SCHOOL OF GLOBAL STUDIES
MASTER THESIS IN HUMAN RIGHTS

"They don't exactly talk about it in school"[1]

A field study about the effects of family planning programs on university students in Equatorial Guinea.

Dissertation in Human Rights, 30 hec

Spring Semester 2018

School of Global Studies

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[1] Quote from one of the students at the National University in Equatorial Guinea. Interviewee 3

Abstract

Family planning help individuals achieve their right to health and strengthen their independence. Despite effort to increase access to family planning methods worldwide, less than half of the demand for safe family planning method was met. This is a particularly urgent issue in Equatorial Guinea because both the demand and the fertility rate are among the highest in sub-Sahara Africa. The research focuses on the views and motivation of family planning among university students in Equatorial Guinea, to see if these views has affected their life choices regarding their reproductive behavior. A survey with 86 respondents and ten semi-structured interviews were conducted. The empiric data was analyzed with IBM SPSS Statistics and a qualitative content text analysis. Moreover, the study explores how information, motivation and behavior skills affect students' behavior regarding the family planning implementation process. Findings showed that the students were positive towards family planning, but barriers such as the price, availability and misconceptions, made them doubtful about modern contraceptives. On the other hand, the students had a strong motivation to organize their lives and used traditional methods to control their reproductive behavior. Consequently, the thesis suggest that it is of high importance to continue implementing family planning in the society to increase knowledge level and access to contraception. However, at this stage of development not only modern contraception should be promoted but also the traditional methods.

Keywords: family planning, sexual and reproductive health, human rights, adolescent, population growth

Word count: 16 770

Acknowledgments

I would like to show my gratitude to Mr. Mady Biaye and the entire UNFPA team in Equatorial Guinea to share your knowledge and information with me and provide the necessary support during my fieldwork. I would also like to thank my supervisor Edmé Dominguez who advised me throughout the research.

My gratitude goes to all students at UNGE who approached me with a positive attitude and wanted to participate in this research. Without you, this research would not have been possible I am very grateful for you shared your experiences and opinions with me. Thank you!

Finally, I would like to thank everyone that I crossed paths with during my five months stay in Equatorial Guinea. I am beyond grateful for all your support and encouragement during my stay in Malabo, your hospitality made me feel at home.

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Abbreviations

CPD	Country Program Document
DHS	Demographic and Health Survey
FP	Family planning
GDP	Gross Domestic Product
IMB	Information-Motivation-Behavioral Skills model
NGO	Non-Governmental Organization
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
UN	United Nation
UNFPA	United Nation Population Fund
UNGE	Universidad Nacional de Guinea Ecuatorial
WHO	World Health Organization

1. Introduction

In a developing country there can be a large difference in the attitude towards the use of contraception and reproductive behavior between generations. The younger generation has a better opportunity to get their unmet need for contraceptives satisfied, as well as access to modern technology. Through these factors they have the ability to gain information and motivation which affects their decision-making towards family planning (FP). Young people's view and opinion on the matter are important factors in the success of implementing FP in developing countries.

The absence of sexual and reproductive health and rights (SRHR) is a great health problem among young people in developing countries. Sexual and reproductive health and rights are fundamental to improve the quality of life for individuals, couples and families. As a response to the challenges for the population to access these rights, governments and Non-Governmental Organizations (NGOs) have implanted programs aimed to increase the access and improve the information and knowledge level among citizens. This includes investments in education, availability of FP services, improvements of women's rights and forced marriage prevention, among other things (Kweifio-Okai & Holder, 2016). It is a human right to be able to make personal choices regarding sexual and reproductive health (SRH) (UNFPA, n.d. b).

Family planning help individuals to reach their right to health and strengthen their independence. It also allows women to control their spacing of pregnancies and attain their desired number of children (WHO, 2017). Despite effort to increase access to FP methods worldwide, less than half of the demand was met (Metheny & Stephenson, 2007, p. 235). There are 214 million women in developing countries who wants to avoid or delay pregnancy but are unable to access a modern form of contraception (WHO, 2017), which make this to an urgent matter, particularly in sub-Saharan Africa, due to the rapid population growth (FOX & Dyson, 2015). This threatens their ability to create a better future for themselves, their family and their community (UNFPA, n.d. b). Many barriers exist to access modern methods of contraception, including lack of information, disapproval from their partner or misperceptions about the side effects (Bongaarts, Cleland, Townsend, Bertrand, & Das Gupta, 2012). Even though FP is becoming more important in the majority of the world, West and Central Africa have problems with implementing FP in the society and the fertility level is high (UN, 2017a). The thesis will study choices and motivation regarding FP among university students in a developing country. By using the Information-Motivation-Behavioral Skills (IMB) model proposed by Fisher and

Fisher which focuses on important steps to adapt a health behavior together with a concept which describes the effects of cultural and traditional aspects on a person's actions, I will be able to discover possible challenges in the implementation process of FP.

1.1 Problem statement

Equatorial Guinea has despite a rapid economic growth during the last decade failed to raise their population out of poverty. Family planning has only partly been implemented which results in lack of knowledge and misunderstandings about the modern contraception, followed by a low usage rate among the population. The unmet need for FP in Equatorial Guinea is more than 30 percent among the women (15-45 years) (EDSGE-1, 2011) and the fertility rate is among the highest in sub-Sahara Africa. The population is expected to more than double until 2050 (World Population Review, 2017). There is a high rate of teenage pregnancies, almost twice as many than neighboring countries (see table 1, page 14). According to UNs report *World Population Prospects 2017* (2017b), 56 percent of Equatorial Guineas population is under the age of 25 and the new generation is therefore important for the country's development. However, no study has been published which reviews young people's view on FP or the effects of FP services among young people's SRH behavior.

Family planning program has shown to be important for the development and quality of life for individuals. Researchers have found connection between how the community and the environment affected and shaped young women's contraception use. Research also shows the importance of actions directed from multiple levels in order to implement FP policies among the population. This makes it necessary to examine how the young people positions themselves on the matter of FP and how they access information of SRHR. The study aims to examine, by using the IMB model, the knowledge, attitude and choices regarding FP among young people in a developing country. The thesis presents a field study on the views and motivation of Equatorial Guinean university students towards FP in their country. It seeks to critical examine how FP do influence young people's desired reproductive behavior.

1.2 Aim and research questions

This research aims to study the views and experience of FP among young people in a developing country, in order to understand life choices and motivation to adapt, or not adapt, FP policies in to their own life situation. This is done through a field study with a bottom-up approach, by conducting a survey and interviews with university students of both sexes in Equatorial Guinea. I believe it is important to look at both women and men as they are equal parts of FP traditions in a society. In order to answer the aim of the research, following questions have been formulated:

- Are the university students making life choices to implement family planning in to their own life and relationships and if not, what are the reasons they give?
- What is the students' motivation to use family planning methods?
- What is their view towards family planning being implemented in their society?
- Can these views affect how the development of family planning policy takes place in the country?

1.3 Limitations

In order to complete the research, numerous limitations have been made. Although there are many countries which has not yet implemented FP programs in their society, only one will be part of the analysis; Equatorial Guinea. The concept of Sexual and Reproductive Health and Rights gather all issues concerning sexual and reproductive health, but only one issue was chosen, in order to reach a greater understanding about progress and challenges connected to the specific issue. Other issues within SRHR will not be discussed. The fact that the concept of FP is known within the population was another reason the concept was selected. This study has a grassroot approach and has limit the focus to the views and opinions of students at university level in Malabo during the period the research took place. There is no limitation regarding discipline or subject, in fact a variety of interest among the participants are a strength for the research. The number of people who study at university level is low and the majority of young people do not have the possibility to continue to a higher level of education. This specific group is selected because of their educational level, and they might have a greater knowledge of FP. Due to this approach politicians, agencies or NGOs opinion on the matter will not be included.

The thesis has a geographical limitation to Malabo. This limitation has been done since the location of the city is on an island. There is only one public university in the country which is divided in to two campuses. The main one is in the capital and the second campus is located in Bata on the main land. Because of the difficulties to reach the second campus the study will only include the main campus in Malabo. Due to difficulties of conducting a field study, this study does not aim to examine if the students are actually implementing FP in their own life situation, but only their views and knowledge about the subject. By analyzing in IBM SPSS Statistics and qualitative content analysis, I will be able to get the depth necessary to respond to the purpose of the thesis. Even though the thesis limitations facilitate the research, they also imply restrictions on the findings and it is possible that the thesis would generate different results if other limitations would have been made.

1.4 Relevance for the human rights field

As accounted for above, FP is an important factor for individuals to reach SRHR. By introducing FP into a society, it has shown to improve health and empower women, which improve the economic development in the country. Due to the fact that there has been no similar research in Equatorial Guinea in the past, the discussion about university student's attitude to FP might contribute to the understanding how FP affects young people's lives within the country. Discussing the issue of accessing FP might contribute to the literature in human rights and the necessity to include a grassroots approach in order to fully understand and see the development of the implementation process of FP. The thesis seeks to contribute to research on SRHR with an approach to FP, to broaden the discussion and literature on the individual's right to control her reproductive behavior, in order to increase independence and quality of life.

2. Background

2.1 Family planning

Family planning is the information, resources and methods that allow individuals to make a personal choice regarding if and when to have children. This includes to have access to and knowledge of how to use different methods of contraceptives and information about how to become pregnant when it is desirable (UNFPA, n.d. b). From the 1970s to 1990s the support grew for international FP around the world. Governments in developing countries in Asia and Latin America began to support voluntary FP programs and by the mid-90s, 115 countries worldwide had created official policies to support FP. The international FP conferences in 2009 in Kampala and 2011 in Dakar gathered a large audience and drew attention to the challenges that still exist with a growing population. Major donors such as the World Bank and the Bill & Melinda Gates Foundation have in recent years prioritized FP (Bongaarts. et al., 2012).

Family planning improves health, reduces poverty and empowers women (UNFPA, n.d. b), which enhance economic development in the country (Intrahealth, 2015). Yet there are more than 200 million women in developing countries who wants to avoid pregnancy but are not using safe or effective FP methods (UNFPA, n.d. b). In order to access modern contraception, many barriers have to be passed, including lack of access to information or healthcare centers, disapproval of their partner or family, misperceptions about side effects, etc. Voluntary FP programs have demonstrable positive effects to help women reach their rights to health, personal decision making, increase independence and in a long perspective, reduce poverty (Bongaarts et la., 2012). Family planning allows women to control their spacing of pregnancies and attain their desired number of children, which has a big impact on their health and well-being. Women who have the power and ability to make own decision prevents unwanted pregnancies and reduces the need for unsafe abortions (WHO, 2017). West and Central Africa have the lowest modern contraceptive use in the world (Intrahealth, 2015). The unmet need for contraceptive is high and do threaten people's ability to create a better future for themselves, their family and community (UNFPA, n.d. b).

2.1.1 Population Growth: the impact of family planning programs

The global population reached 7,6 billion during the year 2017, of which 17 percent live on the African continent. Currently, the population growth has decreased. One decade ago, the

population was increasing by 1,24 percent per year and at 2017 the rate was 1,10 percent per year[2] (UN, 2017b). Long projections generated from assumptions on possible future trends within specific demographic variables (ibid.). Most long-range projections that estimate the global population indicate continued growth for several decades (Bongaarts, Mauldin, & Phillips, 1990). More than half of the global population growth is expected to occur in Africa. With a growing pace of 2,55 percent yearly in 2010-2015, Africa has the highest rate among the continents (UN, 2017b). There is a consensus in most developing countries that the demographic change has a negative effect on improving the standard of living. Many governments and NGO have implanted FP programs as a response to the concerns about the negative socioeconomic effects of a rapid population growth. There is a general agreement that socioeconomic development and organized FP programs has a significant role in the change of reproductive behavior (Bongaarts, et al., 1990). The family size matters more when times are tough (FOX & Dyson, 2015). Figure 1 below, present a comparison between the UN and the World Bank projection for the period 1950-2100 with a hypothetical projection of the future population trend with a delay by 9.8 years. The projection visualizes the efficiency of FP programs on the population growth, and the rate would be noticeably higher without organized FP policies (Bongaarts, et al., 1990).

