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ACCESS AND USE OF CONTRACEPTIVE METHODS IN THE POST-CONFLICT RURAL HEALTH ZONE OF PINGA, NORTH KIVU PROVINCE, DR CONGO

***Anthony Musafiri Mugisho**

Phd Student in Community Health and Development, Great Lakes University of Kisumu (GLUK) Kenya

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****Corresponding author:***
Anthony Musafiri Mugisho,

ABSTRACT

This study focuses on access to and use of contraceptive methods in rural health areas. It was carried out through the organization of Focus Group Discussions with young people of childbearing age, young adults and adults in order to collect their opinions on contraceptive methods and the obstacles to using them.The choice of the study was motivated by the fact, in general, the studies have shown that there is a low use of family planning among couples in DR Congo, with the consequences of the demographic explosion, the growth maternal morbidity and infant mortality. This situation is more accentuated in rural areas, because other obstacles to access to planning methods are legion, in particular cultural, religious or family limits, lack of knowledge of the methods, low level of education of the population, rumors and misinformation about the benefits and consequences of using family planning methods, the absence of qualified family planning providers and related inputs. Thus, the use of modern concepts is quite high in urban areas than in rural areas. Despite differing opinions on contraceptive methods, women were receptive and willing to use the methods, however family dialogue is needed to avoid any objection from their husbands.

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INTRODUCTION

In the Democratic Republic of the Congo and in so many other underdeveloped countries, the unavailability or low use of reproductive health services and, in particular, family planning are real threats to maternal and child health in rural areas. Yet globally, all stakeholders including governments, civil society, donors, the private sector and research and development specialists had pledged to provide access to contraception to 120 million more women and girls by 2020 and to cover 75% of contraceptive needs by 2030 (SDGs). These objectives would be far from being achieved in a fragile state plagued by armed conflicts for decades and which faces many challenges such as destruction of roads, virtual non-existence of suitable health structures, lack of equipment and appropriate drugs, lack of qualified and trained personnel and poverty within the population. Added to this are cultural, traditional and confessionnal obstacles as well as non-respect of fundamental human rights, in particular the right to health, of which rural women are the main victims. Pinga health zone is located at more than 150 kilometers of Goma town, North Kivu Province in the Democratic Republic of Congo. This health zone is one of the outlying and landlocked health zones due to the poor state of roads and security instability caused by the activism of armed groups with enormous consequences on the lives of its inhabitants. This health zone has 19 health areas, 12 of Buhimba, Besse, Munsanga, Kanune, Mashuta, Kateku, Lukala, Oninga, Rungoma, Kaseke and Mutongo. According to the annual review report of North Kivu Province 2021, a significant increase in maternal deaths in 20 health zones of North Kivu including the Pinga health zone was observed with a figure 8 times higher than in 2019 and an intra-hospital perinatal mortality rate of 10‰. According to the annual report of Pinga health zone for the year 2020, the health coverage of the populations by multipurpose and integrated health services is 96,503 or 52%, or less than 65%. In addition to this, the Pinga health zone has a very low use of maternal health care, including low attendance of family planning services and antennal care. On socio-economic level, the health zone is experiencing impracticable roads, including the road of Mpety to Pinga. The presence of rivers and mountains in the Oninga health area , the poor condition of the Mweso , Osso and Birutu bridges , the impassability of the Kailenge – Rungoma – Mutongo road lead to the difficulty of supplying medicines and other inputs that may come from Goma. This isolation added to the humanitarian problem of repetitive displacements of the population due to armed clashes constantly plunges the population into extreme poverty. In terms of reproductive health, despite the existence of well-designed national and international strategies to increase access to contraceptive method services and the presence of family planning services in almost all facilities, the use of these by men, women and young people of childbearing age is very low. According to UNFPA, at least 16

15 give birth each year (UNFPA 2015). Thus, there is reason to ask the question of why this low use of contraceptive methods in Pinga rural health zone, North Kivu province, DR Congo?

