Contraceptive use among Malawian women 1992 – 2004

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Introduction

A comparison of four nationally representative household surveys of Malawian women of reproductive ages indicates a substantial increase in contraceptive prevalence during the twenty-year period 1984 to 2004 (see figure 1). Contraceptive Prevalence Rate (CPR) in Malawi has increased from less than one percent in 1984 to 7%, 12%, 21% and 22% in 1992, 1996, 2000 and 2004, respectively[1-5].

According to the 2007 Population Reference Bureau Datasheet, Malawi, with an estimated contraceptive prevalence of 39%, has one of the highest contraceptive prevalence rates in Sub-Saharan Africa[6]. The countries whose contraceptive prevalence rates are higher than that of Malawi are Mauritius (42%), Lesotho (42%), Namibia (43%), Cape Verde (46%), Zimbabwe (58%) and South Africa (60%).

Although contraceptive prevalence has increased tremendously during the period under review, Total Fertility Rate (TFR) has not declined as much. TFR has declined from 7.7 in 1984 to 6.7, 6.4 and 6.0 children per woman in 1992, 2000 and 2004 respectively[1-5].

Contraception is now widely known and used in Malawi (Table 1). (Female Sterilisation, Pill, IUD, Injectables, Implants and Male Condom) are conveniently accessible through government and private health services, or commercial pharmacies. Various social, economic and political changes that are taking place in the country are in part responsible for the high contraceptive practice in this youthful, rural and agricultural developing country.

Apart from the increase in contraceptive prevalence, a marked change has also occurred in the mix of methods used for contraception (table 2 and figure 1).

In 1992, the most commonly used methods were pills (2.2%), rhythm (2.2%), female sterilisation (1.7%), male condom (1.6%) and injectables and withdraw (1.5%). By 1996, the uptake of all contraception increased with exception of traditional methods. Use of injections more than doubled during 1992-96 period. In fact, by 1996 injections emerged as the most popular contraceptive in Malawi. The percentage of women using injections has increased from 1.5% in 1992 to 4.9% in 1996 and to 13% in 2000 and 2004. The increase

Table 1: Ever use and current use of any method (1992–2004)

Year	Number of women in the survey	Knowledge of contraception (any)	% Ever used	%Currently using	%Currently using (modern)
1992	4495	90.4	40.6	13.0	7.4
1996	2683	95.9	35.5	18.2	12.2
2000	13220	96.8	44.9	25.0	21.5
2004	11698	96.7	50.5	25.7	22.4

Table 2. Major methods currently used by currently married and non pregnant women, 1992–2004 (%)

	1992	1996	2000	2004
Modern	**7.40**	**12.20**	**21.50**	**22.40**
Female Sterilisation	1.70	2.30	3.80	4.80
Pill	2.20	2.70	2.30	1.50
IUD	0.30	0.30	0.10	0.01
Diaphragm/Foam/ Jelly	0.01	0.00	0.00	0.00
Injectables	1.50	4.90	13.00	13.90
Implants		0.00	0.10	0.40
Male Condom	1.60	2.00	1.90	1.70
Traditional	**5.60**	**6.10**	**3.40**	**3.30**
Rhythm	2.20	3.10	0.70	0.40
Withdrawal	1.50	1.40	1.10	1.50
Other	2.00	1.60	1.60	1.30
Not Using	**87.00**	**81.80**	**75.00**	**74.30**