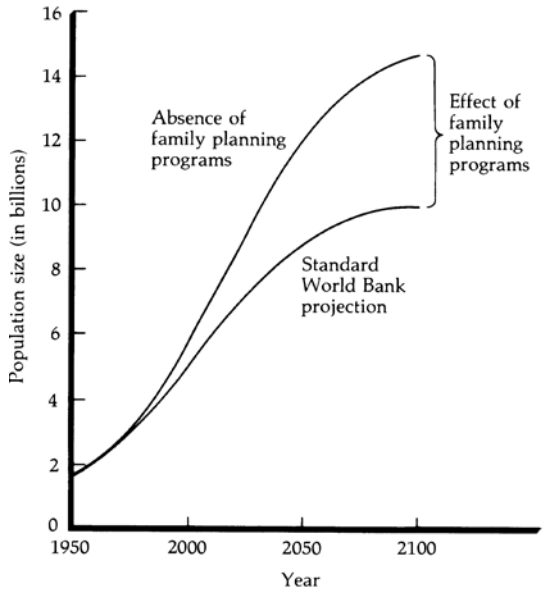


Figure 1. A projection for population growth during the period 1950-2100, with a hypothetical projection of the future population trend with a delay by 9.8 years (Bongaarts, Mauldin, & Phillips, 1990).

[2] Approximately 83 million people yearly.

This projection suggests that the international effort to implement FP programs has been fairly successful in attending many of its objectives. By encouraging smaller families and making contraceptives more available, public and private sector programs have increased the use of contraception which result in reduced fertility and population growth (ibid., 1990).

2.1.2 Women with unmet need for family planning

Women who are sexually active but are not using any contraceptive method and report not wanting any more children or wanting to delay the next child, have an unmet need. The unmet need concept highlights the gap between women's contraceptive behavior and their reproductive intentions (WHO, 2018). Among the countries on the African continent only a few have a large contraceptive use. However, 22 countries had a usage below 25 percent which is among the lowest rate globally. When comparing two countries which have similar social, economic and cultural characteristic, with the difference that one country has implemented a FP program and the other has not, it is possible to observe the difference in unmet need, contraceptive use and the demand for FP. Results from a study done by Bongaarts (2014), which examined data from Demographic Health Surveys (DHS) concerning the FP program's impact, confirms that programs reduce unmet needs and increase contraception use.

Bongaarts (2014, pp. 248-249) distinguish two specific effects that FP programs appears to have on the reproductive behavior. Firstly, when removing obstacles to use modern contraceptives and making them more widely available, more women who do not wish to become pregnant, use contraceptive and therefore reduces the unmet need. The second effect that can happen, occurs when the usage of contraceptives increases at that same time as the demand for contraceptive does. A gap between access and demand does not appear and the FP program's impact then seems small or absent. A change in the demand complicates the impact analyze of the program, which is an essential factor to be taken in to account when analyzing trends in unmet need and demand. In countries where the demand is low, policymakers often do not prioritize FP programs with assumption that the impact would be small or unsuccessful.

2.2 Family planning in Equatorial Guinea

Equatorial Guinea is one of Africa's smallest countries, located in the central region (see Appendix 1 for a country map). Oil was found within their territory in the mid-90s which

increased their gross domestic product (GDP)[3]. Up until today Equatorial Guinea is among top five oil producers in sub-Saharan Africa. Despite the rapid economic growth and having one of the highest gross national income per capita in Africa in 2015, the government has failed to raise their population, approximately one million people, out of poverty. In the Human Development Index which measures social and economic development, Equatorial Guinea is ranked 135 out of 188 countries. Available data from the World Bank and joint household Demographic and Health Surveys by government from 2011 reveals that Equatorial Guinea has failed to provide basic services to its citizens (Human Rights Watch, 2018).

By the spring of 2018, the government of Equatorial Guinea has not published an official FP program. However, together with the United Nation Population Fund (UNFPA) the government has agreed on FP related terms. The United Nation Population Fund create a country program document with which they negotiate terms with the government and together they agree on goals for the upcoming five-year period. In terms of reproductive health, in the sixth country program document 2013-2017 (a new document is under making), UNFPA and the government adopted a plan to reduce maternal and neonatal mortality. The objectives were to develop complete services for maternity care, birth and puerperium, as well as facilitate access to information on the benefits of FP, with extra attention to adolescents and young mothers. The ambition was to improve promotion of FP services and ensure the availability of essential reproductive health products, for both rural and urban areas. This was done by reinforce training of human resources to strengthen the knowledge and skills of midwives and nurses (República de Guinea Ecuatorial y Fondo de Población de las Naciones Unidas, 2013-2017).

The activities were partly financed by the government but were driven and organized by UNFPA. The activities include training of health professionals in emergency obstetric, newborn care and FP. They also distribute reproductive health products, such as contraception and condoms, in respond to the unmet demand for FP on a national level (ibid.). Apart from the United Nation (UN), there are NGOs (for example EHAS) and international corporations (for example Nobel Energy) participating and financing FP projects. These projects mostly focus on reducing maternal and neonatal mortality, informing young people about SRH matter and empowering women, or working on a grassroot level directly with children and adolescent in rural areas.

[3] Gross domestic product per capita has increased from 530 US dollars in 1996 to 8333 USD in 2016 (National encyklopedi, n.d.).

2.2.1 Demand for family planning in Equatorial Guinea

The Equatorial Guinean women have a birth rate of 4,6 children and the knowledge about FP methods is not particularly widespread within the population. The usage of modern methods, the definition of modern and traditional methods is explained below, is 14 percent and the unmet need is 32 percent (UNFPA, 2018). Teenage pregnancies (15-19 years old) are very common and occurs in higher rate than in the neighboring countries. Table 1 (below) demonstrates a comparison of teenage pregnancies, between Equatorial Guinea, Cameroon, Gabon and Nigeria. The table shows, in percent, how many female adolescents that have gone through pregnancy at the ages 15 - 19. The percentage in Equatorial Guinea is higher within all age groups[4].

The high amount of teenage pregnancies effects the gender equality within the education system of Equatorial Guinea. Almost the same percentage of boys and girls start primary education, but due to culture and traditional gender roles boys are much more represented in higher education. The Ministry of Education and Science presented in 2016 a new law which forbids girls to participate in lectures at the school while being pregnant (Republica de Guinea Ecuatorial, 2016). The effects of the law are not yet available.

Table 1. Adolescent pregnancy.

A comparison of women who had a childbirth in the age of 15-19, in Equatorial Guinea and neighboring countries. The numbers are presented as percentage.

		Age				
Percent		**15**	**16**	**17**	**18**	**19**
	Equatorial Guinea	10,9	23,5	31	47,9	62,4
	Gabon	3,7	10,7	22,3	28,8	46,1
	Cameroon	3,4	9	18,6	31,2	42,1
	Nigeria	2,2	8	15,9	30,2	35,5

[4] Sources DHS Equatorial Guinea 2011; DHS Gabon 2012; DHS Cameroon 2011; DHS Nigeria 2013.

2.3 Trends in fertility and contraceptive practice

Family planning methods helps couples and individuals to practice their basic right to freely decide *if, when* and *how* many children to have. As a result, the growing contraceptive use has improved the situation for girls and women within area such as education and economic, but mainly in health-related issues (UN, 2017a). Up until the 1960s only a small minority of couples in developing countries were practicing birth control to deliberately limit family size. Since the 1970s there has been a significant increase of contraceptive use, which lead to a fertility drop in Asia, Latin America and the Caribbean (Bongaarts et al., 1990). Many regions doubled their contraceptive prevalence until year 2000 from ≈35 up to ≈65 percent, while sub-Saharan Africa increased from eight to 25 percent during the same period. In present time, in almost all regions of the world, contraceptives are used in any form among the majority of women in the reproductive age range (15-49 years). In Europe, Latin America, the Caribbean and Northern America the contraception usage among women is above 70 percent, while in Middle and Western Africa the usage is below 25 percent. Equatorial Guinea has a usage of 17,3 percent, of which 13,6 percent is modern methods (UN, 2017a). The accessibility of contraception has changed drastically throughout the years. The importance of social and political factors impact on access to contraceptive has stayed constant, while religion has always had a huge role in attitudes towards birth control.

Results from the UN *World's Population Prospects 2017 Revision* (2017) projections assumes a decline of the fertility rate in countries where large families are still prevalent. Even though the fertility rate still is slightly higher in sub-Saharan Africa in comparison to the rest of the world, the decreasing fertility rate in this region is not significantly different from other countries. These are finding from a study by Bongaarts (2017), who have compared and examined the effects of a rise in contraception use along with a reduced fertility in countries worldwide. According to this results sub-Saharan Africa is not a unique case and the fertility rate is decreasing globally.

2.3.1 Contraceptive methods definition

Contraceptive methods have been used to prevent pregnancy since ancient times, but only since the 20th century more effective and safe methods have been available. When modern contraceptive methods were invented couples could act on natural impulses and desires without pregnancy risk. Modern contraceptive methods have been created through advanced

technology. This research will use the definition of modern contraceptive method created by Hubachera & Trussell in 2015. This definition is not based on the contraceptive effectiveness or efficacy, and the word modern should not be equated with higher efficacy (Hubachera & Trussell, 2015). Although, many researchers classify modern contraceptive methods as more efficient than those classified as traditional (Fabic, o.a., 2014). There are methods classified as traditional that are demonstrably safer than some of the modern methods. Among the traditional methods are fertility awareness approaches[5]; withdrawal; lactational amenorrhea; and abstinence. The modern contraceptive category includes: sterilization (male and female); intrauterine devices and systems; subdermal implants, oral contraceptives; condoms (male and female); injectables; emergency contraceptive pills; patches; diaphragms and cervical caps; spermicidal agents; vaginal rings; and sponge (Hubachera & Trussell, 2015).

[5] This includes: standard days method: calendar rhythm method; two-day method; billings ovulation method; symptothermal method; and the use of devices that help predict the fertile period.

3. Previous research

There has been a great amount of research that examines the effectiveness and the challenges with the FP programs worldwide. Connelly (2008) and Eberstadt (2006) argue that the support began to fade in the 1990s for these programs and the funding declined. All because of a sense that the issue of a growing population was solved or because the resources are needed to address new health problems such as the AIDS epidemic. Bongaarst is a proponent of FP and has written many reports on the subject and agrees that the fertility rate has declined but he argue that every generation will contiune to grow. Family planning is still important (Bongaarts & Sinding, 2009). They argue that the unmet need for contraception is at a high level and the FP program therefore is effective. Pritchett (1994) and Connelly (2008) have a more critical FP program view and question the programs effect on fertility. They argue that couples have the number of children they want and can afford, FP has a little effect on their choice. Pritchett (1994) means that the high fertility is a result of couples wanting many children. The cost of having another child are large in comparison to the costs of contraceptive use. Couples don't let the economy stand in the way of the number of children the couples want, thus leaving little or no role for FP programs, according to Pritchett.

Despite efforts to expand access to FP services the unmet need among young women remains high (Mutumba, Wekesa, & Stephenson, 2018; UNFPA, n.d. b). Both researchers Mutumba et al., (2018) and Ngome & Odimegwu (2014) highlight how the community and the environment has affected and shaped young women's use of contraceptives. This will be visualized in my research through the examination of young people´s access to information from different sources. There has been plenty of research done about the effect of education and special information programs and the impacts of women's contraceptive use (Becker, 1997; Kabeer, 2005; Kleinert, 2007; Hindin and Adesegun, 2009; Chandra-Mouli et al., 2014). Findings from these research results in different conclusions. Becker (1997) and Kabeer (2005) connect factors such as education and paid work with the likelihood of women's awareness of FP and contraceptive use. Chandra-Mouli et al. (2014) and Hindin and Adesegun (2009) mean that peer-education programs have little effect in changing SRH knowledge, attitudes, beliefs and behaviors among the target group. Peer-education programs fail to reach the adolescents who are not attending classes in school therefore gives a varied result. Within the field of research there is a lack of investigation done to examine men's attitude towards FP methods or their contraception use. Mutumba et al. (2018) argues that it is important to keep in mind that gender

norms and the gendered imbalances in women's access to education, have a great impact on women's independency and their access to any FP services.

