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MANY CHILDREN MEAN MANY WORRIES

Focus Group Discussions With Village People of Burkina Faso

Many Children Mean Many Worries
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EXECUTIVE SUMMARY

The purpose of this knowledge, attitudes, practice (KAP) study was to provide insight into what rural Burkinabe know about modern contraception, to pinpoint fears or anxieties villagers associate with its use, and to discern attitudinal barriers preventing villagers from adopting modern contraceptives. The Ministry of Health and Social Action (MOHSA) intended the findings to be applied to designing an effective communication strategy to promote family planning in Burkina Faso.

This paper describes the results of 74 focus group discussions conducted with 563 Burkinabè villagers in two rural provinces. The study was based on a classic, two-part design. In the first phase, focus group discussions were used to probe into popular attitudes towards family planning. This exploratory research method helped identify people's uncertainties and apprehensions towards the use of modern contraception. These discussions were then used to define the contents of the study's second phase--a household interview survey of a total of 600 men and women.

A focus group discussion (FGD) gathers together a small group of people from similar backgrounds to examine a topic of current interest. A moderator skillfully guides the discussion, probing into the emotional context underlying people's attitudes or behaviors. Discussion participants are chosen by such characteristics as age, sex, education, and marital status. By selecting discussion participants on the basis of these factors, the particular concerns of different groups are clarified. The group interaction and discussion enables participants to openly express their perceptions and feelings about an issue. A clearer concept of people's ideas and beliefs helps researchers to explain why people make the choices they do.

The FGD guide was designed to lead the flow of discussion from generalities about health to specific family planning issues. Reflection on changes brought about by modernization preceded an examination of the impact of those changes on the extended family. The guide explored these five subject areas in detail:

- Changes Villagers Associated With Development
- Reproductive Ideals
- Traditional and Modern Contraceptive Methods
- Religious Beliefs and Family Planning
- Communication Between Spouses

Moderators conducted discussions with villagers of three different groups: opinion leaders (45 to 65 years old), adults (25 to 45 years) and youth (under 25 years). Men and women were always interviewed separately in order to encourage a frank and open exchange of ideas. The groups included from six to twelve persons.

PRINCIPAL FINDINGS

Reproductive Ideals Have Already Changed

Once an economic asset, most villagers now regard large families as an economic liability. Young and old grapple with the spiraling cost of living and declining agricultural production. Economic realities have eroded villagers' hopes of significant long-term financial assistance from their children. The vast majority of villagers now believe three to four children to be the ideal number. This widespread preference indicates that an attitudinal shift away from large family norms has already taken place.

Unmet Need for Family Planning

The ideal interval between births provides further evidence of an unmet need for effective contraception in rural Burkina Faso. The majority of women and men interviewed said they prefer birth intervals of three to four years.

Untapped Support for Family Planning Among Village Elders

Far from presenting a barrier to the acceptance of family planning, village elders may represent an untapped source of support for family planning (FP) programs in Burkina Faso. With the exception of the devout Islamic elders of Kéné Dougou, the majority of male and female opinion leaders revealed that if they could rewrite the past, they would have had far fewer children.

Modern Contraception: A Welcome Alternative to Abstinence

Although abstinence is the most widely practiced contraceptive method here,

Burkinabè have little love for it. Men express great frustration with a tradition that discourages sexual relations with their wives for years at a time. Women are caught between infuriating their husbands who cannot abide abstinence and risking an unwanted pregnancy.

Overcoming Religious Objections to Family Planning

The strongest opposition to family planning on religious grounds was found among older, religious men in the strongly Islamic province of Kéné Dougou. Attitudes among adults and youth are consistently more moderate than those of their elders. In contrast to the men, most women contended that family planning does not conflict with their religious values.

Villagers Remain Unfamiliar with Advantages of Family Planning

The majority of villagers remain uncertain what benefits family planning can offer them. The idea of "reproductive choice" still remains a radical and unfamiliar concept to most women. Awareness of reproductive control, however, is pivotal to women's widespread adoption of family planning. For the most part, men fail to perceive any immediate benefits of FP for themselves. While most admit that large families have no advantages today, few perceive family planning as a means to a better life.

Communication Between Spouses

Rarely do spouses share their concerns about childbearing matters with one another. In villages where health workers had held meetings about family planning, however, couples were more likely to have discussed this subject. While men said they were embarrassed or uncomfortable discussing the subject, women said they were fearful their husbands would insult or ignore them.

RECOMMENDATIONS

Future information, education and communication (IEC) campaigns can apply these discussion findings to develop messages oriented towards various audiences. A number of examples follow.

Birth Spacing: Modern contraception could be emphasized as a means for families to achieve the long birth intervals most Burkinabè consider ideal. An appropriate message for couples early in family formation would be:

- Thanks to family planning, parents have the time they need between births.

Male-Oriented Campaign: A campaign for men would emphasize the advantages men would enjoy through the practice of family planning. Modern contraception has a powerful appeal to men as an alternative to abstinence. The following messages are likely to appeal to young fathers:

- Good husbands use family planning for sure protection and family harmony.
- The frustration of abstinence is a thing of the past... for the man who knows about family planning.
- With family planning, nuptial harmony replaces discord.

Advantages of Family Planning: Male-oriented messages also need to play up the economic advantages of small families. Men are insufficiently aware of how birth control can assist them in providing for their families. A message for fathers with one to three children might be:

- Food, clothing, housing, prescriptions, school--they cost a lot more now than they ever have--so do children. Ask your local health worker about family planning.

These messages could be directed at fathers with three or more children:

- Everyone knows that today many children mean many worries. Plan your family, before your worries overtake you.
- A planned family is the key to a better life for parents and children.

Family Planning and Islam: Religious opposition to family planning is strongest among elderly Moslem males. A communication effort to establish family planning's compatibility with Islam should be directed towards this particular group. Islamic leaders could use Koranic messages supporting FP in a "Family Planning and Islam" radio campaign. Some possible quotations follow:

"The carrying of [the child] to his weaning is [a period of] 30 months."

Surat XLVI (Ahqat), verse 15

"The mothers shall breastfeed their offsprings for two complete years, for those who desire to complete the term."

Surat II (Bagora), verse 233

"There is no bigger sin than neglecting your dependents."

Hadith Sharif

"And make not your own hands contribute to [your] destruction."

Surat II (Bagora), verse 195

Family Planning and Women: Messages directed towards women of childbearing age need to emphasize two aspects of reproductive choice: women's **ability** to choose whether or not to conceive, and women's **responsibility** to make conscientious reproductive decisions. These two points are conveyed in the following messages, aimed at married village women, 15 to 20 years old with two children:

- A child cannot live on love alone. Family planning allows me to have only the number of children I can provide for.
- Every child should be a wanted child. Use family planning to have the children when you can best support them.
- Mothers who want the best for their children choose family planning.
- A child cannot choose when he will be born. Now you can, with the help of family planning.

Communication Between Spouses: By discussing family planning in village meetings, health workers can do a great deal to bring this taboo subject into the open. Health workers and male-oriented campaigns should encourage men to share their feelings about family planning with their wives. It may be easier to convince men to overcome embarrassment than to convince wives who fear their husbands' wrath. These two messages would address young married men:

- Good husbands discuss family planning with their wives.
- Responsible fathers plan ahead for the future. When were you planning to discuss family planning with your wife?

Men of middle age might respond to this message:

- Our world is different from that of our parents, so are the things we talk about with our wives. Family planning is a subject for couples today.

These recommendations suggest only a few possible directions family planning IEC programs might take. This list is by no means exhaustive. The appendices of this report contain detailed responses to each discussion question by population sub-group and province. (A copy of the complete discussion guide is presented in Appendix B). This rich source of information will be useful for developing long-range IEC strategies and in designing messages for specific audiences.

LIST OF ABBREVIATIONS

ABBEF	-- Association Burkinabè pour le Bien-Etre Familial (Burkinabe Association for Family Welfare)
CSPS	-- Centre pour la Santé et pour la Promotion de la Santé (Center for Health and Health Promotion)
FGD	-- Focus Group Discussion
FP	-- Family Planning
IEC	-- Information, Education, and Communication
IUD	-- Intrauterine Device
JHU/PCS	-- Johns Hopkins University/Population Communication Services
KAP	-- Knowledge, Attitudes and Practices
MOHSA	-- Ministry of Health and Social Action

I. INTRODUCTION

Background and Purpose of Study

The purpose of this knowledge, attitudes, practice (KAP) study was to provide insight into what rural Burkinabè know about modern contraception, to pinpoint fears or anxieties villagers associate with its use, and to discern attitudinal barriers preventing its adoption. The Ministry of Health and Social Action (MOHSA) intended the findings to be applied to designing an effective communication strategy to promote family planning in Burkina Faso.

