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# Qualitative Analysis: The FP Behavior Change Problem in CDI

Interim Phase I Results  
July 2016

# Agenda

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## Qualitative Research Objectives

Country Context

Categorization of FP Needs

Gender dynamics

Key Behaviors and Barriers

Identifying the FP Behavior Change Problem in CDI

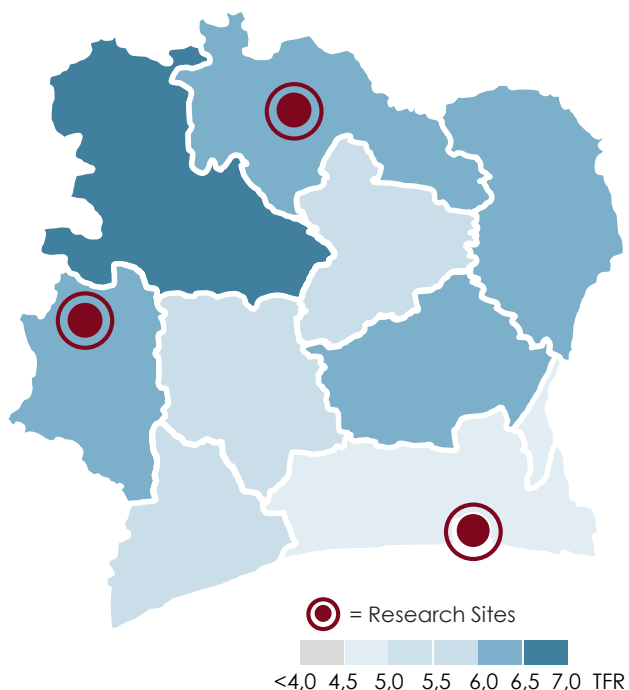
## We approached this qualitative research with specific questions to inform our overall strategy

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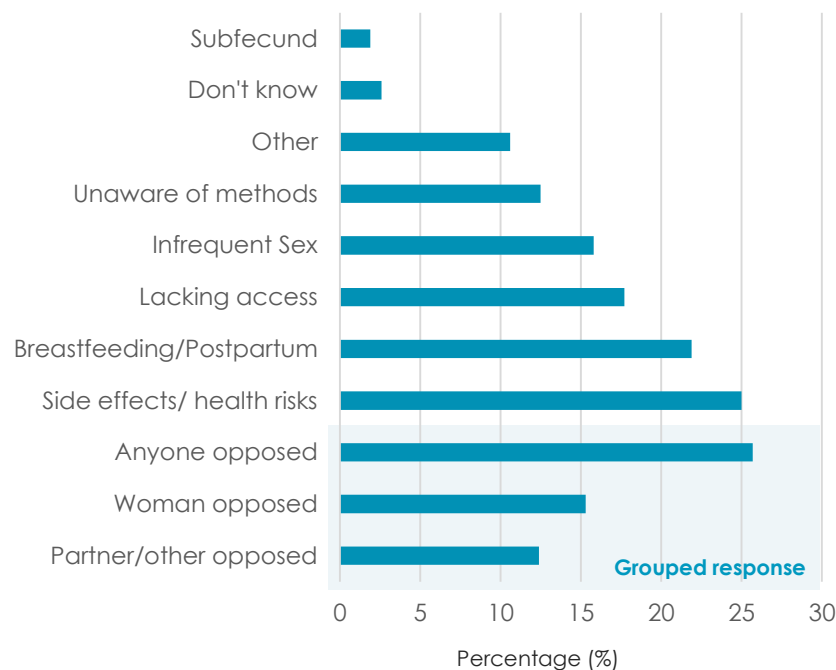
1. What are the FP needs, attitudes, and behaviors that are the most important in determining FP use in CDI?
  2. Do women need to be sold on the "category" or "product" of FP?
  3. What is required to close the "intent to action" gap?
  4. Which types of women in Cote d'Ivoire are most willing to increase their use of modern contraceptives?
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# This research was designed to surface the difference between stated and latent reasons for FP non-use in 3 locations of CDI