METHODOLOGY

This study will be cross-sectional involving young adults' aged 18 to 35, married men and women aged 35 to 65. 150 people took part in the survey gathered in 15 Focus Discussion Groups of 8 to 12 people. Data on socio-economic characteristics, level of knowledge and access to and use of contraceptive methods will be collected using an interview guide. Among the respondents, 15% had the primary level, 18% the secondary level, 25% university level and 42% without any level of study. Most respondents are from Catholic religion (39 %) followed by those from Protestant religion, 28% and the others are either animists or Muslims. Another interview was held with key informants including members of Pinga health zone management team and a few randomly selected medical providers. Selection was, however, based on a number of predefined inclusion criteria including ease of recruitment, availability of participants, willingness to participate in the study, ability/capacity to consent to participate in the research, and good knowledge or understanding of the language of the interview. Investigators made up of Community Relays, RECO (Relais communautaires) who know the environment well and the people surveyed ensured the collection of data in focus group discussions. These focus group discussions were organized for a few women and men regardless of their marriage ties in order to collect data on their perception of contraceptive methods.

FINDINGS AND DISCUSSIONS

The results in relation to the level of women's knowledge of contraceptive methods: During our focus group interview, few of the women admitted to knowing at least three methods of contraception. Most know of only two, namely the contraceptive pill and the male condom. The female condom is not known within the study population. Yet John Cleland and his colleagues confirmed that planning is an important investment in reducing the broader costs of maternal care related to complications in pregnancy or childbirth. Family planning makes a major contribution to improving the health of mothers and children, while allowing women to participate more in economic productivity and families to invest more in the education of their children. Family planning also contributes to slowing levels of population growth in developing countries, which would strengthen the ability of governments to make the necessary investments to improve the quality of human capital, reduce poverty and hunger, preserve natural resources and adapt to the consequences of climate change and environmental degradation. Many women in urban and rural areas cannot give maximum performance at work due to pregnancy and childbirth obligations. Family planning makes it possible to limit births and thus preserve natural resources by limiting their consumption for the conservation of planetary health, of which water is the vital resource.

Level of knowledge and use of contraceptive methods: Most of our surveys have never used any contraceptive method. The male condom was cited by many as the most widely used method, both among young adults and adults. Married adults admitted to having used it only with their occasional sexual partners to avoid contracting STIs and HIV AIDS. The male condom is not often used in couples:

> *We think that the use of the condom (condom) cannot be done in external relations with women taken occasionally, if we use them in the family, it indicates that we consider our women as sex workers* , stated a man from Katanga, Pinga.

Many young people, on the other hand, have already heard about contraceptive methods in youth forums, on Pinga community radio, during programs produced by Hope In Action and even on certain posters in medical structures. However, their use remains very low among sexually active young people, 1 out of 10 uses condoms during sexual relations.

Fear of side effects: Many women declared in focus groups fearing the side effects of contraceptive methods, in particular the use of pills, implants and even IUDs. Many women have said that they learned from their friends that these methods would cause cancer, gain excessively the weight or secondary sterility.

> *My colleague was using the birth control pills, but she experienced serious side effects: continuous bleeding and pale skin. She was transferred to Goma for adequate management of these side effects.* A woman from Bushimoo, Pinga declared.

Cultural and Religious Considerations of Contraceptive Method Use: In Pinga, as in other rural areas of the DR Congo, having children remains a blessing. Wanting to limit births is considered by culture and religion as opposing destiny, refusing divine providence and thus limiting one's chances and blessings. During the FGDs, we were told that children come from God. A man even told us that God does not allow seeds (sperms) to be cast out of the proper place. For believing Christians, children must be allowed to come until God himself decides to stop. Thus the churches can in no way speak of the use of contraceptive methods. In Pinga, the main religion is the Catholic religion followed by the Protestant religion, including the Pentecostal church of CEPAC (Community of Pentecostal Churches in Central Africa) formerly known as CEPZA or Swedish mission. A study carried out by the NGO Jan Goldall Institute (JGI) in Walikale and Lubero Health zones on contraceptive methods revealed that the ignorance of the population, cultural and religious influence and family constraints were respectively factors that hinder the use of planning. family. The culture, on the other hand, regards children as a blessing and a source of income. A family with many children, girls or boys is considered the most blessed in terms of labor or wealth.

A man told us this: *Children are sources of wealth. The boy children are a driving force for the work in the farms, the opening of our roads, the digging of the minerals and even for the wood exploitation. The girls will be married and will bring us dowry*.

The culture considers that the women get married to go and have children for the family of men. Limiting births would then not justify the dowry given to the in-laws and would not give as many nephews, nieces, aunts and uncles to the families to carry on the family line. Other respondents told us that having many children would give families a better chance of having at least one who will be financially strong to help parents and thus propel the family. Still others believe that having many children is an advantage because some may die as they grow up and the family still rejoices with those who stay.

