

Family planning or birth control implementation is crucial for a population to improve. The use of contraceptives directly benefits the health, status, and financial security and overall well-being of women and their families. There are many issues and obstacles to this practice which stifle the health and economy of the Sub Saharan population. It is valuable to address the mores of such a patriarchal society with education, manifesting the accurate depictions in the Koran, as well as other influential religious texts. This effort of education must extend to the extended family as well to influence the change of societal and traditionally accepted norms.

Contraception has been a controversial topic anywhere it is used. And even just 50 years ago the methods were very limited and had discouraging side effects including hormonal imbalances and mood swings. The International Planned Parenthood Federation defines contraception “as any means to prevent pregnancy”. The methods for contraception can be divided into temporary methods and permanent methods. Temporary methods include abstinence, hormonal methods, barrier methods, devices placed into the womb (IUD), and ‘natural’ methods. Each of these brings with it certain requirements and side-effects that could be difficult for women in Mali to overcome. All may be difficult for a woman to obtain for reasons such as scarcity of health care providers, necessity for secrecy, or lack of funds.

The role of the woman in Mali is submission to her husband, raising and producing children, taking care sick or elderly within the family, and contributing to the family finances for food and other basic needs for the children. The emphasis on having lots of children renders any method of birth control or contraception socially unacceptable in most circles of a woman’s family or social milieu. Abstinence would require, more than any of the

other methods, the cooperation of a woman's husband which would be difficult for her to ask and difficult for her to maintain. Women who refuse sex also run the risk of their husbands seeing a prostitute and contracting an STD which would be seen as the wife's fault not the husband's. However, the method of abstinence is religiously acceptable for Muslims according to the Koran.

Hormonal methods can be implemented without the knowledge or permission of a husband, but there are signs which an observant sexual partner might notice. Hormonal methods, per the Eunice Kennedy Shriver National Institute of Child Health & Human Development, include "birth control pills, injections, skin patches, vaginal rings, and implants [which] release hormones into a woman's body that interfere with fertility by preventing ovulation". A woman's period is often affected by these methods so that the flow might become lighter or heavier. For the first month or two that a woman uses hormonal methods she might also experience spotting or irregular bleeding. Another give-away can be packaging, particularly from the oral contraceptives that are taken daily. These side-effects can alert a husband to the use of contraceptives and cause him to take some sort of recourse ranging from violence to divorce.

Barrier methods also require a lot of spousal approval and cooperation as their use is more noticeable to a sexual partner. Barrier methods include male and female condoms, diaphragms, cervical caps, spermicides, and sponges all of which physically or chemically block sperm from entering the uterine cavity. The male condom is also the most effective way to prevent the transmission of sexually transmitted diseases. This benefit is also a reason that

husbands might not approve of their use with wives, condoms are associated with extramarital sexual relations and a wife's suggestion of their use might indicate that she has been unfaithful. With a partner's cooperation, most Barrier methods are seen as healthier for a woman because of their abilities to prevent STD's as well as the lack of disruption in a woman's natural cycle. Side-effects that can result include urinary tract infections particularly with the use of a diaphragm and vaginal irritation, discomfort, or even swelling from spermicides or microbicides. Another complication with these methods is the need to implement them immediately before or after intercourse which can be messy or uncomfortable.

The next method to consider is the use of intrauterine devices or IUDs. "An IUD is a small device that is inserted into the uterus by a health care provider. The IUD is more than 99 percent effective at preventing pregnancy. An IUD can stay in the uterus for up to 10 years until it is removed by a health care provider" (Eunice Kennedy Shriver National Institute of Child Health & Human Development). And IUD can be a good option for clandestine users as it is undetectable by sexual partners, unobtrusive, and minimal side effects. However, it does require a health care provider for the insertion and removal which can severely limit a woman's access where health care providers are few and far between. IUDs are also more expensive up front than other methods and can affect fertility more permanently than other methods due to the possibility of infections. Spotting and irregular bleeding can also occur during the first few months after an IUD has been inserted.

Natural methods for contraception include the rhythm method, cervical mucus method, the basal body temperature method, and withdrawal method. The first three options

are used to determine ovulation and thus when unprotected sex would most likely lead to pregnancy. Withdrawal method requires the cooperation of the man since he'd withdraw his penis from the woman's vagina before ejaculation. Neither of these methods is as effective as the previously mentioned methods of contraception (Mayo Clinic). Both would require cooperation between both partners, and the withdrawal method could be religiously unacceptable.

