

## FAST FACTS ON UNMET NEED

• Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the birth of their next child.—*World Health Organisation (WHO)*

• The majority of estimates of unmet need for family planning follow the procedure adopted in the Demographic and Health Surveys (DHS), which is regarded as the standard method of computation.—*WHO*

• The World Contraceptive Use 2010 contains data on unmet need for family planning for 107 countries or areas of the world, and for 75 countries and areas there are at least two available data points. The latest estimates are as of December 2010.—*WHO*

• Who needs contraceptives: All women in childbearing years (15–44). Seven in 10 women of reproductive age are sexually active and do not want to become pregnant, but could become pregnant if they and their partners fail to use a contraceptive method.

• Younger women, women with a lower level of education and women of a lower socioeconomic class have an increased risk of contraceptive failure rates.

• The use of birth control pills decreases your risk of developing uterine cancer, as well as ovarian cancer by 50 percent. Women who use the birth control pill also have a 50 percent reduction in the incidence of benign breast disease.

• After having a tubal ligation one's chances of becoming pregnant after 1-year is 0.55 per 100 women, after 5-years 1.31 women per 100 and after 10-years the failure rate is 1.85 women per 100. About one third of the pregnancies after a tubal ligation are ectopic pregnancies (a pregnancy in the fallopian tube).

• The failure rates of the various forms of birth control range from 5 percent to 27 percent for the rhythm and withdrawal methods, between 0.1 percent to 3 percent for the oral contraceptives (OCs) and the IUD, and injection (Depo), have a failure rate less than 1 percent.—*Womenhealthcaretopics.com*

# TALES OF UNMET NEED FOR FAMILY PLANNING

Today, the world commemorates International Women's Day. One of the challenges that Malawian women face is unmet need for family planning. Frequent childbirths not only pose a danger to women's health, but also limits their progress economically, socially and even in their pursuit for better education. What are the reasons women who do not want to become pregnant in the near future or ever, do not use effective contraception?

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**M**irriam Stambuli, 28, of Tambala Village, Traditional Authority (T/A) Malengachanzi in Nkhhotakota district has six children. She is currently expecting another child.

Although she would like to stop having children, Stambuli has never used any modern contraceptive method because, she says, it may result into many health complications.

"If these contraceptives had no effects to human health, I could have used them to stop bearing children. I am worried to see my family growing bigger and it is becoming more difficult for me and my husband to take care of our children. But I can't use contraceptives because I am told some of them cause cancer," says Stambuli, adding that should her husband die before her, she would have no income to support her children with.

She further says she has considered tubal ligation, but her husband advised her against it, saying if some of their children died and they wanted to replace them, sterilisation would make it impossible for her to conceive.

Stambuli swore she would never get pregnant again after giving birth to her third child. "I suffered serious complications with my third pregnancy and I wanted to stop giving birth, but contraceptive use was not an option for me. I just wanted to get sterilised."

"However, when I told my husband about it, he said if I was tired with marriage, I should pay back the bride price and leave his home. He said he paid the bride price so that I could bear him lots of children because children are wealth," explains Stambuli.

Asked if she has any evidence to support her claim that contraceptives would put her health at risk, Stambuli says she knows of women in her village who used contraceptives after giving birth and they are currently unable to get pregnant again despite wanting to.

For 42-year-old mother of six, Efrida Andreyra, from T/A Mponela, lack of access to modern contraceptives is the reason she ended up with so many children. "My husband and I had planned to have three children," says Andreyra, adding that taking care of her family with the ever-rising cost of living has not been easy.

She says she started using contraception after her third pregnancy. But it was not modern contraception that she adopted.

"As taught by my mother and aunties, I decided to use a traditional contraceptive method of *mkuzi* (a string made from special dried grass that is worn round a woman's waist to prevent pregnancy). But unfortunately, I gave birth to two more children while using it," she says.

Andreyra says she does not understand how she fell pregnant twice while using a method that had been tried and trusted by her ancestors. This made her try modern contraceptive methods, reluctantly because, she says, she feared side effects.

"You see, with *mkuzi*, there are no health implications. But we hear a lot of things about these modern contraceptives," she says, adding that she settled for the injection (Depo Provera).

"The nurse said it was affordable and reliable, unlike the pill which can be forgotten easily. After a year or so on the injection, I could not get another one because we had no money. I ended up getting pregnant with my sixth child," says the woman.

At this point, she made up her mind. With permission from her husband, she had a tubal ligation—a process she describes as 'removal of the womb'—at Banja la Mtsogolo.

"To avoid further disappointment with contraceptives, I decided to have the uterus removed. My first born and second born are both married because after they graduated from primary school, we could not afford to pay for their secondary school education. The advantage of having a small family is that you can educate, dress and feed your family easily," says Andreyra.

But while Nkhhotakota women will consider tubal ligation to control childbirth, Esnat Chigwenembe of T/A Kayenda in Ntaja, Machinga, where the matrilineal society puts women more or less in-charge of their families, has vowed never to use contraception in her life. She attributes her decision to her religion, which she only describes as Reformed.

Chigwenembe, who currently has 13 children, cannot say how old she is. But her husband, who does not earn enough money to support the family from his traditional fish-trap making business, says he has been asking his wife to stop having children.

"It is true, he has been pushing



Stambuli: I am worried that my family is growing



Andreyra: The *mkuzi* has no health implications

me to stop bearing children, but the only thing that will keep me from getting pregnant is menopause," says Chigwenembe. However, some women in the village hold contrary views.

Hawa Yusufu says she would like to have four children, but is not sure she will not exceed the number because she normally has to walk long distances to access contraceptives.

