WHY DO HIGH-PARITY MALAWIAN COUPLES FAIL TO ACHIEVE THEIR DESIRED FAMILY SIZE?
A STUDY IDENTIFYING THE LINKAGES BETWEEN COUPLE RELATIONSHIP DYNAMICS AND THE PRACTICE OF FAMILY PLANNING IN MALAWI

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PRESENTER DISCLOSURE
Neetu A. John, MS

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

“No relationships to disclose”

OVERVIEW OF STUDY

This study using qualitative data from high-parity couples in Malawi:

- Explores the social context of their lives
- Marital relationship dynamics
- Their Impact on contraceptive use
SIGNIFICANCE OF STUDY

• Reducing unmet need for contraceptives - a major challenge family planning programs face

• If all unmet need for effective contraceptives was fulfilled - 54 million unintended pregnancies could be averted annually worldwide. (Singh et al, 2009)

SIGNIFICANCE OF STUDY

• Social opposition, lack of knowledge, side-effects override economic and service delivery issues in ACCESS (Casterline & Sinding, 2000)

• Programs going beyond traditional boundaries of service provision, and attempting to alter cultural and familial factors preventing contraceptive use - more likely to be successful (Bongaarts and Bruce, 1995)

STUDY SETTING: MALAWI

Landlocked country in Southeast Africa

Ranks among the world’s most densely populated and least developed countries

Poorest 20 countries of the world

(USAID)
STUDY SETTING: MALAWI

- In 2010, 26% of Malawian women had an unmet need for contraceptives, a level unchanged since 2004 (28%) (MDHS)

<table>
<thead>
<tr>
<th>Trends in Family Planning Indicators</th>
<th>2000</th>
<th>2004</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>TFR</td>
<td>6.7</td>
<td>6</td>
<td>5.7</td>
</tr>
<tr>
<td>Mid Size</td>
<td>2.2</td>
<td>6.3</td>
<td>4</td>
</tr>
<tr>
<td>CPR Any</td>
<td>30.6</td>
<td>33</td>
<td>46</td>
</tr>
<tr>
<td>CPR Modern</td>
<td>26.1</td>
<td>28.1</td>
<td>42.2</td>
</tr>
</tbody>
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STUDY POPULATION: HIGH-PARITY COUPLES

- High-parity couples or couples with four or more children - high risk group with greater unmet need
- Percentage of women desiring to limit family size at parity 4 has increased from 58% in 2004 to 62.8% in 2010 (MDHS)

THEORETICAL PREMISE

- Social ecological perspective for studying the social context of couples lives (Bronfenbrenner, 1998)
- Theory of interdependence for understanding the inter-personal context and nuances of couple relationships (Kelly & Thibaut, 1978)
RESEARCH QUESTIONS

• What are the pathways in the social context influencing couple marital relationship dynamics?

• How do these contextual pathways influencing couple processes in turn affect contraceptive use?

METHODOLOGY

• Participants recruited using a purposive sampling strategy at local family planning service sites

• Females asked if their husbands would participate in the study

• 5 pre-selected districts (Chiradzulu, Machinga, Dedza, Kasungu and Karonge) with an urban and rural site in each district

METHODOLOGY

• Data collected using focus group discussions (FGDs) and in-depth interviews (IDIs)

• 20 IDIs and 20 FGDs were conducted, involving 159 participants

• Semi-structured interview and focus group guides were used to facilitate the discussion
METHODOLOGY

• Data was analyzed using accepted qualitative techniques - identification of recurrent patterns and themes

• A coding scheme was developed, and line by line coding performed using Nvivo software (QRS International, Australia)

