

Persistent high fertility in Cameroon: young people recount obstacles and enabling factors to use of Contraceptives

Authors: Maurice Kube 1,2,3*, Abeng Charles 2, Ndop Richard 2, Ankiah George 3

Institutions: 1 Department of Nursing, College of Health Sciences University of Buea, Cameroon; 2 Department of Obstetrics and Gynecology, FMBS University of Yaounde I, Yaounde, Cameroon; 3 Department of Public Health Sciences, UBA, Bamenda, Cameroon.

Background

Half of the world's population is in or entering their child bearing years. Consequently there is tremendous need for contraceptive use, especially in areas with high fertility [1]. This is particularly true in Cameroon where the persistent high fertility (6.7 children per woman) is contributing to the high maternal morbidity and mortality (435/100,000 live births) as well as the rapidly growing population (3.2%) [2-4]. By comparison, a woman in two neighboring countries Gabon and Tchad will have an average of 4.5 and 2.8 children in her lifetime respectively [5]. Maternal mortality is further increased by unintended pregnancies resulting in unsafely induced abortions [4]. High fertility and high maternal morbidity and mortality not only strain individuals, families, and public resources, but also hinder opportunities for economic development [6]. Use of contraceptives has the potential to avert unplanned births, decrease maternal morbidity and mortality, increase welfare and protect future generations [6, 7]. In 2009, 49 percent of the Cameroonian population was below 15 years and 20 percent was between the age of 15 and 24[5]. A large number of young people in Cameroon are thus in or soon reaching their reproductive age and thus have a potential risk of unplanned and unwanted pregnancy [2]. By 15 years of age, eleven percent of adolescents in Cameroon have initiated sex and by 18 years 64 percent of young people have had their first sexual encounter [2]. At the same time the bio-social gap has widened, with declining age at puberty and rising age of marriage [8]. Young women are thus exposed to the risk of pregnancy before marriage for a longer period and as a result there is increased need for contraceptive use. Twenty-five percent of all pregnancies are among teenagers [2]. Additionally, the birth interval is very short with 41 percent of women 15-19 having another child in less than 24 months [2]. Unplanned pregnancies constitute 46 percent of all pregnancies. Young women between 15-24 years account for nearly half of all maternal deaths due to unsafe induced abortions, which is an indication that contraception is needed [9-11]. Despite Cameroon's liberal family planning policy, which states that all sexually active men and women should have access to contraceptives without need for consent from partner or parent, contraceptive use remains low, one of the lowest in the world. Awareness of contraceptives is almost universal, with 97.5 percent of people in reproductive age being able to identify at least one contraceptive method [2]. But only eight percent of married women aged 15-19 and sixteen percent of those aged 20-24 use modern contraceptive methods. Five percent of married youth aged 15-24 rely on traditional methods. Furthermore, 63 percent of sexually active unmarried women 15-19 years and 43 percent of sexually active unmarried women 20-24 years are not using any contraceptive method at all [2,12]. Condom use is low in Cameroon; only two percent among married women aged 15-24 use condoms. It is worth noting that contraceptive use is two times lower in rural compared to urban areas [2]. There is a mismatch between the desire to restrict birth and the actual use of contraception despite the wide spread knowledge and efficacy. Two of five young women aged 15-24 want to space or limit childbirth but are not using contraceptives [13]. Quantitative demographic and facility-based previous studies in Cameroon and other countries have identified limited contraceptive method choice, high costs, misinformation, pronatalism, constraints of women's decision-making and negative provider attitudes as barriers to fertility regulation [13-16]. However, these quantitative studies have not provided a comprehensive understanding of the various reasons for not using contraceptives as stated by the young people themselves. Data from the Cameroon Demographic Health Survey though comprehensive, largely provides information on married individuals and, does not cover unmarried adolescents. There is absence of data that fully explains the knowledge practice gap for young people. This study provides an opportunity to explore what happens among both married and unmarried men and women. It also explores the gaps in knowledge and practice. Program efforts and commercial marketing strategies in Cameroon have not yielded plausible rise in contraceptive use [17]. Previous studies have recommended exploration of barriers to contraceptive use among young people that would explicitly explore the factors in decision making process about use, or non-use of forms of contraceptives [18, 19]. This article reports on qualitative research that explored views about obstacles and enabling factors for contraceptive use among young people aged 15-24 in two districts in Cameroon. It is intended that this research will inform development of culturally sensitive policies and programs responsive to young people's needs.

