Unit 1
INTRODUCTION TO FAMILY PLANNING IN MALAWI

Learning Objectives

By the end of this unit, learners will be able to:

- Describe what family planning is
- List international declarations that recognize the importance of access to family planning as a basic human right
- Explain health benefits of family planning to women, families, communities, and societies
- Describe the historical and current usage of family planning in Malawi
- State the unmet need for contraception in Malawi
- List the key types of contraceptive methods available in Malawi
- Describe the concept of healthy timing and spacing of pregnancy (HTSP)
- Describe the concept of long-term and permanent methods (LTPM).

Teaching Resources in this Unit

Learning Activities

Unit Assessment

Unit 1: Introduction to Family Planning in Malawi

Key Points

- **International declarations recognize the importance of access to reproductive health, including family planning, as a basic human right.**
- **Family planning benefits women, families, communities, and societies.**
- **Although family planning use in Malawi has notably increased in recent decades, a significant unmet need for contraception remains.**
- **The most common reasons for non-use of family planning by women in Malawi are misconceptions about their risk of pregnancy and health concerns about side effects.**
- **A variety of contraceptive methods are available, each with its own unique characteristics, effectiveness rates, and methods of use.**
- **Family planning is used to achieve Healthy Timing and Spacing of Pregnancy (HTSP), an approach to timing first pregnancies and spacing subsequent ones that results in improved health outcomes for mothers, newborns, and infants.**
- **Long-term and permanent methods (LTPM) are highly effective but underused in Malawi and elsewhere.**

1.1 Defining Family Planning

Family planning is a program that allows individuals and couples to determine the number of children to have, when to have them, and at what intervals. This is achieved through the voluntary use of various devices, sexual practices, chemicals, drugs, or surgical procedures that interfere with the normal process of ovulation, fertilization, and implantation.

The goal of family planning programs in Malawi is to reduce unmet need for family planning through the provision of voluntary comprehensive family planning services at all levels of care to all men, women, and young people of reproductive age, thereby promoting good health and socioeconomic development.

1.2 Family Planning: The Policy Framework

A number of international rights declarations and other documents recognize the importance of access to reproductive health, including family planning, as basic human rights. Three international agreements, to which Malawi is a signatory, are of particular importance to family planning.

One is the Programme of Action from the International Conference on Population and Development (ICPD) held in Cairo, Egypt in 1994. At this meeting, 179 countries agreed that empowering women and meeting people's needs for education and health, including reproductive health, are necessary for both individual advancement and balanced development. This Programme of Action included advancing gender equality, eliminating violence against women, and ensuring women's ability to control their own fertility as cornerstones of population and development policies.

Actions recommended to help couples and individuals meet their reproductive goals included preventing unwanted pregnancies and reducing the incidence of high-risk pregnancies and morbidity and mortality; making quality family planning services affordable, acceptable, and accessible to all who need and want them; improving the quality of family planning advice, information, education, communication, counselling, and services; increasing the participation and sharing of responsibility of men in the actual practice of family planning; and promoting breastfeeding to enhance birth spacing.

The following year, 1995, the United Nations Fourth World Conference on Women took place in Beijing, China. The Platform of Action from this meeting included the following:

> *Reproductive health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this condition are the right of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice. Reproductive rights … rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.*
>
> (Division for the Advancement of Women, Department of Economic and Social Affairs. September 1995.)

In addition, Malawi is also a signatory to the 2006 African Union Maputo Plan of Action on Sexual and Reproductive Health and Rights. The goal of this plan is to make universal access to comprehensive sexual and reproductive health and rights a reality in Africa by 2015. The plan's main focus is the integration of sexual and reproductive health services into primary health care, including repositioning family planning as a key development strategy.

1.3 Family Planning Is Important to Women, Families, and Societies

In addition to this rights framework, family planning is important on both individual and family levels as well as being a key contributor of socioeconomic development for communities and nations.

Family planning services help avert maternal morbidity and mortality that result when pregnancies are too early, too many, too late, and too frequent. Complications related to pregnancy and childbirth are among the leading causes of mortality and morbidity of women of reproductive age in many parts of the developing world. Most of these deaths, health problems, and injuries are preventable through improved access to adequate health care services, including safe and effective family planning methods. The lifetime probability of maternal death in this country is 1 in 7. This compares to 1 in 54 in Namibia, 1 in 120 in South Africa, and 1 in 2,500 in the United States. Family planning also helps avert infant and child morbidity and mortality, significant problems in Malawi. Preventing unintended pregnancies could significantly improve these figures, saving lives and preserving the well-being of families.