RESULTS: STUDY PARTICIPANTS

A total of 159 people, 77 men and 82 women participated in this study

<table>
<thead>
<tr>
<th>Age and Parity (mean and range) of Study Participants by Sex and District</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site</td>
<td>Age</td>
<td>Parity</td>
</tr>
<tr>
<td>Chirazuru - rural</td>
<td>40 (27-52)</td>
<td>6.6 (4-10)</td>
</tr>
<tr>
<td>Chirazulu - urban</td>
<td>40.5 (34-47)</td>
<td>5 (4-6)</td>
</tr>
<tr>
<td>Machinga - rural</td>
<td>33.7 (28-55)</td>
<td>4.4 (4-6)</td>
</tr>
<tr>
<td>Machinga - urban</td>
<td>53 (49-55)</td>
<td>6.7 (5-10)</td>
</tr>
<tr>
<td>Dedza - rural</td>
<td>43.3 (31-55)</td>
<td>6.3 (4-9)</td>
</tr>
<tr>
<td>Dedza - urban</td>
<td>43.7 (31-55)</td>
<td>4.8 (4-7)</td>
</tr>
<tr>
<td>Kasungu - rural</td>
<td>34.5 (27-46)</td>
<td>4.6 (4-6)</td>
</tr>
<tr>
<td>Kasungu - urban</td>
<td>37.8 (30-50)</td>
<td>4.5 (4-5)</td>
</tr>
<tr>
<td>Karonga - rural</td>
<td>35 (26-51)</td>
<td>5 (4-9)</td>
</tr>
<tr>
<td>Karonga - urban</td>
<td>38 (23-54)</td>
<td>4.6 (4-7)</td>
</tr>
</tbody>
</table>

RESULTS: THEMES

• The gap between participants expressed intention to limit family size and their failure to do so was substantial

I wanted to have five children, but I have eight girls, I didn’t want to have eight children  
(Female FGD participant, mother of 8)
RESULTS: THEMES

Children, fertility and marital stability: "child is marriage. Our thought is that if no child then no marriage"

• Children strengthen a marital bond and ensure its permanence
• Bearing a child important for both the women and men

RESULTS: THEMES

Culture of silence, lack of planning and marital insecurities: "...We didn’t discuss, when we were married, we were just doing the job"

• Silence on contraceptive use normative, especially in the beginning of a marital relationship
• Perceptions around establishing reproductive capability before contracepting along with marital responsibilities and marital insecurities reinforce this silence

RESULTS: THEMES

Gender Power Differentials: “she can’t say no, she has no power”

• Men perceive their desires around children as taking precedence
• Woman’s initiative in contraceptive arena not always appreciated
• Sex composition can be an important barrier
RESULTS: THEMES

Role of Family: “I killed their family when I used family planning”

• More complaints among men about interference of parents-in-law
• Parents-in-law suspect the motives of their sons and daughters-in-law if they desire to limit family size

RESULTS: THEMES

Role of Community: “one going for modern family planning methods is a coward”

• Limiting family size not recognized as a choice
• Couples using contraceptives are taunted as ‘infertile’ or ‘incapable of reproducing’

DISCUSSION

• Themes highlight - contraceptive decision-making journey and how unmet need is generated in the process
• Addressing unmet need - social context of contraceptive use
DISCUSSION

• Contraceptive use does not occur in isolation – at the least – cooperation of two individuals in a sexual relationship

• Couple relationship negotiated within the boundaries of marriage, family and community - the context in which spouses formulate their reproductive desires and intentions

DISCUSSION

• Women and men affected by prevailing gender and cultural systems

• Reproductive desires and intentions, unmet need, have a trajectory of change across a couple’s relationship

IMPLICATIONS

• Important to understand broader cultural and gender systems to address unmet need

• Longitudinal studies to understand how unmet need shifts across a couple’s relationship trajectory
IMPLICATIONS

• Development of reliable and valid scales to measure processes/mechanisms of unmet need

• Positive deviance approaches and understanding the timing of contraceptive use - benefit programmatic interventions

REFERENCES


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<tr>
<td>Malawi National Statistical Office, ICF Macro. (2011). Malawi Demographic And Health Survey 2010. Calverton, Maryland, USA</td>
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