WOMEN'S PRIMARY REASON FOR NON-USE



TOTAL FERTILITY RATE BY REGION



Source: DHS 2012

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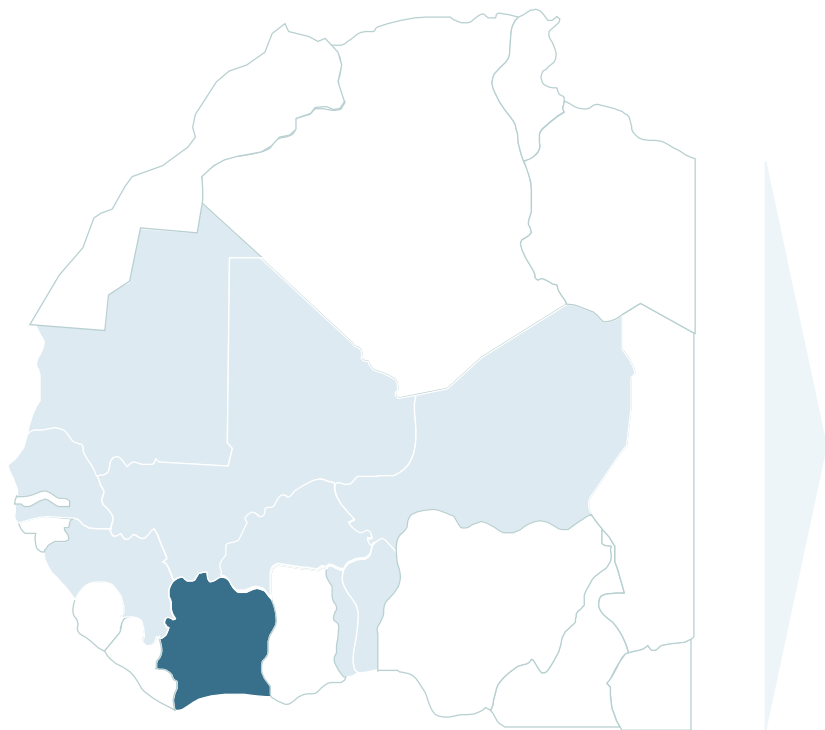
# Cote d'Ivoire is a country striving for modernity and a French sense of style, but most changes are limited to urban centers



# Private sector companies capitalize on this aspirational view of the future, as well as the desire for a 'tranquil' family



## Among the West African countries committed to progress on FP indicators, CDI has distinct characteristics



### Ouagadougou Partnership

#### CDI COUNTRY CONTEXT

- Ivorian women are the most likely to be sexual active when 'single' /non-cohabitating<sup>1</sup>
- Women are not heavily stigmatized for having children before marriage
- Christian and Islamic practices in CDI are 'realist' and fairly progressive in views of Family Planning permissibility
- Women have moderate economic earning potential, but low indicators for individual rights
- Displays of wealth and spending power are viewed as desirable for both genders

<sup>1</sup>Wellings et al. (2006), The Lancet. "Sexual Behaviour in Context: A Global Perspective."



## Quantitative metrics indicate that there are health problems in CDI that family planning services could help solve



**Half of all women** have had an unwanted pregnancy in their lifetime, often because they experience instability in their relationships, economics, or household circumstances



**One in three women** have used abortion in their lifetime, with rates as high as 60% in some regions. The majority of abortions – over 60% - occur when women are under the age of 25

