



## Barriers to Use of family Planning Services in Malawi: Findings from Focus Group Discussions

### Background

The overall aim of the study was to identify the barriers to use of and access to family planning methods and services in Malawi. The entire study used a range of methods to determine access and quality of care received. The methods include focus group discussions, facility audits, interviews with service providers and community leaders, client-provider observations, client exit interviews and analysis of the 2000 Malawi Demographic and Health Survey (DHS) Data. This summary includes the findings from the focus group discussions only.

### Research Aims

The purpose of the focus group discussions was to identify any social, cultural, physical and economic factors which influence the use of family planning methods and access to services. The focus group discussions were conducted between March and June 2002.

### Methods

A total of 40 focus groups discussions were conducted. These groups were stratified by sex, region, and urban/rural residence. During each focus group discussion participants were asked about a range of issues including;

- norms and expectations relating to family size;
- knowledge and exposure to family planning messages;

- attitudes to family planning;
- use and perceptions about of family planning methods;
- knowledge and use of family planning services; and
- quality of care at services.



### Key Barriers to Contraceptive Use

- Although respondents were able to mention a range of contraceptive methods, deeper knowledge about the use and side effects of methods is poor.
- Community elders often discourage contraceptive use amongst couples.
- Women reported male disapproval as a barrier to use of contraception. This can lead to concealed use of methods. 'Most of us are tired of closely-spaced births so we just come up with a plan of hiding use of family planning method from our husbands.'
- The key barrier to various methods of

contraception is misinformation about method use and side effects. Common myths include:

*'Some say among every ten condoms one contains HIV virus already put, so if you pick that one it means you are infected...'*

*'Some say it (pill) causes swelling of the abdomen...after using a method they get pregnant and cannot deliver normally they have to be operated and even die...sometimes the child has polio'*

*'Pills accumulate in the stomach and you can die from that'*

*'Some say it (IUD) moves about and lodges in the heart'*

### **Key Barriers to Family Planning Services**

- Stock outs of contraceptive supplies: *'when the methods are not available we just return home, next time you go there is no equipment...after some time they examine you and you may be pregnant.'*
- Lack of method counselling for making informed choices, correct method use and distinguishing myth from fact.
- Poor client-provider relations: *'providers even shout at the women so most women go to paying hospital where there is better care, otherwise at our government hospitals all they do is shout and shout so the women just return (without a method)'*

*'It's better to bear 20 children than be ridiculed.'*

- CBD workers were highly praised. These services were viewed positively as they led to the couple receiving information; explanations were clearer and CBDs helped to overcome difficulties with hospital providers.
- Distances to services by foot are time consuming, difficult in the rainy season, and

delay household duties. The cost of transport in addition to the method/service costs are a further barrier:

- Cost of non-government services is discouraging. *'you need a separate budget for family planning at BLM'*

*'For an ordinary villager, because out of K40 you can buy so many other things, so to waste it on contraception is not on.'*

- Users unable to afford fee-paying services are forced to utilise free services but face problems of stock-outs and poor provider attitudes.

*'when we went to Banja La Mtsogolo...they require us to pay K100 and still more...when we go to the government hospital we find many people waiting to be attended to so we end up just leaving without being helped.'*

### **Policy Recommendations**

There are social, cultural, and service barriers to increased uptake of contraception. Programmes need:

- to promote favourable attitudes among males to family planning;
- to dispel myths and rumours about methods of family planning;
- to address concerns about side effects
- to provide a wide range of methods so that there is choice;
- to address shortages of equipment and method stock-outs
- to address provider attitude to ensure that clients are treated courteously;
- to encourage CBD work.

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