SESSION THREE: IMPLEMENTATION

Some Aspects of Population and Child Spacing in Malawi

Dr. J.D. Chiphangwi

Demography

The population of Malawi has been growing at a rapid rate. It has increased from about 4 Million people in 1964 to about 9 Million today. The population growth rate is estimated to be 3.7% (1987 census) while the total fertility rate is 7.6. At this rate of growth the population will be 14.5 Million by 2005 and 26.2 Million by 2020.

The current population density is calculated at 85 people per Sq Km of available land and projected to be 133 people per Sq Km by the year 2000. Not only is Malawi among the most densely populated countries in Africa, it is likely to remain so for some time in view of the current annual growth rate and the continuing problem of Mozambican refugees. The table on page 7 gives a historical picture of the population growth pattern.

Health indicators for Malawi are rather poor. For instance for 1987: Infant Mortality (150/1000 live birth); Crude birth rate (54/1000); Crude death rate (22/1000); Life expectancy (48.4); under five mortality (30%); Maternal Mortality (250/100,000 births); Contraceptive prevalence (3%).

These figures are worse than those of some of our neighbours although they are improving. Child spacing is one method, among many, by which the health of the mother and her child can be promoted by enabling the mother to rest adequately between pregnancies so that she can recover from the effects of pregnancy and at the same time attend to her baby before the next pregnancy.

Development of the Child Spacing Programme

Malawi has experimented with a variety of ways of providing child spacing. This was done with the knowledge of the Ministry of Health but the latter did not control it. Unfortunately, the efforts were not well coordinated. There were no common guide lines that everybody could follow and therefore the messages that were passed to people were uncoordinated and confusing. The situation was compounded by the fact that the volunteers were mostly young married people whose cultural background was different from that of the majority of people in Malawi. It is not surprising, therefore, that these confusing messages resulted in rumours that Government was intent on stopping people from having more than a certain number of children.

This resulted in a political row which ended in the whole programme being banned in 1968/1969. There then followed a period of twelve years during which the general public had no access to child spacing facilities. Only a few knowledgeable people were able to consult doctors for child spacing advice while the majority of people went without that service.

In 1981 after many years of soul searching and internal discussions, a workshop was organised in Salima at which the health benefits of child spacing were discussed by a multisectoral group consisting of doctors, nurses, teachers, sociologists, traditional leaders, and others. The group recommended resumption of child spacing in the interests of the health of the mother and her child. The Government accepted the recommendation and emphasised the non-coercive principle of approaching the public.

In order to avoid the previous experience of uncoordinated approach to disseminating information and provision of services, the Ministry of Health decided to take charge of affairs. A coordinating Committee was formed to advise on training, policies, procurement of contraceptives and dissemination of information. During the last ten years a lot of training programmes have been organised so that we now have trainers, services providers, motivators and others involved in the programme. Family life education is now being introduced in schools after special courses were organised for teachers. Schools for Health professionals are now teaching child spacing so that graduates from these schools are able to promote child spacing.

While the Ministry of Health is the major player in the provision of Child Spacing services there are many other organisations (non-Governmental, parastatal and private) which are doing commendable work in this field. The work is generously supported by international donors listed below. The main difference between the situation now and the mid 1960's is that there is some coordination in the guidelines for child spacing providers so that everybody is speaking the same language. With so many players in the game the Ministry of Health and other providers of child spacing services have been wondering whether the Ministry of Health should really be coordinating the programme. After many consultations, it was felt that a separate body be formed to coordinate these services.

It is for this reason that the National Family Welfare Council of Malawi has recently been formed not only to coordinate the efforts of all the players in the programme but also to initiate other approaches to child spacing activities such as Community Based Distribution (CBD) and social marketing of contraceptives in rural areas.

Some Socio-cultural Factors which can Influence Family Size

Rural Agricultural Background: Subsistence farming in rural areas depends on manual work. The more people there are to till the ground the more food that can be produced. This to some extent, encourages families to have more children.

Age at Marriage: Those parts of the country that, by tradition, encourage girls to marry early tend to have a higher total fertility rate than those where the age at marriage of girls is older.

Education of girls: M'manga and Srivastava (1991) found that education of girls, especially if it is more than five years, has an effect on the eventual number of children the women will have. This may be partly due to raising the age at marriage, increasing the awareness of the women to available facilities and ability of the women to take advantage of child spacing facilities.

Urban versus Rural Residence: Movement to urban areas has two conflicting effects on family size. On the one hand it would be expected that urban residents would reduce family size. However, erosion of traditional mores and taboos (see under traditional methods of child spacing) tends to lead to a larger family size (M'manga and Srivastava).

Quality and Availability of Health Services: People will want to have a large family size in order to guard against possible depletion by death. When people realise that their children are not dying, they will often limit their families. It is therefore important to realise the importance of integrating Maternal and Child Health and Child Spacing activities so that people can see the relationship between the two. The services must be brought to where people live.

Traditional Methods of Child spacing

Child spacing is not new to Malawi. Our forefathers practised child spacing long before the modern methods of contraception were developed. Some of the methods were efficacious (e.g. prolonged breast feeding on demand and abstinence) and others were of doubtful or questionable efficacy (e.g. strings around the waist). When abstinence was combined with prolonged breast-feeding on demand, it was most unusual for couples to have children at intervals of less than two years between births. Abstinence was reinforced by liberal use of taboos and temporary separation of the couple while the nursing mother would be with her grandmother or other relatives.