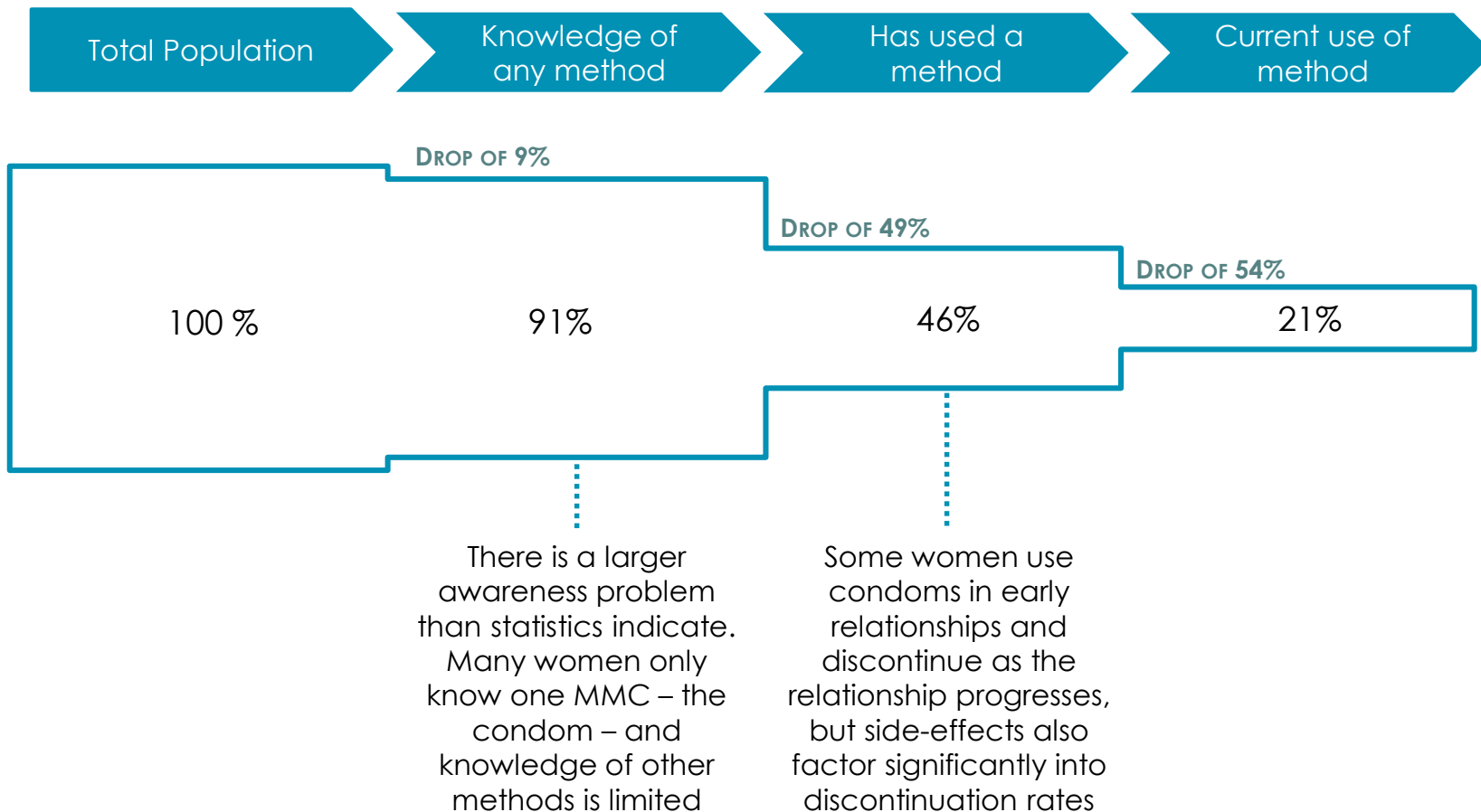


**One in four individuals** know a woman who has died during an abortion. Post-abortion hemorrhage is one of the leading causes of maternal mortality in CDI



Women have on average **one more child** than they would prefer for their ideal family size, and often describe this as an economic hardship

# Our research was structured to understand the ‘gap to action’ that manifests in women’s FP behavior



Source: DHS 1999 via DHS StatCompiler

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## Many of the need-states experienced by women in stable relationships are rendered less acute by natural method use