Methods

Study settings and participants

The study was conducted in March, April and May, 2012 in Fundong and Njinikom sub-divisions in the North West Region of Cameroon. Fundong has a more urban and Njinikom a more rural population. In 2002, the population of Fundong was 436,493, and in Njinikom it was 269,763 with an annual population growth rate of 3.6 percent [20]. In 2010 the population is estimated to be 579,200 and 357,700 for Fundong and Njinikom respectively. More than 60 percent of the population in the two sub-divisions is under 18 years. In these two areas, 30 percent of all pregnancies are among teenagers compared to the national average of 25 percent [2, 21]. The main economic activity is subsistence farming. Each sub-division has three health sub-districts (HSD) each covering approximately 100,000 people. One HSD in each district has a hospital in addition to primary health care centers and private clinics. In each of the two sub-divisions, the HSD with a hospital was selected for the study site. Married and unmarried men and women aged 15-24 living in the two study HSDs were purposively selected for the study. Purposive sampling ensured diversity in terms of age, marital status, education and socio economic background of participants in order to get various views, opinions and experiences on use of contraceptives among young people. Furthermore, participants from both rural and urban areas were selected in order to ensure as broad perspectives as possible.

Study design and data collection

This was an exploratory, qualitative study. Focus group discussions (FGD) were used to collect data. The first author (GN), together with the local council authority in each sub-division, identified and collaborated with village youth leaders to recruit participants. A total of 16 FGDs (8 in each HSD) with 6-12 persons in each group were conducted in the local language. The first author moderated 12 of the FGDs. The other four were moderated by a trained and experienced nurse-midwife assisted by either a male or a female social scientist with field experience. There were no differences by the moderators in guiding the discussions, an FGD guide was used. The discussions were audio taped after obtaining consent from the participants. The FGDs lasted between 60 and 90 minutes. A total of 146 young persons, 72 men and 74 women participated. Background characteristics of the participants are presented in Table 1. The FGDs were homogeneously composed according to sex, age, and marital status. The discussions were held at a convenient venue identified by participants. A FGD guide developed by the research team (co-authors) was used. The research team comprised of two nurse-midwives and two obstetricians/gynecologists with public health focus. The discussions included the following topics: contraceptive practices and attitudes to contraception, contraceptive method-specific problems, perceptions of access to services, concerns about side effects, decision making process in relation to contraceptive use, and specific enabling factors and obstacles to contraceptive use. Following each discussion the moderator gave participants information about contraceptive methods and advised participant in need of methods to visit local staff at the nearest contraceptive delivery point for follow-up.

Data management and analysis

The FGDs were translated and transcribed into English directly by the first author and a social scientist with experience in translation and transcription of focus group data. The first author read through all the transcripts several times while making notes on the transcripts to make sense of the texts. Each of the other three co-authors read some of the FGD transcripts. Coding of the data and the analysis was done manually. The unit of analysis was the focus group. Latent content analysis technique that involves in-depth interpretation of the underlying meanings of the text and condensing data without losing its quality was used [22]. Events, activities, perceptions and explanations were identified and coded by the first author. The codes were grouped into subcategories, categories, and then themes were identified. The analysis was discussed among the research team members and discrepancies on coding and other issues that required clarity were settled by discussion. Quotes that best described the various categories and expressed what was aired frequently in several groups were chosen. All young people provided consent either written or verbal, following the first author reading them information related to their participation. Parental or spouse permission was obtained from participants 15-17 years. The ethics and research committee of the Department of Public Health Sciences of the University of Bamenda approved the study. Administrative clearance was sought from the sub-divisional authorities. Participation in the study was voluntary and confidentiality was assured.