In addition to education, Hindin and Adesegun (2009) talk about another potential information source of SRH within the community, the parent-child communication. However, many parents do not have the knowledge needed to be able to pass it forward or feel uncomfortable to talk with their children about sexuality. Nonetheless, a wide range of different factors pose barriers to women's contraception use. Many scholars problematize the barriers young people have to access and use contraceptive, including lack of information, access to healthcare centers and misunderstanding about the side effects (Bongaarts et al. 2012, pp. 24-26; Chandra-Mouli et al. 2014, pp 3-4; Mutumba et al., 2018). Through research, Hindin & Adesegun (2009) have noticed a lack of school-based studies who address adolescent's sexual activity and engagement in risky sexual behavior and the likelihood to drop out of school. They argue it is necessary to focus on broader topics within SRH, as well as to focus on the differences between the sexes. Communication from reliable sources are also necessary to empower adolescents to change the behavior with accurate information.

Early marriage and marital sexual activity present a risk factor for young women. Early marriages can lead to pregnancies which put young women in risk for physical consequences (Goicolea et al, 2010; Hindin & Adesegun, 2009; Kleinert, 2007). Women are under pressure to conceive and carry children soon after marriage according to Chandra-Mouli et al. (2014, p. 4). Hindin and Adesegun (2009, p. 58) argues that women's gender identities and social status are tied to motherhood in many low-income countries, particularly in sub-Saharan Africa. Childlessness is highly stigmatized. Chandra-Mouli et al. (2014, p. 4) thinks that to increase the contraception use among young people there needs to be actions directed from multiple levels - laws and policies, family and communities and health systems.

Regarding Equatorial Guinea, there have been no specific research published in the matter of FP, rather concering the political and economic situation in the country as well as the overall development. The latest Demografic Health Survey, released in 2011, presents data relevant for the matter of FP, but does not problematize the behavioral diffrences exsisting between rural and urban behaviors. The result are therefore misleading to some extent. Due to the lack of reseach done in Equatorial Guinea, this thesis will contribute to the research field of FP by examine how the implimentaion proccess is affecting the young people in Malabo. This study

will use the previous research when proceding with the theoretical framework and methodology.

4. Theoretical framework

The theoretical frame-work is based on the Information-Motivation-Behavioral Skills (IMB) model proposed by Fisher and Fisher, as a conceptual basis for understanding and promoting health behavior. This model was selected due to its relevance within the thesis field area and its intervention strategies for promoting health behavior and form the population. It is interesting to examine the view and opinions regarding FP among one of the policy's target groups, in this case young people due to the high fertility rate and the unmet need to access FP methods in Equatorial Guinea. Family planning is only partly being implemented in Equatorial Guinea, which makes an approach model a great choice to analyze the empiric material to show deficiencies and challenges in the implementation stage. I complement this approach with a theory which highlights the culture and traditions as crucial factors for people's behavior. With Bourdieu's concept about doxa I will be able to analyze the empirical material through a different aspect. By combining the approach model and the concept of doxa it is possible to analyze the result with an indication of development together with a base in the country's culture and traditions.

4.1 The Information-Motivation-Behavioral Skills model

With rapid global population growth and its effect on the environment, global economy and society, policies to promote changes have been driven through. Researchers who have examined behavioral models have emphasized the importance of behavioral change to achieve self-management. Researchers and health care providers developed behavioral approaches which can be used to increase the efficacy of behavioral change. Behavioral approaches have frequently been used to develop behavioral change such as: the health belief model; the theory of reasoned action; the theory of planned behavior; the transtheoretical model; and the IMB model (Chang, Choi, Kim, & Song, 2014). The IMB model is developed to provide a framework for health promoting analysis (Gavgan, Poursharifi, & Aliasgarzadeh, 2010). The model focuses comprehensively on information, motivation and behavior skills factors that are associated with health-related behaviors (Fisher, Fisher, & Harman, 2003, p. 84). The thesis uses IMB model to identify information, motivation and behavioral skills regarding implementing FP methods among the young people and discover barriers associated with contraceptive use. The IMB model states the importance of receiving information and the motivation to act on the received information. Together with efficient behavioral skills, these

are important factors to begin adapting new health behaviors and to keep them over time. According to the model, a person's ability to be influenced by information and to gain motivation is derived from the belief that they are able to change their own behavior (Fisher, Fisher, & Harman, 2003, p. 84).

The model focuses on three phases which can be related to three main subjects in the behavioral change process; namely information, motivation and behavioral skills (Fisher & Fisher, 1998, pp. 42-44). According to the model is *information* defined as "*an initial prerequisite for enacting a health behavior*". Awareness about a problematic situation is the result of a person's perceptions of information and knowledge of their own behavior (Chang, et al., 2014). In the area of health behavior information, specific fact, heuristics and trusted people appear to be important influencers on the behavior (Fisher, Fisher, & Harman, 2003, p. 84). *Motivation* is composed as two factors: personal and social (Chang, et al., 2014). Personal motivation is the personal attitude and possibility towards adapting a particular health behavior (Fisher, Fisher, & Harman, 2003, p. 85). Social motivation is achieved through social, community and environmental influences that support for adoption of a new health behavior (Chang, et al., 2014). Not all people are aware of the risks of their own behavior. When a person is informed, through indications in their environment, she becomes aware of a particular risk and the need to change or adapt a particular health behavior (Fisher, Fisher, & Harman, 2003, p. 85). The third determinant in the IMB model, *behavioral skills,* are the necessary capacity for a particular behavior. The model highlights the improvement of a person's objective skills and increased self-esteem as factors to facilitate behavioral change (Chang, et al., 2014, p. 173). How these three factors join together is visualized in figure 2 below.

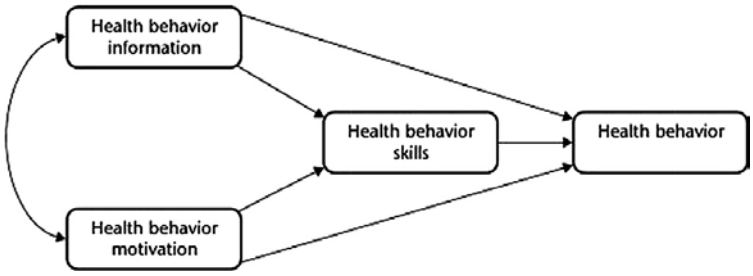


Figure 2. Information-motivation-behavioral skills model. (Chang, et al., 2014, p. 173). Reprinted from Social Psychological Foundations of Health and Illness (p. 86), by W. A. Fisher, J. D. Fisher, and J. Harman, 2003. Maiden, MA: Blackwell.

In order for a person to change his or her own behavior, it depends on attitude, social influences, expectations and ability to actively achieve a specific behavior. Although well-informed and well-motivated individuals are more capable of efficiently adapting to health promotion

behavior, knowledge and motivation does not necessarily lead to a change in their behavior (Fisher, Fisher, & Harman, 2003, p. 85). Actions are defined by factors such as self-efficacy, action planning, and goal-setting, which create initiative to maintain a healthy sexual and reproductive behaviors over time. The model specifies that the information and motivation are independent concepts. A person who is well-informed about these behaviors does not necessarily feel motivated to practice them, or a person who has a high motivation but lacks information on how to change one´s behavior (Fisher & Fisher, 1998, pp. 42-44). In essence, SRH information and motivation encourage the development and application on behavior skills in the matter, which is used to maintain SRH promotion behavior over time (Fisher & Fisher, 1998, pp. 43-44). In order to fully understand challenges in behavioral change, I have chosen to complete the theoretical framework with a concept which allows me examine cultural and traditional accepts.

4.2 Doxa

The matter of SRH behavior is complex, often influenced by cultural and traditional factors that have an impact on people's behavior and determine what is accepted in society. Social structures have been central to sociological theory, in order to highlight the patterns of social life. These structures act as rules and determine individuals' thoughts and behavior (Walther, 2014). Pierre Bourdieu used the term doxa in his *Outline of a Theory of Practice* (1972) to represent what is taken for granted in any particular society. He explains the concept of doxa as cultural and traditional aspects that are implanted within people's minds to the extent where they are seen as natural (Myles, 2004, p. 92). Through limits imposed in the characteristic consumption of each social individual doxa sets limits on the social mobility within social space. Doxa forms the sense of our place and the feeling of what is possible and what is not, hence one's sense of belonging (Bourdieu, 1979). The power of doxa, which is a combination of orthodox and heterodox norms and beliefs, the taken-for-granted assumption, defines what is thinkable – what goes without saying because it comes without saying (Slechta, 2015).

A doxic mode happens when these cultural and traditional beliefs stand above arguments and discourses – they are accepted without further argumentation. In order to create a shift from cultural and traditional aspects being viewed as self-evident there must be progress of the discourse. The cultural "common sense" begins to dissolve, losing the natural character and provides possibilities for people to challenge the traditional views of being and acting. It opens

space for individuals to consider other possibilities to choose differently (Bourdieu, 1977, pp. 164-170). The difference between doxa and opinion is that doxa is often seen as an unquestioned truth, while an opinion could be discussed (Slechta, 2015). Doxa will be useful when analyzing aspects or cultural boundaries that are hindering the FP implementation. Empowerment and development aspects might be overlooked due to culture and traditions.

5. Methodology

The following section will present the overall research design. The methods that were used will be presented and motivated, as well as a description of the analysis procedure. Moreover, the survey and the interviews will be explained and how they were used in order to complement each other. A discussion about used sources and on the chosen method show what criterions were taken in order to obtain credibility throughout the work process. Finally, a reflection on how the thesis is positioned in the matter of ethical considerations and reliability and validity.

The purpose with this study is to explore students' choices and motivation to use FP. This study does not aim to examine actual conditions or more deeply lying values (Andersson, 1995, p. 17). In order to answer the research questions, I combine a quantitative and qualitative method. The quantitative method will give the amount of data needed to examine the attitude and general views, and the qualitative method will add a detailed opinion and explanation for a certain behavioral. Combining these methods is ideal for a research at a large scale (Eliasson, 2013, p. 30). Both the research question and the theoretical framework have a focus on the development and change within a person's motivation and thoughts of FP, to combine the two methods give me the opportunity to find the answer to my questions. The chosen methods, a survey and interviews, together collects wide but at the same time sufficiently detailed data to find where the university students are in the behavioral change process which will be able to give answers to the research questions. This is important when applying the theoretical frame work on the empirical data. I began with a questions survey to get a general knowledge and understanding of the opinion about FP among university students in Malabo. From the analysis of the survey´s result, I created a framework for the interviews, allowing me to go deeper within the subject with the respondents.

5.1 Quantitative method: survey

I chose a quantitative method because it was practical to gain information which cover the overall knowledge about the subject among the selected population. This gave me the opportunity to estimate how widespread various conditions and attitudes are within the specific group (Eliasson, 2013, pp. 28-30). Therefore, a respondent survey matches the aim to map the respondent's opinions and attitude on the subject (Andersson, 1995, p. 17). Eighty-six university students participated in the survey, which gave me the opportunity to find patterns and differences in the responses. The survey answers were examined and analyzed according

to the source criticism principles (Esaiasson, Gilljam, Oscarsson, & Wängnerud, 2012, pp. 227-229).

The survey was created to get a summary over the opinions about FP among the students at the National University (UNGE) in Malabo (see Appendix 3). The questions were formulated in a clear comprehensible way to avoid misunderstandings (Andersson, 1995, p. 131). The questions were created with qualitatively different answers. Most questions had YES or NO alternatives, while some had multiple alternative answers to choose between. These answers do not express of *more* or *less* and leave no option for ranking the answers (Andersson, 1995, pp. 113-114). The first part focused on the respondent's background. The purpose of the second part was to examine the respondents' knowledge about the matter and if they implement the knowledge in to their own life. The final question was an open question for respondents to add a comment of their choice. The survey was first written in English and then translated in to Spanish which is the official local language in Equatorial Guinea (see Appendix 4).

The survey does not aim to collect data about the entire population, only about the subset, which is the university students (Reed & Padskocimaite, 2012, p. 35). From the subset a sampling group answered the questions survey. The sampling was chosen after a non-probability (non-random) selection. A non-probability sampling does not require data to be collected randomly, but regarding specific characteristics and the survey needs (Reed & Padskocimaite, 2012, p. 35). The majority of the students at UNGE are men and for this research it is very important that women also are represented and participate in the survey and interviews. To guarantee that the important minority group was represented, the sampling was partly controlled (Andersson, 1995, p. 29). Before I could carry out the survey I needed to get the approval from the chancellor at the university. A collaboration with the UNFPA field office in Malabo made this approval possible. The survey was carried out at the University's campus area. All respondents received a letter of consent (see Appendix 2) together with the survey, an oral explanation of the research aim and information about their rights of participation.

