. Well, it is bad, but it is like that". (49-year-old male).

"It is the couple who decide to practice a method, but it is the man who has the last word". (29-year-old male).

According to men, women should never ask a man to wear a condom because he is not sick, or it hides a woman's infidelity. Otherwise, men can ask for a divorce.

"(Ironic laugh) She cannot even do it, even if we give her a diamond. Why is she going to ask to wear a condom? It means either she has a man outside (laughs). We took cola off, and she is asking that? (Laughs) Oh no, she cannot, never in life. If she

does that, if she ever dares, divorce, divorce". (55-year-old male).

Misconceptions about contraception

All focus groups identified misconceptions about contraception. Both men and women believed that contraceptives interfered with fertility and were afraid to use these methods that could harm their health.

"Modern contraception for me is a bad practice because it can put a woman's life in danger and also there is an age when you can have a child. It is at their risk and peril because any medication has a side effect because it can make them sterile". (42-year-old male).

Contraception was considered a problem that concerns only women by men, but they said they knew about natural methods and condoms.

"Well, right now, it is the women themselves who can answer this question more than we can. What we know are the condom and natural methods, but these methods work in pairs environment. Otherwise, it does not work". (35-year-old male).

Some participants noted their lack of confidence in natural and traditional methods. However, they talked about the use of modern methods in the past

"We do not practice natural and traditional methods because I do not trust these practices. Indeed, we are more familiar with modern contraceptive methods, particularly the pill and the sterile pill, that we used already". (47-year-old female).

"I sincerely say I have never trusted these methods. Especially the plants they crush to purge". (37-year-old female).

The majority of male and female participants placed restrictions on the use of modern methods.

"For me, it is a good practice, but when the child is breastfeeding, you can take contraception, but when the child stops suckling, you have to stop contraception". (28-year-old female).

"I think it is a good practice, but as long as the periods do not come, you should not take contraception, but as soon as the periods come, you have to start again". (31-year-old female).

"For me, the woman who categorically refuses to use contraception is 100% faithful". (36-year-old male).

Contraception would be prohibited for women without children, according to some participants.

"Good for me, a woman who does not have children should not use contraception". (33-year-old male).

The majority of women who used contraceptives were stigmatized. Communities would associate the use of contraceptives with prostitution, fraud, infidelity and future infertility. These values made women afraid to be reported to their husbands or partners if they were in a health centre to obtain contraceptives.

"Women and girls who used contraception a lot were the "daughters of joy", that means, girls who have many partners. Girls who have many partners cannot get pregnant because

they take many pills to avoid having a pregnancy, scamming people, having sex with men. Because once she is pregnant, Moussa and Issa will retire. Contraception leads girls to debauchery. I would prohibit this practice if I were president of the country". (41-year-old male).

Socio-cultural contradictions

Most participants stated that tradition prohibited sexuality and pregnancy before marriage. Also, parents talked very little about sexuality with their children because of the weight of tradition. Society and parents rejected contraception and at the same time did not want their unmarried daughters to become pregnant.

"I think that sexuality is a taboo subject. We do not talk much about it, and when we do not educate children about sex, they may develop bad behaviours during puberty. The most important thing today is that we must have the courage to talk about these things with our children. Parents need to communicate a lot with children". (26-year-old male).

"Our children's education is up to us to do it. If we educate them religiously, the child will know that it is when he is married that he will have to make love with a woman or a man". (35-year-old male).

We identified the conflicting messages of men, women and religious leaders as significant obstacles to the use of contraceptive methods. Populations receive conflicting messages because society condemns sex, contraceptives and pregnancy before marriage while awareness messages in health centres and the media encourage contraceptive use and safe sex.

Attitude to circumvent obstacles to contraceptive use and the social risks involved

Attitudes to overcome obstacles to contraceptive use

The women reported that they secretly used contraceptives as a strategy to protect their interests and bypass their partner's disapproval.

"Since there is a history of religion in contraception. When it gets difficult, women hide to go and take without telling their husbands and people in the neighbourhood, it stays between her and her doctor or midwife". (46-year-old female).

By using contraceptives in secret, this allows women to avoid unwanted pregnancies and to space births. It avoids disputes with partners and their families.

"I use pills to protect myself from pregnancies I do not want". (23-year-old female).

"Contraception here is good. It is because we divide everything at home when our husband does not have the money, we pay for the soap and make the market and buy the drugs. When we put three years between the kids, it is okay. Because of the expenses, if we do the spacing, it is good for the family and the children". (38-year-old female).

Social risks incurred

These are mainly stigmatization, rejection and divorce. Some participants admitted to secretly going to health centres to obtain contraceptives. Otherwise, they could expose themselves to stigmatization, rejection and divorce. Then, a man could

abandon or divorce his wife if he discovered that she was using contraceptives without his knowledge.

"If someone is going to tell her husband the truth, it is because he wants a divorce, he will be responsible. People will criticize her for saying that we saw her there, she does too. There are many husbands too who can abandon their wives because of this". (43-year-old female).

DISCUSSION

The study on socio-cultural obstacles and barriers to contraceptive use among women of reproductive age highlighted the underlying reasons for the non-use of modern contraceptive methods. According to some men, the lack of information resulted from low awareness at the community level. It may be because family planning programs do not integrate community awareness into their routine activities, thus promoting limited access to information when populations do not come to health centres. The results of the study in Uganda supported this assertion, which showed limited access to information and gaps in participants' knowledge (Nalwadda et al., 2010).