Results

Each FGD was unique, reflecting the variation among the two age groups (15-19 years and 20-24 years), sex and marital status. Two consistent themes emerged in all the groups, “obstacles to contraceptive use” and

“enabling factors to contraceptive use”. The findings are summarized and relevant quotations are used to enrich the results.

Obstacles to contraceptive use

Various obstacles that impede contraceptive use were identified and classified into five categories that included misconceptions and fears, gender power relations, sociocultural expectations and contradictions, short term planning and health service barriers (See Table 2).

Misconceptions and fears

Misconceptions surrounding contraception and reproduction were mentioned in all FGDs. The young people believed that contraceptives interfered with fertility, and they were frightened to use something that could harm their ability to reproduce. Most of the married and unmarried women believed that pills burned the woman’s eggs. Both male and female participants believed that pills accumulate in the body causing swellings, such as fibroids, cancer, destruction of the fallopian tubes, and when used they are abortifacient. Participants were also convinced that the intra uterine device could pierce the uterus. “Those pills are dangerous; they go through the fallopian tube and go to that area where eggs come from. So, when the pill falls in the middle of all the eggs, it burns them all.....they burn the entire woman’s eggs and form a big scar. You may die without ever becoming pregnant” (Married women’s group, 15-19 years) “Family planning causes abnormal swelling in the uterus and cause cancer... my in-law was using these methods, and she was operated because of this. They removed fat and contraceptives ...when you take pills for a long time they pile in your body...that is why I can’t use family planning” (Unmarried woman, 15- 19 years). Condoms were believed by both male and female participants to damage the uterus, to get stuck in the reproductive tract and cause death, not to fit properly, to be porous, and to have infectious lubricant. Male participants reported tension and suspicion when using condoms because they thought ‘Whites’ had infected condoms with HIV. Others believed that the oil on the condoms was infectious to women and feared that condoms had pores or grooves with actual perforations that allowed transmission of HIV. The participants reported how fear immobilized them in their decision-making. They were afraid of the side effects, afraid of getting pregnant without contraception, afraid of the response from their church, and afraid of parent and family reactions. Fear of partners’ and parents’ reaction was an obstacle to contraceptive use expressed by many participants. “It is very hard to take pills every day when you still stay with your parents unless you keep them with friends...parents check suitcases. The person who gave birth to you, if she tells you that something is bad it is bad, parents have a lot of experience, you have to comply with them” (Unmarried women’s group 15- 19 years) The participants seemed to worry about the impact of side effects and feared that the side effects were permanent. The fear came from their own and their peers’ experiences, and from misinformation given to them by parents/elders to discourage them from having intercourse. Some young unmarried women expressed more fear of the side effects than of pregnancy. “We want the injection method but it has many problems like palpitation, craving for foods like pregnant woman, and dizziness that can even make you sometimes fall in the garden...we work for long hours in the sun without a meal... pills can make you too weak to work, you eventually stop using ...it is safer to just get pregnant, have a baby (Married women’s group 20-24 years).

Gender-power relations

The groups revealed gender inequalities in terms of power, roles, decision making, and negotiation for contraceptive use. The women reported lack of power in decision making as a key obstacle to use. Both men and women reported that women’s purpose in marriage is to produce children. The women recounted partner disapproval and verbal or physical abuse including violence if the man discovered that the woman used contraceptives. A man could abandon his girlfriend or wife if she insisted to continue using contraceptives. “If I ever find my wife using this family planning we would separate, send her away... I have heard very bad things about them.” (Married man, 20-24 years) The women said that initiating a discussion about contraception was generally considered unacceptable, and often the partner rejected such discussions. The young married female participants reported that conflict with the husband and the in-laws was severe when family planning issues were raised. In some male groups, the participants commented that women also oppose contraceptive use and react negatively when men raise contraceptive issues, contending that women fear the risk of not having children following use of contraceptives. Women in polygamous relationships were said to compete for children. Male participants said that women are weak and easily influenced to have unprotected sex. In contrast females reckoned that men want more children and manipulate women into sexual relations without contraceptives. The women further noted that men who do not want to use contraceptives are inconsiderate of the woman’s future, citing that men make women pregnant to make them dependent. Unprotected sex for men enhanced their reputation among other young men in contrast to the situation for women. But men