The result from the survey was compiled in an Excel spreadsheet to make the material more comprehensible. When processing the survey, the data was transferred from the Excel spreadsheet to the statistics program IBM SPSS Statistics version 24. The data was then analyzed and the most important topics about FP among the students was detected, which was used as a foundation for the interviews.

5.2 Qualitative method: interviews

As a complement to the survey I also carried out ten interviews. The interviews were semi-structured and informant, an interview guide was constructed in advance, defined main themes and questions based on the survey (see Appendix 5). As Gillham (2005) brings up in his book *Research Interviewing: The Range of Techniques*, the same main questions were used to all respondents, because I wanted them to reflect over the same themes. The interview questions were an extension and created from the results of the survey questions, in order to get a greater understanding of the subject. I subtracted and added questions during the individual interviews depending how the conversation went and what topics that the respondent brought up (Reed & Padskocimaite, 2012, p. 15). During the interviews, there where room for the respondent to address unexpected interesting topics (Justesen & Mik-Meyer, 2011, pp. 45-47). I chose semi-structured interviews because it is a method that work explorative to obtain new knowledge, that the respondent wishes to consider while at the same time having pre-selected topics (Justesen & Mik-Meyer, 2011, p. 47). Semi-structured interviews are the preferred option for this research's main subject about FP and the rights about sexual reproduction. Semi-structured interviews give the respondents structured boundaries but still allows them to speak freely and express their opinions about the subject.

The students could choose to participate in an interview by leaving their contact information when answering the survey. Of the 86 students who responded the survey 51 gave their contact information. The students selected for interviews are based on different criteria. Besides sex, they were chosen by age, relationship status and whether they had children or not, or if they made an interesting comment in the survey (see Appendix 6). Twelve students were asked to continue participating in the study. Two turned down the offer or did not have time during the period the interviews proceeded. To get representation from both sexes my goal was to have an equal number of male and female participants. This was not possible due to the reason given above. Ten interviews, four men and six women, were carried out during one week. Six took place at the university premises, three in an apartment and one at the UN office. These locations were selected to facilitate for the respondents to participate. The interviews were carried out in Spanish, except from two which were done in English. Before each interview, the respondents were again informed about the research aim and their rights as participants. Family planning could be a sensitive subject for the respondents, therefore all respondents were anonymous. Notes were taken during the interviews. Each interview lasted between 15 – 40 minutes and ended with asking the respondents if they had anything to add.

The interviews were transcribed to a digital Word-document and translated from Spanish to English as precisely as possible, not to affect the research's validity, and to facilitate the analysis and the understanding of the content.

5.3 Data analysis: IBM SPSS Statistics

The primary data from the survey was exported from Excel spreadsheet to IBM SPSS Statistics version 24 where all analysis was to be conducted. All respondents were given an individual ID number for easy identification. The questions create variables that are at different levels of scale depending on the characteristics that define them. They differ from qualitative and quantitative scale. The level of scale determines what statistical analysis method is appropriate for the analysis of data. Those answers where the respondent writes his own option (such as age) were transferred in to the spreadsheet as it was, while all answers when the respondents had to choose between pre-made options were coded as number to facilitate the analysis. So, for Yes or No question were coded 1 (Yes) and 2 (No). Continuing, each of the ten possible answers in question 12 on different kind of information sources has been given a number from 1 – 10 (Bryman & Cramer, 2011, p. 30). Question 12 and 19 had multiple choice options for the respondents to choose more than one option because often they have more than one source for gathering information, or more than one barrier for contraceptive use.

The data was organized through frequency tables to present the different variables' distribution. The respondents were analyzed as one joint group and later grouped in sex, to highlight possible differences between men and women. Furthermore, correlations and dependence were calculated between variables. When using the tool crosstabs, two variables were compared and analyzed. For example, sexes and ideal number of children or relationship and the contraceptive use. This was done to identify any connections between variables or if variables are affected by each other. The majority of the question where analyzed by crosstabs, a more advanced analyze of the data would have been preferred but due to the large amount of data that was collected it was not possible within the time limits. Question 12 and 19 where analyzed on their own because the respondence were able to choose more than one answer.

5.4 Text analysis: a summative approach to qualitative content analysis

In a qualitative content analysis, the content of texts is analyzed and the aim is to capture and understand the meaning behind the texts. The interviews will be analyzed using a summative approach to qualitative content analysis. A summative approach goes beyond mere word counts to include latent content analysis, which refers to the process of interpretation of the content. This is done in purpose to identify and quantify certain themes in the text with the purpose of understanding the contextual word use or content (Hsieh & Shannon, 2005).

The analysis begun with computer-assisted searches for occurrences of identified themes: planning; education; and development, in the transcripts. These themes were selected due to their relevance to FP, which was identified from previous research as important themes in order to implement FP policies. They were used to identify data patterns. The purpose of the analysis was to find discourse related to the themes and to understand the underlying contexts. The analysis from the interviews is later linked with the result from the surveys to see comparisons and connections between the two different results and to draw conclusions from the data. For example, comparing variables, such as the students age and sex, relate to the themes.

5.5 Sources and source criticism

A thorough search of active authors and scholars within the FP and SRH field was conducted in the literature review. A great deal of research and investigations within these fields have led to a large amount analyzed documents, publications, studies, webpages, and reports of varying length. I selected articles and reports as updated as possible, in order to gain knowledge of recent findings and updates within my field of research. This was done with a critical view of the research design and methodology and how the authors asserted some degree of reliability and validity (Hernon & Schwartz, 2009). Later, I expanded the search for older literature and for specific authors whose work have been important for FP. These authors were often referred to or cited by several active scholars, which gave me confidence to use them as well. To avoid getting an angled view, I analyzed the tendency of the articles and actively searched for sources with a different or critical standpoint towards the selected field. This gave me a deeper understanding of the topic and ability to analyze my empirical data in more than one aspect. All articles used in this research have been published on journals or webpages with a high reliability according to criteria from the Swedish Research Council (Vetenskapsrådet, 2002).

5.6 Methodical problems and ethical considerations

5.6.1 Choice of method

Family planning can be a sensitive subject for young people who do not wish to share private information with their surroundings. The survey was answered individually but sometimes bigger groups answered the survey at the same time, which gave the students a chance to comment on the questions between each other and thereby affect their response. The survey was carried out at the campus area and few times there were other students walking by which could have given a stressful effect (Andersson, 1995, p. 26). The respondents were not obliged to answer every question and could leave out those they found uncomfortable to answer. The survey was anonymous which gave them possibility to answer honestly without being able to be identified afterwards.

Another aspect of the method choice concerns the survey design. I wanted to find out as much as possible without asking too personal questions which could risk students choosing not to participate. The questions were designed with the purpose to be answered quickly as students had busy schedules. Having many closed questions was a good choice as well as having an open question in the end, for a chance to add a comment, as most of the student did. Several comments gave a deeper understanding of their FP opinion and some have been used as quotes to exemplify their view. Although I tried to use known concepts and an easy language, I still noticed barriers with some questions when several respondents asked for a clarification, for example the concept of SRHR.

The complimenting interviews, research provided a depth that was not possible from the study alone. The interviews gave information, not only about student's view of FP, but a wider understanding about the ongoing cultural and economic situation in the society. This was only briefly mentioned in the comment field in the survey. Both sexes gave a broad spectrum which is needed to draw conclusions about implementing FP in a developing country. To do a research in another country and culture than my own has been challenging. I had the advantage to have spent four months in Malabo before doing the research and had gained knowledge about cultural factors which could affect the research, such as social structure and language (Kvale & Brinkmann, 2014, pp. 184-185). I tried to be objective and not ask leading questions while guiding the conversation around the subjects. I have to be aware that my previous experiences have affected me, while my age, sex, ethnicity and appearance may potentially affect the

students during interviews as well their responses in the survey (Esaiasson, et al., 2012, pp. 235-236).

5.6.2 Ethical Consideration

Due to the choice of using a combination of a quantitative and a qualitative method, I was able to gain a greater knowledge. Just as Kvale and Brinkmann (2014, pp. 98) discuss, I found it problematic to have a desire for deep descriptive answers while showing respect to the respondent. At the same time getting empiric material that not only scratches of the surface. As researcher, I felt the importance of receiving trust from respondents to have them participating in the research. I tried my best to be transparent with the research aim and driving forces behind it. When explaining my purpose, they understood that I was free from external influences or manipulations. The survey's first page was the consent letter (see Appendix 2), which gave a more detailed explanation about how and why the survey was conducted. It informed the students about their rights to participate on voluntary basis and withdraw at any given moment. It further explains their involvement as anonymous, the collected information handled confidentially, and their answers not be used for any other purpose than for the thesis (Kvale & Brinkmann, 2014, pp. 106-107). After this information, they could feel confident to participate (Gustafsson, Hermerén, & Petersson, 2005). The information was given to the participants before answering the survey and again before beginning the interviews. This is done in accordance with the four main requirements for good research ethical principles developed by the Swedish Research Council (Vetenskapsrådet, 2002).

5.6.3 Validity and reliability

A number of different measures were taken to ensure that this study attains reliability and validity standard. These measures establish that the findings are corresponding with the standpoint I have as a researcher. It is also important to see if there is a consistency in the results based on the used methods. Due to the methods used to collect the empirical data, the data consists of students' perception. The data is subjective but is still valuable to examine for evaluating how policy implementation are developing and distributed within the society. Equatorial Guinea is under rapid development and a remake of the study can lead to different results.

According to the principle of using multiple data source, the survey and interviews complemented each other and enabled to cross-check the result to increase the data validity and reliability. Examining the results from previous research carried out in the same settings in sub-Saharan Africa, I was able to see whether they correspond with my findings or not.

6. Result and analysis

This chapter present the results of the empirical data combined with the analysis done by qualitative content analysis and IBM SPSS Statistics. The two methods I have used are well suited for combining presentation and analysis. The result and analysis are structed after the theme of the IMD behavioral model: motivation, information, and behavior skills, to discover knowledge, inspiration and barriers among the students. This is done to discover the views and motivation of the student's life choices and reasons they give to implement family planning in to their lives, which will help answer the research questions. The findings from the applied model are presented after each section. The concept of doxa was applied throughout the analysis where culture and traditions aspects contradict arguments. I begin with a background presentation of the respondents and the interviewees, followed with the result and the analysis.

6.1 Background information of the respondents

The survey was conducted during one week on the campus area of UNGE, 86 students participated, 45 men and 41 women. Respondents' median age was 22 years, the age range ranged from 18 to 35 years. About half (54,7 %) stated that they were in a relationship, the majority had been in relations longer than one year. A quarter of the respondents had one or more children, women were slightly more represented (6,6 % difference) then men. Most respondents (89 %) had grown up in the city, the majority in Malabo or Bata. The survey result showed that many respondents had two working parents, but only a few had one or two parents with well-paid jobs, for example engineering. Most parents had low-paid jobs, such as nurse or driver. Furthermore, they often had informal employments, for example street vendor, or they had one parent who did not work outside the house, but instead took care of the household. On average, the respondents came from families with five or more siblings. However, the traditional family culture in Equatorial Guinea is partly affected by polygamy and most students have more siblings via one or both parents. The number they stated represents siblings with the same parents.

The ten students were chosen for interviews were based of different criteria such as sex, age, relationship and children. As shown in appendix 6, two of the six women were in a relationship and two of them had children, among the interviewed men two stated they were in a relationship and two had children. The average age of the interviewees was 24 years. All interviewees were positive towards FP methods and thought that it was important but four said they had never

tried a method on their own, while two used one at the moment. The fact that many women have doubts about using modern contraceptive is in line with findings of the UN report (UN, 2017a).

The Ministry of Education and Science presented a law in 2016 prohibiting pregnant women from entering the school, regardless of level of education (Republica de Guinea Ecuatorial, 2016). None of the students who participated in the survey were affected by this law, because they were already at university level when the law came into force. The female respondents that gone through labor did not have to pause or leave their education, which would be necessary for primary or secondary students today. However, this does not mean that their education was not affected during pregnancy.

