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Views on Family Planning and Long-Acting and Permanent Methods:

Insights from Malawi

CONTEXT

Fertility levels are high in Malawi, a Central African country of 16.3 million people. At current rates, the average Malawian woman can expect to have 5.7 lifetime births (NSO & ICF Macro, 2011). As a result of a combination of high fertility and falling infant mortality, 45% of the population is younger than age 15. As they age, these young people will contribute to a large pool of couples in need of reproductive health services.

Knowledge about modern contraceptive methods is very high in Malawi: Nearly all women and men know of at least one modern method. Forty-two percent of married women currently use a modern method, a significant increase from 2004, when contraceptive prevalence was only 28%. Long-acting and permanent methods of contraception (LA/PMs), particularly female sterilization, account for about 27% of modern contraceptive use, which is higher than in most sub-Saharan African countries.

The rapid increase in contraceptive use in Malawi highlights a new culture of acceptance for family planning. Since 2004, Malawi's government has strengthened various aspects of service delivery, including:

- Investing in human resources and training
- Deploying lower cadres of health professionals (clinical officers, midwives, nurses, and health surveillance assistants) and volunteers to provide services at the community level
- Expanding outreach and mobile services through public-private partnerships

Despite these investments, however, unmet need for family planning is still significant: Fourteen percent of Malawian women have an unmet need for spacing, and 12% have an unmet need for limiting (NSO & ICF Macro, 2011). Promoting increased use of LA/PMs can help to increase contraceptive use in Malawi and reduce unmet need for contraception.

In 2011 and 2012, The RESPOND Project conducted qualitative research in Cambodia, Malawi, and Nigeria to gain insights into the factors that may constrain the use of LA/PMs (the intrauterine device [IUD], the hormonal implant, female sterilization, and vasectomy). These countries were chosen because they are U.S. Agency for International Development (USAID) priority countries and because they represent

not only geographic diversity, but also diversity in contraceptive prevalence and method mix. This brief reports the results of this research in Malawi and reviews some recommendations that the Malawian government and nongovernmental organizations working in Malawi should consider to meet the challenges inherent in serving the growing population of women in need of family planning and reproductive health care.

RESEARCH METHODS

Data were collected between March and April 2012 in Dowa and Kasungu districts of Malawi. These districts were selected because both had a relatively high prevalence of LA/PM use and because the Family Planning Association of Malawi (FPAM), which operates in the districts, agreed to cooperate with the study, including assisting with identifying participants. Three communities (one rural and poor, and two urban and nonpoor[1]) were selected for participation in the study. Study participants were married women ages 18–44 who either were using an LA/PM (early adopters), stopped using any family planning method (lapsed users), or were 6–12 months postpartum,[2] as well as married men and service providers.

Information was collected using key informant interviews, focus group discussions (FGDs), and in-depth interviews to develop a qualitative understanding of how people view family planning and LA/PMs. Free-listing and pile-sorting were used to assess if the attributes that people associate with LA/PMs might hinder wider use of these methods.[3] In all, 501 people participated in the study through 23 FGDs, 20 in-depth interviews, 163 free-listing interviews, and 119 pile-sorting interviews. The FGDs and in-depth interviews were recorded, and the transcripts were translated into English. Thematic coding was performed on all transcripts, differentiating among groups by poor-nonpoor status, place of residence, and user status. The free-listing and pile sorts were analyzed using Anthropac software.

FINDINGS

Perceptions about family size

Most participants favored a family of between two and five children. Generally, ideal family size was smaller in poor communities than in the nonpoor communities and among men than among women. Participants articulated a range of negative consequences that large families have on children, parents, communities, and even the nation as a whole.

> *Things are becoming more expensive every day. If you have many children and they are admitted to secondary school, you will not be able to fend for them. But if you have only three children, you can manage to pay their school fees.*
>
> —Married man, Msakambewa, Dowa

> *With [a large family] most of the children are subjected to be more like slaves in their own homes, instead of going to school, because they do not have the required school materials such as books and pens, therefore they end up rearing cattle.*
>
> —Early adopter, Msamkambewa, Dowa

Participants also listed several factors that might spur a couple to have a large family: lack of understanding about how to obtain or use family planning methods, a religious obligation to procreate, concerns about child mortality, and relationship insecurities. There was, however, increasing understanding among the study participants that these arguments were no longer tenable, in view of current economic realities and the availability of effective family planning methods. At the same time, couples who decide to have two or fewer children were objects of ridicule and often labeled as lazy, stingy, unwise, sick, irresponsible, and selfish.

