Discussion

Our results show that while many women report that they desire no additional children, few have used the clinic-based child spacing services. There are many factors responsible for the disparity between the desire for no additional children and the utilization of available services. We can only hypothesize the relative contribution of these factors in our population.

Literacy appears to be a major contributor and our data confirms findings elsewhere suggesting that as female literacy increases there are subsequent rises in the use of child spacing services.

It is encouraging that health workers in some settings have been particularly successful in their promotion of child spacing activities. It may be helpful to identify what characteristics of their work has contributed to their success. While distance to clinic is likely to be a factor in women's use of services the results from our study suggest that long distance is not a significant barrier to improving the proportion of women using services.

The lack of association between women's desire for no additional children and births in the past year is discouraging. This suggests that there are pressures (desire of the partner, lack of em-powerment, and expectations of the extended family) that restrict the use of services by women who would otherwise use them.

Based on these findings the following recommendations have been developed:

1. Female literacy programmes should be expanded and special efforts should be made to ensure that all girls have access to educational opportunities.
2. Health personnel who have been particularly successful in promoting child spacing services should be commended for their work. This will help motivate all health staff to improve child spacing services.
3. Child spacing programmes directed only at women will fail. Programmes must be developed to educate men on the benefits of child spacing and family planning.

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Attitudes to Child Spacing Amongst Rural Malawian Women

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Introduction

Child spacing is the principle that people should space their children by allowing a time interval of at least two years between live births. Repeated close-spaced pregnancies and heavy family loads put a great strain on a mother's nutritional and physical body resources. The quality of the women's children is also greatly reduced. Child spacing would therefore greatly improve the health of women by enabling them to have children when they are best prepared to have them [1].

The Malawi Government policy is to raise the level of the health of all Malawians via an efficient and relevant health service. To achieve this, the Malawi Government has set out to increase the access of people to modern health services. The emphasis is on the survival of children under 4 years [2]. There is a link between the health and mortality of children and their birth spacing. Malawi has very high levels of child mortality: 320/1000 live births[3]. Better child spacing is positively associated with reduced mortality[4]. The health of children is a crucial part of national health and it is apparent that with adequate spacing, children would be able to live a fuller life[1].

Child spacing services are widely available in rural areas at hospital and health centre level. What will determine the use and effectiveness of the clinics are the beneficiaries themselves and their attitudes towards child spacing and child spacing services. An attitude can be defined as an opinion that has an evaluative and emotional component [5] and is very influential in a person's subsequent behaviour. The aim of this study is to examine the currently prevailing attitudes towards child spacing among village women in one District in Southern Malawi (Mangochi).

During preliminary investigation work for this paper [6], a few informal discussions with women visiting some clinics made it clear that there was a lack of correlation between what people said they would/should do and what they actually did in practice. The vast majority of women spoken to at Monkey Bay and Nankumba Clinics knew what child spacing was, its advantages and even some of the methods. They had been constantly exposed to messages by radio and at various health meetings. Yet, despite this knowledge, they all admitted that they were not using child spacing methods themselves. Further more, there appeared to have been high drop out rates of child spacing methods at St. Martin's Hospital in Malindi on the shore of Lake Malawi. Between 1988 and October 1991, 101 women, who had begun receiving child spacing services at the hospital, had dropped out. Only 44 had remained active. By October 1991, the drop-out rate had reduced significantly, but still existed. The widespread failure rate of child spacing campaigns in rural society can be attributed in large part to insufficient awareness by programme administrators of the way of life and traditional attitudes - particularly attitudes to children - of the community involved. The preliminary investigation by Bandawe described above, served to fuel the need for a survey of attitudes towards child spacing amongst rural people.

Methods

Well established methodologies already exist for assessing needs, values, attitudes and other aspects of subjective experience. The pictorial projective technique was chosen as the form of assessment strategy. Ligget [7] argues that this strategy can make a significant contribution to many of the developmental problems of the Developing World. The projective technique has been used in Sri Lanka, India, Malaysia and Indonesia and was used for the present study in Malawi. It is argued very strongly by Ligget [7] that the technique uses wide ranging, open ended instruments to catch in a broad sweep the most salient attitudes, motivations and preoccupations of the particular community. It also provides the opportunity for insights into aspects not thought of by the researcher, thus avoiding investigators' preconceptions which might be exhibited in a questionnaire. The pictures can hold the attention of the respondent. Since there is no pressure to give the correct answer, a rich crop of ideas can emerge. Hence projective techniques facilitate "the free expression of ideas, speculations, doubts, and difficulties in terms which are familiar and significant to the respondent." Respondents do not feel threatened by intrusion into their private lives since the disclosures made are given in regard to the subject in the picture. It is the nature of these personal feelings which the study is trying to discover.

Results

The study was carried out in Mangochi District in various child spacing clinics. Mangochi was chosen because it is representative of most rural living patterns in Malawi, has low average age at marriage (16.5 years), high total fertility (7.1) and strong traditional beliefs.