6.2 How do university studies affect attitudes towards FP?

When oil was found in the Equatorial Guinea territory in the 1996, the economy improved (Human Rights Watch, 2018). A number of international companies invested in the country's new and uprising oil industry. This led to many new work opportunities for the locals. This also reflected on the society with a lot of investment in construction and infrastructure. Over the decades, investments have decreased and many companies have withdrawn their business in the country, which affected the labor market and many citizens are struggling to find work.

> *People are concerned about the (economic) situation. They are educating themselves, acquire knowledge and are more aware /…/ but now there is less work, which has a negative impact on the economy. (interview 7, man)*

> *The society has changed a lot. The current poor economic situation gets people to reflect on their life situation. They need to be able to protect and take care of their family. So, they need to work. (interview 3, woman)*

Results from the analysis from both the survey and interviews show the socioeconomic development has a significant impact on the reproductive behavior which is in line with presentations by Bongaarts et al. (1990). Findings from the qualitative content analysis revealed that the declining economy was noticeable during the conversations with the students, which reflects in their answers in the survey. During the interviews, the conversation led to the economic situation, especially among men. They were worried about not being able to support their future families financially. Interview 7 spoke about the stress and pressure found among men and as a consequence, they were avoiding partnerships if they were not able to support the

family. Some men comment in the survey that the size of the family depends on the economic situation of the family. Here I was encountered with a doxa, even though they all agreed that the women's role had changed in the society and they encouraged women to become employed and to help the family financially there was a underlying opinion that men have the ultimate responsibility to support the family (Bourdieu, 1977), which was noticed in their expressions and discussions about economy. Interviewee 3 reflects over the declining economy and the desire to take care of the family and argues that this was the reason why people began to plan their families. This view supports Pritchett (1994) arguments, that couples have the number of children they want and can afford, therefore FP does not affect parents' decision-making on this issue. Pritchett also argue that the cost to have another child is higher than the cost of contraception. However, this is not in line with survey results, which demonstrates that the majority of the men wanted a relatively small family and considered a lower number of children, than the actual fertility rate in the country, was ideal. The economic concerns were a factor for the desired number of children. This indicate that the regression slope on decreasing the fertility is in line with the projections from the UN *World's Population Prospects 2017 Revision* (2017) presented in a study by Bongaarts (2017). Fisher el al. (2003) argues that social motivation comes from indications in the economic environment. The analysis findings show that the deteriorating economic situation in the country has motivated many students to plan and organize their lives. To study at the university is one step to take control over their lives.

> *I think it is unfair that parents get many children and cannot take care of them. I don't receive help from my family, imagine if they had fewer children and could help me financially. (interview 9, woman)*

> *It is important to manage your family in a good way. You must consider your finances and decide when to get children, because you do not want the children to suffer. /…/ It is better to have few children and live a good life. (interview 7, man)*

> *I have a daughter, but the fact of having her did not prevent me from continue my studies. I need to make a career for myself and at the same time be a good role model for my girl. (survey 14, woman)*

The analysis found that women had other arguments and did not mention the economy in the same manner as the men. Instead they argued they wanted to fulfill dreams, of being a role model for their children and to provide better opportunities and future for them. The women give great attention to the welfare of the children, while the men were concerned about the economy such as education fees. The differences in the arguments between the sexes reflect

cultural and traditional views and responsibilities that go back to the concept of doxa (Myles, 2004), these views are difficult to change. Both sexes are concerned about being able to support their family, but they have different approaches. While women are concerned of the family well-being, the men are more practical. Although motivation exists within both sexes to create better opportunities, there is an underlying discourse on traditional roles that may be an obstacle to development.

6.2.1 Why use family planning?

All students consider it is important to be able to take care of their family, which means having few children is better. Table 2 demonstrate how the sex variable relates to the ideal number of children per family. There were no major statistically significant differences between the sexes in the desired number of children. Majority of both sexes believed that four children is the ideal number (women 44 %; men 40 %). While 31 percent of the men believed three children is ideal, 24 percent of the women thought the same. In general, women wanted a slightly higher number then men. Hindin and Adesegun (2009, p. 58) argue that women's gender identities and social status are linked to maternity in many developing countries, particularly in sub-Saharan Africa. The participating women, valued their education but having a family was equally important. Among the participant women 29,3 percent had children, but only 22, 2 percent of the men. There have been no remarkable differences between the group that were already parents and those who were not, in the matter of ideal number of children. Neither did it affect if the students were in a relationship, or how long relationship had been. It is important to keep in mind that their ideal number of four children was considered by many to be a low number.

Table 2. Ideal number of children.

The ideal number of children according to the different sexes.

		Number of children								
Percent		2	3	4	5	6	7	8	N.A.	Total
	Men	9	31	40	11	2	2	-	5	100
	Women	5	24	44	15	7	-	3	2	100

I discovered that the students valued higher education as a way to create job opportunities. As the women problematize their possibilities to enter the labor market, having an university education would give them a chance to get a higher position within companies and to be more equal with men. However, interviewee 9 clarified that it depends on the mentality of the woman, to see her possibility to equality. Many women do not see themselves as equal to their husbands and therefore let them make all decision in the relationship, including FP issues according to interviewee 9. Most interviewees talked about the development of the country and the new generation is more aware of FP methods and contraception. They have ambition to study and appreciate the education. Today there are more courses and programs to choose from at the university than before explains interviewee 6. In the survey's comment field, many respondents commented that FP is important not only for the individual person, but for the society as a whole. Interviewee 10 found it important to build capacity and create areas of work. The society would benefit from helping people enter the labor market and reduce the number of dependents, in order to develop the demographic dividend.

The reason I continue to study is to be useful for society, to give my son a good future and to fulfill my desire and dream of studying law. (survey 16, woman)

Family planning should not be underestimated because it is a common good, where both sexes benefit and it is a better way of life. (survey 70, man)

Equatorial Guinea is in an ongoing development and there is a small group that have begun to gain knowledge of FP and have a desire to change their behavior. Interviewee 2 mentioned that many younger people have begun to think in differently than the older generation. There are also noticeable differences between different schools and different ethnic groups in the society says interviewee 2. She continued to explain that she went to a school driven by nuns, which has affected her attitude in the matter of reproductive behavior.

There is a large visible gap in awareness and use of FP between people living in urban and rural areas which also mentions in the answers of the survey. I argue that the awareness of the situation on the country side depends on the big families and it is common to have relatives living in different parts of the country. People living in villages have greater challenges to reach even basic services such as health centers or secondary schools education etc. This is confirmed by the interviewees, young people living in rural communities have a more traditional way of thinking, while young people in the cities have more habit of planning their lives. The group that continues to study at university level is still a minority. This group has a greater potential

to reflect differently on issues such as the desired number of children and organize their lives in long-term, argues interviewee 10. According to interview 9 the Ministry of Health and Welfare has campaigns where they visit villages, inform the people about reproductive health and give out contraception. It is worth questioning whether these campaigns are effective and if they affect the overall behavior. In order to achieve sustainable health behavior, the three factors in the IMB model must be met to begin a change and to maintain new SRH behaviors. Although people in rural district receive free modern contraception, they may not be informed enough to use them properly or feel motivated to use them as they might not be able reach a health center or to continue paying for them.

Interviewee 6 thought it would be good for the citizens if FP was a mandatory subject within the education system. He believed that there should be more information and knowledge for the population. The fact that the country is undergoing a change has created a possibility to increase all factors in the IMB model. Findings from Chandra-Mouli et al. (2014) shows that when the society as a whole is more acceptable for changes and actions coming from different levels, such as politics, community, health care, it will facilitate for younger people to gain information, motivation and behavioral skills in order to created long-term health behavior.

6.3 Information is a factor for increase the motivation for family planning

Among the students it varied if they had received information about FP during primary and secondary education. Less than half (47,7 %, table 3) said they had received FP information, though the majority (89,5 %, table 4) recognized that they have received some information about contraception, pregnancy, abortion or sexual disease in school. Several interviewees confirmed that they had received information in the matter during class, but that it was not a mandatory subject and it depended on the individual school (interviewee 6, 7, 8 and 9).

Table 3. Information about family planning.

Is sex education or family planning included in your classes at school?

		Frequency	Percent
Valid	Yes	41	47,7
	no	45	52,3
	Total	86	100,0

Table 4. Information about other sexual behavior related topics.

Did you receive information about contraception, pregnancy, abortion or sexual disease in school?

		Frequency	Percent.
Valid	Yes	77	89,5
	No	7	8,1
	Total	84	97,7
Missing		2	2,3
Total		86	100,0

The interviews show that the teachers' knowledge is an important factor for what information has been distributed - if any at all. Due to the large percentage difference in the answers between the survey question 10 *(Is sex education or family planning included in your classes at school?*) and question 11 (*Have you received information about contraception, pregnancy, abortion or sexually transmitted diseases in school?*) it may be difficult to know if they are familiar with the concept of FP and what it includes. As interviewees explains, people from health care centers, NGOs or UN agencies can visit schools during class or arrange workshops to educate the students. Nonetheless it does not appear what kind of information they have received, it might just be one of the topics mentioned in question 11. Interviewee 1 told that she had not received information about modern contraception, but information how to avoid pregnancy. The reason why the teacher promoted traditional method rather than modern contraceptive may be due to religious, cultural and/or traditional beliefs.

The main problem is that we do not get information related to this subject at school. It is a very important subject. (survey 78, man)

Family planning is very important for women, and in this country, there are many young women who has unsafe sex. It can be very dangerous and it is very important to talk about this subject within the families, especially for the women. (interview 3, woman)

I think it's easier for women to receive information. When they are pregnant they go to control at the health care and they receive automatic information. (interview 6, man)

In general, a higher number of women considered that they had received information about FP in class (57,3 %) while only 42,2 percent of the men answered yes to the same question. This could be a result from organizations and FP programs that focused on reaching women with information on avoiding pregnancy due to the problematic situation of large number of teenage

pregnancies in Equatorial Guinea (see table 1, page 14). Pregnant women get in contact with health centers at some point during pregnancy and therefore receive more information than men. In the terms agreed on by UNFPA and the government, information on FP benefits should be available with extra attention to adolescents and young mothers. If young women want to use any contraception, they seek information at health centers, among other places. This is in line with traditional and cultural aspect, but if a woman does not wish to be pregnant it is considered her responsibility and not her partner to make sure she is not. This was confirmed during the interviews, women have more responsibility to be prepared and educated about the topic. As seen below, interviewee 9 shared her own experience of wanting to wait with pregnancy but felt pressure from her partner to start maternity. Chandra-Mouli et al. (2014, p. 4) argue that it is not unusual to feel pressure to carry children for newly wedded women, according to my findings the pressure also appears outside the marriage. This is a problematic situation for young women and it can be difficult not to give in under the pressure.

> *My boyfriend wants children and wants to make me pregnant, but right now I don't want to. I want to be able to take care of my child with or without being in a relationship with a man. Right now, I cannot do that. I am very busy; studying fulltime at a distance and having two jobs. I don't have time to get pregnant. /…/ My partner needs to accept waiting to start a family, if he doesn't, he can go. (interview 9, woman)*

Ninety-four percent thought that information about FP was important for both sexes and should be a compulsory subject within the education system. This implies that the students think that everybody should have access to SRH and FP methods, to be able to control their health behavior. In general, the students believed that, in practice, women have more responsibility to see that it is actually implemented. This indicates both increased motivation and information. The young women receive information on how to plan their pregnancies, giving them the opportunity to continue their desire to study at higher education levels. This strengthens their independence. Their personal motivation increases and they wish to follow a FP method and use contraception or protection. It also increases their social motivation to be able to strengthen the society.

6.3.1 Contraception use among the students

The fact that women use modern contraception to control reproductive behavior is relatively new in Equatorial Guinea. About 14 percent of the population uses modern methods, 17 percent are using some kind of method, modern or traditional (UNFPA, 2018). In accordance with

previous studies by Becker (1997) and Kabeer (2005) students who are attending school increase the likelihood of using contraceptives, which is consistent with findings from the survey. All students were positive to FP and have access to contraception that allows them to take control over their SRH. As to be seen in table 5, 62,5 percent of the students who had used contraceptives said FP was included in their education. Of the students who never used any contraceptives 57,4 percent said FP was not included (see table 5). This may indicate that receiving information in school has an effect on the contraception use. These findings oppose the argument from Becker and Kabeer in the sense that it is not only necessary to have access to education, but the quality of education is central for personal development. It is not just enough to attend school. The purpose of educating the population about methods of preventing pregnancy, sexual transmission diseases is to reduce risky behavior. If sexual education is not included in the class, there is no information to be gained. According to the IMB model, information is directly relevant for the performance of health behavior, however knowledge alone is not sufficient to eliminate risk behaviors (Fisher, Fisher, & Harman, 2003).

