

Mali

***The Impact of Family Planning on the Lives
of New Contraceptive Users in Bamako***

Mamadou Kani Konaté, Aminatou Djibo and Mamadou Djiré



**Summary of a Report Prepared for
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**Centre d'Etudes et de Recherche sur la Population pour le
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This summary highlights findings from a larger scientific report and includes recommendations from in-country researchers

Mali: The Impact of Family Planning on Women's Lives in Bamako

I Introduction

Family planning is relatively new to the citizens of Mali but increasingly in demand. In 1987, the Demographic and Health Survey (DHS) reported countrywide contraceptive prevalence rates of 4.7 percent, and in 1996, that number had risen to 6.7 percent. According to the results of the 1996 DHS, only 6.7 percent of married Malian women use any method of contraception, and 4.5 percent use a modern method. However, the level is higher in urban areas: the prevalence of modern contraception is 16.4 percent among women in Bamako, the nation's capital and largest city, and 8.2 percent in other cities, in contrast to 1.9 percent in rural areas (Coulibaly et al., 1996).

In spite of the increased interest in family planning, a recent study showed that as many as 64 percent of new users in Mali discontinued their contraceptive methods within the first 15 months of use (Centre d'Etudes et de Recherche sur la Population pour le Développement, 1998). To understand women's experiences as they initiate method use, then as they continue to use or abandon family planning practice, the Centre d'Etudes et de Recherche sur la Population pour le Développement (CERPOD), at the Sahel Institute in Bamako, and Family Health International's (FHI), Women's Studies Project (WSP) conducted a prospective study of 55 new users of family planning. Researchers interviewed women in-depth on the first day they began using family planning, then charted their progress and problems during the next 18 months.

The study explores women's expectations of family planning, their experiences as new users, and the influence of family members in shaping women's contraceptive experience. The study also investigates strategies women develop to overcome obstacles in family planning. A sample of women who had never used contraception was interviewed at two time periods in order to perceptions and experiences of non-contraceptive users on similar issues. Finally, the study examines possible associations between family planning and women's roles in household financial decisions and income generation. In-depth interviews with women who have never used contraception, and focus group discussions with older women (mothers-in-law), married men, and experienced contraceptive users, provide context for a better understanding of family planning decisions in this pronatalist culture.

This document is an interim report, which presents highlights of the analysis of new users at the first and second interviews, with contextual data from the focus groups and the first set of interviews with non-users. The complete synthesis will include findings from the remaining interviews with new users and non-users. It will discuss women's assessments of family planning, comparing their expectations at Time 1 with their experience as

reported 18 months later at Time 3. It will also report on possible associations between use of family planning and women's economic activity in the home and in the community. The final report will be posted when available on the FHI web site.

II Background

The government of Mali officially recognized family planning in 1972 and, in the same year, authorized the creation of the Association Malienne pour la Promotion et Protection de la Famille (AMPPF), under the auspices of the International Planned Parenthood Federation. Since then, the prevalence of contraceptive use in Mali has remained low (Figure 1).

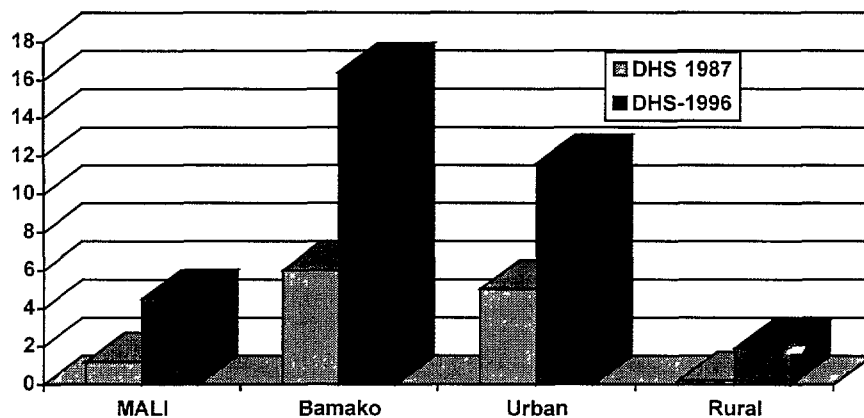


Figure 1 Modern contraceptive prevalence, married women ages 15-49 Source: Chart 4.5, 1996 Mali Demographic and Health Survey

This low level of contraceptive prevalence contrasts with the favorable attitudes toward family planning expressed by Malians in general and married women especially. According to the results of the *Enquête sur la Promotion du Logo National de la Planification Familiale* (1995), 74 percent of women approved of family planning, but only 11.6 percent had used contraception at least once in their lives.

