

## Doctor of Sociology

Unravelling the mosaic discourses and practices about family planning in two settings of Maputo province, Mozambique: A phenomenological Study.

Rehana Capurchande

Promotors: prof. Gily Coene, PhD (VUB) and prof. Herman Meulemans, PhD (UA)

### Summary

Background and objectives:

In many sub-Saharan countries including Mozambique, family planning is considered a public health matter because of several factors. These include low use of modern contraception, restrictive laws and policies, uneven distribution of healthcare workers as well as lack of accessibility of health care facilities. In 2011, at the national level, Mozambique's Demographic Health Survey showed 11.5% of all women used some contraceptive method – modern or traditional. In that same year, the national fertility rate was 5.9 children per woman, which is among the highest worldwide.

In Mozambique, current family planning policy, as expressed by the Ministry of Health, is to promote the use of family planning services at various levels. At the community level, personal counselling sessions and group talks focused on family planning are available at the local healthcare facilities. In addition, dissemination of family planning information is circulated informally by trusted village members – usually members of the community health committees.

Disseminating family planning information involves the engagement of various actors, such as policymakers, health workers, community health committee members and clients. However, little is known about how family planning is understood and experienced among various actors. Specifically, little is known about which practices are implemented – by whom, and what lies beneath the position of each actor.

Thus, the objective of this study is to understand how family planning policy is framed by the relevant policymakers and how it is implemented by the main actors identified in these policies. Therefore, this research examines how the discourses of relevant actors are produced, what they say, know and do, as well as what is asserted to be problematic or not problematic within family planning. In addition, it is important to understand the main actors' experiences addressing or using family planning services within their social context.

By doing so, this study may contribute:

(1) to understand family planning issues from the reality described by various participants,

- (2) to understand users' perceptions and experiences using family planning services within their social context,
- (3) to understand how relevant actors implement promotion on family planning,
- (4) to understand the complexities involved in the triangle relationship of users/ health practitioners/ Community-Based Distributors.
- (5) to inform positive changes to family planning and Community-Based Distribution programs for increase outcomes.

#### Methods/ settings:

An in-depth qualitative study of various actors was conducted at two sites in Maputo province, in southern Mozambique. Ndlavela and Boane are peri-urban and rural areas respectively. Thirty-two in-depth interviews were conducted with female and male adults, plus eight informal conversations. In the adolescent and young people group, sixteen in-depth interviews, four focus group discussions and four informal conversations were conducted. In addition, six focus group discussions and four informal conversations were held with members of the community health committees. Three group interviews and five key informants were held with healthcare people.

Observations were conducted in both study sites. This study also reviewed the main official documents relating to family planning. The revision of these documents queried how family planning policy problems are framed, how the main problem was identified, and how its solution is to be represented. The research also delved into how family planning services are organised, and identified the main actors outlining family planning policy.

Lastly, the analysis followed a phenomenological approach – the examination of commonalities, differences and relationships. A triangulation was also used to discuss the data. This consisted of cross checking information from in-depth interviews, focus group discussions, informal conversations, group interviews, observations, discussions with experts, and literature review on family planning.

#### Results and Discussion:

This study found significant differences in interpreting family planning issues in the two researched areas. In Ndlavela, there was a greater tendency to follow the expectations and recommendations of family planning by policymakers than in Boane. These differences can be attributed to the socio-cultural background, differences in knowledge, training, as well as geographical location.

However, despite these differences, this study revealed several similarities. In both localities, health workers, community health committee members and clients were not often following the formally prescribed rules and practices concerning family planning and contraception. Instead, they were constantly negotiating their positions. Family planning clients display high levels of knowledge about contraceptives but when it comes to practice, many discrepancies were found. This study revealed inconsistent use of contraceptives, ambivalent and contradictory attitudes and behaviours in relation to family planning.

Reasons behind these discrepancies cannot simply be explained by a lack of information. In fact, they are linked to structural, institutional and social determinants of health. These include availability of contraceptives, the relationship between clients and health facility

staff, the meaning given to having children in the context of poverty, and gender imbalances within couple relationships. Consistent contraceptive use and safe sex were found to be complex and multidimensional practises. They not only involve contraceptive decision-making but also the skills to negotiate and reconsider social norms and gender relations.

Although men participated less in family planning and contraceptive issues, they were the primarily decision-makers for using preventative measures or not. Thus, attitudes towards responsibility for contraceptive use and risk-taking were strongly gendered. These differences became critical, particularly for women who are often pushed into a position of responsibility for contraceptive use. Imbalances of power within relationships made it difficult for women to secure safe sex or even consistent use of contraceptives.

Another important finding is that male and female clients are confronted with a variety of expectations. Among young people, cultural notions about femininity and masculinity were linked to the use of contraception. Typically, these gender notions respond to social imperatives linked to parenthood. Similarly, among adult women their status was largely determined by their marital status and ability to give birth. This is because a child generates a sense of pride not only for helping to preserve the family, but also maintains the couple's identities of being feminine and masculine. Thus, each actor is interpreting family planning according to their socio-cultural background.

#### Conclusion:

There is a plurality of discourses and practices related to family planning and contraception. This leads to contradictory positions and conflicting views among clients, health workers, policymakers, and members of community health committees.

In order to create a supportive social context for family planning services, the preventive package needs to be grounded in an understanding of the pressures governing behaviours and interests of all actors engaged in these initiatives. More attention to social structure is also needed. These include an understanding of how income is distributed, what kind of social protection policies are available, who is included and excluded, how gender roles and decision-making power are socially constructed, in what situation a certain policy may be feasible within a particular context, and what needs to be negotiated.

Additionally, there is a need to pay attention to the appropriate audience; delivering messages that influence the beliefs of the involved group; and creating a social context leading to improvement of Mozambique's family planning programs.