According to some participants, the real reason that prevents women from using modern contraception was religion. We found in the studies of Kabagenyi et al. (2016), Bongaarts (2006), and Dejene et Tefera (2010) that religion had an impact on contraceptive use.

Women thought that illiteracy would be the main reason for men's disapproval of contraception. This means that education could lead to a better understanding of contraceptive awareness messages. This result is corroborated by the study conducted in Senegal, where education was a constant factor of information for all modern methods (Ndiaye et al., 2003).

Contraception was considered a problem that concerned women by men. However, men are part of the community that has decision-making power in the couple. This lack of male interest in contraception can affect contraceptive use. A study conducted in Ethiopia showed that when the decision of man and woman was divergent, the husband's decision prevailed (Bogale et al., 2011). The study conducted in Niger corroborated these, where most decisions are made exclusively by husbands (Nouhou, 2016). Another study by Wright et al. (2006) also showed that it was challenging to meet contraceptive needs in communities where contraceptives were thought to be available only to married people. Men and women were aware of modern contraceptive methods, but natural and traditional methods were more known to men who expressed a desire that their wives should use natural methods and respect physiology. It may partly explain their rejection of modern contraception. A study carried out in the Democratic Republic of Congo showed that several husbands had mentioned the need to respect the natural order established by God and the natural cycle of women. Because using modern methods in African culture would be disrespectful (Muanda et al., 2016).

Contraception was considered a good practice by women, which was not the case for men. They were, therefore, not in favour of contraception because of health problems that could potentially lead to it. These made it almost impossible to

discuss contraception with their partner. However, a study carried out in the Democratic Republic of Congo by Mutungulu et al. (2015) showed that the discussion on contraception with the partner improved its use.

Women spoke of their partner's disapproval because he feared the side effects of modern methods. According to them, contraception could be at the root of the deterioration of health and infertility. Although these side effects are more or less transient. Similar results have been obtained by Chae and et Woog (2015) where health impact and adverse effects have been reported when using modern contraception.

Women reported a lack of power in decision-making about contraceptive use. According to the majority of men, a married woman should have children and should have as many children as possible as long as God allowed. African cultural norms justified it by advocating large numbers of births. We obtained similar results in a study conducted in Ethiopia, which showed that due to male predominance in the culture, women would be forced to have a large number of children (Dennis et al., 1999).

The men also said that women should never ask them to use condoms. It shows that socio-cultural norms on men's roles as family decision-makers persist, particularly for contraceptive use. As a result, modern contraception has proven to be a barrier to reproduction insofar as it prevents pregnancy from occurring. Then the appropriation of modern contraception appeared awkward and limited. The fact that men want many children is a significant obstacle to contraceptive use.

Men perceived modern methods of contraception as opportunities for women to deceive their partners. Hence their opposition to this practice. It shows that women have very little power over men because of their financial and educational dependence as noted in the Bawah et al. (1999) study, which found that most women had limited access to resources and were financially dependent on their partners.

The majority of women in couples reported that they still need the permission of their partners to use contraception. It shows the power inequalities between men and women. Studies by Akoto et Kandemz (2001) and Evina et Ngo (2001) have shown that when women's partners approve contraception, it promotes its use.

Both men and women believed that contraceptives interfered with fertility and were afraid to use these methods that could harm their health. Also, some men and women thought that contraception was forbidden to women without children because they were afraid of side effects. It implies that some men and women convey false information about modern methods that undermine its use, as shown in Gueye et al. (2015) study.

Parents talked very little about sexuality with their children because of the weight of tradition. They rejected contraception, and at the same time, they did not want their unmarried daughters to become pregnant. We found this contradiction in a study conducted in Uganda by Byamugisha et al. (2009), who identified parents as an obstacle to the use of emergency contraceptives.

The secret use of contraceptives as a strategy to protect their interests and bypass their partner's disapproval shows that some

women are making efforts to use contraceptives despite the bans. These results are supported by studies conducted by Biddlecom et Bolaji (1998) and the Department of Health Medical Research Council in sub-Saharan Africa (2007), which showed that secret contraceptive use indicated a problem of decision-making power among women.

Study limitations: There are limitations to this study, especially the language which did not allow accessible communication in the women's group. We translated most of their interventions during the exchanges. Besides, some younger participants did not give their ideas to the end because they were ashamed of older women. The results of this study cannot be generalized to the general population because we based the sampling on reason. Therefore, these results reflect the socio-cultural realities of the Dallas neighbourhood of Adjamé.

CONCLUSION

Multiple barriers to the use of modern contraception continue to persist in communities. These include lack of information, men decision-making power, fear of adverse effects of contraception, religious prohibitions, misconceptions on contraception, illiteracy and socio-cultural contradictions. The results of this study, which reflect the contraceptive realities of a district in Abidjan, should guide us towards new approaches to contraceptive practice. Family planning programs must develop strategies that take into account socio-cultural norms in order to increase the use of modern contraceptive methods.

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Conflicts of interest

The authors do not declare any conflict of interest related to this article.

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