Mali is a strongly patriarchal society, where husbands and their elder female relatives – most often the man's mother – have authority over the wife as she comes to live in their home after marriage. The Mali Code of Marriage and Guardianship gives men statutory authority over most household affairs. Although, paradoxically, the national policy on family and community health allows women independent access to family planning, the code continues to support the superordinate position of men as heads of household. Young wives often find themselves in a subordinate position, not only to their husbands, but also to their mothers-in-law, who may oppose efforts to limit the number of children born into the lineage. In this patriarchal and pronatalist environment, women who adopt

contraceptives against the wishes of the husband or mother-in-law may face a choice of either abandoning the method or of continuing despite family disapproval

Yet attitudes, especially in urban Bamako, may be changing. Family planning is increasingly accessible, radio announcements, posters, and billboards promote child spacing, and most women in their childbearing years express approval of family planning, even though few have adopted a method. There is also recent evidence to suggest that women in Bamako are postponing marriage. In a study of three age cohorts representing three generations of women, the median age of first marriage has steadily increased from 15 years in the oldest group to 20 years in the youngest (Ouedraogo and Piche, 1994)

Given the subordinate status of women in Malian society and the nascent interest of a growing number of urban women in family planning methods, how do the few women who have taken the initiative to seek contraception cope with, or circumvent, the opposition of many families and communities? Conversely, in what ways do some husbands and other family members support women's reproductive goals, and how does spousal or family support influence the effect that family planning may have on the quality of women's lives? Do women who gain control of their fertility participate more confidently in household decisions or community economic activity? These are among the issues that CERPOD and WSP researchers explored

III Study Objectives

The objectives of this study were to

- Explore the consistency and inconsistency between expectations and actual experiences of women initiating family planning during the first 18 months of contraception
- Examine the interaction between women's family planning decisions and communication with husbands and mothers-in-law
- Identify strategies women use to avoid or minimize possible negative consequences of family planning use, comparing the coping behavior of successful and unsuccessful users
- Assess the extent to which family planning use relates to women's economic roles and aspirations in the household and the community

These objectives will be addressed more fully in the final synthesis. This interim report focuses primarily on the family dynamics of child spacing decisions and strategies women use to pursue their family planning objectives

IV Study Design

This exploratory study used a prospective design with qualitative methods to follow the family planning experiences of 55 new users. Women were interviewed at the time they initiated a contraceptive method, then again nine months and 18 months later. Women who discontinued use during the research interval were encouraged to remain in the study. A comparison group of similar women who had never used contraception was interviewed on two occasions, eight to ten months apart. To enhance understanding of the perspectives of influential family members, focus group discussions were held with experienced users of contraception, older women, and married men.

A New User Sample

The primary study population consisted of married women ages 18 to 45 who came to the AMPPF clinic during the sample selection period. The initial interview conducted at the family planning clinic included screening questions to establish eligibility and ensure informed consent. For eligible women who agreed to participate, the interviewer collected background data (age, education, marital status and economic status) and baseline data on reproductive history, influential factors in the women's decisions to seek family planning, spousal and family communication, economic decision-making in the household, and women's economic activity in the community.

In the second round of data collection, interviewers were able to locate only 42 women from the original sample, a significant loss but not unexpected considering patterns of migration in and out of African urban areas. Of these 42 women, 41 were willing to remain in the study. Follow-up interviews continued to document the women's experiences as family planning users. Interviews included a reproductive history update, focusing on factors such as contraceptive use patterns, method satisfaction or dissatisfaction, method change or discontinuation, and pregnancy and childbirth. Topics also included the respondent's perceptions of social and personal costs and benefits of family planning, spousal and family communication related to family planning, changes in household economic decision-making, and changes in the woman's participation (or aspirations for participation) in economic activity. Women who had encountered barriers to continued use were asked about their responses, or their personal strategies for circumventing the problems. This question was particularly important for understanding the decisions of clandestine users, who comprised about one-third of the sample.

A third set of interviews continued to monitor new users' perspectives and experiences, but analysis of this phase of the study was not complete at the time this report was written.