Furthermore, more than one-third of pregnancies in developing countries—about 76 million each year—are unintended. About half of these end in induced abortions, most of which are either illegal or unsafe. The remaining half (16% of all pregnancies) result in unwanted or

mistimed births. Two-thirds of these unintended pregnancies occur among women who were not using any method of contraception. If these pregnancies could be avoided, the following could be averted:

- 90% of abortion-related mortality and morbidity
- 20% of obstetric-related mortality and morbidity
- 150,000 maternal deaths annually.

According to the 2006 Multiple Indicator Cluster Survey (MICS), Malawi's total fertility rate (TFR), or the number of children the typical woman will have over her childbearing years, is estimated to be 6.3 per woman, ranging from 6.6 in the rural areas to 4.5 in urban areas. If this number could be lowered, many lives would be saved. In addition, the MICS also revealed a maternal mortality ratio (the annual number of deaths of women from pregnancy-related causes) of 807/100,000 live births, and an infant mortality rate (the number of infant deaths in a given year divided by the number of live births in the same year) of 76/1,000 live births. These statistics show the need for comprehensive sexual reproductive health services delivered by well-trained and competent service providers.

In addition to saving women's and children's lives, family planning helps:

- Preserve women's health by preventing untimely and unintended pregnancies and reducing their exposure to the health risks of childbirth and abortion
- Prevent HIV/AIDS, including preventing mother-to-child-transmission, by preventing unintended pregnancies
- Provide social, educational, and economic benefits for women, increasing their rights and self-determination and giving them more time to care for their children and themselves
- Improve the socioeconomic status of families, for instance, by leading to healthier individuals with higher literacy rates and improved nutrition
- Stabilize societies and accelerate the socioeconomic status of nations
- Reduce population pressures on the natural environment.

1.4 Family Planning Use in Malawi: Historical Trends and Currently

Although much work remains to be done, Malawi has made tremendous progress in recent years in its efforts to increase contraceptive use and reduce fertility. Malawi's move to a multi-party democracy in 1994 greatly enhanced family planning policy and programmatic activities nationwide. In the 1990's, a number of new policies were enacted that helped increase the use of family planning in Malawi including the development of the first national family planning policy. In addition, new curricula were developed to train health care workers as family planning providers as well as for use in preservice institutions.

Malawi's contraceptive prevalence rate (CPR) for married women of reproductive age using modern methods in 1992 was 7.4%. This means that only 7.4% of married women, ages 15-49, used a modern contraceptive method at that time. This rate increased to 28% in 2004 (Malawi Demographic and Health Survey 2004) and to 39% by 2009 (Population Reference Bureau 2009). Although this number is still quite low, it reflects a remarkably rapid increase in family planning use. Malawi's CPR compares favorably to the CPRs in some neighboring countries: 12% in Mozambique, 32% in Kenya, and 33% in Zambia. South Africa, on the other hand, has a contraceptive prevalence rate of 60%.

Currently, family planning services are provided in approximately 60% of the health facilities in Malawi. This includes in the public and private sectors, and through non-governmental organisations (NGOs) like Banja La Mtsogolo (BLM) and the Christian Health Association of Malawi (CHAM). In addition, outreach and community-based services have been introduced. Community-based distribution agents began working in Malawi in the late 1980s and have been a key contributor to the success of family planning in the country. While traditionally these workers provided pills and condoms, current projects are now permitting them to also provide injectable contraception.

Most Malawians are aware of family planning: 97% of both women and men can name at least 1 method. Of the contraceptive methods currently used in Malawi, the most popular are:

- Injectables: 33.9%
- Combined oral contraceptives (COCs): 9.7%
- Male condoms: 8.6%

In general, the highest rates of family planning use in Malawi, as in most other countries, are in women:

- Living in urban areas: 34.7% (vs. 26.9% rural)
- With higher levels of education:
  - The rate of family planning use for those with secondary or greater education is 41%.
  - The rate of family planning use for those with no education is 23.1%.
- With greater wealth:
  - The rate of family planning use in the 20% with the highest incomes (the highest quintile) is 37.6%.
  - The rate of family planning use in the 20% with the lowest incomes is 21.8%.

1.5 Unmet Need for Family Planning

Women who say either that they do not want any more children or that they want to wait 2 or more years before having another child, but are not using contraception, are considered to have an unmet need for family planning. Women are said to have an unmet need for contraception if they:

- Are sexually active
- Are able to conceive
- Do not want to have a child soon or at all
- Are not using any contraceptive method.