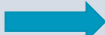


### THE CALENDAR METHOD



### ACUITY OF NEED

- Most women in stable relationships aspire to have a moderate sized family (between 2 and 6 children), creating a need for fertility regulation
- The majority of FG participants in long-term relationships use the calendar method, with varying means of tracking their cycle
- The calendar method seems to render many need-states less acute – particularly marital need-states for spacing – as couples feel that they are already effectively taking action to regulate their fertility
- Calendar method failure results in many of the unwanted pregnancies that occur in married couples
- Dissatisfactions with the calendar method exists:
  - Periods of abstinence elevate fear of partner infidelity
  - During times of personal financial crisis, a need for greater confidence in method efficacy is acute

## Women aspire to a traditional role as mother and wife, but they may use pre-marital pregnancies as a tool to realize these goals

<b>Children</b>		In an era of economic instability and changing marriage norms in CDI, women have more control over their fertility than they do over their other aspirations
<b>Wealth</b>		Some women use pregnancies to secure a source of income, as men typically contribute financially to their children, even if they are born outside of marriage
<b>Legal Marriage</b>		Women– especially women who are living with their partner – often chose to have pre-marital pregnancies to “push” the relationship toward marriage
<b>A Household</b>		Having children allows women become more “complete” and “respectable” in their role as women while they continue to strive for an established household

Unwanted pre-marital pregnancies while women are on the “marriage market” do not appear to represent an inability to plan for the future. Instead, pregnancies are one of the few tools that women can leverage to better their chances of marriage and economic stability. As a result, **pre-marital pregnancies are the ‘chips’ in a high-stakes gambling game.** If successful, women win a husband and a home. If they lose, they have an unrecognized child or a clandestine abortion.

# If “family” is an aspirational state for many women, we may need to categorize fertility regulation beyond “family” planning

Fertility Need	FP Need-State	Life-Stage Categories
<b>AVOIDANCE</b>	“Too young” for motherhood	<b>Pre-Family</b>
<b>CONTROL</b>	Delay or time pregnancies while on the “marriage market”	<b>Family Aspirational</b>
<b>SPACING, LIMITING</b>	Space or limit births for health reasons, economics, or personal choice	<b>Family Planners</b>

## A needs-based segmentation which accounts for attitudinal variation may be a better tool for our SBCC strategy in CI

Needs-based segmentation is a valuable tool because it identifies **different categories of unmet need**, as well as whether there are over- or underserved population segments based on categories

We know that women in CI have a need for either avoidance, control, spacing or limiting, and we can **characterize attitudes and behaviors** within these categories of need

Variations in attitudes and behaviors by need-state category will be assessed in the quantitative research to identify the segments of women with similar characteristics who are most likely to change their behavior

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## Women's fertility needs are strongly influenced by the behaviors and sexual attitudes of men

### The "Marriage Market" is different for men

Men marry at an older age than women, and therefore spend longer periods of time dating or in informal relationships without feeling societal pressure to marry their sexual partners

### Men can choose to recognize pregnancies

Men may choose not to recognize their partner's pregnancy if they do not want to assume the financial obligation of a child, feel responsibility toward the mother, or sustain the relationship

### The "Second Office"

Men state that it is normal to have at least one girlfriend 'on the side' after marriage both for sexual experimentation, and because it makes them feel more "in control" of their household

Women have **limited leverage** over male behavior when it comes to dating, marriage and sex. When women consider their fertility regulation, this may create an opportunity for contraceptive uptake as a means of female empowerment.

Women do have some power to **leave bad relationships** – even after marriage. Children may transition to maternal grand-parents for care while women seek a new partner.



## Women's have some additional points of leverage to ensure autonomy and counter male control in relationships

Some women maintain their independence and control by privileging their ability to make independent financial choices, contribute to household economics, elevate the man's status, or fulfill their roles as mothers absent regular male support.