> *[Those with small families] are criticized in our society that they use another man and they are barren; this may prompt the man to stop using the family planning method so as to avoid being criticized.*
>
> —Postpartum woman, Gogode, Kasungu

[1] Poor and nonpoor were classified by the research team and by FPAM staff based on their knowledge of the sites, not based on specific economic indicators.

[2] Postpartum women serve as a proxy for women with an unmet need for family planning. The categorization of a woman as having unmet need is based on specific quantitative data, beyond the scope of this research. However, analysis has shown that many women defined as having unmet need are within one year postpartum (Ross & Winfrey, 2001).

[3] In the free-listing interviews, responses were elicited on the terms people use to describe contraceptive methods. In the pile-sorting interviews, people were asked to group these terms together, to provide perspectives on how people link key family planning–related concepts.

In the past, people had cultural beliefs that if you have many children then you are rich; that's why some families have eight, seven or 10 children, but nowadays, people are able to take advice from health service providers to have [the number of] children that they can manage to care for.

—Married man, Kasungu DHO

Perceptions about family planning and LA/PMs

Overall, participants were highly aware of and had a positive attitude toward modern family planning methods. Women had greater knowledge about modern methods than did men; knowledge was also better in the nonpoor communities than in the poor sites. Most study participants had a positive attitude toward modern methods of contraceptives:

If you follow family planning, you do have a happy family, and there is also enough care for everybody.

—Early adopter, Msakambwa, Dowa

Study participants wanted contraceptive methods that have a minimum of side effects. Participants were primarily concerned about methods that could lead to disruption of the menstrual cycle (heavy bleeding, prolonged menses, or amenorrhea), weight gain or weight loss, cancers, aches and pains, and cardiovascular problems. In addition, participants desired methods that are effective for pregnancy prevention, are long-acting, and allow them more time to devote to their personal lives and to the care of their children. Study participants recognized that traditional methods were not as effective at preventing unintended pregnancy. However, fear of the side effects perceived to be associated with modern methods was a factor that led some couples to opt for traditional methods, such as postpartum abstinence, medicinal herbs, and the rhythm method.

These other methods are these, but I see that they are difficult to follow because you cannot say that I will abstain when you only have one bed in the house; modern family planning methods are the best, however some experience problems with them, and I think it could have been better to examine a person first [to see] if she is suitable for the method before providing that method to her.

—Married man, Gogode, Kasungu

There are other women who are using family planning methods without their husband knowing, so when they have problems like long monthly periods is when the husband come to know about it and then start quarrelling. Because of this, some stop using family planning methods.

—Early adopter, Kasungu district health officer

Perceptions about the IUD

Basic knowledge about the IUD was limited; most participants said that they had never seen or even heard of the method. Some were grossly misinformed about it; for example, some participants believed that the IUD was a method that a woman puts on during sex and removes thereafter. The few study participants who were knowledgeable about the IUD understood the method to be long-acting and perceived it to be effective in preventing unintended pregnancy. A few study participants felt that real and perceived side effects were major barriers to using the method, including the belief that the IUD could become dislodged within their bodies, with severe consequences, such as injury to the heart or damage to the uterus and infertility. The IUD was also believed to increase vulnerability to sexually transmitted infections.

I never used it, but I heard that it is more useful because you do not use any medicine like Depo; you just put it on when you are having sex. After, you remove it and clean and keep it.

—Early adopter, Kasungu FPAM

It's a method that they put somewhere, especially on the arm or shoulder, so that a woman can stay as long as she wants before she conceives, so if she is ready to have children, she can get it removed.

—Married man, Msakambewa, Dowa

Loop is good because you stay for 10 years before becoming pregnant. When you [want] to, you can have another child.