Family Influence on Maternal Health Care and Use of Contraceptive Methods: The family and the husband play a key role in the choice and use of contraceptive methods by his wife and, moreover, in attendance at maternal and child health care services. Many of the women told us that they have to ask their husband's authorization to go for treatment. Others even said that even beyond the husband, the mother-in-law is also important in deciding which health services to attend, whether modern or traditional care.

A man from Pinga, Nkasa said*: I cannot allow my wife to take contraceptive methods, it will open the door for her to infidelity because she will start looking for men, as she will know that she will not be pregnant.*

A woman also said*: I would have liked to use one of the contraceptive methods to limit and space births since my children are starting to get sick, but I am afraid to tell my husband about it. He will consider me as a woman in revolt against tradition.*

Thus, tradition and religion play an important role in access to and use of contraceptive methods in Pinga.

These results correlate strongly with those found in Mali where a study established the influence of the opinions of husbands, mothers-in-law, traditional birth attendants and other family and community members on decision-making about access to and utilization of maternal health care services (John Kuumuori Ganle et alii, 2015).

The use of contraceptive methods, availability of products and capacity of medical providers: The shortage of equipments for contraceptive methods and trained care providers is also one of the causes of the non-use of family planning in Pinga . According to the interview with the Health zone central office, several medical facilities in Pinga are in a state of obvious disrepair and have been looted as a result of the war. Thus, they lack not only medical equipment, but also adequate products for modern methods of planning. Providers are not as trained to administer modern methods of contraception specifically the implant and the intrauterine devices.

Reproductive health in armed conflict situations: In conflict situations such as in the East of the DR Congo, particularly in the North Kivu due to the activism of armed groups, inter-community conflicts for natural resources and the space occupation, the major problem linked to health reproduction focuses on rape and gender-based violence, the high prevalence of unwanted pregnancies and early marriages, including girls aged 15-19, sexual abuse and exploitation observed in children recruited by armed groups. Added to this is the precariousness of health facilities and the unavailability of adolescent sexual and reproductive health services (ASRH) for girls of childbearing age. Indeed, in the event of conflicts, adolescent girls are the most exposed to rape and risk experiencing early pregnancies. Their high-risk pregnancies make them more exposed to maternal mortality by twice for adolescent girls aged 15 to 19 and five times more for those aged 10 to 14. In addition, exposure to STIs and HIV is not negligible.

Institutions supporting reproductive health and family planning programs: In the DR Congo, reproductive health and planning support programs are supported by the Congolese state through the Ministry of Health and its supervisory institutions and by United Nations system organizations, the International organizations and Cival based organizations (CBOs).

National Reproductive health and Familiy Planning support organizations

- ***The National Reproductive Health Program,*** called in french ***PNSR,*** *Programme National de Santé de Reproductive* was created in 2001 by the DRC national health ministry to set standards for family planning services and conduct activities to promote family planning that puts maternal health.
- ***The National Adolescent Health Program, PNSA*****:** This program was created by the DRC Ministry of Health in March 2003. Its objective is to promote the health and development of adolescents in the country.
  The PNSA is funded by UNICEF, WHO and UNFPA.

International organizations supporting RH and FP: Several international organizations are involved in supporting the Ministry of Health of the DR Congo in the areas of reproductive health and family planning. The main ones are the organizations of the United Nations system and international organizations including the United Nations Population Fund (UNFPA), the World Health Organization, UNICEF and the United States Agency for International Development (USAID). The United Nations Population Fund (UNFPA) develops programs and acts particularly in the field of sexual health and family planning by providing financial support, in particular through the purchase of contraceptive products and technical assistance to guarantee product security and distribution.

CONCLUSION

This study shows that access to and use of contraceptive methods in the DR Congo and more particularly in Pinga health zone is very low, despite the existence in the area of support programs for reproductive health. The main reasons for this low use of the contraceptive methods remain for the most part the traditional, religious cultural limits, the low level of knowledge and education of the population (young adults and adults) on the usefulness of modern methods of contraception. The geographical limits of the places where the services are offered, the lack of equipments and the difficulty of procuring them, the family income, the low level of knowledge of the signs of the dangers linked to pregnancy, community considerations on the side effects of methods, the absence of qualified personnel are also obstacles to the use of reproductive health services in the health zone of Pinga.

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