“The role of Individual and Community Normative Factors: A Multilevel Analysis of Contraceptive Use Among Women in Union in Mali” by Esther B. Kaggwa, Nafissatou Diop, and J. Douglas Storey explains some of the history and prevalence of contraceptive use in Mali. Contraception or family planning was introduced in Mali in the late 1960's. In 1972, the Malian government established an official family planning policy with the issuing of a decree authorizing voluntary birth regulation. 1990 saw the government pursuing a family planning promotion campaign nationwide, which has continued since. However, contraceptive use is still very low. The pill, which is the most widely used method, is used by only 3% of married women. In total 5% of married women were reported to be using a contraceptive method. This does not seem to concur with statistics that show 76% of women know of a modern method in 2001. 29% of women were seen at this same time to have an unmet need for family planning, demonstrating the difficulties they have in simply obtaining contraception. Those women who have a higher propensity for contraceptive use are most likely working outside the home, members of a higher socioeconomic status, over the age of 25, and live in urban areas. 70% of women not using a contraceptive said they did not know a source for family planning methods.

This once again underscores the difficulty in diffusing information about family planning, especially to rural, more isolated areas. These numbers cannot accurately take into account the number of women clandestinely using contraception.

Now that we have the methods for birth control, why would a woman want to use contraception? One benefit for contraception or family planning as it is frequently called is in regards to the health for a mother and any children she has. The average woman in Mali has 6.44 children in her lifetime according to the CIA World Factbook. Having successive pregnancies is very hard on the female body and thus hard on the fetus. In addition to repeated pregnancies taking care of multiple small children at the same time compounded with economic, household, and spousal duties creates a lot of strain on a woman which affects her health, her baby's health, and her ability to take care of her family. Family planning allows her to space her pregnancies out more which allows her body time to recuperate from the last pregnancy as well as time for the first child to become more self-reliant. Use of contraception thus reduces the appalling mortality rate for women during and following labor. "Improved access to comprehensive emergency obstetric care and its effect on institutional maternal mortality in rural Mali" discusses the lack of qualified medical care available to women in the event of an emergency during their labor. This same article quotes a .9% maternal deaths in comparison to live births. "Maternal mortality is a major public health problem, particularly in sub-saharan Africa, where half (50.4%) of all maternal deaths world-wide occur. One objective of the millennium development goals is to reduce maternal mortality by 75% between 1990 and 2015" (Fournier, Pierre. Et al.).

“A Qualitative Study of Clandestine Contraceptive Use in Urban Mali” done by Sarah Castle, Mamadou Kani Konaté, Priscilla R. Ulin, and Sarah Martin found that “practicing family planning enabled them [women who participated in the study] to increase their economic activities and to achieve greater financial independence and security. Thereby they gained increased purchasing power and were able to make greater contributions to their households’ finances”. The greatest reason for this was the result of not having an infant to care for so that they were less tired, they had more time to produce goods to sell at the market, they had less weight to carry to market and could take more goods to sell, they were able to use increased gains towards the health of their existing children, and also to become more independent from their husbands.

Despite these benefits which profit the whole family as well as the woman, contraception and family planning is a controversial issue for several reasons. First, Mali is predominantly a patriarchal society which is resistant to any changes or regulations which would help women to become more autonomous. Second, much of the population is Muslim and have are misconceptions about the roles, rights, and treatment of women which differ from what the Koran actually says. Finally, social and traditional expectations are for a woman to have as many children, preferably male, as possible.

Men and women are legally equal according to Malian law, however, whenever the government has proposed new Family Codes wherein women would get more rights in various domains, vast amounts of the population protest and the proposals are rescinded. Because men want many children, “A Qualitative Study of Clandestine Use in Urban Mali” finds that the

head of household does not always have the best interests of his dependents in mind but rather “maybe not be altruistic, but may seek, rather, to maximize their labor and economic gains, as well as their lineage prestige, through increasing the number of their offspring, despite the physical and time costs to their spouses” (Castle, Sarah. Et al. 233).