B Non-user Sample

A comparison sample of 32 married women who had never used family planning was selected from women at local maternal and child health centers. To minimize socioeconomic bias, a criterion for selection was residence in the same neighborhood as women in the new-user sample. The initial interview included background data (age, education, marital status and economic status) and baseline data on reproductive history, knowledge and attitudes about family planning, spousal and family communication, spousal and family attitudes about family planning, desire to use family planning in the future, economic decision-making in the household, and women's economic activity.

For the second round of data collection for nonusers, an important objective was to determine whether any of the women in the sample had become contraceptive users. If they had, the interview proceeded as for new users. For women who did not use any family planning, the interview continued to explore participants' attitudes and family communication concerning the use of contraception.

C Focus Group Sample

Eleven focus groups were conducted: three with experienced users of family planning, four with older women with daughters-in-law (two groups of women with some schooling, two with no schooling) and four with married men (two with some schooling, two with no schooling). Husbands and mothers-in-law of new-user participants were not included in the sample to protect study participants' confidentiality.

Both the in-depth interviews and focus group discussions were coded using the software Ethnograph, a program designed for the logical analysis of text-based data. Full-length transcripts of interviews and discussions were coded for general themes and specific questions outlined in the research objectives. Searches were conducted to highlight key concepts. Findings from preliminary reports enabled researchers to track emerging findings and to explore new themes in subsequent interviews and focus groups.

V Preliminary Results

A Communication in the Family

Although contraceptive prevalence in Bamako is still low relative to other capital cities in Africa, family planning is a frequent topic of discussion among women in many households. Even women in this study who had never tried family planning had at least heard others discuss it, only a few had not heard of it at all. Sources of information for the women commonly included husbands and female in-laws, friends, co-workers, radio and television broadcasts, and education programs (*causeries*) in local health centers and clinics. It is interesting to note that, while couples may communicate about child spacing issues and decisions, husbands rarely take part in family discussions, which most male

focus group participants described as “restricted to women” and “about women’s problems” Nevertheless, men believed strongly in their right to control fertility decisions Most said they believed family planning is a private matter for the couple alone, and some expressed concern about negative influences on their wives of discussions among women outside the family

B The Influence of Men

Transcripts of interviews and focus groups left no question that the husband is the principal gatekeeper in family planning decisions Women as well as men uniformly acknowledged the husband’s legal authority as head of the household and the duty of the woman to seek his permission before visiting a family planning clinic Experienced users believed that, while men are usually opposed to family planning at first, most can be persuaded to change their minds This optimism was supported by the experience of new users, most of whom reported that their husbands eventually agreed to allow contraceptive use A few husbands had accepted family planning immediately, but these were a small minority Among women who had never used contraception, few had ever discussed it with their husbands, and although they tended to think it might be good for women, they firmly believed their husbands would be opposed

Why the skepticism among men? Married men in the focus groups concurred most strongly on the issue of male authority in household decisions, including fertility control, and the view that it is appropriate for women to discuss family planning with their husbands but not with others Men differed, however, in their judgment of family planning itself A few held positive attitudes, commenting as one man did that “men who discuss family planning with their wives are responsible husbands, they have open minds they go with today’s realities, they are aware” Fewer than one-third of male participants however, thought they would ever want their wives to use contraception At one end of the negative spectrum were those who held reservations about the safety of contraceptive methods fearing that their wives might become ill or permanently sterile Several shared frightening stories they had heard of the damaging effects of modern methods on women Although very few men attributed their opposition directly to the Koran, another perspective was expressed by those who took a fatalistic view of childbirth, believing that every child is a gift from God with a preordained place in the world Theirs was the strongest pronatalist position At the extreme end of male resistance were those who rejected the notion of fertility control as immoral and women who desired it unfit to be wives ‘It’s the way she can condone her shady affairs,” said one man “It is better to divorce such a woman”

C The Extended Family

Mothers-in-law, often powerful forces in patriarchal families, seem to have relatively little involvement or direct influence in the Bamako women’s fertility decisions Few women acknowledged ever having discussed family planning with their husbands

mothers, saying that if they did, the older women's responses would be contradictory and of little consequence, particularly if the young women had their husbands' approval

Most male focus group participants supported the position that their mothers do not have a right to interfere in the young couple's reproductive decisions and, in fact, should not even discuss matters of fertility with their daughters-in-law. Paradoxically, other older women in the family were perceived as more acceptable advisors and confidantes. In Malian family structure, sisters of the mother-in-law, or even wives of uncles, have the same status as mothers-in-law, but these women are expected to have greater flexibility in difficult family situations. In contrast to the husband's mother, these women often have more compatible relations with the wives of their nephews. Several comments of new users illustrate this relationship. For example, "Above all, I discuss this (family planning) with my husband's aunt and with my (own) mother also" and "I discuss this with the wife of my husband's younger uncle. She said not to tell her (nephew)." Husbands' older sisters were also viewed as influential mediators in family planning decisions, and younger sisters, though less able to intercede, often played a role of trusted confidante.