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Site Selection

The MOHSA selected two provinces with vastly different rural populations for the study. Kéné Dougou is located in the west of Burkina, bordering Mali. Approximately 40,000 people live in this region. The dominant ethnic group is Senufo. The predominant language is Dioula. Most villagers living here are Muslim, a minority are animist or Christian. No media campaign or organized

promotion of family planning has yet taken place in Kéné Dougou. Family planning extension work has been minimal, although health agents have occasionally conducted discussions in most of the villages where interviews took place.

Zoundwéogo is different from Kéné Dougou in many respects. It is one of 15 provinces included in a MOHSA-JHU/PCS family planning communication project. A number of communication activities have taken place in the province, including live performances of plays with family planning (FP) themes. Various radio programs discussing FP have reached this province from Ouagadougou. Located due south of Ouagadougou, Zoundwéogo is dominated by the Mossi people. The spoken language is predominantly Mooré. The people are Muslims and Christians, very few are animist.

Discussion Content

The FGD guide was designed to lead the flow of discussion from generalities about health to specific family planning issues. Reflection on changes brought about by modernization preceded an examination of the impact of those changes on the extended family. The guide explored these five subject areas in detail:

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Participants

Moderators conducted discussions with villagers of three different groups: opinion leaders (45 to 65 years old), adults (25 to 45 years) and youth (under 25 years). Men and women were always interviewed separately in order to encourage a frank and open exchange of ideas. The groups included from six to twelve persons.

II. PRINCIPAL FINDINGS AND FUTURE DIRECTIONS

Untapped Support for Family Planning Among Village Elders

Far from presenting a barrier to the acceptance of family planning (FP), village elders may represent an untapped source of support for FP programs in Burkina Faso. Researchers had expected to encounter the most conservative attitudes among elders and continued emphasis on large family norms. Just the opposite was true. The majority of these opinion leaders, men and women, said if they had it to do over again, they would have had far fewer children.

In fact, opinion leaders expressed near-universal agreement that three to four children would be an ideal number. Elders perceive a social disintegration which has made caring for many children a staggering, nuclear-family burden. They have witnessed a breakdown in family solidarity and an emerging spirit of individualism among the young. They have witnessed youth's abandonment of the extended family and the rural exodus in search of their personal well-being. The elder's assumption that children represent the best form of social security has been shattered.

Family planning programs would do well to cultivate this potential reservoir of support. Many of those interviewed expressed interest in learning more about contraceptive methods so they could better counsel their children. These older, influential members of the community already realize that big families are out of sync with today's realities. While it is too late for them to practice family planning themselves, the influence of opinion leaders could be used to encourage contraceptive use among young adults.

Modern Contraception: A Welcome Alternative to Abstinence

Although abstinence is the most widely practiced contraceptive method, here, Burkinabè profess little love for it. Men express great frustration with a tradition that discourages sexual relations with their wives for years on end. Women are caught between infuriating their husbands who cannot abide abstinence and risking unwanted pregnancy.

A male-oriented FP campaign could appeal to men's self-interest by emphasizing modern contraception as a welcome alternative to the frustration of

abstinence. Far too often, men fail to perceive any immediate benefits of contraception for themselves. Early, risk-free resumption of spousal sexual relations could be a key theme of contraceptive promotion among male audiences.

Reproductive Ideals Have Already Changed

Once an economic asset, most villagers now regard large families as an economic liability. "Years ago, a poor man with many children was more respected than a rich man with none," the elders recalled. "But today, many children means many worries." Young and old grapple with the spiraling cost of living and declining agricultural production. Villagers watch the exodus of youth from the countryside. Economic realities have eroded their confidence in the long-term financial benefits of having many children.

The nuclear family alone must provide for children's moral education. "Before, a child belonged to the whole community," explained a young mother, "but now, one cannot discipline another's child." Parents worry that their children will join the ranks of delinquent and jobless youths.

Villagers of every age express a remarkable consensus in their ideal family size. The vast majority would choose only three to four children, a surprisingly low number for rural families. This preference indicates that an attitudinal shift away from large family norms has already taken place. The means to avoid unwanted births, however, is still inaccessible to most villagers.

Unmet Need for Family Planning

The ideal interval between births is further evidence of unmet need for contraception in rural Burkina Faso. Women and men clearly favored birth intervals of three to four years. Most Burkinabè women, however, experience much shorter birth intervals than either they or their husbands desire. Modern contraception can be promoted as a means for families to achieve the long birth intervals they already consider ideal.

Overcoming Religious Objections to Family Planning

On balance, the strongest opposition to family planning on religious grounds is found among older Islamic men. Women consistently interpret Islamic acceptance of family planning more liberally than men do. The older men are the only ones who refer to family planning as either a "crime" or a "sacrilege." Attitudes among adult and young men are also consistently more moderate than those of their elders. But while the influence of religion on contraceptive choice may decline with respondent's age, opinion leaders still wield enormous power in shaping public opinion. These leaders represent some of the most important converts family planning programs need to make.

A communications effort to establish family planning's compatibility with Islam should be directed specifically at older, religious men. The campaign could draw a strong parallel between childspacing through abstinence and spacing through modern methods--a similarity many women are already well aware of. Radio interviews with Islamic leaders who support family planning could begin to erode religious opposition to FP among older men. A well-directed campaign, oriented toward this specific audience would combat religious opposition to family planning at its roots.

Villagers Remain Unfamiliar with Advantages of Family Planning

While a few individuals in nearly every group cited "rest for the mother" and "healthy development of the child" as the advantages of family planning, the majority of villagers remain uncertain what benefits family planning can offer them. The idea of "reproductive choice" still remains a radical and unfamiliar concept to most women. The notion that today a woman can choose whether or not to become pregnant is pivotal to the widespread adoption of family planning. Messages targeting women of reproductive age need to emphasize women's ability and responsibility to make conscientious reproductive choices.

Villagers only rarely cited specific male-oriented advantages to contraceptive use. Men are likely to be more responsive to FP messages which appeal to their own self-interest. A male-oriented communication effort could emphasize both the financial payoffs of planned families and the early, risk-free resumption of sexual relations with their wives.

III. SYNOPSIS OF RESPONSES: FOCUS GROUP DISCUSSIONS IN KENEDOUGOU AND ZOUNDWÉOGO

What are the Advantages to Having a Large Family Today?

The advantages to having many children, such as, a source of labor, security in old age and prestige, have largely disappeared. At a time of diminished agricultural production, meeting the high costs of children's food, health-care, and education is a precarious struggle.

The extended family is undergoing a disturbing disintegration. Parents can no longer depend on their children to contribute economically to the family. Youth have little commitment to the family's long-term well-being. They mature only to leave their villages to pursue their own best interests.

Without exception, village elders perceived the advantages to having large families to be mere anachronisms. Their long-term perspective endowed them with a wry pragmatism. The youngest participants (those under 25 years), however, were the most sanguine about the advantages of large families. A few said that many children represent a source of joy and prestige.

What is the Ideal Family Size?

The response to this question varied by province and gender, therefore the two regions will be considered separately.

Zoundwéogo

The majority of villagers in every age group said they preferred three to four children. Only a tiny minority of women said they desired more than six children.

The consensus across men of all age groups was three to five children, although many of the older men answered "Whatever God gives."

Kéné Dougou

Most of the female opinion leaders (between 40 and 65 years of age) would choose three to four children as the ideal number. Most adult women (between 25 and 45 years) desired four to six. The youngest women (under 25 years old) preferred five or six children.

As for the men, more than half would accept "Whatever God gives." Otherwise, there was no clear consensus among either the opinion leaders, adults, or youth. Their responses ranged from two to sixteen children.

Interpretation of "Whatever God gives" is difficult. For devout Moslems, children are God-given. Stating a desired number would be sacrilegious. Those who answer in this manner may indeed have a preference, but are perhaps uncomfortable asserting human desires over divine ones. Some, however, give this response because they are entirely unaware of reproductive choice.

What is the Ideal Birth Interval?

Adult women from both provinces overwhelmingly preferred a three to four year interval between births. A minority of the eldest and the youngest women preferred somewhat shorter intervals of two years.

Men also prefer intervals ranging two to four years. Most men find a three year interval ideal. Also included in this time span are many who described the ideal interval as "until the child can walk." This developmental milestone indicates the time when the post-partum abstinence period traditionally ends and the husband may resume sexual relations with his wife. Many men, therefore define the ideal birth interval as the time required for the last-born to attain this level of development.

Traditional Contraceptive Methods

Abstinence, meaning either spousal separation or continence, was the best known traditional contraceptive among all villagers.

