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INTERNATIONAL DEVELOPMENT RESEARCH CENTRE
Box 8500, Ottawa, Canada, K1G 3H9 • Telephone (613) 996-2321
• Cable: RECENTRE • Telex: 053-3753

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MALI'S UNIQUE APPROACH TO FAMILY PLANNING

by DENNIS SCHROEDER

Over-population is not seen as a serious problem in most francophone West African countries. Thus programs to limit population growth have not been considered necessary.

One country -- Mali -- has however developed a national family planning program during the past five years. The motivation was not a desire for long-term demographic planning but, rather, concern over the immediate problems of maternal and child health and a desire to preserve certain important traditional values.

In Mali, as elsewhere, there has been growing awareness of the health and social problems created by unwanted or inadequately spaced births and by the alarming increase of the abortion rate in urban areas.

Urbanization has been a key factor in the weakening of traditional birth spacing customs. Traditional African societies imposed on women a prolonged period of nursing-- usually accompanied by sexual abstinence-- which helped to ensure the child's survival. (The importance of this custom can be seen in the results of one study, carried out in Senegal: here the weaning of children between the ages of 12 and 18 months, because of the mother's subsequent pregnancy, resulted in the death of half the infants.)

Increasing educational and employment opportunities for women may be positive factors, but they may also create problems. For example, the age of women at marriage in Mali is usually from 15 to 17 years. By delaying marriage education has had some disastrous consequences: abortions that are sometimes fatal, girls have left school at the senior levels and the divorce rate has increased.

Although Mali is one of the world's least urbanized countries, the Malian government decided that the growing urban problems needed action. In 1971 it launched a two-year pilot project aimed at gathering data for the establishment of a national family planning program. The program's first phase saw the creation of a pilot clinic and four branch clinics in the capital city, Bamako, and the setting up of a research team. Technical and financial assistance were provided by Canada's International Development Research Centre.

The program's organizers decided to proceed slowly and cautiously, allowing for any resistance that might develop. Information meetings at the neighbourhood level were begun only after the government repealed a colonial law of 1920 regulating contraceptive information and use, and issued a decree authorizing contraceptive practice.

Press and radio coverage of family planning was limited to reports of meetings and conferences on the subject. One was the first inter-African seminar on sex education, held in Bamako in April 1973, and attended by delegates from several francophone African countries. Another was an inter-union seminar on family planning in which the Malian labour movement endorsed the family planning program. Despite publicity from these meetings, word-of-mouth messages and individual actions of medical personnel were the most important means of information dissemination.

In all, close to 2,000 women-- five percent of the childbearing population of Bamako-- made 10,000 visits to the pilot clinic during the first two years. The great majority of them chose Intra-Uterine devices over contraceptive pills and other methods of contraception. (The intra-uterine device provokes the rejection of the fertilized ovum.) A small number sought advice on problems of sterility and infertility.

The research team studied such matters as traditional fertility control, birth spacing, sexual abstinence and prolonged nursing. Thirty new medical and para-medical personnel have also been trained at the pilot clinic for the operation of future clinics.

In mid-1973 the government judged the results conclusive enough for the expansion of the program. A network of seven clinics in Bamako and five others in the regional capitals has been established.

The government also announced plans to merge maternal and child care services in a national family health service. The pilot clinic has become a national training and research centre and two demonstration centres -- one urban and one rural -- have also been established. The number of clinics will be expanded to 23 by December 1977.

By treating family planning as part of a larger strategy to improve people's health, Mali is building a modern program taking advantage of traditional knowledge and of scarce health resources.

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