

***Family Planning in a Fragile
State:***

Overcoming Cultural and Financial Barriers

Situation of Chad

Grace Kodindo, MD

Columbia Univ.

Mailman School of Public Health

29 April 2010

CHAD

LIBYA

NIGER

SUDAN

NIGERIA

CAMEROON

CENTRAL AFRICAN REPUBLIC



Chad: A fragile state

- 1960: independence
- 1960-1990: conflicts, civil war, political instability
- 2003 - present
 - Darfur conflicts with 280,00 refugees from Darfur (2008)
 - 170,000 internally displaced persons (IDP)
 - 55.000 Central African Republic (CAR) refugees

Selected indicators for Chad

- Population (2009): 10,329,208; **47% < 15 years**
- 74.8% in rural areas
- Life expectancy 46 y (male)/ 47y (women)
- **Total fertility rate: 6.3(DHS2, 2004)**
- **Under-five mortality rate: 209/1000**
- **Female literacy: 20.8%**
- **Maternal mortality: 1,099/100,00 live births (DHS2,2004)**
- Skilled birth attendants: 14% of births
- **Contraceptive prevalence for any method: 2.8% (2004)**

Cultural barriers

- Pronatalist culture: **Family well-being** instead of family planning thought to be linked to family limitation
- **FP=Birth spacing for married couple until 2002 RH law**
- Status of women is very low and she is valued by the number of children
- High level of illiteracy, lack of access to accurate information and services; ignorance and misunderstandings about contraceptives side effects and consequences
- Contraception still believed by **some health providers** to be only **for married couples**; husband's permission.

Delay in FP programs in Chad

- **Delay of FP until late 80s (1920 French Law prohibiting sale and promotion of contraceptives)**
- **1920 French law removed and replaced by new RH law in 2002**

Barriers to FP use in Chad

.Availability and **Financial barrier:**

In public sector: Quality contraceptives are free in some public hospitals in few cities through heavy UNFPA assistance .

In rural or remote and poor areas: lack of information or services of modern contraceptives and lack of transportation to services and trained staff.

In few cities :IPPF affiliate **Chadian Association of Family Well-being** has clinics for adults and youth centers

Private pharmacies: contraceptives are too expensive

What worked

- Advocacy:

- New RH law: FP for each individual instead of only couples

- Demand increases where accurate information and quality services are available

New strategies to move FP services and information to where people live:

Since 2007, mobile RH strategy in two rural districts in the south with assistance of World Bank: Contraceptive use has increased from 0% to 99%

Challenges for Chad

- Total dependence on one donor : UNFPA
In 2003-2005: we had no contraceptives in public sector
- Need for expansion of accurate FP information and services for marginalized people: rural, illiterates, poor, adolescents, refugees and displaced people
- Need for more funding, diverse donors, government ownership and focused programs.

Conclusion: programs not based on misconception but on real needs

- African do not want contraception
- Women are afraid of long term contraception
- Men are against contraception

Benefits of Family Planning are well known everywhere:

People only need accurate information, affordable, acceptable and quality services based on their needs

- **Thank you for your attention**