In Kéné Dougou, only the oldest men and women were familiar with other traditional methods. Apart from abstinence, popular knowledge of other traditional methods was strikingly absent.

Men and women of Zoundwéogo, on the other hand, were familiar with a handful of traditional methods, including rhythm, magic belts and recitation of sacred verses. Several women mentioned breastfeeding as a means to avoid pregnancy. The youngest men, however, were entirely unfamiliar with any other traditional methods aside from abstinence.

Familiarity with Family Planning

Familiarity with the term and the concept varied greatly by region and by respondent's gender.

KénéDougou

About half of the women had heard of family planning. They assigned one of three meanings to this term:

- 1) child spacing;
- 2) healthy development of the last-born child;
- 3) rest for the mother.

Two-thirds of the men had heard of family planning, but only half of them could explain what the term meant. Most of those who did, associated family planning with improved maternal and child health. Among those who define family planning as "child spacing," however, are a minority who understand spacing as a synonym for abstinence.

Only a few of the adult (25 to 45 years) group members perceived family planning as a means to reduce the economic burden of a large family.

Zoundwéogo

The majority of women were quite familiar with the term "family planning" and its meaning. They defined family planning in much the same way as the women from KénéDougou, but enlarged the scope of their definition, adding that family planning also means:

- 1) having children when one wanted and according to one's means;
- 2) family harmony, in particular, fewer quarrels about abstinence.

The women of Zoundwéogo sometimes used the words "joy" and "strength" to describe family planning.

Most men were also familiar with family planning and assigned it the same three meanings as did the women of Kéné Dougou.

Advantages of Modern Contraception

The principal advantages men and women of both provinces associated with child spacing were:

- 1) adequate time for the mother to rest and recuperate before her next pregnancy;
- 2) lengthy breastfeeding and healthy development of the last-born child.

Villagers from Zoundwéogo mentioned avoiding both unwanted pregnancies and closely spaced births as two other advantages of FP.

Villagers of Kéné Dougou occasionally cite early resumption of sexual rapport and family harmony as additional advantages to modern contraception.

Only infrequently did villagers point out that FP would lighten the economic burden fathers and mothers now shoulder.

Disadvantages of Modern Contraception

Three rumors about the pill surfaced in several groups in both provinces:

- 1) The pill causes sterility.
- 2) The pill provokes the birth of twins.
- 3) The pill increases the risk of birth defects.

Other disadvantages sometimes associated with oral contraceptives were nausea, weight gain and the inconvenience of daily administration.

Two disadvantages women occasionally associated with the intrauterine device (IUD) were increased bleeding during menses and lower abdominal pain.

Several men of Zoundwéogo noted that use of modern contraceptives requires women's knowledge of correct use. Several women commented that the required husband's consent presented an obstacle to contraceptive use.

A few of the older men of Kéné Dougou said they were concerned about how freedom from unwanted pregnancy might affect women. They said they worried that contraception might lead to promiscuity among married and unmarried women. A few of the adult men in both provinces also shared these concerns.

Preferred Source of Information about Family Planning

At the top of everyone's list for the best source of information was village discussions led by health workers or village "animators." Villagers from Zoundwéogo, already accustomed to hearing family planning programs on the radio, occasionally suggested radio programs as an acceptable source.

Communication Between Spouses

The majority of men in both provinces, especially the oldest men, said they had never discussed family planning with their wives. "We're not accustomed to talking to our wives about this kind of thing," many declared. Many men contended that until they had the number of children they desired, there was no need to bring it up. Others protested on the grounds of ignorance. Both men and women found the subject to be very embarrassing. Couples living in villages where health workers had conducted village meetings about family planning, however, were the most likely to report having discussed this subject with their spouse.

In Kéné Dougou, about a third of the men said they had discussed family planning with their wives.

In Zoundwéogo, the youngest men were the most likely to have ever broached the subject.

About half of the women from Kéné Dougou said they had talked to their spouses about family planning. Only a minority of their sisters in Zoundwéogo said they had dared. "We don't have the right to talk to our husbands about how many children we desire," the women of Zoundwéogo lamented. "They married us to give them children."

Often, social custom obstructed easy dialogue between husband and wife. "Our husbands don't listen to us," said one woman from Zoundwéogo, "My mother-

in-law had fourteen children!" Many women are not accustomed to holding any sort of conversation with their husbands. In Kérédougou, the reason women most frequently gave for not discussing FP with their spouse was fear that their husbands would batter or insult them.

Religion and Family Planning

While a few Muslims drew a parallel between child spacing through abstinence, as recommended in the Koran, and child spacing through modern contraception, many were ambivalent about Islam's position vis-à-vis family planning.

A minority held that Islam forbade the practice of family planning. The most vehement opponents were among older, religious men. Women consistently interpreted Islam's position on family planning more liberally than their husbands did.

Many men and women believed Catholicism to be supportive of family planning, but against abortion. A number of villagers remarked that the Catholic religion already promotes birth spacing through the rhythm method.

Would You Like More Information?

The answer to this question was a resounding **yes**. Nearly all participants expressed strong interest in learning more about family planning. Adult women believed that once they themselves were more knowledgeable, they could counsel their children wisely. Others were convinced that family planning would allow them to enjoy a better life. Only one group of young men said they were not interested, "We don't want to hear any more about this. We married our wives to have children."

If Family Planning Services Were Available, Would You Use Them?

Villagers of every age were interested in using family planning services once available in their village. "We want to space our births without having to refuse our husbands," many women commented. "We want advice about family planning so we can better care for our families," declared others.

Most women from Kéné Dougou said they would use these services only with the consent of their husbands. Several men from this same province said they

would avail themselves of family planning only if Islam permits. In Zoundwéogo, a number of men expressed concern that the cost of contraception be within their means.

IV. RECOMMENDATIONS

Future information, education and communication (IEC) campaigns can apply these discussion findings to develop messages oriented towards various audiences. A number of examples follow.

Birth Spacing: Modern contraception could be emphasized as a means for families to achieve the long birth intervals most Burkinabè consider ideal. An appropriate message for couples early in family formation would be:

- Thanks to family planning, parents have the time they need between births.

Male-Oriented Campaign: A campaign for men would emphasize the advantages men would enjoy through the practice of family planning. Modern contraception has a powerful appeal to men as an alternative to abstinence. The following messages are likely to appeal to young fathers:

- Good husbands use family planning for sure protection and family harmony.
- The frustration of abstinence is a thing of the past... for the man who knows about family planning.
- With family planning, nuptial harmony replaces discord.

Advantages of Family Planning: Male-oriented messages also need to play up the economic advantages of small families. Men are insufficiently aware of how birth control can assist them in providing for their families. A message for fathers with one to three children might be:

- Food, clothing, housing, prescriptions, school--they cost a lot more now than they ever have--so do children. Ask your local health worker about family planning.

These messages could be directed at fathers with three or more children:

- Everyone knows that today many children mean many worries. Plan your family, before your worries overtake you.
- A planned family is the key to a better life for parents and children.

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"The carrying of [the child] to his weaning is [a period of] 30 months."

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- A child cannot live on love alone. Family planning allows me to have only the number of children I can provide for.
- Every child should be a wanted child. Use family planning to have the children when you can best support them.

- Mothers who want the best for their children choose family planning.
- A child cannot choose when he will be born. Now you can, with the help of family planning.

Communication Between Spouses: By discussing family planning in village meetings, health workers can do a great deal to bring this taboo subject into the open. Health workers and male-oriented campaigns should encourage men to share their feelings about family planning with their wives. It may be easier to convince men to overcome embarrassment than to convince wives who fear their husbands' wrath. These two messages would address young married men:

- Good husbands discuss family planning with their wives.
- Responsible fathers plan ahead for the future. When were you planning to discuss family planning with your wife?

Men of middle age might respond to this message:

- Our world is different from that of our parents, so are the things we talk about with our wives. Family planning is a subject for couples today.

These recommendations suggest only a few possible directions family planning IEC programs might take. This list is by no means exhaustive. The appendices of this report contain detailed responses to each discussion question by population sub-group and province. (A copy of the complete discussion guide is presented in Appendix B). This rich source of information will be useful for developing long-range IEC strategies and in designing messages for specific audiences.

APPENDICES

Appendix A

Training Moderators and
Work in the Field

Appendix B

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Appendix C

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Detailed Discussions by
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Appendix F

Detailed Discussion by
Region and Gender

Men of Zoundweogo

TRAINING DISCUSSION MODERATORS
AND WORK IN THE FIELDTraining FGD Moderators

The objective of this five-day workshop was to train a group of health workers to conduct and record FGDs effectively. Training emphasized an experiential learning technique popular with the participants. In a logical progression, the group studied the theory behind FGDs, participated in model FGDs facilitated by the consultants and practiced leading discussion groups among themselves. After sufficient in-house practice, members of the group tried their hand at moderating discussions in a local high school, health center and factory. Trainees worked in same-sex pairs, alternating roles as moderator or note-taker. At the end of one week, four female and three male teams were capable of conducting a series of FGDs in their province of origin.