Table 5. Comparison of information and contraceptive use.

Comparing of the variables of sexual education and use of contraceptives.

			Is sex education or family planning included in your classes at school?		
			Yes	No	Total
Have you tried any kind of family planning method?	Yes	Count (%)	15 (62,5)	9 (37,5)	24 (100)
	No	Count (%)	20 (42,6)	27 (57,4)	47 (100)
	I'm using one right now	Count (%)	6 (42,9)	8 (57,1)	14 (100)

Many students talked about the importance of being aware and to having knowledge about FP to be able to plan ahead. Even though, 54,7 percent of the respondents have not tried any method, they find themselves positive towards it. Sixteen percent were currently using modern contraceptive, while 27,9 percent have used or tried contraceptive before. What each sex responded is presented in table 6 below. Many respondents' express doubts about using modern contraception and the students seemed more comfortable with the traditional methods than the modern ones. One exception is the condom which is one of the most popular methods used by the students.

Table 6. The usage of contraceptives.

The number of students who are using or have tried contraceptives.

		Have you tried any kind of family planning method?			
Percent (count)		Yes	No	I am using one right now	Total
	Female	26,8 (11)	56,1 (23)	14,6 (6)	97,6 (40)
	Male	28,9 (13)	53,3 (24)	17,8 (8)	100 (45)
Total		24	47	14	85

All female interviewees were skeptical to many of the modern methods, which reflect the survey result which shows that 53,7 percent of the female survey respondents have doubts about using a modern method. The biggest concern was how the body will react and what consequences they may have. A similar opinion was found among the interviewees. Interviewee 1 stated the exact reason mentioned above, in order not using modern contraceptives. Most of them were critical of using oral contraceptives due to the pregnancy risk if they forgot to take the pill every day. Interviewee 4 and 5 discussed the safety level for different types of methods, while interviewee 4 has tried different methods interviewee 5 has never used any of the modern ones, with the motive that they only protect against pregnancies and not sexual diseases. The skeptical view of modern contraceptives is possible to connect with the lack of information. Most concerns were misconception of the side effects, such as losing the fertile ability. On average the knowledge level about contraception is low, even among midwives and nurses, as detected by UNFPA.

> *The pill is a new contraceptive here and there hasn't been a lot of studies on the effects on the body in long-term. /…/ I don't use any contraceptives, just the condom. I don't really like the others. They are not so safe and they don't protect against deceases only for pregnancy. (interview 4, women)*

> *Modern contraception is difficult to get hold of easily in our country, which challenges their use. (survey 9, woman)*

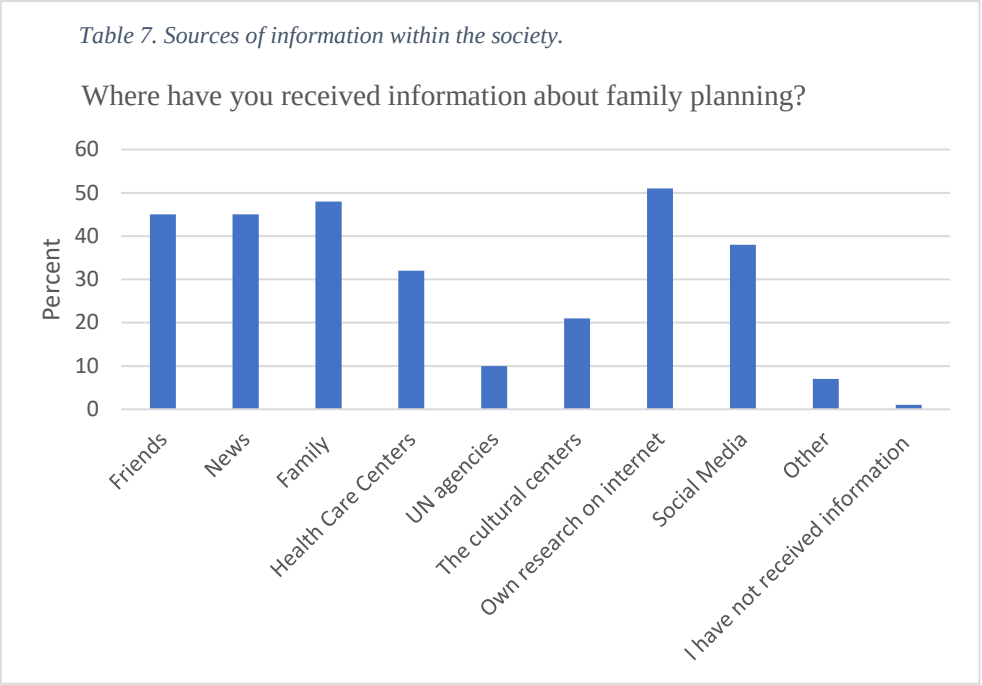
They do not seem to be interested in using a modern contraceptive method if they were not in a longer relationship. Among the students who stated that they were in a relationship one third (31 %) answered that they had tried a FP method before, 14,9 percent used one right now and 53,2 percent said that they had never tried a method. The majority of the women (85,4 %) felt

that they could decide over their reproductive behavior, as confirmed in the interviews. Sixty-five percent of the women stated that they had discussed using a FP method with their partner, among the men it was 53,3 percent. All interviewees said they had talked at least once with their partner, women were higher represented. This may be an extension of the findings that women were more informed. The interviewees thought that the women have more to gain by controlling their reproductive behavior, as women are carrying the child and/or putting her studies on hold.

6.3.2 Information increases the use of modern contraceptives

Previous research from Mutumba et al., (2018) and Ngome & Odimegwu (2014) shows that the contraceptive decision-making among young women is strongly shaped by their social context. Chandra-Mouli et al. (2014) mean that actions from different level such as politics, community, health care, are a prerequisite in order to create a long-term health behavior. The community influences and provide significant support for structural level interventions towards FP decisions. Young people get influenced and receive information from many different sources in the society. These sources are presented in table 7. The students were able to give more than one answer on this question; therefore, the result is presented in percent. The most common option among the respondents was to do research online. Interviewee 5 said she preferred doing research on the internet because it was easier for her to find accurate information. Due to the low knowledge among midwives to obtain the desired information it might be easier for a young person to actually do their own research on the internet.

Table 7. Sources of information within the society.



The survey analysis shows a group of friends as an important source for sharing knowledge and gathering information, as confirmed in the interviews. The women in particular seemed to discuss sexual relations, contraception and experience about pregnancy, abortion and relationships with their friends. The friends may be more open-minded then the parents, or have recently experienced a familiar situation. It may also be that the friends are more informed about certain subjects and therefore easier to talk to, for example, about modern contraceptives. As can be seen in the quotations below, there are also topics that are sensetive to share with the parents. Respondents argued that they found it easier to talk to friends about some issues than with the family. The interviewed men seem to have a more economic focus when talking about the subject.

I talk a lot more with my friends about relationships and contraception, then with my family. Between us, we can share experiences and information. There are some things you don't want to share with your parents. (interview 8, woman)

With my closest friends I can talk about family planning, but maybe we have done it once. /.../ What I have noticed in the streets or at home, men speak more about other things: football; women; etc. /…/ Let's say that someone has received family planning information and tries to talk to his friends about it, but there is not much interest. (interview 6, man)

I feel I can talk with my friends and it is very important. /.../ But with the family it is not so easy, because of the culture and the fact that the subject is sensitive within the older generation. (interview 3, woman)

Hindin and Adesegun (2009) talks about another potential source of information about reproductive health in the society, the parent-child communication. However, many parents do not have the knowledge to be able pass it forwards or feel uncomfortable talking with their children about sexuality. The family was expressed as important among many of the respondents. Although the family was the second most common source of information, see table 8 above, I noticed that it varies a lot between different families. Many interviewees thought it was difficult or did not talk at all about FP with their parents. They mention the parents as an older generation with stronger traditions, which were more reserved, therefore FP was a sensitive subject. In line with the Hindin and Adesegun study, the finding says that the family has a major impact on the use of contraception. The family culture in Equatorial Guinea is very strong and relatives have an important role to inform and motivate younger relatives to get a healthy sexual behavior. Both interviewee 2 and 8 had one or more relatives who worked in the healthcare system, of whom they received information on sexual issues and prevention methods.

I am lucky to have a mother who works as a nurse and is very positive to family planning. She has informed and recommended me to use contraceptives. (interview 2, woman)

In my family we have talked a lot about family planning. One of my aunts is a nurse and a cousin is a doctor, so I have received more information at home than in school. (interview 8, woman)

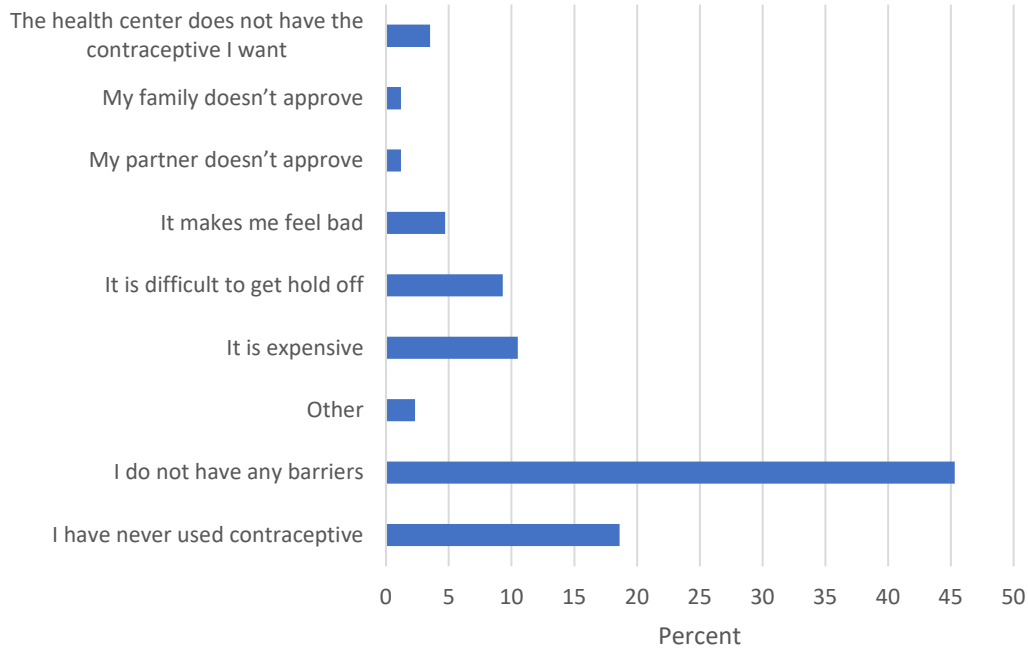
I think new (young) parents are more modern and talks about contraception with their childern. But many older parents are not comfortable with the subject or think it is taboo. (interview 9, woman)

Interviewee 2 thougt that the parents have to take their responsibilty and educate their childern about pregnancies, sexual diseases and the positive effect of FP. None of the women answered that their family would be negative towards them using any FP method while 6,7 percent of the men said that their family would be. The family can generate dispositions that may affect the way they perceive other young people's actions. It can establish boundaries to the field of peers and large groups of friends that they observe in their community.

6.4 The university student's access to family planning methods

Throughout the reviewed documents, a large number of factors been mentioned to stand as barriers for young people to access contraceptives. Bongaarts et al. (2012) Chandra-Mouli et al. (2014) and Mutumba et al., (2018) problematize the barriers young people have to access and use contraception including lack of information and misunderstanding about the side effects. These factors are in line with the experiences the students at UNGE had. There were more available contraceptives to choose from right now in Equatorial Guinea, but the barriers to accessing and using them regularly were still high for many students. The most common barriers to accessing contraception according to the respondents are presented in percent in table 8. The students were able to give more than one answer on this question. The two main barriers were the price and the availability. One of the six female interviewees used a modern contraceptive method at the time of interview. Interviewee 9 argues that the personal economy determines which contraceptive to use. She used natural cycle and counted her days to keep track of her fertility.

