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**PRE-SURVEY FOCUS GROUPS
IN BURKINA FASO**

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INTRODUCTION

The Center for Population and Family Health (CPFH) is cooperating with the Ministry of Public Health in Burkina Faso in operations research to identify barriers to utilization of family planning and family health services in Ouagadougou. The overall objective is to improve access to child spacing services which are integrated with the MCH delivery system. Both quantitative and qualitative methods are being used. The quantitative components consist of male and female sample surveys on family planning knowledge, attitudes, and practices conducted between February and May 1986. The qualitative research technique of focus groups helped the design of the survey instruments and it will be used after the preliminary analyses of the survey data in order to further investigate some of the more interesting findings.

Two male and two female pre-survey focus groups explored participants' reactions to the general concepts to be covered in the survey as well as to some specific proposed questions. One male group, made up of survey pretest respondents, was assembled to learn their reactions to the very experience of being interviewed. The analyses of these four group discussions are presented below.

MALE FOCUS GROUPS

The first of the two focus groups with male participants was made up of seven men who had been respondents to the survey pretest. The second group was made up of six men who had no prior

experience related to the survey. The group sessions were tape recorded.

The facilitator for both groups was a male social worker from the *Ministere de l'Essor Familial et la Solidarite Nationale*. He had been trained in focus group technique during a seminar on interpersonal communications organized by the *Ministere de l'Essor Familial* and supported by *Population Communication Services* of Johns Hopkins University. (See attachment for a Facilitator's guide.)

First Male Group

The first group meeting was held in an office on a Saturday morning (a non-working day) and the atmosphere was calm and relaxed. The discussion was conducted primarily in French with occasional exchanges in Moore; despite the request that all the participants be able to speak French, there was one who did not. The discussion was animated with all of the participants taking an active role. (The non-French speaker actively participated in the Moore sections.)

The seven men in the first group ranged in age from about twenty to forty and, as noted above, all had been interviewed during the pre-test a week before. The facilitator opened the group with the introduction (explanation of the purpose of the focus group and need for recording it) and then led the discussion to the participants' reactions to the survey questionnaire and to being interviewed.

The consensus of the group was that the survey was a positive experience, that the questions were very good, and that it is important to talk and learn about family planning. The

participants suggested that the questions be asked of people of different social levels because it is important to get the opinions of others. They felt that they had profited from their participation in the survey and in the focus group and hoped others would have the same opportunity. One respondent suggested that he and the other participants become educators of sorts so they could share their experience with others.

In the questionnaire, respondents were asked how many of their children had died. In the focus group, the sensitivity of this issue was explored. According to the respondents, this is an acceptable topic:

"The child who is dead is like the one who is alive because you can not forget him."

"Once you bring a child into the world, you always see his face... You can think of him from time to time."

There was much discussion regarding whether it was good or bad to have many children. The general feeling was that it was good to have as many children as you could afford. Since "life is very hard now," this means having fewer children than previous generations had. In cities particularly, the cost of maintaining children--school fees, food, medical bills--makes it difficult to support a large family. "Now with modern life, it is not good to have many."

These urban dwellers, commenting on village life and family size, had mixed opinions.

"In the rural areas, if you tell them not to have many children, they will chase you away. In the village, it's not like in town here. There, the children help the parents one day."

"If you don't have children, you are lost (in the

rural areas)."

But other ideas were also expressed:

"With the dryness it's very difficult for a head of the family to maintain a large family."

"Now, when you have many children, you have to educate them, maintain them well. Besides that, they don't even want to farm anymore. They will leave you and you will continue to suffer. So you have children for nothing."

"Currently, villagers don't want more (children) because...you have to buy notebooks, books (for school). I have often seen parents taking their children out of school."

Schooling is seen as important in order for children to make it in today's world.

"Look at me. I didn't go to school but I could always do something to be able to eat. But today (it's hard)."

Children brought up in families with insufficient means to support them are viewed as social problems because they remain unemployed and become "delinquents." Rural to urban migration increases the large numbers of delinquents already in the cities.