Twelve health-workers from two provinces, Kéné Dougou and Zoundwéogo, attended the workshop. The research required moderators who were literate and fluent in both the local language and French. Since the number of literate adults in rural provinces was limited and this research was under the aegis of the MPHSA, health workers were the logical choice for training.

FIELDWORK

Site Selection

The MOHSA selected two provinces with vastly different rural populations for the study. Kéné Dougou is located in the west of Burkina, bordering Mali. Approximately 40,000 people live in this region. The dominant ethnic group is Signify. The predominant language is Dioula. Most villagers living here are Muslim, a minority are animist or Christian.

No media campaign or organized promotion of family planning has yet taken place in Kéné Dougou. Access to contraceptives is very limited and supplies unpredictable. Contraceptives are available only in the two largest towns, Orodara and Ndorola. Ruptures in contraceptive supplies, however, are not infrequent.

Family planning extension work in Kéné Dougou has been minimal. Health agents had conducted some discussions in most of the villages where interviews took place. Their work, however, has been handicapped by a total lack of visual aids or contraceptive samples. Some health workers had received training by the Association Burkinabè pour le Bien-Etre Familial (ABBEF--Burkinabe Association for Family Well-Being), a Planned Parenthood affiliate.

The materials they received during this two-week course were their only reference materials. Village nurses and local people were very frustrated by the lack of contraceptive supplies at the village level.

Zoundwéogo is different in many respects from Kéné Dougou. Located in the center of the country, due south of Ouagadougou, Zoundwéogo is dominated by the Mossi people. The spoken language is predominantly Mooré. The people are Muslims and Christians, very few are animist.

Zoundwéogo is one of 15 provinces included in a MOHSA-JHU/PCS family planning communications project. A number of communication activities have taken place in the province, including performance of plays with family planning (FP) themes. Various radio programs discussing FP reached this province from Ouagadougou.

Village Selection

The discussions were conducted in villages offering various levels of health services. The first FGDs were conducted in the provincial capital where all health structures, including a hospital, dispensary, maternity and pharmacy existed. Staff here included at least one doctor, nurse and midwife. The bulk of the interviews, however, took place in villages with either a Center for Health and Health Promotion (CSPS) or with no formal health structure whatsoever. The CSPS usually includes a dispensary and a maternity, staffed by a nurse and sometimes a midwife. These sites were of particular interest to the study, as they are the ones most likely to offer FP services in the future. The remaining

villages, those without formal health services of any kind, sometimes benefitted from the presence of a villager trained in first aid. This person was usually illiterate and had no access to medical supplies.

Limitations to the Study

In the classic FGD design participants should not know one another. This principal is virtually impossible to respect when conducting research in small villages. Furthermore, it may not apply in an African setting. Villagers are most comfortable exchanging views with people they know. They are reluctant to open up in a group of strangers whom they cannot trust.

Ideally, the moderators should not be known authorities on the topic of interest. The fact that the moderators were health workers, often familiar to the communities they interviewed, might have biased the participants' responses. Participants may have been inclined to express greater interest or more positive attitudes towards the subject to please the moderator.

FOCUS GROUP DISCUSSION GUIDE
FAMILY PLANNING STUDY IN RURAL BURKINA FASO

INTRODUCTORY QUESTIONS:

Modernization has brought about many changes during the last few years: TV, airplanes, refrigeration, plows, etc. Some say that our country is now "a developing nation."

1. At the village level, what changes have affected you and your family?
2. Have there been changes that have affected the family in particular (in terms of health care, education, cost of living)?
3. Does having a large family (with many children) still bring the parents the same advantages as it used to?
4. What are the advantages of having a big family today? Disadvantages?
5. a) In your opinion, what would be the ideal number of children for a family in your village today?
b) Knowing what you do now about the youth of today, if you had it to do over again, how many children would you have?
6. What is the best interval between two pregnancies?

TRADITIONAL METHODS:

7. Since you believe that the best interval is _____ years, how does a woman avoid becoming pregnant in the interim?
8. Are there traditional methods of avoiding pregnancy? What are they?
9. (If people mention abstinence, ask if it's still widely practiced and over how long a period).

MODERN FP METHODS:

10. Have you heard people talk about family planning? What does that mean to you?
11. Today many couples use modern methods to space the births of their children. Have you ever heard of any of these methods? Which ones?
12. What do you know about these methods? Benefits? Disadvantages?
13. Where did you hear about these methods?

14. Do you think your partner has heard about these methods?
15. Have you ever talked about any child-bearing issues with your partner? Why not?

RELIGION AND FP

16. In your opinion, what does your religion say about family planning?

SOURCES OF INFORMATION

17. Would you like more information on family planning?
18. What is the most trust-worthy source for information on family planning (radio, health worker, friends, parents)?
19. If services on FP were available in your village, would you use them?

DETAILED RESPONSES BY REGION AND GENDER
WOMEN OF KENEDOUGOU**Changes Village Women Associate with Development**

Women cited changes in health care at least as often as they did electricity, running water and television. Women of all ages noted the presence of such health structures as hospitals, maternities and pharmacies. Many spoke of the recent vaccination campaigns. Only the oldest women, however, perceived a decline in infant mortality. But both the oldest and youngest women occasionally noted that families were shrinking in size.

Despite their increased access to care, women leveled many criticisms at the modern health system. They frequently lament that medicines are expensive and often unavailable. Adults are finding that traditional medicines are no longer as effective as they once were. As a result of its diminished efficacy, they reason, traditional medicine has begun to disappear.

Many women in their child-bearing years say they are worried by the number of illnesses affecting their families today. They are concerned by the many illnesses women suffer during pregnancy and the frequency of difficult childbirth.

The high cost of living disturbed nearly everyone's peace of mind. Village women feel that their purchasing power is shrinking. Money seems to be losing its value. The youngest women linked their diminished purchasing power with their inability to feed their families. Many protested there was not enough food, or that its cost was beyond their means. Adult and young women often associated the cost of education with the high cost of living. "At a time when life has become more difficult," many observe wryly, "people are helping each other less than they used to."

Diminished rainfall and impoverished soils trouble young and old alike. Village women are distressed by the poor return on agricultural production. One positive economic change, however, has been the creation of garden produce cooperatives (Associations des Cultures Maraichers). These associations have provided women of all ages with a supplemental source of income.

Advantages to Large Families in the Past

Women agreed unanimously that a generation ago having many children assured the family's well-being. Above all, a large family provided an adequate supply of manual labor for cultivation. More land could be exploited, more food harvested. As children matured, they could be relied on to provide for their aging parents. "Having many children was once considered a great honor," recalled the oldest women sadly.

Advantages of Large Families Today

Today the potential benefits of having many children are essentially unchanged--farm labor and social security--but women were dubious about how often this potential is actually realized. The youngest women were still the most optimistic, perceiving many children to be a source of joy. Only rarely did young or adult women assert that having many children would ease the family's burdens tomorrow. Very few were confident that their children would provide them with security in their old age.

Despite the importance large families once had, the opinion leaders saw no advantages to bearing many children today. The litany of disadvantages women associated with large families was long and discouraging.

Disadvantages of Having Many Children Today

"Many children means many worries," older women repeatedly commented, shaking their heads. Women of all ages were frustrated by their poverty. They ask themselves how they will feed and cloth their children when the cost of living is so high. Women in every group anguished over their children's frequent illnesses and their inability to pay the high cost of medicines.

The older and adult women frequently discussed women's suffering during pregnancy and increasing vulnerability to illness at that time. The youngest women seem yet unaware of these problems associated with pregnancy.

For the oldest women, the economic benefits once associated with large families have disappeared entirely. These matriarchs are disillusioned by young people's self-serving attitudes. Children no longer want to work in the fields or at home. They neither respect nor obey their parents. Adults find that providing children with a moral education today is especially difficult. So many young people turn into delinquents.

Once an economic asset, most women now consider large families to be an economic liability. A generation ago, the costs of rearing many children were outweighed by their labor contribution and long-term economic assistance. Parents now fear that formal education may pose an indefinite drain on meager household resources and promise no return on the investment. What is more, these children later show little enthusiasm for working in the fields of their parents or providing economic support to their families.

Adults and elders watch the exodus of youth from the countryside. When they grow up, young men leave to find work. Their families cannot count on them to stay. These economic realities have eroded women's confidence in the long-term economic benefits of having many children.