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Nine pictures comprising seven photographs and two line drawings were used as the investigative tool. Subjects numbered 134 women of child bearing age, from 14 to 45 years. The subjects were shown the pictures and asked to tell a story from what they saw. The pictures were composed of different aspects of rural life with most of them carrying a family theme. Subjects were often prompted to imagine the feelings of the main people in the pictures depicted in their various life circumstances. As much as possible of what was said was written down verbatim. On many instances, a translator was required as the researcher did not speak Yao, the predominant language in the area.

Picture 1 was intended to provide comments about the attitudes of men to child spacing; pictures 2 and 4 to provide comments about the attitudes of mothers to the outreach programmes, for example child spacing programmes. Picture 3 explored the possible loneliness and feelings of deprivation of a woman who was unmarried and of women who are incapable of bearing children. Picture 5 was intended to provide attitudes of parents to the presence of grandparents; pictures 6, 7 and 8 to provide attitudes to a small family. Picture 9 was to encourage the articulation of possible feelings experienced by a woman with numerous children.

Picture 1

The women felt that they did not get encouragement from their husbands for child spacing. Their husbands were not aware of child spacing services. Men did not discuss matters of child spacing with their wives. Men listened more to their fellow men, e.g. the chief, the teacher, the grandfather, than they listened to their wives. Traditionally mothers had no role in the upbringing of male children, so that at quite an early stage, the mother distanced herself from her male child, while the father and other menfolk in the village assumed great control over him. Men and women hardly sat together to discuss issues of common interest unless it was at funerals, illnesses and celebrations. Even at these events, women were always considered subordinate and were often told rather than asked. Some of the older women felt the social distance should remain as it was, because it was customary for men and women not to mix in order to prevent moral decay. Closeness would encourage too much familiarity and increase unwanted behaviour. The younger women felt their husbands should be directly involved in child spacing services.

Picture 2

Women felt there was lot of time wasted at the outreach clinics. Many women travelled long distances on foot to reach the assembly point. And yet instead of being attended to immediately, there was a lot of singing. The songs contained health messages, but women felt one or two songs would suffice. The clinics did not provide privacy, and did not provide individual services. Very often women went back home very late and without receiving help, except for being told how poor they were, what large families they had, and how ignorant they were.

Picture 3

Women felt children would secure them a future in their old age, for example to assist them when they fell ill. They saw the children as "wealth". This was particularly appreciated by those who did not have children. They felt they had no future investment to fall back on in terms of wealth. Women who had no children felt jealous or pained when they saw other women with children. This was partly because of the tremendous implication for a person's social standing in the society that having children brought. What came out in the responses was that one of the worst, most painful experiences a woman in the village could have was the burden of not bearing children. It was a threat, a dreaded fear to be barren since it was an accomplishment of womanhood to have a child. A woman was not respected or considered an adult or an elder without children. She would be deprived of certain rituals and would be unable to join certain groups of women or gatherings since she would not as yet have earned or met the qualification for membership - that of having children. It was common practice that if a woman did not bear her husband a child, then he would leave her. It was felt, in the eyes of some women, that children were the purpose of a good marriage. "Every woman needs children", one subject said.

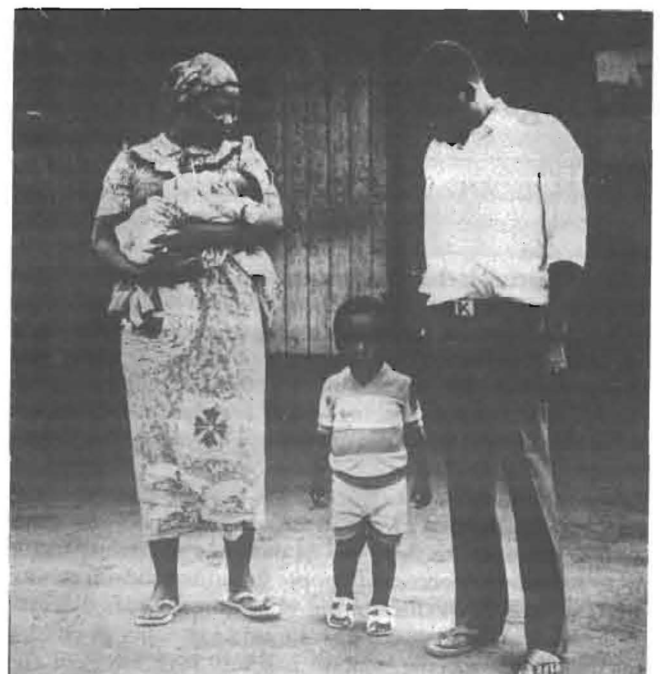
Picture 5

Grandparents needed many children in the family. Many children made them happy because children were a reflection of the man's health, a sign of manhood in society. They said children spread one's name. All these statements served to illustrate the point that grandparents dictated the number of children in the family. Many women did not appreciate the direct involvement of the grandparents because they felt they were intruding and did not leave the couple with a choice. However the quality of advice also depended on exposure of the grandparents in their earlier days. Grandparents who had some education and exposure to distant places e.g. South Africa, did not advocate many children. Many grandparents in Mangochi did not pursue their education very far, married early and had many children, so that their advice did not depart from their own experience.