—Early adopter, Kasungu DHO

Sometimes the condom bursts and the women can get pregnant, and loop is good because you cannot conceive until the loop is removed.

—Married man, Msakambewa, Dowa

Perceptions about implants

Individuals across the study groups appeared to be more familiar with the implant than with the IUD. Many were able to describe the method and indicate how long it is effective. In general, implants were considered more effective and convenient to use than condoms, the pill, injectables, and the IUD. Nonetheless, there were some misconceptions about the method, including that the device could become dislodged and harm the woman. There were also some concerns that the method affects the libido and may make women less able to satisfy their sexual partners. Many participants also feared that implant use would lead to prolonged bleeding or lack of menstrual periods, dizziness, heart problems, high blood pressure, weight gain, weight loss, and body aches. In addition, some participants expressed concerns that providers might be reluctant to remove implants before the expiration date and that the woman might have to keep the method for the scheduled five years, even if this were against her wishes.

Norplant is a good method because you can sleep with your husband freely and when you finish having sex, you can be free with each other lovingly, but the problem with condoms is that when you finish having sex, the husband comes out from you quickly to [prevent] the condom from going inside you.

—Postpartum woman, Msakambewa, Dowa

I have heard that sometimes you lose interest in sex.

—Early adopter, Gogode, Kasungu

A Malawian family planning client who has received her requested method

The woman may experience problems with the method, and she starts complaining that maybe she has heart palpitations, and this is what is common now. A lot of women complain of this and it becomes difficult and sad to start thinking of removing it. It becomes a challenge to the family; instead of the family to be happy now, they have a problem, and in the end they are not happy because the woman is experiencing problems with the method.

—Married man, Dowa DHO

The men also say that women who are on [this] method are not "sweet".

—Postpartum woman, Kasungu DHO

Perceptions about female sterilization

Study participants—men and women—were generally aware of and positive toward female sterilization. They perceived the method to be effective in preventing unintended pregnancy, helping to enhance a couple's relationship, and allowing a couple more time to care for their families. Nonetheless, there were notable misconceptions. For example, a common perception among participants was that young women and women with few children would suffer severe side effects if the procedure was performed on them. Some participants associated female sterilization with chronic abdominal pain or more serious concerns, like cancer of the uterus. As in the case of other methods, there was a general concern among women that the procedure would impact sexual relations with their husbands. While some women worried that they would have reduced sexual desire, others worried that the procedure might make them less attractive to their husbands, thus giving them less sexual satisfaction and pleasure.

Female sterilization is good since a person knows that there will be no chance of having another child, so she is so comfortable.

—Early adopter, Dowa DHO

Female sterilization is good because the woman looks healthy and she lives long; this helps the children also to be healthy.

—Married man, Dowa FPAM

Some people say when you go for female sterilization it leads to you having cancer of the uterus.

—Lapsed user, Msakambewa, Dowa

This method is significant provided you are faithful to each other, and with this it breeds overwhelming love, because you concentrate on caring for the family.

—Early adopter, Msakambewa, Dowa

I have seen some women at FPAM clinic that went for sterilization complaining that they feel pain on one side, so I feel like sterilization is bad because of that.

—Lapsed user, Kasungu FPAM

Perceptions about male sterilization

Knowledge about male sterilization was limited. While a few participants identified benefits similar to those of female sterilization, many male study participants perceived that the method would reduce men's sexual desire or lead to sexual dysfunction. In general, women held a more positive attitude toward male sterilization. Many women were happy to be relieved of the need to be responsible for family planning. Some associated the method with a lower likelihood that a man would engage in polygyny, as well as making it impossible for him to have children out of wedlock. Some women also saw the decision to undergo male sterilization as a sign of a man's love for his wife and his desire to secure their future happiness and health.

If the man goes for this sterilization, it means that this is a loving husband because men cause many problems that women face. So, if the husband has been sterilized, it means he want to secure the life of the wife and for her to have good health.

—Early adopter, Kasungu FPAM

They cut the sperm duct that carries sperms that makes the woman pregnant, the man erects as he used to do before sterilization, he also still has strong feelings for his wife. There is no change.