The discussion next turned to family planning, what it was and what it meant for Burkina Faso. The main idea expressed was that family planning was synonymous with birth limitation, although its usefulness for spacing births was also mentioned. A concern voiced was that women would use contraception without their husbands' consent in order to have extramarital affairs:

"For me, there is no problem. But for others, if you talk about this to them, he will say 'If I give this to my wife, maybe she will use it to her advantage and go out and do what she wants, do stupid things....' Because of this, it would be hard for people to accept."

To avoid misunderstandings and mistrust, the importance of confidence and agreement between the husband and wife was stressed. "If you are married, one person shouldn't do something in the absence of the other."

A notable different opinion emerged from the oldest member of the group.

"It's no big thing if a woman who already has 3 or 4 children, if she takes something (a contraceptive) in the absence of her husband. It's a help to her husband."

It is unclear whether he meant physical absence or simply "without knowledge" of her husband.

The danger of taking contraceptive pills without prescription, or without medical supervision, was brought up. Sharing medicines of all kinds is widely practiced although the group members said that this was not good because each person's sickness differs. They said that women would share pills in the same way and this was dangerous. Judging from the comments, however, medical safety was not the real issue. Instead, it served as an acceptable excuse for the actual fear, which was that married women would use the pill without their husbands' consent. Regarding taking the pill without prescription:

"If it's a young girl, it's good, it's normal because she has her life to live. But if it's a woman who takes pills without prescription, that will create problems. Because there are women who take (the pill) and whose husbands don't know."

It is very interesting to note that there appears to be no moral objection to unmarried or young people using contraceptives; married women present the greater problem because they have husbands who might be betrayed. In fact, family

planning was thought to be particularly important for young people.

"When you are with your girlfriend, you do everything to avoid a pregnancy."

"I speak of my own case. When I go out with a girlfriend, I don't want her to get pregnant because it creates problems for me. Because, at the moment, I'm a student and I have to look for ways and means to prevent pregnancy... (It is important) for the older people too, because they are directly concerned. For example, for a father who has a daughter in school... The mother is involved. She is obligated to give the daughter all the information she needs to avoid pregnancies."

In principle, family planning was considered to be a good thing for the family, particularly for economic reasons. An opinion voiced over and over again was that "You should have children according to your means." Rich families could afford to have many but the poor could not, and "When you marry, you can no longer count on other people." Thus, it is up to the head of the family to provide and that is becoming ever more difficult.

Family planning was also considered good for women for health reasons.

"It's a good thing for the woman. Traditionally, the woman was sent to the village after she gave birth. She stayed there until the child could walk."

Now, it was said, that is no longer practical because life has become expensive and there is nothing in the village.

There appears to be resistance to birth limitation.

"When you only have 2 or 3 children, at the end maybe, it's zero because the children will all die. That encourages people to bring a lot of children into the world because while some die, some will remain."

"If you have only few (children), sickness will come and kill them."

The discussion next moved on to particular contraceptive methods. There were some references to problems associated with the pill and the group agreed that the pill like any medicine, including traditional ones, needed proper follow-up. Vaginal douching and condoms appear to be associated with prostitutes and are used for avoiding venereal disease rather than as contraceptives.

The group agreed that popular education on family planning was needed. They felt that women, especially, were poorly informed and must be reached.

Second Male Group

The second group was made up of six married men, 25 to 35 years old. The discussion was held in the Moore language, in a neighborhood office of the political party. The site is often used for neighborhood educational talks and discussions and all the participants were familiar with it.

The first topic discussed was interpersonal communications between the men and their wives. Given the importance placed on agreement and understanding by the first group, this group was asked what kinds of subjects they discussed with their wives.

Health and family hygiene figured high on the list of topics frequently discussed. Children's illnesses were also important. The mother is primarily responsible for the care of sick children because "the child is always with the mother," and it is she who obtains treatment. The mother will always try traditional treatment first because it is relatively inexpensive and is readily available at the market where she has to go anyway to buy

the day's provisions. She pays for the traditional medicine with her household expense money and does not have to ask her husband for more. The group members thought this was a good system. If the sickness persisted, however, the mother would take the child to the dispensary and it would then be up to the husband to purchase the high-priced medicines in the pharmacies. The men reported that some women are "lazy" and do not bring a sick child to the dispensary. With further probing, the men admitted that women behaved this way based on experience: their husbands never bought the medicines, so why bother going to the dispensary?

