Family Planning in a Fragile State:
Overcoming Cultural and Financial Barriers
Situation of Chad

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Chad: A fragile state

- 1960: independence
- 1960-1990: conflicts, civil war, political instability
- 2003 - present
  - Darfur conflicts with 280,000 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: 1,099/100,000 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 service 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