

Implications For Family Planning Programs.

The general implication of what has been said thus far is that those individuals whose role it is to make available family planning information and devices to rural Haiti will find themselves confronted not by an unreasonable, stubborn, traditional population, but rather by one which is competently keeping its head above water under very trying economic circumstances, and which will accept innovation easily if it can be shown to be feasible and safe. There will be many problems which family planning programs will have to face, but these problems will stem from logistical difficulties in the main, and not from so called "attitudinal" differences in the population trying to be reached. On the whole the only justified assumption with which to enter such a program is that the target population will on the whole react rationally to the program, as rationally as it is dealing with other aspects of its lives. If "resistance" to the program occurs, we can assume that it will be due to grass-roots factors, invisible to outsiders, which make it sensible for the villagers to hold off, or impossible for them to behave in a way which outside planners deem desirable. The main task of research is to identify these local factors.

But this is a general implication, and the same might be said of almost any "development" program. There are some much more specific insights which the months of research have produced of relevance to the plans currently being made to extend medical and family planning services into the Thomazeau area. We can first discuss some obstacles which might theoretically appear and see if they present any real problems.

1. Resistance from large family norms? The answer to this question is implied in the preceding discussions. There is no unequivocal widespread preference for very large families as such. The 3-5 range into which everybody questioned thus far has fallen may be larger than the norms prevalent in an industrialized setting, but it is a reasonable goal in terms of the immediate economic considerations of the villagers. Once this number has been reached, people tend to want to stop having children. A family planning program here would not find itself combatting any tradition-bound or religion-bound prejudices in favor of many children.

2. Resistance from Vodoun? Some observers have suggested that practitioners of the Haitian folk religion, Vodoun, would resist the notion of fertility control either because of beliefs inherent in this religion or because of outright opposition on the part of the houngans, the local cult priests. But here again the evidence seems

to indicate that this is a weak possibility.

It will be remembered that a strong association was found between religion and marital status. But this means simply that a Protestant is much more likely to have his union legitimized civilly and religiously than a vodouist. No success was had in trying to discover an association between number of children and religion. Persons of high, medium, and low fertility were distributed randomly across the three religious groups.

There is no salient element in the belief system of Vodoun in La Hatte which would make it take a clear stand one way or another with regard to contraception. On the contrary reproduction seems to be one of the areas that is specifically removed from the domain of the lwa, the spirits of the Vodoun pantheon. Whereas the lwa are believed to meddle in many human affairs, it is said that children come only from "Bô-Dyé," God. In the Vodoun religious system, God is generally a very remote figure, and he enters very infrequently in the dealings of the peasants with the supernatural realm. Whereas vodouists resort frequently to the services of hougans for matters of sickness, I know of no case where any houngan has been consulted for purposes of conception or contraception. On the contrary, if the people wish to resort to the supernatural in this matter, they make a pilgrimage to a Catholic shrine.

This may seem like a minor distinction to make; but in terms of Vodoun theology it is of great significance. Fertility, by being placed in the hands of the remote "Bô-Dyé," has been removed somewhat from the pale of Vodoun.

But what about the houngans? Could a hostile houngan turn his followers against family planning? Again the answer is most likely no. Even assuming that he had some reason for being against family planning (which is not likely), the typical houngan of the Cul-de-Sac plain is in no position to meddle in this matter. Contrary to the impression given in many books about Vodoun, the average houngan here has no large, loyal following. On the contrary there is fierce competition among houngans for "jobs," (ceremonies, healing sessions, oracular sessions, and the like). In the brief period of time in which we have been in the village, almost a dozen different houngans have been contracted by different people of La Hatte for different purposes. The vodouists purposely switch houngans to prevent any one houngan from finding too much about their families. Over half of the oracular sessions ("rélé-lwa", ceremonies in which a houngan summons a spirit behind closed doors, and the spirit actually talks to the people gathered outside--in a muffled voice that nonetheless sounds surprisingly like that of the houngan.) ended up as failures and the houngans were called fakers.

In general the houngans are on the defensive. The advice that the lwa give is for the most part restricted to ceremonial matters--e.g. what type of animal to kill in the next sacrifice, or what type of cooked food to offer the lwa. At no time have I heard of a lwa criticizing a devotee for going to a doctor instead of a houngan--the houngan who summoned the lwa would be immediately suspect. The devotees are already too suspicious of the houngans for them to risk going out on limbs. Their practical instructions are kept within very confined bounds.

Finally it must be pointed out that even in medical matters, where the houngans and lwa are frequently consulted, the devotees will go first to a doctor if they have the money. The difficulties in obtaining modern medical care make the houngan a frequently solicited person; but whenever medical care is available, the people take avail. For example a surprisingly large number of village women go to Port-au-Prince to have their children in the public maternity ward (Chancerelle). We can expect them to have the same orientation to family planning. Wherever effective and inexpensive modern practices come into any sphere of life, the houngan and the lwa retreat.