Figure 1: Contraceptive Prevalence Rate in Malawi, 1984 - 2004

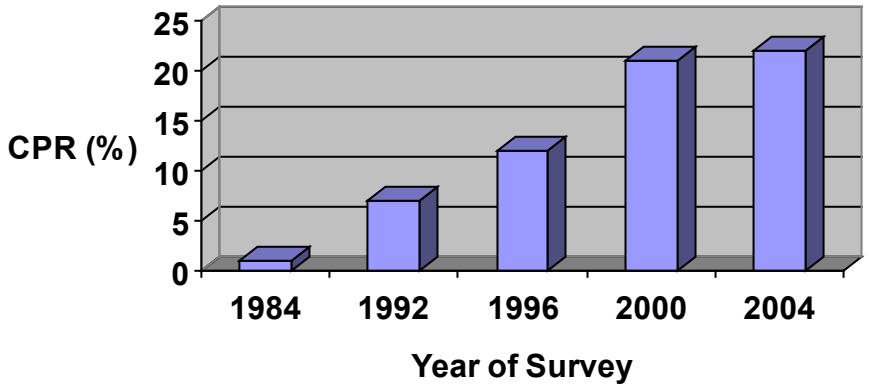
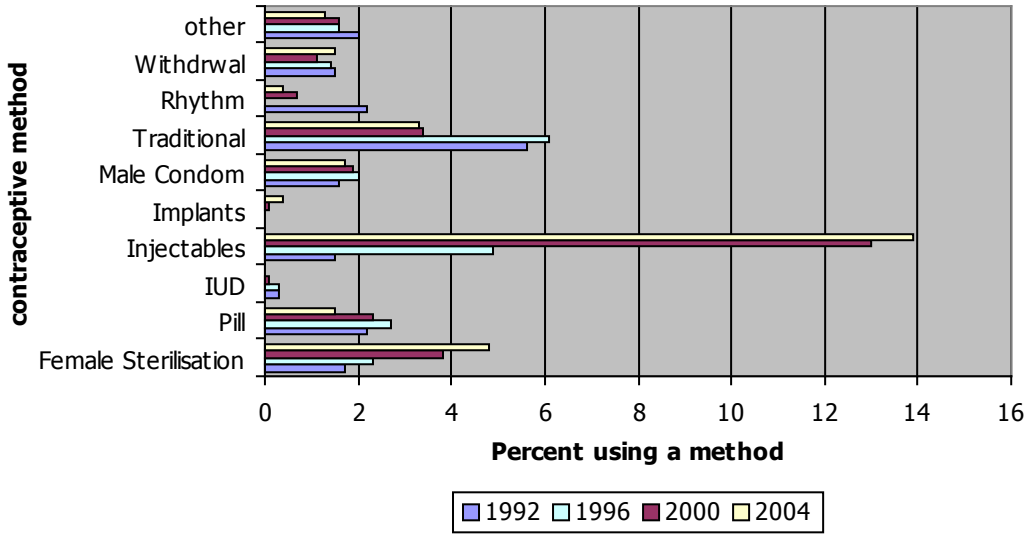


Figure 2 contraceptive use by method, Malawi 1992-2004



in the injectable contraceptive could be linked with the advantages of the method. Important advantages associated with this method include administration by injection, a mode of delivery favoured in most parts of Malawi; three-month interval between injections, which means no need for women to make regular visits to the clinic and lack of relation to coitus.

Female sterilisation has also registered some increase. The percentage of women using female sterilisation has increased from 1.7% in 1992 to 2.3% in 1996 and 3.8% in 2000 and 4.8% in 2004. In 2004, the most commonly used methods are injections (13.9%), female sterilisation (4.8%), male condom (1.7%), pill (1.5%) and withdrawal (1.5%).

Even though pills remain one of the frequently used contraceptive method in Malawi and are easily available in the country, their relative importance appear to have declined. The percentage of pill users declined from 2.2% in 1992 to 1.5% in 2004. Possible reasons for the above decline include health concerns of women and experience of side effects such as headaches, dizziness, weakness, and water retention.

Another method that is also disappearing from the method-mix in Malawi is IUDs. The percentage of women using intrauterine devices (IUDs) has declined from 0.3% in 1992 to 0.1% in 2000 and 0.01% in 2004.

Table 2 also indicates the declining importance of the traditional methods. CPR by traditional methods has declined from 6% in 1992 to 3.4% in 2000 and 3.3% in 2004. Among the traditional methods, withdrawal has remained more or less constant at 1.5%, Rhythm has declined from 2.0% in 1992 to 0.7% in 2000 and 0.4% in 2004 whereas other traditional methods has declined from 2% in 1992 to 1.3% in 2004. This could be related to the national family planning programme and the related campaigns that promote use of modern contraceptives. The figures in table 2 indicate that modern methods are used more than traditional methods.

Another aspect of the contraceptive method mix in Malawi is the little change in the male methods. Among male methods, withdrawal and condom use indicate no change. Probably this indicates limited participation by husbands in family planning/fertility control persistent view that contraception in Malawi is the woman's (wife's) responsibility.

Lastly, contraception among Malawian women is used largely for spacing children, and limiting the number usually becomes a consideration only after 5–6 children. As a result of this, contraceptive impact on fertility has been limited. That said, the future of family planning programme in Malawi looks good.

Infant mortality has declined sharply in the recent past. The Demographic and Health Surveys (DHS) data sets indicate that infant mortality rate declined from 134 in 1992 to 108 in 2000 and to 76 in 2004[2-5]. The fact that infant mortality rate reduced to slightly more than half in the past two decades, can be very important in convincing families that more children are surviving and they can reach their desired number of children with a lower fertility. Thus the observed decline in infant mortality creates a favourable environment for family limitation. Once Malawian women realise that infant mortality has fallen they will soon learn that there is no need for them to have more than 5 children in order to attain their desired fertility of 4 children[7]. Interestingly, desired family size has remained unchanged at 4 children during the period under review.

References

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