Pictures 6, 7 and 8

Many women were cynical about a man and a woman having only two children. They said the man would have children elsewhere with another woman. They also said the husband in picture 6 had a monthly income and that the couple were not like them, 'poor people'. The women who resembled the couple in the picture said that was an ideal family. Some women with larger families envied the small family. They wanted contraceptives. The delightful response was that they wanted to be like the couple in the picture, healthy, well dressed with two nice looking children. Picture 7 was least commented on. It is a picture of children with frank malnutrition and nobody wanted to talk about it. They were all sad. Many of the women had brought children to the clinic, similar to those in picture 7.

PICTURE 6



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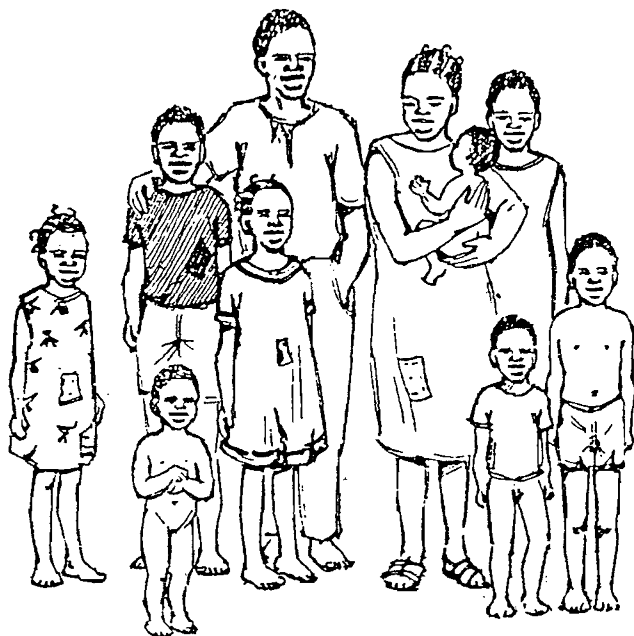
Picture 9

Most of the women agreed that large families were difficult to manage. It was difficult to provide for the family. There was not enough food, shelter and clothing. Also, it was difficult to send children to school. In a big family, parents did not have time to visit friends or to travel.

PICTURE 9



Conclusion

The bearing of children has a central place in the lives of many societies in rural Malawi. Any perceived encroachment on that aspect of life is treated with contempt and avoided for it is seen to threaten this central and fundamental family life. Child spacing services are widely available in rural areas at hospital and health centres. Slow growth has occurred in the use of contraceptives. It is unreasonable to expect people who have to accommodate as best they can to their socio-physical environment to plan just their sex life and the number of children they will produce. It is too much to expect rural developing nations and societies to adopt child spacing methods immediately with open arms. There is need for programme planners, those bearers of the space-your-children message, to take into account the socio-economic background as well as attitudes towards child spacing of rural society. What is required is a matching of the message to the attitudes. For full effect, the message transmitted by health personnel must be presented in the light of prevailing attitudes. It should be suggested that attitude change is a very gradual process and what will be required of health personnel is patience. The best way to bring about influence is to work from the inside out by a process of "conversion" [8]. Villagers consider that in order to persuade people to accept and use child spacing services, it is important to make approaches through husbands and wives. In villages, decision making in households mostly rests with the male members. Obviously, if one wishes to promote child spacing, it is necessary to gain the confidence of men as well as women. This study has mainly been an initial enquiry into prevailing attitudes amongst rural people to child spacing. In discussion on the responses, the concentration has been on the main issues that emerged, though there are numerous other issues mentioned by a few of the respondents. There is scope for more research and it is hoped that this study will serve as a springboard from which other aspects and issues related to child spacing can be further explored.

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Male involvement: the missing dimension in promoting child spacing

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Experience of Male involvement in child spacing is very scarce in this part of Africa. In Malawi even information on views of men about child spacing and their concerns is scanty. But traditionally, the concept of involving men is not new in Malawi. Men were in the past involved in child spacing and in fact this formed the foundation of traditional child spacing practices. The present child spacing programme is a component of Maternal and Child Health Programme which targets women mostly and the fact that most modern contraceptive are female-oriented and that most service providers are women, has further distanced men's participation. And yet the local realities are that men remain the chief decision makers in most homes and that a thing like child spacing requires men's endorsement or at least support. Many misconceptions and rumours have resulted in some men discouraging their wives from starting child spacing. A local health care NGO, Banja La Mtsogolo, has been experimenting with an Information, Education and Motivation programme targeted at men. The experiences have been quite revealing of the men's appar-

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