**Economic Autonomy:** Some women proactively put money aside for themselves for their own purchases, or as a security against bad male behavior... "If you rely on yourself, if you have means... you can leave him"

**Household contributions:** Men feel economic stress over providing for children. Women who have economic earnings can 'choose' to relieve some of the husband's obligation to pay for household affairs if they communicate openly

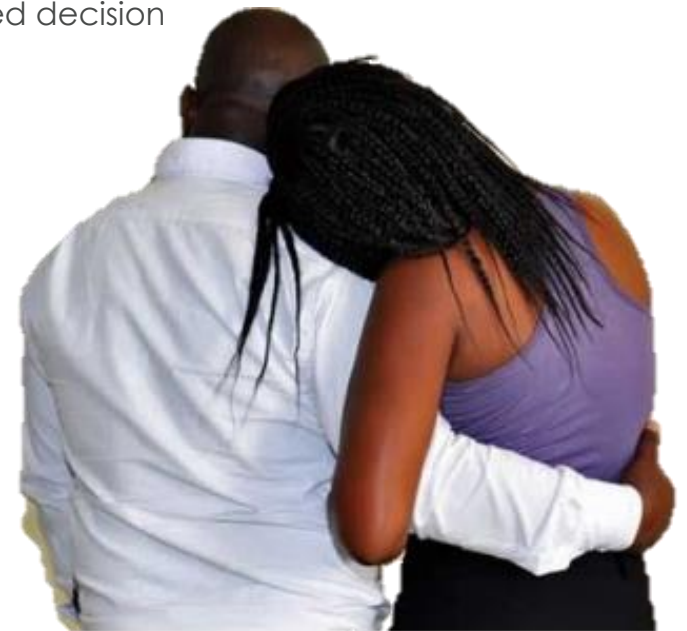
**Elevate the man's status:** Status is important for men, and the public image of having a submissive, respectful wife is almost important as the actuality. Men strive to avoid having a publically discordant relationship

**Aspirations outside the family:** Although unconventional – some women are able to accomplish aspirations of wealth, motherhood and a career as a female head of household without regular male support



## The shifting norms around sex and marriage also complicate how couples relate to, and communicate about, emotions

- Most men and women describe their ideal relationship as a balance between 'love' and pragmatism, including whether a couple was equipped to make decisions together or shared similar values about money, children and family
- The way that women described strong emotional connections shifted with age:
  - Teenage women described the need for **love, flirtation and sexual attraction**
  - Women in their early 20's emphasized the emotional importance of **good behavior**, and whether the man "showed" his love by his presence and attention
  - Married women were most likely to ascribe strong emotions to **good communication** with their partner, which allowed for shared decision making about personal and family choices
- Both men and women described heartache when they experienced breaches of trust in emotional relationships – for example, if their partner concealed that they had a child from an earlier relationship, or if an individual talked about 'love and a future' to multiple concurrent sexual partners
- Distrust arising from these experiences may lead couples to behave with more emotional bravado than they actually feel – either claiming to love too easily, or not discussing love at all – precluding many couples from having realistic conversations about their future



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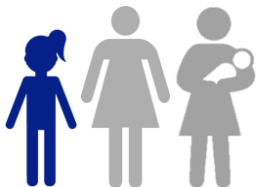
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## Behaviors & Barriers in the “Pre-Family” Category



Women in the “pre-family” category are typically adolescents living with their parents who are fecund and sexually active, but who are not yet ready to consider motherhood or the creation of their own family. Their key fertility need is pregnancy **avoidance**.

**Principal Need-States Experienced:**

**Need-State 1: “Too young”**

FG participants were aware of health risks for young mothers, but also stated that adolescent girls typically lacked the responsibility or judgement to become mothers. Participants also agreed that young women should avoid becoming pregnant while in school.

**Need-State 2: HIV/STD protection**

CI has the highest HIV prevalence rate in the West Africa region, and young women talked about the need to establish whether potential boyfriends had “une maladie” before they would let the relationship become more serious.