Ideal Family Size

Older women expressed striking unanimity in their perception of the ideal number of children. A clear majority would choose three or four children, a surprisingly low number for rural families. Many would have only two. Only one woman of the thirty-five older participants said six children would be ideal. None of these older women said the ideal family was "whatever God gives." Late in their reproductive lives, these women all had a very clear idea how many children they considered ideal.

Adult women's responses ranged from two to ten children. The majority of women desired from four to six children. Within this range, most adult women wanted five children. A noteworthy minority wanted as many as ten children. Only two women responded by saying "Whatever God gives."

The youngest women expressed preferences similar to the adults. Most desired either five or six children. Only two of fifty-six young women desired as many as seven children. Three would find "Whatever God gives" to be ideal, the greatest number of women with this response of any group, but still remarkably few.

The Best Interval Between Pregnancies

Adult and young women overwhelmingly preferred a three or four year interval between births. Their responses ranged from two to seven years.

A notable minority of the youngest women, however, favored a two-year interval. The older women preferred intervals of two to three years between births.

Traditional Contraceptive Methods

Among village women, abstinence is unquestionably the best known and most widely used method to avoid pregnancy. Couples traditionally practice abstinence following the birth of a child to avoid a second, closely-spaced pregnancy. Either the wife goes to live with her mother-in-law for an extended period, or the couple sleeps in separate rooms. Traditionally, the couple abstains from sexual relations until the last-born child begins to walk. Apart from abstinence, women's knowledge of traditional methods of contraception was strikingly absent.

As one might expect, the oldest women were familiar with the widest variety of traditional methods. These included various decoctions of leaves and roots, and amulets or magic belts. One woman described two irreversible herbal methods. Only two older women attributed pregnancy to the will of God.

The adult and young women were remarkably unfamiliar with traditional contraception. Only a tiny minority knew any traditional means (apart from abstinence) to avoid conception. Magic belts or cords tied around the waist were better known to these women than herbal methods. Some believed that cutting

the cords with a knife to remove them could render the woman sterile. One woman remarked that the traditional methods are unknown to young women today. Another felt that shame and embarrassment had prevented the transmission of this information across generations.

Not one of more than a hundred women referred to breast-feeding as a way of avoiding conception. A very few adult women responded to the question about traditional contraception by saying that they did not become pregnant when their menstrual cycle resumed late after childbirth. They did not, however, associate late resumption of menses with breastfeeding. None of the women in any age group mentioned abortion in any context.

Modern Methods

In every age group, just under half the women said they had heard of family planning. Women most often defined FP in one of the following three ways:

- (1) birth spacing,
- (2) a health benefit for mother and child,
- (3) a means to allow the mother to regain her strength between births.

In addition to health benefits, young women sometimes perceived that family planning would make it easier for them to meet their families basic needs. By spacing their pregnancies at least two years apart, they believed they would have a better chance of adequately providing for their children's moral and economic well-being.

On balance, less than half of the village women said they knew about modern contraception, and their knowledge was usually limited to the pill.

Advantages of Modern Methods

The principal advantage women associated with family planning was rest: time for the mother to gather her strength between pregnancies. Another advantage, frequently cited by women of all ages, was the healthy development of the last-born child. To the youngest women, child spacing implied adequate breastfeeding of the child before weaning.

At least one woman in each age group mentioned that modern methods would encourage harmonious family relations. This comment referred directly to spousal arguments about sex during the long post-partum abstinence period. Often a time of tension and bickering, wives persistently refuse their husbands because they fear untimely pregnancy. During a period of roughly two years, women often find themselves caught between enraging their husbands and jeopardizing their own health.

Women mentioned economic benefits of FP only occasionally. One woman explained how family planning could make her life better, "With only a few children, a woman could raise them easier. It wouldn't be as hard for her to feed and educate them."

Disadvantages of Modern Methods

Three persistent rumors about the pill surfaced in every age group:

- 1) The pill causes sterility.
- 2) Oral contraceptives provoke the birth of twins.
- 3) Oral contraceptives increase the risk of birth defects.

These rumors were not mentioned with great frequency, but they were known to women of all ages.

Women occasionally mentioned two other disadvantages of oral contraceptives. These were the inconvenience of having to take pills daily, and the "fact" that oral contraceptives cause weight gain.

Source of Information

Health centers, health workers and village discussions were the places where most women found out about FP. Sometimes women had heard about FP from friends. Only the youngest women had heard anything about contraception on the radio.

Almost all participants expressed strong interest in finding out more about this subject. Without exception, they considered their most trustworthy source of information to be the village health agent. Women of all ages wanted to learn more at village reunions, or at the village health center. Many women asked that village meetings include men to sensitize them to the importance of family planning.

A few women chose radio as their preferred source of information, but several others spoke out against it. For those who disliked radio, demanding household and childcare responsibilities leave them little free time to listen to radio programs. Other women said the radio belongs to their husbands and they were very reluctant to ask to borrow it.

Future Use

Women responded very positively to questions about their potential future use of contraceptives. A number of women, in all age groups, would accept only "with my husband's consent." Surprisingly, a handful of older women said they would use contraception whether their husbands consented or not. The older women asked explicitly that health workers sensitize their husbands to the entire issue of family planning. With the help of extension workers, women believed they might have a greater chance of gaining their husband's support.

Communication Between Spouses

While communication between spouses on childbearing issues is unusual, a surprising number of women in each group said they had indeed broached this subject with their husbands. All told, almost half the women participants said they had at some time discussed family planning with their spouses.

Those who had never tackled the subject, said they did not dare. Many women fear their husbands would batter or insult them. "We don't have the right to talk to our husbands about the number of children we desire," some lamented. "He married us to give him children," said others. Several adults were convinced their husbands would ignore them. The youngest often giggled, saying they were too embarrassed to bring it up. Several of the younger women from a very traditional village said they are not accustomed to holding a conversation with their husbands.

Religion and Family Planning

Women's interpretation of their religion's tolerance of family planning varied widely. The majority of participants were Muslim. A number of young and older women felt that Islam was against contraception because children are God-given. One adult woman said, "FP is not permitted because it is a sin not to bear children." Many others disputed this belief on the grounds that the Koran permitted abstinence, hence child spacing, and that family planning was just another means for achieving the same end.

The majority of adult women, however, believed Islam to be favorably disposed toward FP. They frequently added that Islam supported contraception only with the husband's consent. Many believed Islam to be supportive of family planning because it implied healthier children and a harmonious family. Several adults distinguished between birth spacing and birth limitation, noting that Islam accepted spacing but not the limitation.

DETAILED RESPONSES BY REGION AND GENDER
MEN OF KENEDOUGOU**Changes Village Men Associate with Development**

The lion's share of positive changes which men associated with modernization involved health. Many remarked on the presence of trained health workers in hospitals and dispensaries. A number of adults noted that mid-wives help village women in childbirth. They added that the villagers are no longer afraid of health workers as they once were.

The older men often mentioned that many diseases have disappeared, but new ones have come to take their place. While there are modern medicines to treat illness today, villagers find the cost to be prohibitive. The old men are bitter about meager health services, "All they know how to do is give you a handful of prescriptions to fill." With the advent of the modern pharmacology, they have observed that herbal medicines are declining in effectiveness.

Older and adult men found agricultural technology has taken a giant leap forward with the introduction of the plow. Fertilizer has contributed greatly to production. Agricultural technicians have taught farmers new skills. But positive agricultural changes are few when compared to the farmers' growing woes.

Crop yields have declined. Men in almost every group remark on insufficient rainfall. Older men were quick to point out that there is less for their families to eat. The soil is impoverished, the older men agree, and the return on the fruits of their labor is poor. Adults add that food is costly and money does not go very far anymore. The young men say little or nothing about agricultural changes. They only add that it does not rain nearly enough and many ponds have dried up.

The most striking social change is increasing school enrollment. There is strong and unanimous agreement among the men that educating one's children is a very expensive business.

Older men often pointed to the breakdown in their relationship with youth. The older generation is upset by the lack of respect youth display towards their

elders. Many felt that young people have no interest in working the land. Elders have seen their children grow up and leave the village, migrating to other countries or looking for work in the city.

On the other hand, social changes cited by young men are almost entirely positive. They celebrate the evolution of a more open society, more marriages, and the presence of village political groups.

Advantages/Disadvantages to Having a Large Family

"Years ago," the old men said, "a poor man with many children was more respected than a rich man with no children." The elders and adults agreed unanimously. Today, they find the advantages to having many children have all but disappeared. Life is now too expensive to support many children. "Many children means many problems," they said, over and over. The old men recited a familiar litany of woes: the cost of living is terribly high, food is expensive, the moral education of children is difficult. The younger generation has become disrespectful and rebellious. Fully two thirds of the old men no longer saw any advantage to having a big family. "People no longer help each other. It's every man for himself nowadays," they lamented.