"I use the injection but I sometimes miss it because I don't always have money for transport to go to the hospital. Walking is very tedious," says the 21-year-

old mother of three, who is a second wife.

She says her husband does not give her pressure to have more children because he has two other wives with whom he has children, but confesses there is silent competition with her co-wives on who will give their husband more children.

Dalesi Halisoni, 43, from the same village, has five children. She says she got sterilised because she had to endure long distances to the hospital to access modern contraceptive methods.

"The hospital has a variety of



Chigwenembe (Back Right) and some of her children on their verandah



Chiwere: More people are now accessing contraceptives

contraceptives and they now offer them for free, but it is very far and that made it difficult for me to keep on them," says Halisoni.

While the contraceptives are offered for free at the district hospital, they are only available at a fee when they are provided by the community-based distribution agents (CBDAs).

According to the 2010 Demographic Health Survey (DHS), Machinga and Nkhhotakota have the highest unmet need in the country, at 35.4 and 32.1 percent respectively.

The Contraceptive Prevalence

Rate (CPR) for Malawi currently stands at 46 percent according to the 2010 DHS, an increase from 33 percent recorded in the DHS of 2004. A greater percentage of people using contraceptives are in urban areas, with a record of 56 percent compared to 45 percent of women in rural areas.

For Machinga district, the CPR is recorded to have dropped from 32 percent to 27 percent between 2008 and 2011. According to Emmie Banda, community health nurse and family planning coordinator, this is due to cancellation of outreach clinics brought about by the fuel

shortages and different misconceptions that surround the use of various contraceptive methods. "Most health facilities did not report that they had run out of contraceptives and we also cancelled the outreach clinics because there was no fuel."

"But there are also a lot of mistaken beliefs about using contraceptives—that one will never be able to give birth again, that they make you sick and so on. While we counsel women on all these issues, the final decision is theirs to make," says Banda.

Anne Kanusu, a health surveillance assistant in Ntaja in the district, says the challenge she faces when it comes to contraceptive use among women in the area is that most people cannot afford it.

"We sell the contraceptives at a small fee, but the poverty here is just too high that most households cannot afford to spare money for them," she says, adding that there is need for intervention to improve the situation.

Democracy Consolidation Programme community-based education (CBE) coordinator for Nkhhotakota, Joseph Mwandira, says there is need for more civic education if people are to change their mindset on contraceptive use. "I work with people in the communities and we have been telling them about the importance of using contraceptives. Generally, people here have a negative perception towards using contraceptives. They believe that authorities are playing tricks on their health by [encouraging them to use] contraceptives. They insist they want methods that have no side effects on their health," says Mwandira.

It is also clear that these fears are fuelled by cultural and gender norms. "For example, culturally women need permission from their husbands before they access any contraceptive method, and there is also the belief that having more children equals wealth. Although it does not make sense in these tough economic times, it is not easy to defeat these beliefs," says Mwandira.

Nkhhotakota Hospital's district nursing officer (DNO) Linley Chiwere says their efforts to encourage people to use contraceptives are hitting a blank because of rooted cultural norms in the district as well as general misconceptions attached to contraceptive use.

"Many people here do not use modern methods of contraceptives, although our records show that the number of people accessing the services is now improving," says Chiwere.

As a hospital, Chiwere says they conducted a survey on the same whose findings revealed that cultural beliefs such as equating children to wealth and polygamy are contributing to the problem. She explains that most men in the district have more than one wife and the wives want to please their husbands by bearing more children.

"Obviously, under such circumstances, no one can think of using contraceptives," she says.

According to Chiwere, the hospital's commissioning of community-based distribution agencies (CBDAs)—who are people in the community that are trained at the hospital—and health

surveillance assistants (HSAs), to help reach out to people at their doorstep with information on contraceptive use is slowly helping to improve the situation.

Health education officer and spokesperson for Nkhhotakota District Hospital, Frank Mawiriga, also admits that the biggest challenge is to change people's perceptions towards contraceptive use.

He says the hospital has come up with village committees that will be looking into different issues, such as the safe motherhood committee which is responsible for family planning issues and ensuring that all pregnant women are going to hospitals for counselling, pre and ante-natal services and delivery.

Mawiriga said the decision was reached after noting that HSAs were not able to reach every household in the villages due to transport problems and that the CBDAs are not committed to the work since they are no longer paid an allowance as before.

With the fertility rate standing at 5.7 in Malawi, executive director for Family Planning Association of Malawi (FPAM), Mathias Chatulukwa, said there is still need for sensitisation on the importance of using contraceptives.

"I don't think we are doing so badly as a country on the CPR because I can assure you there are countries that are much worse than we are. Because we have increased the CPR does not mean we must relax. There is still need for sensitisation."

"It is true that there are a lot of misconceptions out there. As FPAM, we try to counsel women and clear out any misconceptions. We carry out examinations on the women and advise them on what type of contraception is best suited for them," says Chatulukwa.

Through Kumudzi Programme, where FPAM goes to remote rural areas to provide different contraceptive methods, Chatulukwa says the organisation is trying to deal with the problem of poor access.

"We have CBDAs who give out condoms and pills, but we also have community reproductive health promoters who work like government HSAs. We have trained these to administer the injection."

"A lot of women prefer the injection not because it is cheap, but because it is done once in three months, and provides privacy. We provide the services at a small fee which is affordable for most people. If one is not able to pay and they explain to us, we look at their situation and do it for free. The fee is there just to make them feel that they are contributing something to their well-being," says Chatulukwa.

Last October, the world population hit 7 billion. Currently, Malawi's population is about 14 million and it is projected to increase to 32 million in 2050. ■

Additional reporting by Edyth Kambalame.