would deny the pregnancy and blame the woman for becoming pregnant. However, some female participants recounted that early pregnancy was perceived as a positive incentive for early marriage and was no longer perceived as a problem. Some girls were said to pierce condoms to get pregnant to compel their partners to marry them. "Some woman may pierce the condom with long nails with intention to get pregnant... as long as you get pregnant you no longer waste time...you just go with the man responsible for the pregnancy and start a family" (Unmarried women's group, 15-19 years) Some married women said they still needed permission from their husband to use contraception, and could be abandoned if it was done without his knowledge. "Most men do not like contraceptives, they want children, he gets a baby with you and asks you for another....if you tell him about contraceptives he leaves you....so women use it secretly" (Married women's group, 15-19 years) "One friend was using 'family'-injection without approval of her husband but started bleeding severely and had to tell him to get help to go to the health unit. This caused serious problems for her since her husband wanted more children" (Married woman, 20-24 years) Both male and female participants expressed views about decision making, and cited power struggles, couples disagreements and rare consensus on contraceptive use. Attempts to negotiate use frequently ended in violence or separation. The final decision depended on the preferred number of children by the man. Men were also reported to make decision to use or not use condoms. Men had the view that women were given to them when they married and the women were obligated to produce children or be thrown out of the house. "Some men do not want their wives to use contraceptives and are very tough on that. This can even lead to separation...I heard of a scenario where the man reproached the wife who had told him that she was tired of having children. The man said he could still look after his children and wanted more" (Unmarried man, 20-24 years) On the other hand, some female participants mentioned that some married women with children could actually discuss with their partner and agree on use. "Some women talk with their partners, some men also notice the finance problems and observe how difficult it is to raise the children and agree to use of family planning" (Married women's group 20-24 years)

Socio-cultural expectations and contradictions

Most male and female participants reported that the purpose of life for women is child bearing but also that traditional societal norms prohibit sexual activity and pregnancy before marriage. Furthermore, cultural norms condemn parents talking with their children about sex. Society expects young people to be virgins till marriage, but many young people reported that in reality they were sexually active. At the same time societal norms/ values do not support use of contraceptives and parents were said to use scare tactics about contraceptives for example; contraceptives lead to developing of fibroids and infertility to keep their children from having sex. Parents reject contraception and yet they do not want their unmarried daughters to become pregnant. If an unmarried daughter gets pregnant, the parents might send her away from home, force her to marry the man responsible for pregnancy, or force her to undergo an abortion. The parents may also compel the young man responsible for pregnancy to leave the community, or try to send him to jail. "Parents and elders are against contraceptives. If they find you with a condom, they lose confidence in you... parents should be made to accept that things are changing to allow these methods...nature is nature, young people need sex, it is better to tell them about contraceptives" (Unmarried men's group, 20-24 years) Contradictive messages from partners, parents, clergy, teachers, cultural leaders and health workers were identified as key obstacles to use of contraceptives. Young people get mixed messages since the social norms condemn sex, contraceptives and pregnancy before marriage while partners, peers and media encourage sex. The participants said that the Churches added to their confusion with messages of opposition or silence. They all noted that the churches are very pro-natal with statements like "go out and multiply", "contraceptive use is murder" and "children are a blessing". "The pastor in our church emphasizes that use of family planning methods is killing, it is a big sin in front of God" (Married man, 15-19 years) It was noted that young people are stigmatized if they use contraceptives. Contraceptives were perceived to be for married couples who have had a number of children. Communities were said to link use of contraceptives to promiscuity and prostitution, and also to future infertility. These values placed young people in a dilemma. The young women also reported experiencing this stigma at points of contraceptive delivery. They revealed fear of being reported to husband/parent if found at health facility or at shops seeking for contraceptives. Unlike men, women were ashamed to buy or carry condoms, it was considered unacceptable. In addition, women were reluctant to seek information about contraceptives since men might become suspicious if a woman knew how to use condoms.