Adults tended to agree with their elders when they remarked that young people demonstrate little interest in working in their family's fields today. Adults too are touched by youths' exodus from the countryside. Many grumbled with frustration that they could no longer satisfy their children's growing material demands. Adults lives are marked by their struggle with impoverished soil. They are worried about the shrinking limits to arable land.

Even the youngest men were sensitive to a growing burden associated with large families. The majority of young men believed the advantages to having a large family are not the same as they once were. They too are aware that family solidarity has weakened. One young man remarked that there is no understanding between the youth and the elders. The young men agreed with the

elders, a philosophy of each for himself now prevails, but young men do not perceive this change to be an entirely undesirable thing. Some recognized that providing a child with traditional values is more difficult than before, and several noted increasing delinquency.

Older men and adults still found an occasional advantage to having many children. For the elders, with a big family, not all the children could be bad. With many children, one contended, the family name would be carried into the future.

The adults mentioned only two advantages. One said many children was an honor for the family. Another recalled that having many children insured that some would remain if others died.

Only one group of young men from a very traditional village still maintained that having a large family still was very important to them. For them, the purpose of marriage was children. They found discussion about any kind of birth control offensive.

Ideal Number of Children

More than half of the old men believed the ideal number of children to be "Whatever God gives." Of all the groups interviewed--male and female--older men were unique in this expression of their idea!. When they cited specific numbers of children, their responses ranged from one to twelve.

Among adult and young men, there was a notable lack of consensus on the ideal family size. Their responses ranged from two to thirteen, only one resigned himself to God's will.

The young men also disagreed on the ideal number of children. Village youth claimed eight to twenty children as ideal while youth from the provincial capital preferred four or five. Some village youth were adamant in their search for large families. "We get married to have children," they protested, "not to avoid them."

Ideal Interval Between Births

Older men widely agreed that the ideal interval between births was two to three years. Included in this time span are many who said "until the child can walk." Only a few felt that a four or five year interval was ideal.

Adult men expressed a preference for slightly longer intervals than did their elders. Most opted for a three-year interval, many preferred four. Only a few chose two years.

Youth's preferences are most similar to that of their elders. Young men show a strong interval preference for two and three years. Many included in this period said "until the child can walk." Only a few gave four years as the ideal interval. None suggested an interval longer than four years was ideal.

Traditional Contraceptive Methods

Without question, abstinence is the best known method among men for avoiding pregnancy. A majority of men of all ages cited abstinence as the only traditional contraceptive method. Men of all ages frequently commented that abstinence is now very difficult to respect. Abstinence implies a period of two to three years without sexual relations.

In the past, when polygamy was not uncommon, men continued sexual relations with other wives while the nursing mother abstained. In an increasingly monogamous society, men no longer have other spouses. Most men agreed that men do not respect the long period of post-partum abstinence as they did in the past. Increasingly men seek sexual relations outside the marriage, a situation which troubles wives greatly.

Aside from abstinence, older men were somewhat familiar with the use of fetishes to prevent unwanted pregnancy. The elders mentioned two herbal methods. One is employed to decrease the man's libido during periods of abstinence. The other is used to depress the woman's fertility.

Adult and young men said they knew exceeding little about traditional methods. Only rarely did these men mention fetishes or amulets as protection from pregnancy. The young men admitted that traditional methods exist, but they, themselves, do not know them. "The old men know, but not us," they shrugged.

Only one old and one young man suggested that surveillance of a woman's menstrual cycle was a traditional method. Both men said these were secrets passed to them by their mothers or grandmothers. One advised abstention during the woman's first fifteen days after menses. After that time, one could have sexual relations without risk. The other counseled that intercourse should begin "between the woman's two moons" (menses). Ironically, both these prescriptions encourage intercourse at a highly fertile time.

Have You Ever Heard of FP?

Two-thirds of the men interviewed said they had heard of family planning. This was as true for the old men as for the young. Although many had heard of family planning, only half could offer an explanation of what family planning actually meant.

Among the old men there was the widest consensus. Child spacing meant not exhausting the mother, the father and the last-born child. Several also remarked that child spacing ensured the well-being of the mother and child. Only a minority mentioned family planning as a means to better manage the family's assets.

Adult men were somewhat more aware of the economic issues related to child-spacing. As often as they noted that FP enhances family harmony or allows mother and child to grow strong, they mentioned reducing the economic burden of the family. One youth noted that the practice of FP would allow the woman to return to the fields with her husband. Several adults remarked that FP allowed a woman to choose to become pregnant when she desired.

Young men associated FP with the well-being of the child and the family. The advantage most frequently cited by youth was "to avoid exhausting the parents and the last-born child." Several men mentioned that birth spacing permitted the child to develop properly. Just one said that it allowed the woman to rest.

Modern Contraceptive Methods

Men of any age who could name at least one contraceptive method invariably knew the pill. As one might expect, the oldest men were the least familiar with modern contraceptives. Only about a fourth knew of any method. The adult and young men were substantially better informed. Almost all the discussion participants had heard of the pill.

Few men mentioned either injections or condoms. Only one man in more than 76 interviewed referred to the IUD. He was under 25 years of age.

Villagers' knowledge of modern contraceptive methods was limited indeed. Aside from the pill, men of all ages knew little or nothing of alternative methods.

Advantages of Modern Methods

The benefit of modern methods which most appealed to older men involved early resumption of sexual relations with their wives. They understood that contraception would permit them to resume sexual activity after childbirth without the mother's risking another pregnancy. Modern contraception, therefore, presented an alternative to long and highly unsatisfactory periods of post-partum abstinence.

Most of the other benefits older men recognized were health-related. In their eyes, birth spacing would promote the well-being of mother and child. Several specified that contraception between pregnancies would permit the mother to rest and regain her strength. Just one elder remarked that modern methods would enable older, multi-parous women to avoid high-risk pregnancies.

Returning to the many-children-equals-many-problems theme, several participants admitted, "Family planning would mean avoiding many problems." Only one elder cited having the number of children one desired as a benefit. The infrequency of this response is not surprising given the number of elders who stated that their ideal number of children is "Whatever God gives." Many older men had difficulty identifying advantages to modern contraception, a new and revolutionary concept for many of them.

Adults indicated these same advantages to maternal and child health, sometimes adding that family planning would reduce the economic burden on the parents. One man remarked that with longer birth intervals, the woman would be able to return to work in the fields with her husband.

For young men, the principal advantage to the spacing of births was to ensure the health of the last-born child. The young men were aware that early and abrupt weaning often compromised the youngest child's health. Several felt that the advantage of contraception was to avoid unwanted pregnancies. Only one participant pointed out that family planning would benefit the mother by allowing her to recuperate between pregnancies. The young men also agreed that modern contraception would provide relief to those who could not respect long periods of sexual abstinence.

Disadvantages of Modern Methods

For older men, the most serious disadvantage of modern methods was the risk of subsequent sterility. Several adult men were also concerned by this possibility. Surprisingly, young men never mentioned sterility as a consequence of contraception. One older man mentioned that women gave birth to deformed children after using modern contraceptives.

A number of older and adult men were concerned about how freedom from unwanted pregnancy might affect women. The elders were disturbed that once free from the risk of pregnancy, married women might seek out extra-marital

liaisons. For older men, infidelity ranked second only to sterility as a disadvantage to contraceptive use. A minority of the elders took this train of thought a step further, musing that it could lead to promiscuity among young women, a repudiation of marriage and even refusal to bear children.

Adult men also expressed concern over sexual promiscuity among the young and infidelity among the married women. They voiced these concerns, however, much less often than the older men did.

The young and adults remarked that to avoid conception, women needed to understand how to use the methods properly. Accidental pregnancy resulting from incorrect use was a drawback to use of modern methods.

The youngest men had the least to say about disadvantages to contraception. They appeared to have reflected very little on this subject previous to the focus group discussions. One suspicion voiced by several young men, however, was that use of modern contraception could later result in "obstetric problems," presumably sterility.

Preferred Source of Information

Most men had heard about family planning from health agents during village reunions. Quite a few, however, had heard about it from their wives. Only a few mentioned radio as a source of information. Men felt health workers to be their most trustworthy and credible sources of information.

Communication Between Spouses

Although the majority of men had not discussed family planning with their wives, as many as a third said they had. Among those who had not had such a discussion, many were embarrassed. Many men of all ages had not because "Men do not discuss childbearing matters with their wives." Only one admitted that he had not because of a lack of information.