3. Will there be resistance from the Catholic Church?

The Catholic Church is frequently seen as a potential threat to fertility control programs. The Church could

conceivably morally coerce its members--even those who might prefer a small family--to refrain from contraceptive practices.

But here again the possibilities of any opposition influencing the behavior of the rural Haitians is small, especially in areas such as the Cul-de-Sac plain where Vodoun is strongly prevalent. Though the priest performs essential ceremonial functions--baptisms, weddings, funerals--the villagers ignore him when he rails against Vodoun. In matters outside of ceremonies, the priest has practically no authority. It is unlikely that any eventual opposition on his part to contraception would carry any more local weight than his opposition to Vodoun.

4. Resistance from the Protestant churches? In general the Protestants of La Hatte tend to go along with the Catholics in construing conception and childbirth as an act of God. But the Protestant pastors are in general favorable to contraception. The two local women who were pointed out to me as having tried I.U.D's were both Protestants. Some American students who spent a few weeks in a rural community near La Hatte, where the majority of the inhabitants are Protestants, found open discussion on the use of contraceptives. All indications are that the Protestant sector of the community would respond positively to family planning information.

5. How would men react to family planning? On the whole men have demonstrated as strong preference for the

4-5 child family as women. The vast majority of domestic units--whether the spouses are married or plasé--are headed by conjugal pairs both of whose members assume responsibility in one sphere of the productive activities that keep them and their children alive. And both men and women have been heard to complain about the pinch that comes from being unable to feed and clothe a large number of children.

There is a numerically small category of men who might conceivably insist on maximum childbearing from their women. These are the "gro-nèg," the men possessing economic power (owners of much land), religious power (successful hougans), and perhaps those possessing grass-roots political power (the chêf sèksyô and his maréchal). As a man rises in any one of these spheres of power, chances are that he will take on another woman. There is always admiration implied when it is said, "So-and-so has forty-seven children and probably more!" To kid a man publicly for having nine children with four women is to pay him a compliment.

But the men in this category constitute a tiny minority of the male population. The vast majority of men fall into the category of the monogamous poor, and it is highly unlikely that the ordinary person would try to increase his

social status through high fertility.

Further more there seems to be little indications of "machismo," in the Latin American sense, where men reputedly express their masculinity through sexual exploits and a large number of offspring. (This supposedly "Latin American" trait probably does not apply to large parts of Latin America either).

In short there is no reason to think that men would not encourage their women to use contraceptive devices that are felt to be safe. But even supposing that among the monogamous poor a few males were to object, it is not at all certain that their wishes would be their wives' command. We have already mentioned the uxori-local residence patterns prevailing in this part of Haiti. The result of these patterns is the prevalence of kin clusters where sisters and their mother reside in immediate proximity to one another. Brothers and sons leave their paternal compound to reside in houses built on property given by their wives' families. It is the daughters who remain with their mothers; their husbands will be outsiders to the compound. Thus there is formed a coalition of consanguineally related females in constant interaction with each other on their own property; the males on the other hand are outsiders from other lakou with no close blood ties to each other. This situation has obvious domestic power implications.

Furthermore one need but consider the economic independence and geographic mobility enjoyed by the entrepreneur females. Though more exact research will now be done on the process of decision making within domestic groups, all evidence now points to the power of women. Indeed in searching for potential houses in which to live in the various communities that had been considered as potential research sites, it was always with females that I had to set prices; and in one case it was the woman of the house whose decision resulted in the house not being rented to me. Well over 60% of the heads of the houses in the communities were women--even in houses where there was a conjugal pair, married or placé. One aspect of the uxori-local residence patterns is that once the man builds the house on the property of his wife's parents, the house is considered to be owned by the woman. If there is conjugal breakup, it is the man who has to leave. Indeed even the 40% of cases in which the head of the house was said to be a male contain houses where the female is in fact the head; if the union breaks up the house will belong to the woman.

The combination of these residential patterns and property considerations create a situation where it is quite unlikely that the men will have the governing word in matters related to family planning.

6. Fear of physical harm or irreversibility. The above paragraphs have suggested that several theoretically possible sources of resistance to family planning will probably have little real power. This is not to say that the spread of fertility control will be automatic and rapid. Aside from the logistical problems involved in the implementation of an effective program, there is very likely to be a suspicion concerning the safety of the devices offered, especially the IUD. Informants who have told me of two women in the community using the IUD have also talked of the disastrous consequences. One of the women has had one of her breasts removed in a cancer operation. The other woman had had the IUD removed to have another child and the child died. In both cases the non-users associated the physical tragedy with the IUD. The initial fear-based suspicion of contraceptives that has been seen in other countries can be expected in La Hatte Cadette as well.