In contrast to the younger participants' harsh judgment of what mothers-in-law might say in family planning discussions, older women in the focus groups, all of whom had married sons, expressed a more compromising attitude toward fertility control. Some had used traditional methods of family planning themselves. They said that spacing births had always been possible, and that if a daughter-in-law had closely spaced pregnancies they would advise her to practice family planning, drawing from their own knowledge of traditional as well as modern methods.

It is difficult to discern whether these women felt rejected when they gave advice to the younger generation. However, several remarked that young women do not like their mothers-in-law to speak to them directly on such matters and that a better approach is to channel advice through their sons. The tendency among older women focus group participants was to keep their opinions to themselves until asked. The contradiction between this finding and the perceptions of new users may be explained by the fact that the older women were not the mothers-in-law of the younger women in the study. In any case, this unexpected outcome deserves further exploration, since mothers-in-law might be a positive as well as a negative influence in promoting well-informed family planning decisions.

D Women Who Have Never Used Contraception

In the comparison group of women who had never used family planning, the majority seemed to be mildly in favor of the concept but relatively uninformed as to the practice. Few had participated in discussions of family planning with sisters or peers, and even fewer had broached the topic to their husbands. More than half assumed their husbands would disapprove. Most said they did not feel ready for contraception, either because their pregnancies were naturally well-spaced or because they had not reached their desired number of children. Some women were categorically opposed without

explanation, and others feared serious side effects, citing stories they had heard of women who had become ill after using a contraceptive method. In general it seemed that, unlike the new users, these women lacked informal information and support from other women in their families and communities.

E Family Planning Strategies

Although a few women said their husbands had consistently supported family planning, the majority faced varying degrees of resistance, from mild skepticism to strong opposition. New contraceptive users described the strategies they had used to convince reluctant husbands to permit them to attend the family planning clinic. Most women interviewed, including experienced users, were optimistic that men could be convinced. One woman, who at age 32 already had five children, said, "I showed him that the children are closely spaced and that life is difficult – it (contraception) would give us a rest. That's how I told him, and he agreed." For others, it was not so easy. A 26-year-old mother of four finally succeeded in persuading her husband, although she had begun trying after her second pregnancy. "(When) my second child was one year old, I was already pregnant again. I told my mother, who said to ask my husband's opinion first. He didn't take me seriously, which is why it has taken me until now, when again I insisted and he finally agreed."

How do these women convince their husbands? They say they must first explain what family planning is, although transcripts of male discussion groups suggest that many men consider themselves already well-informed by radio and television broadcasts. If educating husbands on family planning is not enough, most women contraceptive users have pleaded their own case on the basis of the fatigue and ill health that result from too-closely spaced pregnancies. Another common argument is an economic one, either that raising children is costly or that the expense of clinic visits for pregnancy-related complaints could be saved by having fewer children. "Each time you get sick," advised one woman, "he spends money on prescriptions. When he brings the medicines to you, you say, 'If I had adopted family planning, I would not be sick and you would not have all this expense'."

Still another strategy shared by the new users was to point to examples. "If he lives in the same household with someone whose children are the same ages (as his) and if this person uses family planning while he just makes one child after another, you can say to him, 'Look at that one. He uses family planning, and you see how (healthy) his children are.' That could turn him into a family planner."

When women were unable to persuade their husbands to accept family planning, they frequently turned to other family members for assistance. Elder sisters-in-law and the husband's aunts represented greater authority in family matters and were often willing to intervene. As one new user, a 35-year-old mother of five, said, "His sister asked me to speak first to my husband but if he refused, to tell her and she would talk to him and make him understand."