—Early adopter, Msakambewa, Dowa

Male sterilization is as if you have died on women issues, you don't have anything to do with women.

—Married man, Gogode, Kasungu

Male sterilization is when the doctor cuts the man's tubes, which carry sperms into the uterus. When they cut this tube, the man does not have desire for sex.

—Married man, Dowa FPAM

The other advantage is that the man cannot indulge in polygamy.

—Early adopter, Msakambewa, Dowa

The advantage is that he can never make somebody pregnant, even if he has affairs somewhere.

—Postpartum woman, Dowa DHO

Experience with family planning and LA/PMs[4]

Most current family planning users felt more positively about contraceptives in general and did not struggle with many of the perceived side effects associated with a specific method. For example, while a few implants users complained about irregular menstrual cycles, almost none had any of the other side effects that participants associated with the implant. Implant users were in fact willing to educate the community about the safety and effectiveness of the method. Similarly, women who had chosen female sterilization were satisfied with the method and emphasized there was no change in their sexual lives or sexual desires as a result of the procedure.

I like this method [female sterilization] because I am able to do my work properly and I am also able to work on my farm. I can do anything in my house without any problems. I also have good health.

—Early adopter, Dowa DHO

People say a lot of things about these family planning methods; some say you have unpleasant sex when you have undergone female sterilization.... but myself, since I had [tubal ligation], my child is now two years and some months old. I have not faced any problem; I have no problems of having unpleasant sex. My sex life is good; maybe more than when you were using other family planning methods, so I can confidently tell my friends that these are all lies.

—Early adopter, Dowa

[4] Information on experience with current LA/PM use was only collected from users of implants and female sterilization; there were too few IUD users, and the study team could find no man who had undergone male sterilization.

All of the participants, clients and service providers alike, thought that injectables were the most popular modern contraceptive in their communities. However, providers noted a recent shift toward implants. It was perceived to be an attractive method for many women because it could be used discreetly and lasted a long time. IUDs and the pill were less popular among Malawian women. Service providers perceived that there were hardly any IUD users and that rates of discontinuation were high.

I was forgetting the days of injection and then I was prone to be pregnant, so I adopted Norplant because it takes five years to renew.

—Early adopter, Dowa DHO

I would advise her to use implants, because I have never had any problems with it, and some people say that when you put implants, the arm becomes painful. I will say that this is not true and I like this method, because I am able to do my work properly and I am also able to work on my farm. I can do anything in my house without any problems. I also have good health.

—Early adopter, Dowa DHO

It [the implant] is good; in the past, I went for two years without menstruation, but I was not worried because they told me that it can happen, but now I have started, though I don't do monthly; I miss other months.

—Early adopter, Dowa FPAM

Service provider in Malawi

Decision making

Ideally, the participants said that the couple should initially discuss adoption of a contraceptive method. They emphasized the role of couple communication and joint decision making in ensuring sustainable contraceptive use and avoiding marital disharmony associated with a unilateral decision to adopt a method. However, in reality, spousal support was not always forthcoming, resulting in many women's resorting to covert use or making up stories about life-threatening health issues to convince their husbands to let them use contraceptives. Lack of knowledge about family planning methods among men was a factor that might make men less supportive of family planning use, thereby delaying or preventing use of a method.

Most of the couples are not on family planning due to misinformation from friends, like when someone says she wants to go for a certain method, most of the times she is told false stories about the method, so that he/she should become afraid and no longer want to go to the hospital. So there is a need for medical personnel to come to the villages and sensitize people on the advantages and disadvantages of family planning methods, so that people should make their decisions from what they know, not from their friends.

—Lapsed user, Dowa DHO

Most couples have many children because of the husband. Like me; I knew about family planning methods, but when I tried to use contraceptive pills, my husband threw them away. Then I came here to the hospital without my husband's knowledge and I adopted the Norplant. That is why this time I am using a family planning method. If I had known about this method before, I would have only three children.

