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SCOPE SUCCESS STORY

HAITI



Jésulène Desruisseaux meeting with a health worker at her home in Mapou.

USAID/World Relief: Photo by Sean Sheridan

NAME AND ROLE

Jésulène Desruisseaux, mother

LOCATION

Sud Est, Belle Anse, Mapou

SUMMARY

SCOPE trained health workers help mother Jésulène Desruisseaux overcome the challenges of being a young single mother and plan for her family's future.

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WITH FAMILY PLANNING, I CAN TAKE CONTROL OF MY LIFE

Community health workers (called agents de santé communautaire polyvalent visits in Haiti) are critical to helping increase access to community-level services in the communal sections of Belle Anse. These health workers visit homes monthly to provide health and nutrition education to women of childbearing age, but especially to women who are breastfeeding or caring for young children. They also organize gatherings to help improve the reproductive, maternal, newborn and child health outcomes of women, children, and their families. In concrete terms, these gatherings are an opportunity to raise community awareness and increase demand for routine immunization services for children under five years of age living in remote communities. A critical aspect of this work includes educating women and their partners on family planning best practices.

There are many challenges community health workers overcome: on the one hand, some churches categorically forbid their members from using any form of family planning because of their interpretations of scripture; while at the same time, there are many rumors about the health effects of family planning methods. Thus, many young women in Belle Anse can become scared and confused about their fertility. Community health workers are critical in educating and informing women in their communities. Jésulène Desruisseaux is one of these women whose views on family planning were changed thanks to the advice of the health workers in her community.

EARLY CHALLENGES

Jésulène is a 19-year-old woman who lives in Mapou's communal section. She is one of five children – two girls

and three boys – and was raised by a single mother. When she was very young, her father abandoned the family leaving her mother to support the family of six. Jésulène’s mother took care of her the best she could, selling vegetables at the local market, but what she earned was not enough to feed the family or even enroll the children in school. At some point, Jésulène’s mother decided to leave Haiti for the Dominican Republic in search of a better life. She promised she would return for her children once she found employment. After a few months, she came back for Jésulène’s brothers and sisters with a promise to return for Jésulène shortly. Unfortunately, her mother was never able to come back for her.

Jésulène shared that “this was the most difficult period of my life. Imagine a teenager who was not fortunate enough to go to school, abandoned by her parents and having to support herself in an extremely poor rural community. My grandmother with whom I lived also depended on me for her needs.” During this time, Jésulène met a much older man who promised to help by providing money and groceries in return for unprotected sex. Jésulène became pregnant at 15.

When Jésulène found out she was pregnant, the man left. She shared, “I was naive enough to believe that because of the child, this man would stay with me.” Jésulène gave birth under difficult conditions and cared for her child as best she could. Unfortunately, another man in her community also took advantage of her, and she became pregnant again at 17. Like the last time, the father wanted no part in the pregnancy.

Not being able to feed both of her children, Jésulène was forced to give her first child to a family member who would take care of the child. At the age of 19, she became pregnant again without support.

A GLIMMER OF HOPE

As a single mother of two with another on the way, Jésulène faced a few challenges, but

health workers who worked in her community provided support to her and other girls like her. Jésulène could not afford to take her child to the hospital or a doctor to monitor the progress of her pregnancy. However, “the health workers encouraged me to attend the gathering station. In these gathering points, I benefited from malnutrition screening and vaccinations for my children, and advice about my health as a mother.”

Jésulène shared that she was “a little apprehensive at first because I thought there would still be a fee to pay, but they weighed my child and gave him injections without me having to pay a dollar.” The health workers also advised the mothers on how to feed their children well, ensure a clean and nurturing environment, and make plans for the future that prioritize the child’s well-being.

In addition to the gathering stations, the community health worker also makes home visits to check Jésulène and her child’s health and to encourage her to go to a health center to ensure her pregnancy is progressing. The health worker also taught Jésulène about family planning. In Jésulène’s community, it is often said that contraceptives can cause illness and even death. Jésulène shared that the health worker “took the time to explain the different methods of contraception, how to use them and their advantages. He also strongly advised me to consider using one of these methods because I have already given birth to two children at a very young age. He made me understand the need to control my fertility to better direct my life. I have resolved to take the three-month method after the birth of my child, and if all goes well, I will then take the five-year method.”

Through the SCOPE project, Jésulène can now envision a better future for themselves and their children.

*This story is written by Pierre Mackendy,
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