Sometimes these more powerful family members were not successful, and again it was usually a sister-in-law, or sometimes a husband's aunt, who encouraged the woman to attend the family planning clinic in secret. Seventeen of the 55 new users at the first interview had come to the clinic without their husbands' knowledge. Clandestine users acknowledged that they were putting themselves at risk of retribution, and most indicated that, if discovered, they would stop. The fears they expressed ranged from harsh words to isolation in the house, to divorce, or to the husband taking another wife. One clandestine user, a 30-year-old illiterate mother of six who was married at 14, told the interviewer that when she approached her husband about family planning, he said, "If I want it (family planning), I can do it at my parents' home," a threat tantamount to divorce.

Men were nearly unanimous in their opinion that under no circumstances should a woman seek contraception without her husband's knowledge. As one married man put it, "Only the man has the right to make that (family planning) decision. Here in Africa it is like that." Some of the women in the study, well aware of men's desire to control household decisions, argued for an exception on the basis of women's biological role in childbearing. "The husband is generally the head of the family but the most important role in the decision is mine (because) it is I who give birth to the children." In another discussion of men's and women's reproductive rights, an experienced user, arguing for women's right to control their fertility, said, "It is she who suffers, she who endures illness during pregnancy, and she who is tired from taking care of the children."

F Participation of Women in Economic Decisions and Activities

Household Decision-making

Study results indicate that women have relatively little independence in household finances. Authority rests with male members of the family, who delegate limited responsibility to their wives to use household money to pay for food, basic supplies, and children's expenses. A typical response to the question, "What part do you have in household spending?" was this woman's explanation: "He leaves me money if the child gets sick – medicines and small necessities – also soap and money for food." Financial management was usually linked to the woman's role in procuring food and kitchen supplies. A few women had their own secondary sources of income, which they used to supplement the money provided by their husbands.

Economic and Community Activities

Many women perceived that family planning allowed them more free time than they had ever had, time which could be put to good use in the productive sphere. "Now I can do my hairdressing," said one woman after nine months of family planning. "I have time, and since I am not pregnant, I can do many people's hair." "I am free to work now," said another woman, "because I do not have a small baby, I am not pregnant, and I do not have a sick child at home."

Most study participants said they knew about the existence of local lending programs and how they operate, but few had ever participated. Those few who did try to join credit programs had been discouraged by long delays. Typical comments from women who had tried to get credit but given up were, “They told us we had to go in turn and that it wasn’t our turn yet,” and “I asked (to participate) but I saw the exchange was very slow.”

At the time of the second interview, a few women had begun to learn new skills such as dying, sewing and knitting. One educated participant had taken a computer course. These women readily attributed their new activities to family planning. For example, “I have earned money from my new training by selling my crocheted curtains because now I’m not in the kitchen and the baby is not crying.” The majority, however, had participated in neither training programs nor credit programs. One reason seemed to be simply that they did not know anyone who had. Several had given some thought to borrowing money but feared being unable to repay the debt.

Almost all women who worked for pay declared that they had full control of the money they earned, using phrases such as “I spend it as I wish” or “I manage it, myself.” The most common way for a woman to use her own money was to supplement the little money she got from her husband for household expenses and children’s needs, but being financially independent was, in itself, a strong motivation to engage in income-generating activity. “I don’t like talking about it (money) much,” said a new user, “because if you are always asking him to do this or do that he’ll be angry with you. I don’t like asking all the time unless there is a large expense that I can’t cover myself – then I ask him to pay for it.”

Women’s assertions of economic independence reveal a pattern similar to their desire to free themselves from subservience to their husbands in reproductive decisions. The Code of Marriage and Guardianship dictates that wage earners will give at least part of their earnings to the guardian, or household head, as a contribution to household expenses. In acknowledging this practice, one woman, an accountant, said, “In the beginning, I gave him (husband) my paycheck at the end of the month, but then even his relatives advised me not to do that. After that, I kept my money at the office. He said, you don’t show me your paycheck often anymore, but I didn’t answer. He finally got discouraged and doesn’t ask me about it anymore.”

It is too soon in the course of this analysis to know the extent to which taking charge of fertility may or may not be directly related to women’s resolve also to become financially more self-reliant.

G Comparison of New Users at First and Second Interviews

Eight to nine months after the initial interview, 41 women from the original sample of 55 could be located and interviewed. The sample loss was due primarily to migration back to

rural villages. A few were women who had given false addresses, believing incorrectly that the clinic would accept only women from the neighborhood in which it was located.