Table 8. What barriers are there for access to contraception?



While many students have jobs on the side to be able to pay the term fee at the university and help the family financially, the cost of using modern contraceptives regularly can be too much

and therefore not an option. Many students felt difficulty to get hold of the contraception they wanted. This indicates a group of students who were informed and motivated to change their health behavior, but the health centers do not keep up with the change and cannot meet the demand. As a consequence, the country has among the highest unmet need on the continent (UNFPA, 2018). The majority of the survey respondents' states that they have no barriers. Except from not having barriers, it may indicate that they do not have an interest of using conceptions right now or using traditional methods and are not in need for external supplement. There are methods classified as traditional that have proven to be safer than some of the modern methods (Fabic, o.a., 2014). Using traditional methods requires the users to be informed of the correct use for not have unwanted pregnancies. It is suggested that it is easier for the students to receive information about the traditional methods, as these forms of protection have been accepted in the culture longer then modern ones. It is likely that the midwives have more knowledge of the traditional methods and are more comfortable recommending these to the patients. Likewise, the parents might have used the traditional methods and pass on their knowledge to their children in return.

7. Discussion

A reflecting summary discussion about the most prominent outcomes from the analysis in previous chapter will be presented below. The discussion is structured to answer the research questions while having a discussion on the overall result. Following questions were formulated (1) Are the university students making life choices to implement family planning in to their own life and relationships and if not, what are the reasons they give? (2) What is the students' motivation to use family planning methods? (3) What is their view towards family planning being implemented in their society? (4) Can these views affect how the development of family planning policy takes place in the country? Following the thesis final conclusion will be presented which reconnect the result with the purpose and the four research questions. In the end, suggestions for continued research within the field of FP and among the population in Equatorial Guinea will be presented.

7.1 The change to a healthy behavior

The results from the survey show that the majority of the university students where making life choices in order to implement FP in to their own life and relationship, such as search for information, using contraception, talking to their partners and planning their pregnancies. The analysis result show there is a meaningful relationship between information, motivation and behavior skills, but these three factors are not fully gained among the students. Findings indicate a strong motivation level among the students, but also that lack of information and behavioral skills serves as a barrier to fully applying a healthy behavior. In order to improve the implementation of FP policies throughout the society, access must increase along with the growing knowledge level. This is important not to end up with a high level of unmet needs, which is the case of Equatorial Guinea at the moment. As the country develops, the benefits of having a large family are reduced, together with rising living cost. It is not surprising that the desired family size is connected to socioeconomic indicators. Interviewee 9 for example, wished her parents had planned their family size according to their economic conditions and had the ability to offer financial support during the university years instead of barely make it through the everyday expenses. Information according to the IMB model is an initial requirement for introducing a health behavior (Chang, et al., 2014). The purpose of educating the population about preventing pregnancy methods, sexual transmittable diseases is to reduce risky behavior. If sexual education is not included in the school or if the information quality is

low, there is no information to be gained. In Equatorial Guinea there was no strong link between education and usage on FP methods, due to the reason above, which signify that all sources of information are of importance. What source matters the most depends on each person's life situation.

Both personal and social motivation motivate the students to follow their desire to finish their ongoing education. To finish of their education gives them also strong motivation to use any FP method. To be able to control when to become pregnant and how many children they want, they expressed a feeling of being in control of their life and the ability to improve their and their future family's life quality. A summary of the findings shows that most of the university students participating in the study receive motivation from many different contexts in their surroundings. For some students it was easier to access information within the family, while others gained more material from doing their own research on the internet. Many seemed to have found comfort in sharing experience and knowledge in a conversation with their friends. To create long-term health behavior, young people must have access to information from different levels (Chandra-Mouli et al. (2014). The majority of respondents felt that they had no barriers to accessing contraception. Still, doubts and misunderstandings were strong factors for women who do not use modern contraceptives. Many women preferred using traditional methods, which is in line with traditional and cultural aspects. Although the students had doubts about using modern contraceptives, they acted on motivation and used traditional methods to achieve their desired reproductive behavior. When using traditional methods, they improve their self-efficacy and feel secure, which strengthen their behavior skills, which in the long run facilitate behavioral change (Chang, et al., 2014). In fact, the students had a strong motivation indicating a demand for increased access to contraception and information, indicating the beginning of promoting a change of health behavior according to the IMB model (Fisher & Fisher, 1998). The analysis showed that it appeared to be women's responsibility to be prepared because she risked more if she became pregnant. This is in line with traditional gender roles in the society and the doxa concept, where traditions and culture stand above arguments and opinions (Bourdieu, Outline of a theroy of practice, 1977). Interesting results showed that the majority of the students, of both sexes, considered a lower number of children was ideal than the actual fertility rate in the country. This indicates that information about FP actually had impact on the students, despite the fact that FP is not prioritized in the society.

Equatorial Guinea is in an ongoing development and only a small group have begun to gain knowledge about FP and have a desire to change their behavior. The number of people studying

at university level is low and the majority of young people do not have the possibility to continue a higher education level. Choosing to continue studying can in itself be a motivation factor for these young people to plan their reproductive behavior. The female interviewees indicated that they did not want to be pregnant in the near future. Some male participants thought it was better to start a family after completing the bachelor's degree.

> *I have noticed that there is a development in the country with the new generation. They are aware and positive to family planning. Many young people study abroad or go abroad to work for a few years. (interviewee 2, woman)*

The majority of the students where positive towards FP being implemented in their society. Some of them where discussing the gap existing in the Equatorial Guinean society between rural and urban areas in terms of availability and use of the FP method. Some interviewees address this issue and expressed a wish to make FP and sexual education mandatory in the education system to benefit the society as a whole. Many students wished that all citizen in Equatorial Guinea should be able to reach the benefits which come with FP. The fact that the government has not prioritized support for a FP policy can be a contributing factor to the unmet need for access to information, resources and methods. Family planning would allow individuals to make personal choices about *if* and *when* to have children. Pressure on the government from UN agencies and NGOs can change priorities or at least increase access to FP for the population. However, FP is a relatively new concept in Equatorial Guinea and implementation takes time. As interviewee 9 says *"The subject of family planning is new here and the level is low, but the more time goes by it will get better"*.

Continued examination of the attitude of young people would show how the implementation process proceeds. The community and the environment have an important role to influences the citizens, together with political policies, arranged workshops by the NGOs etc. The students carry with them experiences that shape their opinions and beliefs, when moving over borders, from family to school to a group of friends. The beliefs that generate habitus are transformed and reconstructed (Osório & Cruz e Silva , 2008, p. 257). Discussing views and attitude among the students can facilitate when implementing FP policies in the society, to know which areas need to be strengthened. However, the views might not be as important as other factors due to the implementation development might follow a natural process, if this is case, the views are just normal for where the process is currently. Yet, these views can still contribute if considered when designing FP policies. To investigate the opinion about FP during different stages of the implementation process could be a way to follow the process and seeing developments.

7.2 Conclusions

The purpose of this study was to understand life choices and motivation regarding FP among university students in a developing country and see if these views affect how the development of family planning policy takes place in the country. The results show that there is a meaningful relationship between the knowledge, motivation and behavior. The participants were positive about the possibility to practice methods that could support them in their reproductive decision and help them organize and adapt to situations that occur throughout their lives, such as economic challenges. At the same time the students felt doubt and had misconceptions about using modern contraceptives that could hinder a successful implementation of FP policies. The critical arguments made by Pritchett (1994), that couples have the number of children they want and can afford despite access to FP methods, is partially in line with the student's arguments when discussing their desired number of children. However, the number of children that were desired was lower than the number of siblings themselves had. This result could be connected with Bongaarts (2017) research which showed that the decreasing fertility rate that occur in sub-Saharan Africa is in line with the global decreasing fertility rate. Then again, there is no previous data to compare with, it is not possible to say that the university students participated in this study is unique or more aware about FP then other generations of university students in Equatorial Guinea.

Even though the students had doubts about using modern contraceptives, they were motivated and used traditional methods to achieve their desired reproductive behavior. This demonstrates the importance of continuing the implementation of FP in the society to increase information and access to contraception, not only modern ones but also the use of traditional methods. The majority of the young people do not have the possibility to continue to a higher level of education. To choose to continue studying can in itself be a motivation factor for these young people to plan their reproductive behavior. They expressed the importance to implement FP in their personal lives in order to reach their dreams. Making sexual education and FP a mandatory subject in the school would be important, but our results show that in order to amplify the FP implementation, the information needs to be distributed from different sources.

The participating university student's opinions and motivation are shaped and reconstructed through their community and environmental contexts, information need therefore come from these contexts as well. If these views were taken under consideration when designing FP policies, it may be possible to improve process in the different stages of implementation. This study shows that when the university students have knowledge and access to use FP methods,

they gain more awareness of their individual sexual and reproductive rights, they feel more in control of their own life's, which strengthen them as individuals and improve their quality of life and hopefully improve their life situation for generation to come.

Contribution to the research field.

The thesis highlights important factors that must be considered during the early stages of implementing FP in a developing country, for example which was the most widely used source of information among the students. Accessing FP has proven to be crucial for young people, especially young women, to increase their independence and well-being. The findings contribute in the human rights field of sexual and reproductive health and show that access to these rights is essential for individuals, couples and families to improve their economic situation and quality of life.

7.3 Suggestions for future research

While examining young people's opinion about FP, I found some areas where further research may be needed. In general, research on the population of Equatorial Guinea is lacking. To receive a full perception of the implementing process of FP, it would be important to compare the attitude of different groups and geographical areas. I believe it is important to explore the view and opinion on FP among young people in rural areas and compare it with the students. This would examine the implementation of FP at a national level and explore areas of high demand.

It came clear to me that in the matter of FP there is a big focus on girls and women, but the men are not to be forgotten. If time allowed, I would have investigated the different views of men and women. The sexes were shown to have different focus and it would have been interesting to follow up on these differences. Another area of interest, would be to follow up the way in which the law of 2016, which prohibits pregnant girls from attending classes in schools, affects the women's education, as well as their access to FP methods.

My findings encourage to future studies, especially qualitative and long-term studies, to follow the development of the implementation of FP in Equatorial Guinea and the development of use, access and barriers. Continue studying the factors that form the health behavior of young people and how it will vary in the coming years.

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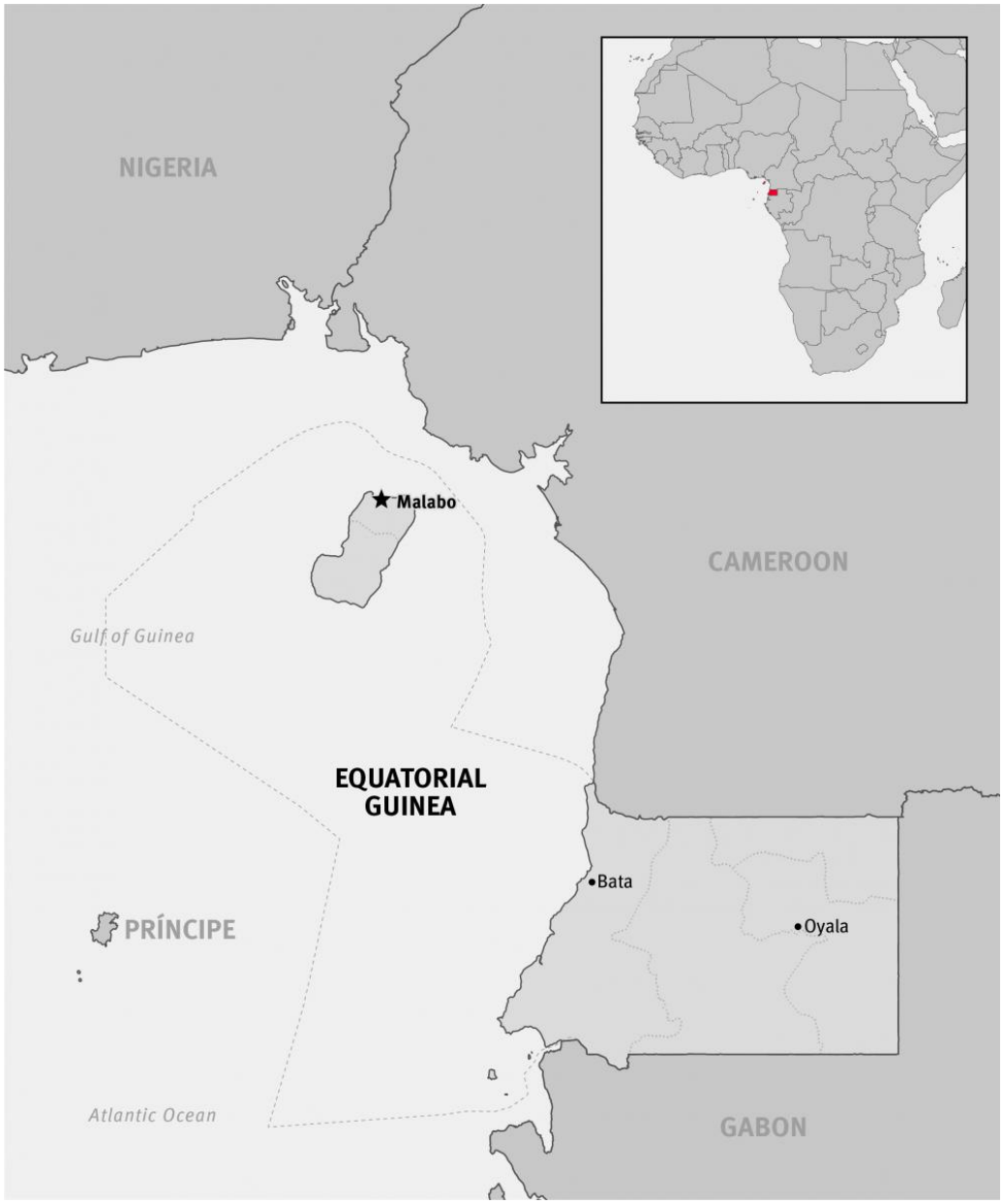
Appendix 1 – Equatorial Guinea location map