For instance it was believed that if sexual relations resumed too early (e.g. less than nine months after the birth of a child) the child would be ill and could die as a result. The grandmother had an important role in enforcing such taboos. With the advent of "education" the biological causes of illness are better understood and the taboos are no longer respected. Unfortunately this disrespect for the taboos has not been replaced by an appreciation of modern methods of contraception. This vacuum is partly responsible for the large family size of the poor peri-urban populations of Malawi.

The following is a summary of some of the traditional methods of child spacing compiled after several surveys done recently in Malawi:-

1. **Sexual Abstinence:**
- After the birth of a child: The period of abstinence varies from tribe to tribe. Resumption of sexual relations was governed by various rules such as:
  — no resumption of sex before the woman has her first period after delivery.
  — no resumption before the child starts to crawl.
  — no resumption before a special cleansing ceremony performed by elders of the family, etc.
- After important events in the family such as:
  — illness in the family or epidemic in the village
  — death in the family or village
  — famine or drought in the village
  — when the woman becomes a grandmother
2. **Breast feeding on Demand:** Breast feeding has traditionally been encouraged and there is good scientific evidence of its efficiency as a contraceptive method quite apart from its nutritional and protective values.
3. **Use of Traditional Medicines:** Some medicines were drunk in order to reduce fertility temporarily.
4. **Use of Strings Tied Around the Waist of the Woman:** This was done frequently - how they worked is difficult to understand.
5. **Coitus Interruptus:** Some tribes used this as a method of child spacing.
6. **Traditional Abortion:** When the other methods failed to prevent pregnancy, medicines were used either orally or vaginally to procure abortions.

Knowledge, Attitudes and Practices Regarding Child Spacing

Several studies done by the Ministry of Health, National Statistical Office and M'manga and Srivastava indicate that up to about 40% of couples know something about child spacing methods (both traditional and modern) but only 3% actually use modern methods on a regular basis. The reasons for not practising what they know are many and varied but include influence of family members, non-availability of contraceptive methods close to where people live and misunderstandings about side effects.

Health professionals have an enormous job to inform people and make facilities available so that those who elect to use contraceptives can do so without difficulty.

The Child spacing Programme

The overall objective of the child spacing programme in Malawi is to improve the health of mothers and children by allowing the mother to rest adequately between pregnancies and also allowing her time to look after the child adequately before the next pregnancy. More specifically, the programme aims at:-

- moving constraints (e.g. legal, socio-cultural institutional and physical) which may hinder access to child spacing services.
- promoting general demand for child spacing by motivating different client groups.
- making facilities available and acceptable to clients.

How are these objectives to be achieved?

1. **Training:** People involved in child spacing programmes will be trained both in technical and managerial skills to enable them to provide services and advice where necessary.
2. **Service Delivery:** The aim is to provide child spacing service at all service delivery points in the country without coercion. The delivery points will be both static and mobile.
3. **Community orientation:** To reinforce and, in some cases, introduce to the community and its local leaders concepts of child spacing as they relate to maternal and child health in our context. The idea is to promote wide spread understanding of the programme.
4. **Research:** To periodically assess the understanding of the public regarding "knowledge attitudes and practice" about child spacing. Also to do research into other areas affecting fertility and child spacing.
5. **Monitoring and Evaluation:** To establish systems that will enable monitoring and evaluation of the programme as it progresses. This involves gathering, analysing, interpreting and using data to improve the programme.

Other Issues

Religious: It is known that there are religious organisations (e.g. Catholics and, to some extent, Moslems) whose teaching on contraception is against artificial methods of contraception.

Government policy is to respect these beliefs and try to provide those methods of contraception that are not in conflict with the teachings of such organisation. In other words a well-run clinic should provide a wide range of methods and techniques such that all people requiring help can get it without hurting their religious beliefs (while at the same time giving as factual information as possible regarding efficacy).

Legal Issues: There is no law in Malawi that prohibits child spacing. The Common Law principle applies in Malawi and therefore, since there is no law prohibiting child spacing it can be deemed that child spacing is legal. However, everything possible must be done to ensure informed consent and informed choice. No method of child spacing should be imposed on a person.

Availability: When fully organised, the Family Welfare Council would like to make facilities available to everybody who wants them in the country. This means that facilities have to be brought close to where people live either through static or mobile clinic or by use of more innovative ways of distribution such as Community Based Distribution of contraceptives or through social marketing of selected methods of contraception.

With this type of thinking distribution will be made not only by health workers but also by people selected by, or in good standing with, the community after appropriate training. Only through such mass, but well coordinated distribution network will usage of contraception go beyond the current 3%. At present, many people have heard about child spacing but very often do not know where to obtain help. Through a non-coercive way of providing information, those individuals who would like to space their children can be able to do so by choosing a method that they are happy with both from an ethical standpoint and biologically.

References

1. Chiphangwi JD. The Child Spacing Programme in Malawi. *Med Quart 1985;2(3).*
2. Chiphangwi JD. Medical-Legal Considerations of the Child Spacing Programme in Malawi. Med Quart.
3. National Statistics Office. Zomba. Malawi Population Census reports 1977 and 1987.
4. M'manga and Srivastava. Socio-economic and Demographic Determinants of Family Size: A Multivariate Analysis. 1991.
5. Srivastava M, M'Manga WR. Traditional and modern child spacing in Malawi. Knowledge, attitudes and practices Survey report. Zomba, Centre for Social Research, University of Malawi, 1991.
6. Malawi Government/UNFPA. A report on Population Programme review and Strategy Development for Malawi presented at the Principal Secretaries Workshop, 7-8 October 1991.

Dr. J.D. Chiphangwi
College of Medicine
Private Bag 360
Chichiri
Blantyre
Malawi