Thirty-two women in the second interview were still using family planning. Except for the clandestine users, study participants expressed enthusiasm and spoke of sharing their positive experiences with other women and advocating for family planning among sisters and friends. They reported little or no family opposition since the first interview. In fact, eight volunteered that family planning had improved their marital relations. Others cited less fatigue, more free time, opportunity to engage in other activities including income generation, and freedom from worry about another pregnancy.

Nine of the 41 women had discontinued contraception, six because of side effects, two because their husbands forbade them to continue, and one because she did not have money to travel to the clinic. Four of the discontinuers had become pregnant, and two suspected they might be pregnant. Two women had changed their methods, one from an injectable to an oral contraceptive, and one from a combined oral contraceptive to a progestin-only pill.

Seventeen clandestine users participated in the initial interview. Eight months later, five of these were among the women lost to follow-up. One woman was unable to continue in the study because her husband discovered her use of contraception, threatened her with divorce, and ordered her not to leave the house. Three clandestine users who remained in the study were among the discontinuers. Seven continued to practice family planning successfully, although by the second interview two had informed their husbands with no negative consequences. Six of these women, including the two no longer secretly using contraception, were using an injectable method, and one was using the pill.

A more detailed analysis of changes over time will include the third set of interviews, with comparison to longitudinal data on women who have never used family planning.

VI Discussion

The results of this study suggest that family planning is a process that starts long before the actual decision to seek contraception. The process may begin with discussions among women in the extended family, or perhaps among women working together or socializing in a community group. The husband typically becomes involved somewhat later, after a succession of close pregnancies brings the woman to a point at which she feels a compelling need to limit her fertility. It is then the woman's responsibility to bring the matter to her husband and convince him of the benefits of planning the family.

An important theme emerging from comments of both women and men is the latent conflict between the right of male heads of household to control the affairs of the family and the newly self-proclaimed right of women to control their own fertility. We see in this study the strategies of a few "pioneer" women to assert their reproductive rights even

in the face of severe opposition. From the perspectives of study participants, it is almost unthinkable for a woman to seek family planning without the approval of her spouse, yet some women do just that, having tried and failed to collaborate with their husbands in a willing partnership.

These clandestine users are a small but important subgroup of the population of women willing to try contraception. Ironically, they may be more in control of their fertility than women whose husbands are merely “allowing” family planning. By striking out on their own, they are challenging fundamental norms of behavior that empower men and subordinate women. Some women whose husbands were in agreement with women’s family planning use acknowledged that approval may be temporary, and indeed, two women who began contraception with husbands’ permission later discontinued when approval was withdrawn. Another woman lamented, “He gave me permission to do it for a time, (but) I am certain that one day he will tell me to stop.” Despite the appearance of collaboration in the decision to limit pregnancies, if there is disagreement the husband’s wish prevails. Nevertheless, whether their contraceptive practice is open or covert, new users in Mali today may be the vanguard of change toward a more equitable society and a better quality of life for both women and men.

VII Recommendations

A Family Planning Service

In designing this study, AMPPF personnel wanted to know what part men play in family planning decisions and how husbands can be more involved when their wives come to the family planning clinic. They also wanted to know why some women must come to the clinic in secret and how these women might be enabled to practice contraception more openly. In analyzing results, researchers made the following recommendations to AMPPF managers and health care providers who participated in the development of the research questions, with the aim of helping them improve programs:

- Supportive husbands are critical to women’s success in family planning. Some men are reluctant, because they misunderstand contraception and fear its ill effects on their wives. Therefore, family planning service should make a special effort to reach men with accurate information about side effects and reassurance that women’s lives will not be endangered nor will women become permanently sterile.
- Economic arguments are likely to be of interest to men who are considering family planning for the first time.
- Reluctant husbands are likely to respond positively to the successful experience of other men. Therefore, family planning service could bring husbands of new or

potential users together with men who, with their wives, have become successful family planners

- Since at least some of the men cited religious teachings in their opposition to family planning, efforts to bring religious leaders into discussions with family planning educators might lead to a clearer and more positive interpretation of the Koran as regards the spacing of children, as well as possible collaboration in strengthening the health and well-being of families
- Men who oppose family planning on moral grounds may pose a serious threat to women's wish to limit their fertility. Family planning service providers and managers are advised to identify these women among their clients and to counsel them carefully. The results of this study underscore the need for specially trained family planning counselors to work with women at risk of emotional and physical abuse
- Many new and experienced users in this study are eager to share their enthusiasm for family planning with other women. Knowing who these women are might enable family planning personnel to organize peer counseling programs at the clinic and in the community. New users reported being supported and encouraged by other women. Nonusers like the idea of controlling their fertility, but fewer than half had ever participated in a discussion of family planning. Some nonusers had heard frightening stories of the harm that can come to women who use contraception. It is likely that many women would benefit from a community outreach program that provides education and counseling, but with anonymity for women who so desire