Government dispensaries are associated with long waits during which, the men reported, the child's condition worsened. Sometimes, even after waiting a long time, the patient would not be seen. Private clinics are much preferred because the waiting time is shorter but they are expensive since the client must pay for the consultation as well as for the medicines.

The group discussed intramarital communications regarding sexual matters. According to the group, it is almost always the man and only very rarely the woman who initiates relations. In polygamous households, the cooking and sexual duties are related and are very clearly organized. (The wives take turns: each one cooks and stays with the husband for a set number of days at a time.) The group agreed that routinely sharing the same bedroom, as some monogamous couples do, presented problems. There is continual temptation and more frequent sexual relations, which led to poorly spaced births and frequent childhood illnesses. The men saw themselves as responsible for poor spacing.

"The man is responsible for poorly spaced pregnancies

because it is he who proposes sexual relations. If he wants to avoid this situation, it is he who must do something."

This group was divided over whether it was good or bad to limit family size. The minority thought it was bad because you do not know which children will be the good ones. The first ones may be thieves, and the later ones very good.

"Women who take (contraceptives) kill the children that would have come."

The fear of child mortality was also raised.

"If a woman takes something to stop having babies, and if measles comes and kills all three of the children she has--the husband has to marry another woman."

This minority also believed that it was acceptable to have many children with the expectation that the means to support them will come in the future.

The majority of the members, however, thought that having three to five children was a good idea because you have to be able to give them what they need to grow.

"If there are not many condiments in the sauce, the sauce is not good."

Similarly, if there are insufficient means for the child, he will turn out bad.

"With three or four children, you can nourish them, school them, and care for them when they're sick. If you can do this, they will be the great men of tomorrow."

These men believed that children who were not well taken care of became delinquents and hung around outside the movie theatres in town, for example. To have such a son is shameful. A well-known saying goes "A bad child is the son of his father; a good child is everyone's son." Another reason to limit children

to the number you can support, said the group members, is that children who are well-provided for by their parents will support their parents in their old age. Those who are not cared for are of no help.

Maintaining a family is a deeply felt responsibility for these men.

"Some days, I have only 100 francs in my pocket and that's not enough to feed my six kids. To go into the house with 100 francs... I don't feel good. What can I say to my wife and children? I'm embarrassed. On top of this, if sickness comes, the situation becomes worse."

"Before I was married, I had no problems--clothes and amusements were what concerned me. Now that I'm married, I don't sleep at night because I have to find a way to get money to feed the children and my wife."

Even sickness is a luxury the men do not permit themselves.

for themselves but that their wives always request treatment when they, the wives, are sick.

Like the first group, this group thought an understanding between the husband and wife was necessary before the wife could start using contraceptives. Unlike the first group, however, these men did not necessarily see a link between women's use of contraceptives and infidelity.

"If she wants to go out, whether she takes the pill or not, she can go out."

"It's a question of trust between the husband and wife. Even prostitutes can become serious when they marry even if they continue using contraception... With women, it's something in the blood. How a woman behaves depends on the individual."

One participant who thought that family planning could benefit women considered it an obligation to tell them about it

because "women place trust in their husbands and the husbands have to help them."

Comments

The overall feeling of the two groups was that family planning was a good thing primarily for economic reasons. It can help because a couple can use it to have only as many children as they can adequately support. Children brought up lacking the necessary support are perceived as potential problems to their families and to society in general. The group members see the primary value of family planning in limiting the number of children to, perhaps, three to five. The health benefits of family planning seem to be of secondary import.