**Category Barriers that prevent action:**

Poor fertility knowledge

Age gap between partners disempowers female

Vulnerable life circumstances

Parental pressure to marry early to avoid school fees

**Category Barriers that prevent action:**

Stigma around asking a partner’s status persists, particularly in young relationships or in ‘sex-only’ relationships with limited communication

**Product barriers that prevent action:**

Poor access or youth shaming at health centers

Inability to pay

Use of abortion as a fertility regulator

**Product barriers that prevent action:**

Many men dislike or even refuse barrier methods, and women speak about “sometimes” using a condom, usually provided by the man

## Qualitative analysis of attitudinal traits for Pre-Family Women

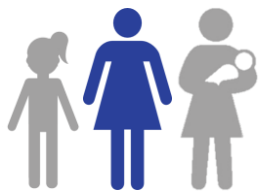


**Key attitudinal traits that vary for “Pre-Family” women are:**

- Fear of, or communication with, parents
- Self-worth, and degree of optimism about present or future choices
- Vulnerability within sexual partnership
- Weighting of present gratification against future consequences
- Strength of social networks to learn about health choices

<p>Everyone wants to “Be Someone”</p>	<p>Some young women have optimism about their education and career, having not yet experienced significant hardship that deters them from this path. Others, who perceive more limited future opportunities, emphasize early marriage- “you have to start [married] life when you're young and before you become less beautiful with worries”</p>
<p>Sex is for both pleasure and gifts</p>	<p>Partners may be chosen for “love” and “fun,” but the gifts and meals that come with dating may be equally important– sometimes by necessity: “I’m embarrassed to say this now, but I took my first boyfriend when I was 10 because there wasn’t enough to eat at home, so I would let him buy me food”</p>
<p>Young pregnancies have consequences</p>	<p>“If you get pregnant – you want to die before you tell your parents – especially if you have to drop out of school. But then, you might die if you have an abortion”                  “I couldn't tell my father... so I fled and hid at my aunt's house, and she saw me through the pregnancy and sent me with the baby away to the village for a time”                  “If you have a baby when you are too young, you look at the baby, and think, what am I going to do with this? It's the grace of god, but there go your plans for the rest of your life”</p>
<p>Method knowledge comes from word of mouth</p>	<p>Young women are rarely counseled on method use and have low confidence in reliability (“the condom breaks, the pill fails”). The male usually provides the condom during sex, and even MMCs like the pill are shared between friends or siblings once procured</p>

## Behaviors and Barriers in the “Family Aspirational” Group



Women in the “**family aspirational**” category are typically engaged in more serious relationships. They may gamble with a pre-marital pregnancy to influence the behavior of their partner. Their key fertility need is pregnancy **control**.

**Principal Need-State Experienced:**

**“Testing” The relationship**

Prior to marriage, focus group participants describe a vulnerable life-stage in which women are testing the commitment, behavior, and family involvement of their partner. Women may be willing to get pregnant with their partner, but it has to be at the right time with the right man.

**Category Barriers that prevent action:**

Desire to secure economic support from man by bearing his child

Intent to push the relationship toward marriage with a pregnancy

Desire to fulfill role of woman as mother regardless of marital state

**Product barriers that prevent action:**

Poor access to quality counseling may lead to ineffective use of method

Experience with actual side-effects or belief in rumors about side-effects

Use of abortion after pregnancy “brinkmanship” if male does not recognize child

## Qualitative analysis of attitudinal traits for Family-Aspirational



**Key attitudinal traits that vary for “Family-Aspirational” women are:**

- Perception of social norms and sensitivity to social judgement
- Autonomy from male partner in decision-making
- Grit or ‘resilience’ to respond to adverse male behaviors
- Risk analysis in engaging in pre-marital pregnancy gambles
- Proactivity to prepare for potential relationship changes