But it must be emphasized that this type of caution is qualitatively different from the primitive resistance due to religious or traditional prejudices. Fear of negative physical side effects to the woman, far from being a manifestation of obstinacy or superstition, is on the contrary a sentiment with which many of the program planners themselves will be familiar.

7. Who will be the first clients? We can expect that in the rural areas women with four or more children will be the most receptive group. There is little likelihood that young couples of La Hatte will make any attempt to delay or even space their children. On the contrary pregnancy is eagerly awaited by young couples recently married or *plasé*; and in many instances (perhaps most) young people who are going to get legally married do so only after the girl has become pregnant; once the boy has demonstrated his seriousness by building a house and providing the wedding rings, the parents of the girl relax vigilance and give their daughter a chance to demonstrate that she will indeed bear children.

We can expect the desire for children to continue until the complement of 4 has been reached. More extensive questioning is needed before any confident predictions can be made, but available evidence makes it seem unlikely that young men or women beginning their adult lives in the economic activities current in La Hatte will find any reason for not filling the necessary domestic personnel complement as quickly as possible. This prediction is made with reservations, as in many ways the spacing of children makes as much economic sense as their rapid production one right after the other. But what is certain is that most will aim for four or five, and that receptivity to family planning will be highest among couples who already

have this number of children.

8. Messages recommending the two child family will most likely fall on courteous but deaf ears. This follows from several of the discussions above. Barring unlikely immediate changes in the economic alternatives available to the typical domestic group, the productive gain resulting from four or five children will far outweigh the added strain on consumption resources which these children cause. Though the reticent peasants are unlikely to disagree openly with health educators, they will know very well that the pictures or slides showing prosperous, healthy, well-dressed couples with two children do not apply to themselves.

9. At the local level deliverers of family planning education should be prepared to deal with the question of God's involvement in the fertility process. We have already seen that the effective elicitation of family-size preferences depends on the question being phrased in terms of the religious idiom in which the people themselves discuss these matters. It is also possible that the education process will be facilitated in the beginning if the educators are able to switch into this idiom if the need arises. We are not dealing with "deep rooted beliefs," but rather with verbal habits. In rural Haiti there are strong and widely obeyed norms governing the fashion in which

matters pertaining to fertility may be discussed publicly. And although acceptance of family planning ultimately depends not on clever messages, but on whether it can be shown to be a physically safe and sure method of reaching ends which the families themselves desire; nonetheless familiarity with the currently prevalent religious idiom will be helpful at an initial stage by permitting the delicate matter of contraception to be cast in a publicly acceptable linguistic garment until the real issue--physical safety--emerges. At any rate the educators should be aware of the strong habit prevalent in rural Haiti by which conception and childbirth are construed in terms of the will of God.

10. The proper place for a family planning program in present day Haiti is within the context of a general public health program. This is apparent to anybody who has seen at first hand the situation in a Haitian village. Infant mortality is a much more pressing problem to the villagers than excessive fertility. The first demand of the villagers will be for medicine and shots, not for contraceptives.

A point so obvious should need little elaboration. But apparently there is, among some advocates of international family planning programs, a point of view which would like to make fertility control programs a separate endeavour, whose planning, funding, and execution would be carried on somewhat

independently of general health care. The logic behind this view is deceptively convincing: the problem is defined abstractly as that of an excessive growth rate; the solution is envisioned as a drop in the birth rate, so the trick is to get 'em to use contraceptives. The flaw lies in failing to specify what is a problem for whom. The problem for the resident of La Hatte is to have enough children so that by the time the ones who are going to die have died there will be enough children left to help out in farming and marketing while they are still dependents and to take care of him when he is old. As long as the villagers are forced to operate within the context of present economic alternatives, we can expect them to strive for a four-to-five child family,--which is in fact what they average out to now. Even a successful diffusion of contraceptive knowledge and practice will, by itself, not trigger off a decline in the growth rate.

Then what meaning can contraception have in present day Haiti? Fertility control programs can be combined with mortality-reducing public health programs to free family size from the control of a child-giving God and a child-destroying death, thus permitting couples to have, with a minimum of suffering, human wastage, and involuntary variation above or below the mean, the four or five children which the vast majority of them will undoubtedly choose.

But what about the catastrophic growth rate which this

modal family size will produce? The demographic dead-end into which this collective behavior will eventually lead Haitian society can be avoided only by altering the stagnant, impoverished productive and distributive system which now makes it economically imperative for the villagers to have four or five children. Who will do this and how it will be done cannot be decided at family-planning conferences.