


**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”

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**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

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### 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)

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### 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)

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### 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)



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### STUDY SETTING: MALAWI

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

Trends in Family Planning Indicators			
	2000	2004	2010
<i>TFR</i>	6.7	6	5.7
<i>Ideal Size</i>	5.3	4.3	4
<i>CPR Any</i>	30.6	33	46
<i>CPR Modern</i>	26.1	28.1	42.2

\* among Married Women of Reproductive Age

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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)

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### 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)

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### 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?

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### 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

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### 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

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## 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)

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## RESULTS: STUDY PARTICIPANTS

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

Age and Parity (mean and range) of Study Participants by Sex and District				
Site	Male		Female	
	Age	Parity	Age	Parity
Chirazuru-rural	40 (27-52)	6.6( 4-10)	34.7 (26-41)	5 (4-6)
Chirazulu-urban	40.5 (34-47)	5 (4-6)	30.5 (29-36)	4.4 (4-6)
Machinga-rural	33.7 (28-55)	4.4(4-6)	32.4 (25-40)	5.1 (4-8)
Machinga-urban	53 (49-55)	6.7(5-10)	28.8 (22-35)	5.1 (4-7)
Dedza-rural	43.3(31-55)	6.3 (4-9)	35 (29-45)	4.8 (4-7)
Dedza-urban	43.7 (31-55)	4.8 (4-7)	35 (23-49)	5.5 (4-11)
Kasungu-rural	34.5 (27-46)	4.6 (4-6)	38 (28-49)	7.6 (5-11)
Kasungu -urban	37.8 (30-50)	4.5 (4-5)	39 (30-44)	7 (4-10)
Karonga-rural	35 (26-51)	5 (4-9)	33 (21-48)	5.5 (4-10)
Karonga-urban	38(23-54)	4.6 (4-7)	32 (23-38)	6 (4-6)

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## 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)

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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

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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

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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

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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

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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'

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DISCUSSION

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

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### 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

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### 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

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### 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

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## 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

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Thank you

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## REFERENCES

Bankole, A., & Singh, S. (1998). Couples' fertility and contraceptive decision-making in developing countries: Hearing the man's voice. *International Family Planning Perspectives*, 24(1), 15-24.

Becker, S. (1996). Couples and reproductive health: A review of couple studies. *Studies in Family Planning*, 27(6), 291-306.

Bongaarts, J., & Bruce, J. (1995). The causes of unmet need for contraception and the social content of services. *Studies in Family Planning*, 26(2), 57-75.

Casterline, J. B., & Sinding, S. W. (2000). Unmet need for family planning in developing countries and implications for population policy. *Population and Development Review*, 26(4), 691-723.

Kelley, H. H., & Thibaut, T. W. (1978). *Interpersonal Relations: A Theory Of Interdependence*. New York: Wiley.

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## REFERENCES

Malawi National Statistical Office, ICF Macro. (2011). *Malawi Demographic And Health Survey 2010*. Calverton, Maryland, USA

Malawi National Statistical Office, & ORC Macro. (2005). *Malawi Demographic And Health Survey 2004*. Calverton, Maryland, USA

Malawi National Statistical Office, & ORC Macro. (2001). *Malawi Demographic And Health Survey*. Calverton, Maryland, USA

USAID. (2012, ). Malawi. Message Posted To [Http://www.usaid.gov/locations/sub-saharan\\_africa/countries/mal](http://www.usaid.gov/locations/sub-saharan_africa/countries/mal)

Singh, S., Sedgh, G., & Hussain, R. (2010). Unintended pregnancy: Worldwide levels, trends, and outcomes. *Studies in Family Planning*, 41(4), 241-250.

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