THE HUSBAND AND HIS FAMILY: MAJOR INFLUENCERS OF FAMILY PLANNING USE IN MALAWI

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INTRODUCTION

Although Malawi has achieved significant progress in use of modern family planning (FP) methods in the past decade (increased from 7.4% in 1992 to 42.2% in 2010), total fertility rate is still high at 5.7 children per woman. Differentials in use of modern FP methods among married women aged 15-49 years by residence, education, and socioeconomic status still persist: Urban (50%) vs. rural (41%); those with higher than secondary education (57%) vs. no education (40%); highest wealth quintile (53%) vs. lowest quintile (39%).

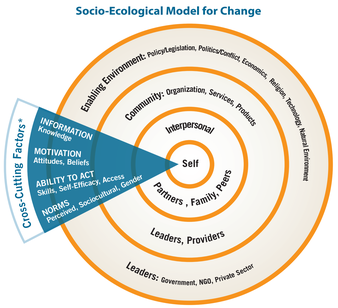
This presentation describes findings from a formative research study on the socio-cultural context of women's and men's FP decisions and fertility behaviors in Malawi. It focuses on how a woman's use of FP is influenced by her husband and his family's fertility desires and FP attitudes. In addition to identifying the barriers to FP use, it explores the underlying societal beliefs, norms, values and perceptions that influence and sustain these barriers.

The study was conducted to generate evidence to inform effective social and behavior change communication (SBCC) strategies and interventions for improved sexual and reproductive health and the uptake of modern FP methods.

Why social and behavior change communication?

- Culture and networks, among other factors, influence people's behavior. People make meaning of information based on the context in which they live and can't always control the issues that determine their behavior.
- SBCC is an interactive, researched, and planned process aimed at changing social conditions and individual behaviors to catalyze social change.
- SBCC uses a socio-ecological model for change (see figure) to examine the many layers of influence on an individual's behavior to find the "tipping point" for both individual and social change.

Socio-Ecological Model for Change



*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)

METHODS

- Twenty four focus group discussions (FGDs) were conducted with men and women ages 18-24 and 25 + in urban and rural areas in five districts: Dedza, Lilongwe, Machinga, Mzimba, and Thyolo.
- Each FGD consisted of six to eight members and were facilitated by trained moderators.
- FGDs were digitally recorded, translated from Chichewa and Chitumbuka into English, and transcribed.
- Thematic analysis was conducted using ATLAS-Ti.
- Study obtained approval from the Institutional Review Board used by the C-Change project, National Health Science Research Committee in Malawi and relevant district health offices.

CONCLUSIONS

Fertility and FP decisions are still largely made in a context in which the husband and family members exert significant influence, with women's rights to FP largely ignored. Despite gains made in FP knowledge and use, misconceptions and fears related to FP use continue to persist.

PROGRAMMATIC IMPLICATIONS

- Develop an SBCC strategy targeting people who directly influence FP decisions. Culturally sensitive messages should be developed that highlight the benefits of FP and child spacing, argue against cultural preferences for large families and beliefs about fertility, and address gaps in the knowledge of family and community members.
- Develop messages targeting men to address sexual desire and performance issues relating to FP use; and on their role in supporting their wives for FP.
- Develop targeted campaigns and messages on perceived benefits of adopting FP and to address key misconceptions around FP.

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FINDINGS

Factors Affecting Women's Use of Family Planning	Influence of Husbands	Influence of Husband's Family
TRADITIONAL GENDER ROLES AND EXPECTATIONS WITHIN MARRIAGE		
– A woman's role in marriage is accepted as doing household chores, bearing children, providing sex to her husband, taking care of children and in-laws, participating in community development, and being hospitable and obedient. – Bearing children is considered to be the most important role of a married woman. Large families earn respect from the community.	*The first duty, which a woman is expected to do, is to provide sex to her husband. The second duty is to offer help in the household chores and as men, we would want our faces replicated hence we want the woman to be able to give birth to our children.* (Male 25+, Lilongwe urban) *Men want their wives to constantly be having children. They actually stop their wives from accessing modern FP methods.* (Female <25, Lilongwe rural)	*According to culture, relatives expect her to work for them, more like a slave, and not take part in any decision-making processes in the family. She should be just obedient to the husband and satisfy his needs. Even when it comes to the number of children the family is to have, it is the man that dictates almost all issues in the house. Relatives would want the husband to be one making decisions unilaterally.* (Male 25+, Lilongwe urban) *Due to some cultural norms, other women push for more children just to please their relatives. They would sometimes compare their family with the neighbors and decide that they want more children.* (Male 25+, Lilongwe urban)
FERTILITY DESIRES		
Although mostly a joint decision by the couple, pressure to have more children often comes from the husband and his relatives, depending on patrilocal or matrilocal customs and/or driven by: – Desire to increase power and influence of clan/lineage. – Desire to increase family income, a large family is a wealthy family. – Fear of losing children to illness. – Fear of losing husband to other women.	*This generally causes quarrels in the homes because when we ask for more children they always say 'can't you see that we already have enough children'? But because we have more power in the house, we still have the number of children we want.* (Male 25+, Lilongwe urban) *People say that children are wealth… some of us would be happy if the number was reaching eight so that when children go for piece work, they can bring money that make you the man of the house indeed.* (Male 25+, Lilongwe urban) *They fear that the husband may go for other women. As a result, some women keep on having more children.* (Female 25+, Mzimba) *Most men say that the children should not be less than five because some may die along the way, and you would find that you are left without children if you have few.* (Female <25, Lilongwe rural)	*They usually want more children so that the clan grows. They want eight to ten children, if you have four they are not happy.* (Female 25+, Lilongwe urban) *Relatives expect the woman to bear children for the man and in the event that if she is unable to conceive, relatives find ways of making sure that he has children elsewhere.* (Male 25+, Lilongwe urban) *In-laws from the husband's do not like it. Some relatives do confront the woman and accuse her of limiting the growth of their clan.* (Male 25+, Dedza) *Relatives will never tell you to stop at a particular number; all they want are more children.* (Female 25+, Thyolo)
MISCONCEPTIONS AROUND AND RESISTANCE TO FP USE		
– Jealousy, possessiveness, and lack of trust of women who choose to use FP. – Negative attitudes towards FP users. – Perceived side effects and consequences of FP use: • Fear of loss of sex drive is common among men and women. • Men also report experiencing side effects when having sex with women using FP.	*Women who refuse to have sex with husbands tend to raise suspicion that maybe they are having sex with other men. Such marriages tend to disintegrate or the man would start to seek gratification outside marriage. (Male 25+, Lilongwe urban)* *Most times when you use the injection, you menstruate for the whole month and that starves the man of sex. Men would complain that they are starved of sex and fear contracting diseases. They do not want to have casual sex outside marriage, hence they tell their wife to stop FP so that life can come back to normal.* (Female 25+, Thyolo) *Men say that their sex organs don't come alive when they are having sex with a woman that has had an injection.* (Male 25+, Mzimba) *It also affects us men because when we have sex with a woman who has had an injection, we keep urinating all the time.* (Male 25+, Thyolo)	*Because the couple has decided not to have children, and they both are fertile so the relatives tend to think that either one or both are infertile and that they are merely hiding under the veil of not wanting to have children . Others tend to think that the couple is HIV positive. It is common knowledge that HIV positive people are discouraged from giving birth.* (Female <25, Mzimba) *They always ask, just one child and you want to start family planning?* (Female 25+, Machinga) *They say you are slowing down the growth of the village population. They threaten you that FP will lead you to your premature death. As such the woman gets discouraged for fear of losing her life.* (Female 25+, Machinga)

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