By one estimate, satisfying the unmet need for contraceptive services in developing countries would avert 52 million unintended pregnancies a year, thereby saving 1.5 million lives and preventing 505,000 children from losing their mothers (Singh et al., 2003).

Fifteen percent of married women aged 15-49 in developing countries have an unmet need for contraception. This figure rises to 24% in sub-Saharan Africa and 28% in Malawi (Westhoff, 2006). This compares favorably to the rate of unmet need in Rwanda (38%) but is higher than that in Kenya (25%) and Mozambique (18%). While Malawi's rate of unmet need is still unacceptably high, it is improving. In 1992, the rate of unmet need was 36%, and in 2000 it was 30%.

Reasons for nonuse of family planning

In spite of all of the reasons for using family planning, married women cite a number of reasons why they do not always use a method. These include:

- Misconceptions about pregnancy risk (don't think they will get pregnant)
- Health concerns about side effects
- Lack of knowledge
- Lack of access and high cost
- Lack of empowerment for women to participate in decision-making related to family planning use
- Opposition to family planning (religious or other).

Of these reasons, misconceptions about pregnancy risk (41.0%) and health concerns about side effects (37%) are the most common in Malawi. In order to dispel these misconceptions, there is clearly a need for more education about family planning in Malawi.

1.6 Types of Contraceptive Methods

A variety of contraceptive methods are available. They each have different characteristics, such as effectiveness rates, method of use, advantages, disadvantages, side effects, etc. Family planning clients should select the method that is best for them by making a fully informed, voluntary choice. Offering the client a variety of methods from which to choose increases the likelihood that she or he will initiate and continue use of a method.

The contraceptive methods available in Malawi can be divided into several categories:

Permanent methods

- Female sterilisation (tubal ligation)
- Male sterilisation (vasectomy)

Long-term methods

- Contraceptive implants (such as Jadelle) containing the hormone progestin
- Intrauterine contraceptive devices (IUCDs)

Other hormonal methods

- Injectable contraceptives (such as DMPA/Depo Provera) containing the hormone progestin
- Oral contraceptives (pills): can be either combined estrogen/progestin oral contraceptives (COCs) or progestin-only pills (POPs)
- Emergency contraceptive pills (ECPs): can be either combined estrogen/progestin oral contraceptives (COCs) or progestin-only pills (POPs)

Other nonhormonal methods

- Barrier methods such as male and female condoms
- Lactational Amenorrhea Method (LAM) for breastfeeding women
- Fertility Awareness Methods (FAM) such as the Standard Days Method® and the Two-Day Method®
- Withdrawal

1.7 Emerging Concepts Regarding Family Planning

Healthy Timing and Spacing of Pregnancy (HTSP)

HTSP is an approach to family planning that underscores the importance of contraception as a health intervention that is associated with the best health outcomes for newborns, infants, and mothers. It recommends the use of effective family planning methods of choice to achieve the healthiest pregnancy outcomes, specifically concerning the timing of first pregnancies and spacing of subsequent ones (following a live birth or after a miscarriage or abortion).

This approach is based on data that show that when a woman becomes pregnant too soon after a birth or too soon after a miscarriage/abortion, both she and the newborn face higher risks of complications or even death. Further, research shows that when women younger than 18 years of age become pregnant, there are increased risks of complications for both the mother and the newborn, compared to women 20 to 24 years old.

For these reasons, the World Health Organization (WHO) has developed the following HTSP recommendations:

For spacing after a live birth

- After a live birth, the recommended interval before attempting the next pregnancy is at **least 24 months.**

For spacing after an abortion

- After a miscarriage or induced abortion, the recommended minimum interval before attempting the next pregnancy is **at least 6 months.**

In addition, USAID includes a third message:

For adolescents

- The recommended age for a first pregnancy is at least 18 years.

Additional details on HTSP can be found in Unit 6: Healthy Timing and Spacing of Pregnancy.

Long-term and permanent methods

(Also known as long-acting and permanent methods or LAPM)

Long-term and permanent methods (LTPM) are by far the most effective (99% or greater) types of contraception. They are also very safe, convenient, and cost-effective in the long-run. Four contraceptive methods are categorized as LTPM: IUCDs, implants, female sterilisation, and vasectomy.

IUCDs and implants are long-acting temporary methods: when removed, the woman can become pregnant very quickly. Copper IUCDs, the type available in Malawi, are effective for at least 12 years, although they are labeled for 10 years. Implants, such as Norplant or Jadelle, last for 5 to 7 years. Female sterilisation (tubal ligation) and vasectomy are permanent methods.