Religion and Family Planning

About half of the Muslim participants said they believed that Islam forbids family planning, but only some of the elders said they believed it to be a crime. The adults had the most liberal interpretation of Islamic doctrine, sometimes drawing a parallel between abstinence and contraception as similar means to the same ends. They did point out, however, that the Koran forbids birth limitation. The elders who maintained a more tolerant view of the acceptability of family planning also distinguished between birth spacing and limitation.

The animists believed their religion permits the practice of family planning. Catholics and Protestants also found family planning acceptable. Protestants, according to some, forbid abortion.

Would You Like More Information?

The only men who answered negatively to this question were a group of young men from the village of Niampebougou. These youth held among the most conservative views of all the men interviewed. "We don't need information on family planning," they insisted. "We married our wives to give us children."

Future Use of Family Planning

Most men expressed interest in using family planning services were they to become available in their villages. A few would use it only if they knew it was acceptable to Islam. The young men of Niampebougou wanted nothing to do with family planning. "If my wife brings home a packet of pills, I'll divorce her the same day!" one young man declared.

APPENDIX E

DETAILED RESPONSES BY REGION AND GENDER WOMEN OF ZOUNDWEOGO

Changes Village Women Associate With Development

The changes that most women noted with respect to health included vaccination campaigns, the construction of primary health care centers in all of the villages, the presence of birthing houses and dispensaries. These various health structures have not only improved health care, but also increased local access to services. Despite these positive changes, women are concerned by an increase in illnesses, especially "new diseases." The adult women gave AIDS as an example of one such disease. Although prescription medicines are available, they are often too expensive for villagers to afford.

The youngest women were the only ones to mention a drop in child mortality as a result of improved health conditions.

The adults observed an increase in the birthrate.

Women across the board grapple with the spiraling cost of living daily. Meeting children's needs for food, clothing, school expenses, and medical costs is a struggle. "It is so difficult for us to satisfy the immense material needs of our children," many admitted. "The young now want to follow fashion," another remarked. Whenever women referred to education, it was in reference to the costly fees and school supplies that made sending their children to school so difficult.

They also underlined several changes in marriage practices, such as the disappearance of forced marriages, an increase in younger age at marriage, and a higher rate of divorce. For several adults, the promise of women's emancipation represented a major change in Burkina society.

The younger women believed that their generation enjoys improved relations between spouses. Other young women, however, resented that husbands no longer helped them raising the children. The older, opinion leaders not only shared this point of view, but also perceived a wider social disintegration. While disciplining the children was once the responsibility of the entire village, now discipline is

the nuclear family's exclusive domain. "Before a child belonged to the whole community, but now one cannot discipline another's child," said one woman, speaking for many.

Both the young and adult women said they saw individualism and selfishness as a key theme affecting economic change. Families can no longer expect their grown children to support them. Young people are more likely to use their earnings for themselves, than to turn them over to their families.

Adults and opinion leaders were troubled by youth's migration to urban centers and neighboring countries. "Children no longer remain with their families, they go to the city," many admitted dejectedly.

Advantages of a Large Family Today

All groups attributed more disadvantages than advantages to raising a large family today. Recurring themes in all discussions include: the high cost of living, insufficient rain, the struggle to nourish many mouths, and multiple material needs and desires of large families.

Villagers associated many social problems with having many children. Women of all ages are troubled by the increase in juvenile delinquency and young people's apathy towards working the land. At a time when the young need their elders' guidance most, they turn a deaf ear to parental counsel. Parents are galled by youth's lack of respect for their elders. They recognize an erosion of traditional familial and social control over their children with bitterness.

Some adult women still defended large families as a source of pride and prestige. The older opinion leaders, however, protested that this was no longer true. The youngest women anticipated the effort required to raise many children uneasily. They contended that it was exhausting to have large families.

Ideal Number of Children/Interval Between Births

The majority of women, regardless of age, believed that three to four children was the ideal number. Only a very few women responded by saying, "Whatever God gives."

Very few women felt more than six children would be an ideal number.

Ideal Birth Interval

Nearly all women preferred birth intervals of three to four years. The adult women expressed the strongest partiality for long intervals. This choice is understandable, given that most have already borne several children and face many fertile years ahead. The minority who expressed a preference for two year intervals were at either extreme of their childbearing spectrum.

Traditional Contraceptive Methods

Without question, abstinence was the traditional means of contraception women knew best. During the post-partum period, the woman leaves her husband to live with his or her family for up to three years.

A number of older and younger women also referred to breastfeeding as a traditional method of birth spacing. Other traditional methods familiar to women of all ages included magic belts and ties and sacred words spoken by religious leaders. The adults were the only ones to suggest that polygamy is a traditional method of birth spacing.

What does Family Planning Mean?

Most village women had heard the term family planning, but only a minority could actually define it. Most understood FP to mean birth spacing. For others, spacing meant allowing the mother sufficient time to recuperate between births. It was unclear how many women understood birth spacing to mean abstinence rather than use of modern contraceptive methods. At least one woman defined family planning as "no sexual relations." None of the participants associated birth limitation with family planning. Young and adult women interpreted family planning as having children when one wanted them and according to one's means.

Some adults believed family planning meant "to avoid suffering." One adult woman said that "closely spaced pregnancies are exhausting and can kill." Another adult used the words "health, joy and strength" to describe family planning.

Which Modern Methods Have You Heard Of?

Of all the methods, women were most familiar with the pill. The condom was the second best known method among all women. A few villagers in each group mentioned the IUD, spermicides and injections, but not nearly as often as they did the pill or condom. Some adults and opinion leaders were acquainted with the rhythm method. One older woman had heard of tubal ligation. Overall, women's knowledge of modern contraceptive methods was very limited.

There was a marked difference between the level of contraceptive knowledge among those in villages with a center for health and health promotion and those without. Women's awareness was significantly higher in villages where this health structure existed.

What Are the Advantages to Modern Family Planning?

Women found two compelling advantages to family planning. The first was that family planning enabled them to space the births of their children. The second was that modern contraception would allow them to fully recuperate between births. Several women believed FP would assure the healthy development of the child. A number of women in every age group were entirely unaware of any advantage to the practice of contraception. The opinion leaders were the least knowledgeable about advantages and disadvantages to contraceptive use.

The disadvantages villagers associate with family planning mostly refer to oral contraceptives. The pill was criticized several times for causing women to "become sick" or gain weight. Cancer, miscarriage, sterility, and nausea were each mentioned at least once. Other methods (presumably the IUD) cause lower abdominal pain and increased menstrual bleeding. Several adult women found the spousal consent required to receive contraceptives to be an obstacle.

The young women pointed out that one cannot use modern methods indiscriminately. A woman who does so risks becoming ill.

Religion and Family Planning

The majority of participating villagers were either Muslim or Catholic. Many women admitted that they simply did not know whether their religion supported family planning or not. According to the Muslim women, Islam is not opposed to family planning. Not a single woman believed family planning to run counter to Islamic religious doctrine. Several women noted that Islam does condemn birth limitation and abortion. One of the youngest women believed that Islam counselled people to have as many children as they could afford.

Catholicism, according to the young and adult women, does not prohibit family planning, but does forbid abortion. The opinion leaders added that Catholicism advocates birth spacing through use of the rhythm method.

Where have you heard About FP?

Most women had learned about the subject from health workers at village meetings or at the various medical facilities (maternities, dispensaries, etc.). Only a few had discussed family planning with friends.

A few of the women had heard about family planning on the radio. Opinion leaders did not cite radio as a source of information. One group of opinion leaders, from a village with no health structure, had never heard of family planning. Several adult women had been exposed to family planning through literacy courses at the "Centre d'Alphabetisation."

What is Your Preferred Source of Information?

Women expressed strong consensus that village reunions are the best forums for finding out more about FP. Many women had confidence in information supplied by health agents. Several women suggested that men also be included in these discussions. Two respondents suggested radio as a preferred source, one indicating that radio would be most likely to reach her husband.

Have You Ever Discussed Family Planning With Your Spouse? Why Not?

Only a minority of women in each age group had ever discussed family planning with their spouses. Often social custom obstructed dialogue between husband and wife. "We don't have the right to speak to our husbands," they explained, "It's not our custom." Several women were afraid to broach the subject.

When childbearing issues were raised, however, it was usually in disputes over abstinence, hence the remark, "We avoid talking to our husbands when our children are little for fear that they'll want sex," or "We argue about family planning when my husband wants sex." Many couples do not realize that modern contraception offers them new possibilities. "Our husbands aren't interested. They don't want to hear another word about abstinence and they refuse to go for three years without sexual relations."

Many of the youngest women who had discussed FP with their husbands reported that their spouses had reacted quite negatively. "Oh, I've tried talking to him about it," one young woman said, "but he refused to listen to me. He thought I was talking about abstinence!" Several others said their husbands are against FP because they still want many children. One woman threw up her hands, "Our husbands don't listen to us...my mother-in-law had fourteen children!"