—Early adopter, Kasungu DHO

Availability and quality of services

LA/PMs were often in short supply in the study areas, and the number of trained service providers was often inadequate, putting clients through great difficulties in trying to procure a method. This was particularly the case with government facilities, although many participants preferred them because methods were provided free of charge. Moreover, many clients

A health post

complained about providers' lack of respect and occasional outright rudeness, particularly at government health facilities. Some participants claimed that providers do not even bother to learn the reason for their client's visit. In addition, health facilities were always very crowded, making it challenging for service providers and clients to give and receive adequate one-on-one information in privacy and with any degree of confidentiality.

> *I want to say something bad. These people in the clinics, sometimes you can go with your husband to the clinic to get this family planning information and these people, instead of paying attention to you and hearing why you are there with your husband, they… they even don't respect us, they forget that we are important…*
>
> —Current user, Dowa FPAM

> *The service providers were shouting at us, I have been coming here (the government hospital) for two months but not attended to. That is when I decided to go to the private clinic, because I see like my husband will be tired of waiting for me for more than two months.*
>
> —Current user, Kasungu DHO

Moreover, some study participants, especially from the poorer communities, complained of the minimal counseling they received while adopting a method. The providers, a few complained, did not take the time to show the clients the device they were inserting in their bodies.

> *We just choose that we will have loop as family planning method, but the providers do not show us what it looks like. They just tell us to open our legs, so we do not know what it looks like.*
>
> —Lapsed user, Gogode, Kasungu

RECOMMENDATIONS

The findings from this study have important implications for family planning programming in Malawi, as the country moves to heighten its recent successes.

- *Promote the benefits of a well-planned family for the health and quality of life.* The study suggests that economic, health, and quality-of-life arguments are likely to be effective in making the case for smaller families. Culturally appropriate messages should also address the negative perceptions about couples who decide to have families smaller than the norm.
- *Increase knowledge and correct misconceptions about LA/PMs.* Communication efforts should address concerns and misinformation about LA/PMs' side effects and emphasize their advantages and ease of use. Service providers should also be targeted with improved knowledge and counseling skills, to enable them to address potential users' concerns regarding these methods.
- *Pay particular attention to education about permanent methods.* Efforts should focus on increasing knowledge of what procedures entail, on dispelling myths and rumors about potential side effects, and on addressing concerns about child mortality, relationship insecurities, and sexuality that make the methods seem undesirable. The focus should be on couples and should emphasize the responsibility of both the man and the woman in family planning decisions and actions. Efforts should also focus on strengthening the capacity of service providers to conduct effective couples counseling.
- *Highlight the positive attributes of LA/PMs.* The attributes that study participants desire in contraceptive methods (including minimal side effects, effectiveness, and long-acting effects) are naturally associated with LA/PMs. Efforts should highlight this. LA/PMs should be positioned as safe and effective methods that can help a couple achieve reproductive goals while preserving the health of the mother, ensuring that children are well cared for, and ensuring that available resources are adequate for the needs of the family.
- *Use stories and experiences of actual users to promote LA/PMs.* Most users of LA/PMs were satisfied with their methods and did not experience any of the serious side effects that nonusers generally associated with the methods. Program interventions

should employ satisfied users (both men and women) to talk about their chosen method, explain their reasons for adopting it, and discuss the advantages they derive from it, while emphasizing the method's safety.

- *Transform gender norms to support joint, informed decision making.* It is important to leverage male support for modern methods in general and for LA/PMs in particular. Men are key to sustainable use of contraceptive methods, and their lack of support often results in a decision not to use a method or in covert use by the woman. Men who participated in this study were less knowledgeable than women about family planning methods in general and about LA/PMs in particular. At the same time, compared with women, men displayed less favorable attitudes toward LA/PMs. Efforts should therefore target men, to increase their understanding of LA/PMs, change their perceptions about male involvement in family planning, and mobilize them to provide the necessary support to their wives in the decision to adopt a method.
- *Improve service provision and address multiple inadequacies in it.* The number of providers needs to be expanded, by, for example, task shifting, which would allow community health workers to provide a wider array of services. Efforts should focus on ensuring regular availability of services and minimizing method stock-outs. The issue of poor conditions in client waiting and consultation areas should be addressed. It is equally important to target improvements in the interpersonal and counseling skills of service providers, while increasing their technical knowledge.

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