In conjunction with the patriarchal society, Islamic leaders have an enormous influence on the roles and rights of women. Baba Ahmend in Bamako wrote “Mali: un nouveau code de la famille, avec la benediction des islamistes “ for the online news source Jeune Afrique. His article tells of the new code for the family and the individual, voted for unanimously the 2nd of December this year. The code was redone after more than 50,000 people assembled in the stadium in Bamako the 26th of March, 2009. The new code gives far fewer liberties and equality to women than the original had proposed. An example of a change is “spouses owe each other mutual fidelity, protection, aid and assistance ...” in the original to “within the limit of rights and obligations respective of the two spouses given by the current code, the woman owes obedience to her husband and the husband protection to his wife...” However, according to le “Guide sur Femme, Famille et Islam » presented by the AMUPI and UNAFEM organizations and listed on the Malian Ministry for the promotion of women and children and the family Sexual reproduction is acceptable according to Islam and there are several verses in the Koran that explain the different phases of human reproduction (Guide sur Femme, Famille et Islam 27). In addition to that, men have organized their sexual lives according to the breastfeeding time of two years after the birth of a child. This is a method of family planning that has been accepted in the religion since the time of the Prophet. Islam also allows for the limitation of births if the

health of the woman or child would be in danger. Malnutrition and risk of hemorrhaging or other postnatal health problems a mother and subsequently her children might suffer.

Society expects women to be subservient to men. A woman does not have any status in society before she is married and until she has children. "A Qualitative Study of Clandestine Contraceptive use in Urban Mali" discusses the conflicts a woman who wishes to or uses contraception faces within her immediate and extended family. Just as men might seek to maximize their lineage prestige so do his parents so that even if a husband approves, use of contraception would have to remain hidden from the extended family. None of the women interviewed in the afore mentioned study had discussed contraception with their mother-in-law and "all respondents claimed that their in-laws had negative feelings about family planning" (Castle, Sarah. Et al. 240).

In light of the benefits of family planning it is hard to imagine any country that wishes to develop and improve their standard of living putting off its implementation for long. Yet, due to the ancestrally ingrained nature of the objections surround the practice of family planning it will take careful steps to instigate change. "A Qualitative Study of Clandestine Contraceptive Use in Urban Mali" says that adoption of a behavior begins with acquiring knowledge about it, followed by developing a positive attitude toward it, making the decision, implementing it, and finally by confirming or maintaining the behavior" (Diop, Nafissatou. Et al 80).

Bibliography

Ahmed, Baba. Mali: un nouveau code de la famille, avec la bénédiction des islamistes.

05/12/2011. Jeune Afrique.

<http://www.jeuneafrique.com/Article/ARTJAWEB20111205181939/mali-islamisme-islam-femmesmali-un-nouveau-code-de-la-famille-avec-la-benediction-des-islamistes.html>.

Castle, Sarah. Konaté, Kani Mamadou. Ulin, Priscilla R. Martin, Sarah. "A Qualitative Study of Clandestine Contraceptive Use in Urban Mali". *Studies in Family Planning* 1999. Vol. 30 Num. 3, September 1999. 231-248

Contraception: What is Contraception? What are some methods of contraception? Last updated 06/19/2008. Viewed 12/14/2011.

<http://www.nichd.nih.gov/health/topics/contraception.cfm>.

Country Comparison: Total Fertility Rate. 2011 est. viewed 12/14/2011.

<https://www.cia.gov/library/publications/the-world-factbook/rankorder/2127rank.html>

Fournier, Pierre. Dumont, Alexandre. Tourginy, Caroline. Dunkley, Geoffrey. Dramé, Sékou.

"Improved access to comprehensive emergency obstetric care and its effect on institutional maternal mortality in rural Mali". *Bull World Health Organization* 2009; vol. 87; 30-38.

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Kaggwa, Esther B. Diop, Nafissatou. Storey, J. Douglas. "The role of Individual and Community Normative Factors: A Multilevel Analysis of Contraceptive Use Among Women in Union in Mali". *International Family Planning Perspectives*, 2008. vol. 34, num. 2 June 2008. p79-88.

Mayo Clinic Staff. *Natural Family Planning*. Published 2/12/2010. Viewed 12/14/2011.

<http://www.mayoclinic.com/health/birth-control/MY01182/DSECTION=natural-family-planning>

What is Contraception. Viewed 12/14/2011.

<http://www.ippf.org/en/Resources/Contraception/What+is+contraception.htm>