Perception of social norms	“When a woman is married she is presentable, when she goes out and about, people respect her” ... “If you don't have a child, when you go by, people talk about you... they give you bad looks or even insult you”
A man's behavior matters, but a woman has to inspire it	Good behavior, for a man, is when he “comes home often for his woman. He's not out by himself, You always see them together, and they are cheerful” “To be in good health is to be calm. If you are worried, you will not shine. And then [your man] will undermine you, cut you out”
Pre-marital pregnancies are a gamble	A belief that a pregnancy will advance the relationship doesn't always hold up to reality: “A man will debate and debate that the child is not his. But if it comes out looking like him, you show his parents, then he can't refuse it.” “If he wants to refuse the pregnancy, his friends will help him and push him further along, and he'll make the woman abort by not acknowledging”
Pre-marital children have a limit	“You can have as many as 2 children before marriage, but then, is the next man who takes you going to support more than that number? He'll be able to have you for a sack of rice”
Women need gumption	“You don't have to go to school or have land... if you have courage, to overcome things, to make your choices, you'll get by” ... “You have to become a ‘fighting woman’ (une femme battante), because for sure there will be obstacles for you”



## Behaviors and Barriers in the “Family Planning” Group



Women in the “**family planning**” category are typically in stable or married relationships, and they may need to space or limit their births to achieve their ideal family size. Their key fertility need is pregnancy **spacing and limiting**.

### Principal Need-States Experienced:

#### Need-State 1: Spacing

Focus group participants agreed spacing is important for the health of the mother and child, to avoid times of economic stress, to enable the mother to work, and to create a more calm and manageable household

#### Need-State 2: Limiting

FG participants felt that planning for a small to medium size family was desirable, to ensure the future of their children and to enable the woman to engage in other activities, but the exact number of children was flexible

#### Category Barriers that prevent action:

Preference for (and use of) natural methods

Cultural value of children as women’s greatest joy

#### Category Barriers that prevent action:

Pre-marital births

Husband wants more children than wife

Use of pregnancies to reduce husband infidelity

#### Product barriers that prevent action:

Poor counseling/ Ineffective Use

Fear of sterility

#### Product barriers that prevent action:

Husband does not allow long-duration methods

Side-effects, rumored or true, including fear of amenorrhea

Contraceptive failure, rumored or true

Use of abortion as fertility regulation

Religious opposition to products for limiting

Fear of child mortality

## Qualitative analysis of attitudinal traits for Family-Planners



**Key attitudinal traits that vary for “Family-Planner” women are:**

- Openness of communication and trust in husband
- Degree of personal agency in decision-making
- Preference for natural methods over modern methods
- Economic resilience as an individual and at a household level
- Desire or need for surety in family planning decisions

The husband guards his control

Couples communicate, but men always want to be the final say: “Men resist FP when it’s not their idea – if a woman starts the conversation, he may push back just to maintain the upper-hand of control

Value spacing and limiting as concepts

Many women in the older generation (30-49) saw their own parents suffer with big families, and they want smaller families as a result: “If you don’t space or if you have 8+ kids, it’s ‘not normal’ in the village. It ages you before your time”

Preference for natural medicines

“If you have the means, you go directly to the hospital for a diagnosis. But if you don’t, you go to the Kanari. Or you go into the bush and find the plants – because plants are free”

Distrust of modern contraception

“Modern methods cause sterility – or at best, they hurt your body so that it takes a long time to become pregnant again. There are prejudices against them, because of those effects”

Children are a financial decision

“Times are hard. I’m 30 years old and I want 4 kids, but I’ve only had one, because there is no money, and I want to get to a better life first” “Because we are in Africa... it’s the poverty, not the children that tires us.”

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# The behavior change problem that we need to solve varies by the category of fertility need across life stages

## KEY BEHAVIOR CHANGE NEEDS: WOMEN



### PRE-FAMILY

Avoid unsafe abortions and 'shot-gun' marriages by enabling adolescent women to take preventative FP actions



### FAMILY-ASPIRATIONAL

Help women to achieve their aspirations for economic and household stability without needing to use pregnancies for leverage



### FAMILY-PLANNER

Increase efficacy of existing fertility regulation practices by shifting women from calendar method use to MMCs

## KEY BEHAVIOR CHANGE NEEDS: MEN



### PRE-FAMILY: MALE PARTNER

Encourage young men to protect their future by understanding the risks of unregulated fertility for adolescent females