Experience in countries where LTPM are available shows that they are highly popular:

- Female sterilisation is the most widely used method of contraception worldwide, accounting for approximately 20% of all contraceptive use.
- The second most popular method in the world is the IUCD, used by 150 million women.
- Vasectomy is the fourth most popular method, after oral contraceptive pills. The surgery required for vasectomy is simpler and safer than that for female sterilisation.

One reason these methods are so popular is that they are highly effective; another is that they do not require daily action on the part of the user or repeated visits to obtain resupply. They are also cost-effective for both the client and the family planning programs/clinics. Although there is a higher up-front cost to obtain these methods, they are much less expensive than other methods if used for at least 2-3 years. This is for reasons ranging from fewer clinic visits required to fewer unintended pregnancies. For these and other reasons, LTPM have higher continuation rates than for other family planning methods.

Despite these advantages, LTPMs tend to be under-used in some places, including in Malawi. The most recent data available (DHS, 2004) show that the use of these family planning methods in Malawi is very low. Usage figures are as follows:

- IUCD: 0.1%
- Implants: 0.4%
- Female sterilisation: 4.8%
- The rate of men in Malawi using vasectomy is similarly low: 0.8%.

Additional details on LTPM can be found in the individual units on Contraceptive Implants (Unit 7), IUCDs (Unit 8), Vasectomy (Unit 9) and Female Sterilisation (Unit 10).

(Family Health International 2007)

Introduction to Family Planning Quiz Questions

1. What is the meaning of the term “unmet need for family planning”?
    a. When a woman has no need for family planning
    b. When couples do not want to use contraceptives but the healthcare worker insists that they need them
    c. Nonuse of contraception among women who are sexually active, able to conceive, but do not want a child soon or at all
    d. When women understand that they need to use a birth spacing method, but their partners do not agree, so they use it without their partners’ knowledge

2. The following contraceptive methods are considered to be “long-term”:
    a. IUCDs
    b. Implants
    c. Injectables
    d. “a” and “b” above
    e. All of the above

3. Which of the following are true about LTPM *(tick all that apply)*:
    a. Are safe for long-term use
    b. Are not as effective as combined contraceptive pills (COCs) in preventing pregnancy
    c. Have low continuation rates
    d. Are cost-effective if used for at least 2 years

4. The most common reason(s) married women give for not using contraception is/are:
    a. Lack of knowledge about contraception
    b. Lack of access to methods, including high cost
    c. Opposition to contraception due to religious and/or cultural beliefs
    d. Health concerns about side effects
    e. Misconceptions about pregnancy risk (don’t think they will get pregnant)
    f. “b” and “e”
    g. “d” and “e”

5. The most common contraceptive method currently used in Malawi is the:
    a. Injectable (DMPA)
    b. Combined oral contraceptive (COC)
    c. Male condom
    d. Female sterilisation

Questions 6–8: Indicate whether the following statements about are **true** or **false by writing a “T” for true or an “F” for false in the space provided before each statement.**

___ 6. According to healthy timing and spacing of pregnancy (HTSP) recommendations, a woman should wait at least 1 year (12 months) before getting pregnant following a live birth.

___ 7. Averting unplanned pregnancies could reduce the number of maternal deaths in Malawi.

___ 8. The Platform for Action from the 1995 United Nations Fourth World Conference on Women in Beijing recognizes the “basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children.”

Introduction to Family Planning Quiz Questions Answer Key

1. What is the meaning of the term “unmet need for family planning”?

    c. Nonuse of contraception among women who are sexually active, able to conceive, but do not want a child soon or at all.

2. The following contraceptive methods are considered to be “long term”:

    d. “a” and “b” above

3. Which of the following are true about LTPM (tick all that apply):

    a. Are safe for long-term use
    d. Are cost-effective if used for at least 2 years

4. The most common reason(s) married women give for not using contraception is/are:

    g. “d” and “e”

5. The most common contraceptive method currently used in Malawi is the:

    a. Injectable (DMPA)

F __ 6. According to healthy timing and spacing of pregnancy (HTSP) recommendations, a woman should wait at least 1 year (12 months) before getting pregnant following a live birth.

T __ 7. Averting unplanned pregnancies could reduce the number of maternal deaths in Malawi.

T __ 8. The Platform for Action from the 1995 United Nations Fourth World Conference on Women in Beijing recognizes the “basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children.”

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