Although there was a general positive feeling about family planning expressed in the groups, there were many serious concerns. These included the fear of being left childless as a result of high child mortality due to disease (this threat is perceived to be greater in small families than in large); the perception that contraceptive use may encourage infidelity in wives; fear of irreversibility and side effects associated with contraceptives; and an indeterminate fear of the unknown.

The discussion also identified some barriers to utilization of government health services for family planning. First, even for those who overcome the reservations noted above and decide to try family planning, government health centers may not be the first choice of service site because the long wait is discouraging. Traditional practitioners and private clinics or pharmacies (for those who can afford them) are likely to be

approached first unless the health centers can improve their services and reputation. Second, the cost of the screening examinations and the contraceptives themselves may prove to be a barrier to some couples, given the financial difficulties reported by the men. Reducing cost associated with contraceptives will increase their accessibility. Third, according to the men, women are particularly ill-informed regarding family planning and must be sensitized to its value. Finally, men do not appear to have much contact with health service sites except, perhaps, pharmacies either for themselves or for other family members. Thus, using only these sites for family planning service delivery will severely limit males' participation in the program.

FEMALE FOCUS GROUPS

Two focus group discussions with female participants were carried out before the female KAP questionnaire was finalized. The facilitators, one from the Ministry of Health and the other from the Ministry of Social Welfare had attended the Population Communications Services seminar on interpersonal communications mentioned above and were therefore familiar with the focus group methodology. A facilitator's guide was developed for each group, and the discussions were taped.

First Female Group

The first group was conducted in a central neighborhood in Ouagadougou. It was made up of eight married women from 30 to 49 years old who had children. Some were contraceptive users. After the introduction and a short discussion on general MCH services, family planning was brought up. In discussing the question of types of couples that use modern family planning methods, the women said use was more difficult for non-literates.

"It's a shame for her (a non-literate woman) she is embarrassed to go to a midwife to talk about family planning."

"When they (non-literate women) talk to their husbands, they (the husbands) think it's witchcraft to stop the birth of a child."

The participants suggested that non-literate women be particularly well educated regarding family planning.

The women went on to discuss the advantages and disadvantages of family planning. The majority agreed that:

"It helps the mother to rest and take better care of her children."

The health advantages of family planning were frequently

mentioned: the women want to rest "so that the blood can become strong." The economic advantages were also cited, but were of secondary importance.

"To buy books, notebooks, it's expensive. To pay the rent, buy food..."

"If you can't manage to buy books, the child stays at the house. There's not even anything to eat. What will he become, a thief?"

"When you have 2 or 3 kids, you can manage to take care of them."

However, the participants discussed the rumors they had heard and their concerns about family planning.

"People say that (contraceptives) cause illness, especially the IUD. It causes cancer... after, it causes deformities... The pill makes malformed babies."

"People say that since these methods have been around, women and girls go out. They are not serious."

But the women understand very well the problems caused by undesired pregnancies, especially for young women.

"But it's better that she uses (contraceptives) than she gets pregnant. There are girls who give birth and the father refuses to acknowledge the baby and he abandons them. That brings problems."

"You give birth, the father doesn't recognize it, you kill (the baby) and you have problems."

According to these women, religion can impede the use of contraceptives: they said that Muslims and Catholics are against family planning. Among Catholics,

"It's God who gives children. You can not refuse."

The facilitator asked if the women discussed family planning with their husbands and, in their opinions, what were men's views of family planning in general. One woman said that men were

against it, because,

"It permits women the total liberty to give herself to whomever."

"Some husbands don't want to hear talk of that."

One participant who tried to discuss family planning with her husband, said,

"He doesn't even listen to me."

The women also spoke of their own experiences with contraception.

"I had the IUD inserted and afterwards I told (my husband)." (Why?) "He would not accept. When I told him, he was finished. I have had nine births. I'm tired and I can not continue."

One woman who took the pill for three years in secret said,

"I didn't ask for money to buy anything and I took good care of the children. That's good for both me and my husband."

The participants agreed that birth spacing concerns both the husband and wife and they discussed the importance of education for both.

"When the man accepts (family planning) and the woman refuses, it's harder to convince the woman."