Source: Human Rights Watch (2017) Map of Equatorial Guinea.

Retrieved from https://www.hrw.org/video-photos/map/2017/06/07/map-equatorial-guinea

Appendix 2 – Consent letter

Letter of consent

To whom it may concern.

I am a student at the university of Gothenburg in Sweden and my name is Carolina Jeppsson. I am here to collect data for my final research at my master program in Human Rights. The aim for my research is to examine what the students at UNGE in Malabo, Equatorial Guinea, think about family planning and reproductive health.

This survey is done to gain knowledge about the subject through a questionnaire. Later I would like to interview you because I believe you can contribute with valuable knowledge about the subject. Collected data will be handled confidentially which means that no unauthorized person can get access your answers, and that no reported data can be traced back to the individual participant. All your answers will be anonymous.

It is optional to participate in the study, you don't have to answer any question you don't feel comfortable with. You have the right to withdraw your participation at any time without any consequence.

Please do not hesitate to contact us if you have any questions.

Responsible for the study	Carolina Jeppsson +240 555 595 284 gusjeppca@student.gu.se

Supervisor at university of Gothenburg

Edme Dominguez
edme.dominguez@globalstudies.gu.se

Contact at UNFPA in Malabo

Mady Biaye
biaye@unfpa.org

Appendix 3 – Survey

Background – please write or circle your answer	
1. Age	☐☐
2. Gender	Woman 1 Men 2

3. How many siblings do you have?	☐☐
4. Do you have children?	Yes 1 No 2 If yes, how many? ☐☐ What is the age of your first born? ☐☐
5. What is the ideal number of children a woman should have according to you?	☐☐
6. Are you in a relationship right now?	Yes 1 For how many years? ☐☐ No 2
7. What is your parents' profession?	Mother ..... Father .....
8. Where did you grow up?	The City 1 The Countryside 2

Family Planning – please write or circle your answer		
9. Are you familiar with Sexual and Reproductive Rights?	Yes No	1 2
10. Is sex education or family planning included in your classes at school?	Yes No	1 2
11. Have you received information about contraception, pregnancy, abortion or sexually transmitted diseases in school?	Yes No	1 2
12. Have you received information about these subjects mentioned above in another place than school?	Friends	1
	News	2
	Family	3
	Health Care Centers	4
	UN agencies	5
	The cultural centers	6
	Own research on internet	7
	Social Media	8
	Other	9
	I have not received information	10
13. Do you think it is important to receive this information?	Yes Why? No Why not?	1 2
14. Is family planning more important for	Women	1
	Men	2
	Both gender	3
	None of the genders	4
15. Have you ever discussed using any family planning method or contraception with your partner?	Yes No	1 2
16. Have you tried any kind of family planning method?	Yes	1
	No	2
	I'm using one right now	3
17. Have your doubts about using family planning methods	Yes No	1 2

18. Do you feel that you can choose if, when and how often you want to become pregnant?	Yes No	1 2
19. Are there any barriers to access contraceptives?	It is expensive	1
	It is difficult to get hold off	2
	It makes me feel bad	3
	My partner doesn't approve	4
	My family doesn't approve	5
	The health center does not have the contraceptive I want	6
	Other	7
	I do not have any barriers	8
	I have never used contraceptive	9
20. Do you have a choice to use the method you want/prefer?	Yes No	1 2
21. Would your family be negative to family planning methods?	Yes No	1 2
22. If you already have children, what was your reason to continue/go back to studying? Please write your reason		

Closing Question		
23. Anything to add? Please write		
24. Would you be interested to do an interview?	Yes, please write your contact number	1
	No, thank you	2

THANK YOU FOR PARTICIPATING!

Appendix 4 – Survey, Spanish version

ENCUESTA DE PREGUNTAS
UNIVERSIDAD DE GOTEMBURGO
DERECHOS HUMANOS 2018

Carta de información

Estimado alumno/a.

Soy una estudiante de la Universidad de Gotemburgo en Suecia y mi nombre es Carolina Jeppsson. Estoy recopilando datos para realizar un estudio estadístico, dentro de mi trabajo final del programa Master en Derechos Humanos. El objetivo de mi investigación es obtener y examinar la opinión de los estudiantes de la UNGE en Malabo, Guinea Ecuatorial, sobre la planificación familiar y la salud en la reproducción.

Mediante el siguiente cuestionario podré obtener todos los datos necesarios que necesito para mi investigación. Los datos recopilados se manejarán de forma confidencial, lo que significa que ninguna persona no autorizada podrá acceder a tus respuestas, y que ningún dato que proporciones dentro del cuestionario podrá relacionarse contigo. Todas tus respuestas serán anónimas.

Tu participación en este estudio será voluntaria, no tendrás que responder a ninguna pregunta con la que no te sientas cómodo/a y podrás finalizar tu participación en cualquier momento sin ninguna consecuencia.

Por favor, no dude en contactarme si tiene alguna pregunta.

Responsable del estudio Carolina Jeppsson
gusjeppca@student.gu.se

Supervisor en la Universidad de Gotemburgo
Edme Dominguez
edme.dominguez@globalstudies.gu.se

Contacto en UNFPA en Malabo
Mady Biaye
biaye@unfpa.org

ENCUESTA DE PREGUNTAS

UNIVERSIDAD DE GOTEMBURGO
DERECHOS HUMANOS 2018

Antecedentes - por favor escribir o marque con un círculo su respuesta	
1. ¿Cuál es tu edad?	☐☐
2. ¿Género?	Mujer . . . . . 1 Hombre 2

3. ¿Cuántos hermanos/as tienes?	☐☐
4. ¿Tienes hijos?	Sí . . . . . 1 No . . . . . 2 Si tu respuesta es sí ¿Cuántos hijos tienes? ☐☐ ¿Cuantos años tiene su primero hijo/a? ☐☐
5. ¿Cuál es el número ideal de hijos que una mujer debería tener según tú?	☐☐
6. ¿Tienes una relación de pareja en este momento?	Sí . . . . . 1 ¿Por cuántos años? ☐☐ No 2
7. ¿Cuál es la profesión de tus padres?	La madre ..... El padre .....
8. ¿Dónde creciste?	La ciudad . . . . . 1 El pueblo 2

Planificación familiar - por favor escribir o marque con un círculo su respuesta		
9. ¿Estas familiarizado con los Derechos Sexuales y Reproductivos?		Sí . . . . . 1 No 2
10. ¿La educación sexual o la planificación familiar están incluidas en tus clases en la escuela?		Sí . . . . . 1 No 2
11. ¿Has recibido información sobre anticoncepción, embarazo, aborto o enfermedades de transmisión sexual en la escuela?		Sí . . . . . 1 No 2
12. ¿Has recibido información sobre anticoncepción, embarazo, aborto o enfermedades de transmisión sexual en otro lugar que no sea la escuela?	Amigos . . . . . 1 Noticias . . . . . 2 Familia . . . . . 3 Centros de salud . . . . . 4 Agencias de la ONU . . . . . 5 Los centros culturales . . . . . 6 Propia investigación en internet . . . . 7 Medios de comunicación social . . . . 8 Otro 9 ---------- No he recibido información 10	
13. ¿Crees que es importante recibir esta información?		Sí . . . . . 1 ¿Por qué? No . . . . . 2 ¿Por qué?
14. La planificación familiar es más importante para…	Mujeres . . . . . 1 Hombres . . . . . 2 Los dos géneros . . . . . 3 Ninguna de los géneros 4	
15. ¿Alguna vez has hablado con tu pareja sobre usar un método de planificación familiar/ anticoncepción?		Sí . . . . . 1 No 2
16. ¿Has probado algún tipo de método de planificación familiar?	Sí . . . . . 1 No . . . . . 2 Sí estoy usando uno ahora 3	

17. ¿Tienes dudas sobre el uso de métodos de planificación familiar?		Sí . . . . . 1 No 2
18. ¿Siente que puedea elegir si, cuándo y con qué frecuencia desea quedar embarazada?		Sí . . . . . 1 No 2
19. ¿Existen barreras para acceder a métodos anticonceptivos?	Es caro . . . . . 1 Es difícil de conseguir . . . . . 2 Hazme sentir mal . . . . . 3 Mi compañero no aprueba . . . . . 4 Mi familia no aprueba . . . . . 5 El centro de salud no tiene el anticonceptivo que yo quiero 6 Otro 7 ..... No tengo barreras . . . . . 8 Nunca he usado anticonceptivos 9	
20. ¿Siente que tienes la opción de usar el método anticonceptivo que desea / prefiere?		Sí . . . . . 1 No 2
21. ¿Tu familia sería negativa a los métodos de planificación familiar?		Sí . . . . . 1 No 2
22. Si ya tienes hijos, ¿cuál fue tu razón para continuar / volver a estudiar? Por favor escriba su razón		

La Última pregunta		
23. ¿Algo para agregar? Por favor escribe cualquier comentario sobre este tema que creas oportuno		
24. ¿Podrías participar en una entrevista?	Sí, escriba el número de contacto por favor 1 No gracias 2	

¡GRACIAS POR PARTICIPAR!

Appendix 5 – Interview guide

Interview Guide

Opening question

All interviews started with a conversation about their studies and for how long they have been studying at the university.

Main areas

How you describe the FP education in schools?

Where do you find information about FP outside from school?

Can/have you talk with your - friends about FP?

- family

- partner

What kind of FP method are most common?

Have you used any contraceptives?

Have you noticed a development in the society (within this topic)?

Closing Questions

Anything to add?

Questions for me?

Appendix 6 - The participants

ID	Gender	Age	Relationship	Children (count)	Comment in survey
1	Female	25	In union	Yes (1)	
2	Female	21	Single	No	I believe that with the family planning many young people can reach our goals as professionals, to control our future and to organize ourselves.
3	Male	35	Single	No	
4	Female	22	Single	No	
5	Female	22	Single	Yes (1)	Having a son does not mean I have to stop my dreams or my life. I have to fight for both of them.
6	Male	25	In union	No	I think family planning is a very important issue to deal with due to the current economic downturn in our country.
7	Male	30	Single	Yes (1)	Family planning is a very important issue because we can use it to build our family according to our financial means. It's very dangerous when we don't carry a plan for our family.
8	Female	20	Single	No	
9	Female	21	In union	No	I would like to add that education on contraception is important for both sexes but it is impervious for women because of the major disadvantages that affects them.
10	Male	26	In union	Yes (1)	