Family planning creates problems in polygamous households. Several women admitted that they cannot discuss contraception with their husbands because he is the husband to more than one wife.

A minority of adults had discussed family planning with their husbands. One older woman said that after she explained to her husband how child spacing would benefit them he regretted not having known about it sooner.

Would You Like More Information on Family Planning?

All groups requested more information. The youngest women were certain that modern methods would provide a welcome alternative to abstinence. Women were certain that shortening the abstinence period would make their husbands happy.

Adults and opinion leaders believed that knowing more would help them counsel their children and daughters-in-laws wisely. "We want to be able to counsel our children who have many pregnancies," one older woman explained.

If FP services were available, would you use them?

Village women of every age approved of family planning and said they would utilize these services, once available in their villages. "We want to space our births without having to refuse our husbands," some commented.

DETAILED RESPONSES BY REGION AND GENDER
MEN OF ZOUNDWEOGO**Changes Village Men Associate With Development**

Men of all ages groups remarked on the construction of health care facilities such as dispensaries and primary health care centers. The youngest men noted that village maternities and midwives have assisted their wives with childbirth. Many observed that vaccination campaigns have led to a decrease in the number of cases of measles, polio, and meningitis.

A few adults from a village without any health facilities said that modern medicines have accompanied modernization. They pointedly noted that their village, however, had no dispensary.

In nearly all groups, men mentioned that access to education was easier today, especially with the increasing number of schools. Several young men noted that now there were high schools in all the provinces. Others were concerned by the lack of teachers. Just about everyone was aware that literacy courses in the local language were now available to adults.

Men of every age remarked on changes in the age of marriage. They observed a clear trend for men to marry at a younger age. The opinion leaders worried that it might become difficult for a man to marry after 30 - 40 years of age.

Elders mentioned that the initiation of young people into adulthood with ritual circumcision and excision is disappearing.

Advantages and Disadvantages of Large Families

Across all age groups, the inconveniences of having a large family today far outweighed the advantages. The most commonly mentioned drawbacks were: the high cost of living, education-related expenses, the cost of food, medicine, clothing, and excessive material needs of children today.

Many reflected on the breakdown in family solidarity with regret. Villagers condemned the selfish and disrespectful attitudes of today's youth. The young

not only refuse to labor on their family's behalf, but assist their family with expenses only sporadically. Village elders have become accustomed to seeing young men abandon their parents and join the rural exodus once they reach adulthood.

Ideal Number of Children/Ideal Interval Between Births

Although the responses varied greatly, the majority of respondents felt the ideal number of children was three to four. A number of older men still found the ideal number to be "Whatever God gives."

There was solid consensus among men of all ages that the ideal interval between births was three years.

Traditional Methods

Men cited abstinence far more often than any other traditional method. In fact, those under 25 knew of no other traditional means of contraception. Adults sometimes mentioned polygamy as a traditional method of spacing births.

One adult group described a traditional method involving the sacrifice of a bull. Older and adult men were familiar with two other methods: tying of an animal's tail and recitation of sacred words, and magic belts for the woman.

What does FP mean?

Villagers of all ages had heard of family planning, but many were unfamiliar with exactly what it meant. The three most common interpretations were birth spacing, adequate growth and development of the child and renewed strength and health for the mother. A few understood family planning as a means to insure adequate breast-feeding of the youngest child. Several understood family planning as a means to avoid closely spaced births.

What are the modern methods?

Only a minority of villagers could describe one or more contraceptive methods. The pill, the condom, and the injection (in that order) were the best known methods to participants of every age. Several men had heard of the IUD and the rhythm method ("menstrual cycle"). One adult had heard of vasectomy. Every group, however, included at least one member who could not name a single modern method. Several men admitted, "We've heard about these methods on the radio, but we've never seen them with our own eyes."

Advantages/Disadvantages to Modern Contraception

Although respondents attributed more advantages than inconveniences to modern methods, most men were not aware of the advantages of modern contraception. The most frequently cited benefits related to maternal and child health. These included avoiding unwanted pregnancies, improving the mother's health and strength, and assuring the healthy development of the child and his siblings. Men did not mention any economic or specifically male-oriented advantages, such as reducing the burden on the father, allowing early resumption of sexual relations, etc.

When men referred to the risks or inconveniences, these generally related to the pill. The most frequently mentioned disadvantage of pill use was risk of pregnancy when the pills were used incorrectly. One young man reported that the pill caused heart palpitations. The adults occasionally expressed concern that women would become promiscuous.

The myths and misinformation about different contraceptives were relatively few and not well known among men. For example, only one opinion leader reported that the pill causes deformities and multiple births. Another elder had heard that the IUD caused cancer and would not stay in place. One adult was concerned that sterility would result from contraceptive use. One opinion leader stated that condoms were fragile and could tear easily.

Religion and Family Planning

Most villagers were either Catholics or Muslims. Men seem ambivalent about whether family planning is acceptable to Islam. While only one elder went so far as to say that family planning practice is a sacrilege, many men said that "God gives the children." Only one elder said, "God gives the children and one must accept what God gives." Whether the response "God gives the children" indicates a strong religious bias against contraceptive use is unclear. In every age group, at least one villager said that Islam counsels believers to have the number of children they can afford.

On the other hand, many men believed Catholicism to endorse family planning. The Catholic point of view was that a man should marry one woman and have only the number of children he could afford. Several adults noted that Catholics should avoid polygamy as a big family brings problems. Only one elder believed that Catholicism forbade use of contraception and abortion, recommending only abstinence.

Where have you heard about family planning?

Most men indicated they had heard of family planning at village reunions or had received information from health workers during visits to health facilities.

Many respondents had heard about family planning on the radio. One man added, "But we couldn't ask questions." Only a few men had talked about it with friends. Several had learned about the subject in their literacy courses.

The Best Source Of Information

At the top of everyone's list for the best source of information was village meetings and health discussions. A number preferred reunions because they "encourage debate and instructive discussion." In nearly every group, some members suggested health care workers or village "animators" as the most reliable sources for information. Many added that films, flip charts and other visual aids would help people better understand this subject.

The groups requested that health agents conduct village discussions as part of an awareness raising campaign. Elders wanted to see films on family planning. They also proposed that village animators instruct people in all the villages. Villagers suggested that an expansion of service delivery follow this awareness campaign. The younger men suggested that to facilitate discussion, women, men, young and old be separated during the sessions.

Radio was the second most preferred source of information. One young man said that he liked radio because he could listen without embarrassment. The opinion leaders had some reservations about radio, adding that the information was sometimes hard to grasp, and that radio was not accessible to all people.

Have you discussed FP with your spouse?

Most men, regardless of age, had never discussed family planning with their wives. This was especially true for the older men. "We're not accustomed to discussing this subject. It's embarrassing," many said. "Our grandparents didn't talk about it," explained one young man. Only the elders believed there was already a tacit understanding about family planning between husband and wife, "We have never discussed the subject in our family because before the wife gives birth the husband already knows that it will be three years before he can approach her." For many men the topic of family planning was an embarrassing one.

The youngest men felt they were too young to discuss family planning with their wives. Some of the adults and elders echoed this sentiment, explaining that their wives were still young and wanted more children. These responses indicate a widespread perception that family planning is not relevant until after the birth of many children.

One young man made an interesting aside, saying that although men of his village do not exchange views with their wives, they had attended the same village meeting about family planning.

Many of those who had discussed the subject with their partners did so because there was an urgent need to protect their wives' health. One man explained, "After seeing the condition of my young infant, I suggested that my wife go to the dispensary." Another agreed, "I proposed contraception to my wife because both she and the baby were sick all the time." Those who had addressed the subject were already convinced that family planning would allow them to live better. The sensitive nature of the subject touched them, too. "We've discussed it, but we were embarrassed," they shrugged.

Would you like more information?

Members of all groups unanimously desired more information. Many argued that access to services and information would enable them to escape from ignorance. Others were convinced that family planning would provide them with a better life. "This will enable us to avoid suffering," one man said.

More information would enable many potential supporters to spread the word. "We would be able to inform others, such as our wives and neighbors," some reasoned.

If you had family planning services in your village, would you use them?

The majority of villagers responded affirmatively. One adult said he would use contraception because "It would help us to plan our families because food is in short supply and we struggle with our families' health problems." Another adult remarked that contraception would help avoid pregnancies among young, unmarried girls living with their parents.

Young people also expressed concern that contraception be within their means. Opinion leaders, on the other hand, declared that even if the cost were high they would gladly use family planning services.

Only a few of the elders said they would not use family planning services in the future. Their reason was that they still wanted more children.