Who is Using Modern Methods of Contraception in Malawi? Evidence from the Malawi Demographic and Health Survey 2000

Background
Malawi’s fertility, estimated at 6.3 children per woman, is among the highest in the world and contributes to an annual growth rate of about 2%. Maternal health is also poor; according to the 2000 Malawi DHS, more than 1,000 Malawian women die for every 100,000 live births every year. Only about 55% of pregnant women are attended by skilled personnel and 17% of women have birth intervals of less than 24 months. A population policy was adopted in 1994 whose primary objective is to reduce population growth through fertility control and broader health care programmes. However, use of modern contraception in Malawi is still very low although there are signs of increase. The contraceptive method mix shows that Depo-Provera is the most commonly used method among married women: its use increased from 1% in 1992, to 6% in 1996, and to 16% in 2000. Pill use fell from 3.4% per cent in 1996 to 2.7% per cent in 2000. Condom use among married women is very low at 1.6%. Only about 5% of married women have been sterilized. Male sterilization is uncommon.

Research Aim
This study aimed to identify the characteristics of women most likely to use/not use modern methods of contraception in Malawi. Such information is useful for campaigns aimed at increasing contraceptive use in Malawi.

Data and Methods
The data used in this investigation are from the 2000 Malawi Demographic and Health Survey, which was nationally representative. Of the 13,220 women aged 15-49 years who were interviewed in the 2000 Malawi DHS, the study used information from 9,074 women who had ever had sex, were not pregnant at the time of the survey, nor infecund. Logistic regression and chi-square tests were used to identify characteristics of users/non-users. The key variables used were grouped as follows:
- communication with husband/partner and attitude to family planning;
- fertility intentions;
- demographic factors (number of children and woman’s age);
- socio-economic factors;
- indicators of woman’s status (decision-making) and justification of wife-beating;
- access to mass media (hearing of specific family planning messages on the radio).

Results
- Discussion of family planning with the partner and his approval of family planning was the single most important factor. Most likely to be using modern methods were those who had regular discussion (3 or more times) and where the husband approved of modern methods. The least likely to use were those who did not know whether their partner approves or disapproves, and those who had discussed with the partner 3 or more times.
but he disapproved.  
• Wanting a child soon was, obviously, associated with low use of modern methods. However, there is also unmet need. About 43% of mothers who were not using methods said their last pregnancy was either mistimed or unwanted. 64% of non-pregnant women who said they did not want anymore children were not using any method of contraception, 8% were using traditional methods.  
• High parity was associated with higher use of modern methods.  
• With respect to the age of the woman, low use was observed among very young women (15-19) and the oldest women (45-49 years).  
• Women with secondary or higher education, those who earned cash, those who lived in urban areas, and those in household with 3 or more modern amenities had the highest use of modern contraception.  
• After controlling for educational attainment, women in the southern region were more likely to be using modern methods, followed by those from the central region.  
• Being able to make decision about own health was associated with higher use of modern methods. The highest use was among women who made such decisions jointly with their partners/husbands.  
• Similarly, women who said that they made decisions about purchasing large household items together with the husband were the most likely to be using modern methods, while those who said other people (not husband) made the decision were least likely to be using modern methods.  
• Those who had seen family planning messages on chitenje or t-shirts and those who had heard about family planning on the Radio Doctor programme were more likely to be using modern methods of contraception than others.  
• The most common method of contraception for currently and formerly married women was the injection, while for never married it was the condom.  
• Condom use was generally very low. However, regional differentials exist: in the north, about 17% of the women were using condoms as a method of contraception compared with only 6.6% in the other regions.  
• Pill use was commonest among those from higher socio-economic backgrounds. About 12% of such women were using the method compared with only 6% from other households.  

Conclusions and Policy Implications  
• Men should be targeted in education campaigns to increase contraceptive use since male approval of family planning methods is very important in the decision to use modern methods of family planning.  
• Access should be improved for the rural, poor women who have the largest unmet need.  
• Improving women’s status is important. Those who are able to make household decisions together with the husband/partner were more likely to be using contraception than women who could not contribute to such decision-making.  
• Mass media is important in raising awareness of family planning in Malawi.  

For details about this report contact: Rosemary Lawrence, Opportunities and Choices Programme, Department of Social Statistics, University of Southampton, Southampton, SO17 1BJ, UK. Tel: +44 (0)23 8059 5763, Fax: +44 (0)23 8059 3846, E-mail: rl@socsci.soton.ac.uk