B Policy

- Although clinics in Mali no longer require the husband's consent for contraception, women who use family planning against their husbands' wishes continue to be at great risk. Since the Code of Marriage and Guardianship legitimates the man's position as head of the household, to disobey him is, in effect, a violation of the law. The results of this study make a powerful case for eliminating laws and statutes which legitimate the subordination of women in Malian society. Then, since custom persists beyond legal mandates for change, new programs and policies will be needed to promote and monitor more fundamental cultural transition to gender equity at all levels

C Research

To achieve depth in a field of inquiry with little previous research to guide the way, this study limited its focus to a small group of new users in one urban area. Additional analysis of the third set of interviews will complete the present study, but more research

will be needed to explore provocative findings and to raise similar issues in other subpopulations. Areas of needed research include the following:

- *Nonusers* Women who have never used family planning are the vast majority in Mali. While this study has highlighted some differences between a small group of urban nonusers and women who have begun to use contraception, a great many unanswered questions remain. Focusing on a larger sample of nonusers, researchers need to ask: What accounts for the difference between these women's favorable attitudes toward child spacing and their disinclination to adopt a family planning method? What information are they getting and from what sources? In this study, nonusers were included as a comparison group to understand better the context in which new users have decided to attend the AMPPF clinic. Further study would focus in greater depth on the never user population as the central unit of analysis, tracing their fertility decisions as a process extending over a period of time.
- *Rural Women* Since this study did not include a rural comparison group, it will be important to examine the circumstances surrounding contraceptive decisions for rural women. Given what is already known about the effects of urbanization on the acceptance of innovation, one might hypothesize that rural women in a relatively more conservative social environment will encounter greater resistance than urban women in their efforts to control their fertility. What constraints do rural women experience and what strategies do they develop? How does the social context – for example, family structure, gender stereotypes, access to information, the role of religion – influence rural women's and men's reproductive decisions and experiences?
- *Rural-urban Migration* Interviewers attempting to contact women for follow-up discovered that many women migrate between Bamako and their rural villages. Rural-urban migration raises interesting questions for family planning. For example: Is access to the AMPPF clinic a motivating factor in migration? What effect does migration have on patterns of contraceptive use, on continuation or discontinuation? To what extent does the movement of contraceptors to rural areas result in dissemination of family planning information and increased demand among rural women?
- *Unmarried Women* The research team had not expected the large numbers of unmarried women clients it found in the AMPPF clinic. On the assumption that the social networks of unmarried contraceptive users differ substantially from those of married women, they were not selected for this study. Therefore, an important avenue of inquiry would be the perceptions and experiences of these unmarried users relative to pregnancy prevention and the relationship between premarital contraceptive use and entry into marriage.

- *Polygamous Unions* The influence of polygamy on women's contraceptive experience is unclear. Some participants in this study maintained that having co-wives makes contraception easier, because there are other women to help carry the responsibility of childbearing. On the other hand, comments of some women who had never used contraception suggest that competition among wives may encourage women to have many sons, through whom they will have inheritance and security in later years. The complex relationships among polygamy, inheritance, and family planning deserve careful examination for their policy implications.
- *Communication among Women* A strong finding in this study was the tendency of satisfied contraceptive users to share their experience with other women. It is important to understand informal patterns of communication among women to determine how peer information networks might serve as a vehicle for the promotion and support of family planning.

VII Study Details

This study was conducted by Mr Mamadou Konate of the Centre d'Etudes et de Recherche sur la Population pour le Developpement (CERPOD), Ms Aminatou Djibo and Mr Mamadou Djire of CERPOD and Ms Alison Roxby of Family Health International (FHI) assisted. Dr Priscilla Ulin of FHI provided technical assistance. The study will be completed by December 1998 with analysis and incorporation of data from the third interview period (18 months after the women's initial visit to the family planning clinic). A final synthesis will be posted on FHI's web site when available. This study was supported by the Women's Studies Project at FHI, through a Cooperative Agreement funded by the U.S. Agency for International Development (USAID) and as part of a USAID program to support the Promoting Population Policy Development (PPPD) Project of CERPOD.

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