### FAMILY ASPIRATIONAL: MALE PARTNER

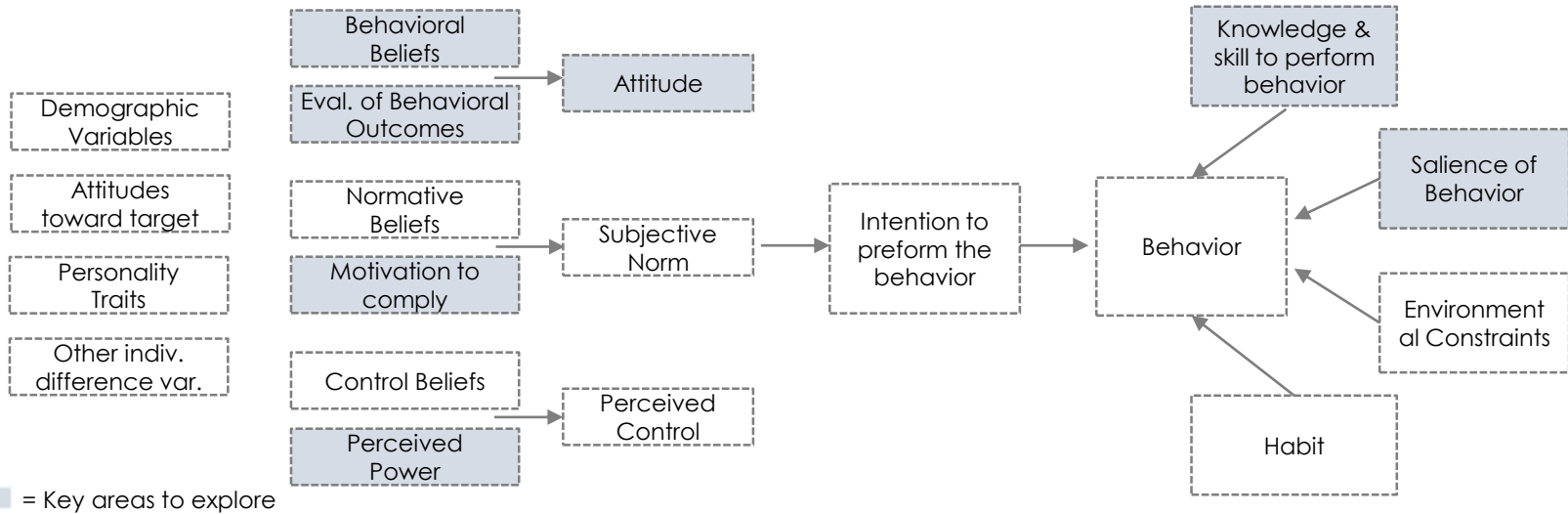
Help men to 'guard their wallet' by avoiding non-marital children or expensive dates with women whom they will not marry



### FAMILY PLANNER: MALE PARTNER

Connect men to the consequences of inconsistently regulated fertility on the family, and on maternal and child health

## This qualitative analysis suggests key areas in the integrated behavior model that we should explore for sub-group variations



- Women's **attitudes** toward fertility regulation show considerable variation, as women differ in their **behavioral beliefs** (e.g. whether a pre-marital pregnancy will lead to marriage) and their **evaluation of behavioral outcomes** (e.g. whether the risk of abortion is greater than the risk of not marrying)
- Women's **motivation to comply** to social norms is also variable, particularly in light of shifting marriage norms and growing opportunities for women to be economically independent
- Some women have greater **perceived power** than others to make autonomous decisions regarding their fertility, in spite of partner or parental pressure to behave otherwise
- Finally, women vary in their **knowledge to perform the behavior** of fertility regulation, often because they received poor quality or limited counselling, and in the **saliency of the behavior**, because they have used natural methods of spacing births fairly effectively

Source: Center for Health Behavior Research of the University of Pennsylvania