"The man is easier to educate. If the woman decides to have a lot of children, even if the husband buys contraceptives, she can throw them away."

Thus, for the group, it is the woman who has the power to decide, so she is the first to be educated. However, contraceptive education for men is also important because they have ideas that are difficult to change.

"Men think that the pill encourages women to go out. When they have meetings (of men), this idea is already there and it is hard to chase it away. To change their minds, it's already late. It takes time. It's better to educate women (in the

meantime)."

"It's more important to educate women because they (educators) can have meetings with literate men, no problem, but as for farmers, it's hard because they don't want to come and listen."

The group made a suggestion:

"You have to have men's and women's meetings separate. If not, the men will get up and leave."

The group thought that the women who give birth every year and who suffer most are those most in need of family planning.

"It's not the woman's fault if she has ten kids. She doesn't know how to do otherwise. It is not voluntary. You have to help that woman."

The women insisted that these women be helped, by force if necessary. They also said that it is the poor families, who are in direst need of family planning, who can not pay the fees for the required laboratory tests.

Second Female Group

The second focus group was held at an MCH Center in Ouagadougou with twelve current contraceptive users.

The women, who frequented the MCH Center when their children were sick and for other reasons, said they preferred clinic care to traditional care because traditional medicines are not well-measured. Medicines from the clinic and the pharmacy are always in correct doses and are well-studied.

In general, the group was satisfied with the services they received from the MCH Center except that, these days, there are too many clients.

"With my first child, it was much better monitored. Appointments were much closer and so were the education talks. Now, with a two-week-old baby, they

—
give you an appointment in a month and sometimes when you come there are too many people and you go home."

They liked the educational talks on proper foods for children because,

"You leave, you go home, and you do it."

The participants started using contraceptives to safeguard their health and that of their children. They are tired and they want to space their children. They know quite well the problems caused by closely spaced births including the abrupt weaning of the youngest child when the mother finds she is pregnant again. Weaning is all right because,

"The child who breastfeeds when the mother is pregnant gets diarrhea and will die."

The woman also mentioned the economic problems which encourage limiting the number of children.

"Educating children is not easy if there are many of them."

However, compared to the men's focus groups, the women were far less concerned with economic problems brought on by a large family. For the women, health problems were of far greater significance.

The women discussed their personal experiences as users of contraceptives. It is interesting to note that the women who had had the required laboratory exams thought that they were not at all necessary.

These women were totally convinced that family planning is an excellent practice; they are satisfied users. They understand, however, that some women are afraid to use it.

"There are women who say 'If I have four children and whooping cough takes one and measles takes another,

I'm only left with two."

"There are certain women who have heard of side effects and are afraid."

The participants stated that men are equally important in the couple's family planning decisions.

"You have to do everything possible to convince your husband because it's you who suffers when your husband doesn't want to accept."

The woman is, however, most directly affected.

"The couple has to be interested but the woman has to do it."

One woman said that contraception could help the couple because,

"If you refuse (sexual relations), the husband will go out with somebody else."

CONCLUSIONS

It is clear that the general feeling toward family planning among both the men and women participants is positive, however, the main reason for the favorable attitudes differs between the sexes. The men are most concerned about the economic issues raised by numerous and closely spaced births, while the women's first thoughts are for their health and that of their children. The relevance of this difference to education and motivation campaigns directed at men, women or the general population, should not be overlooked.

The women's discussions also pointed out the difficulties couples often face in communicating with each other. Education and sensitization can improve the capacity of some couples to openly discuss their reproductive goals and behaviors but, for most, the habits and attitudes of a lifetime will not be easily

altered. Consequently, the service delivery program must recognize the need of some clients to act independently of their spouses or partners and should, in fact, support those clients.

The pre-survey focus groups served a useful role in the finalization of the male and female questionnaires by providing data confirming the acceptability of certain topics and questions. The post-survey focus groups will provide an opportunity to go into some of the fundamental attitudes uncovered in the quantitative survey. The combined qualitative and quantitative methods can thus provide a balanced and more thorough understanding of the beliefs and behaviors affecting family planning.