Contraceptive Prevalence and Plans for Long Acting Methods

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1st October 2012

THE MALAWI EXPERIENCE

Malawi Demographics

- Population estimated at 14 million 82%; christians 13% muslims
- 80% rural
- 0-14 years: 45% 15-64 years: 52%
- 65% literacy level overall, 49% female
- 1 physcian/50000 population
- Health expenditure 4.8% of GDP

1950	1970	1990	2000	2010
3m	4.5m	9.3m	11.2m	13m

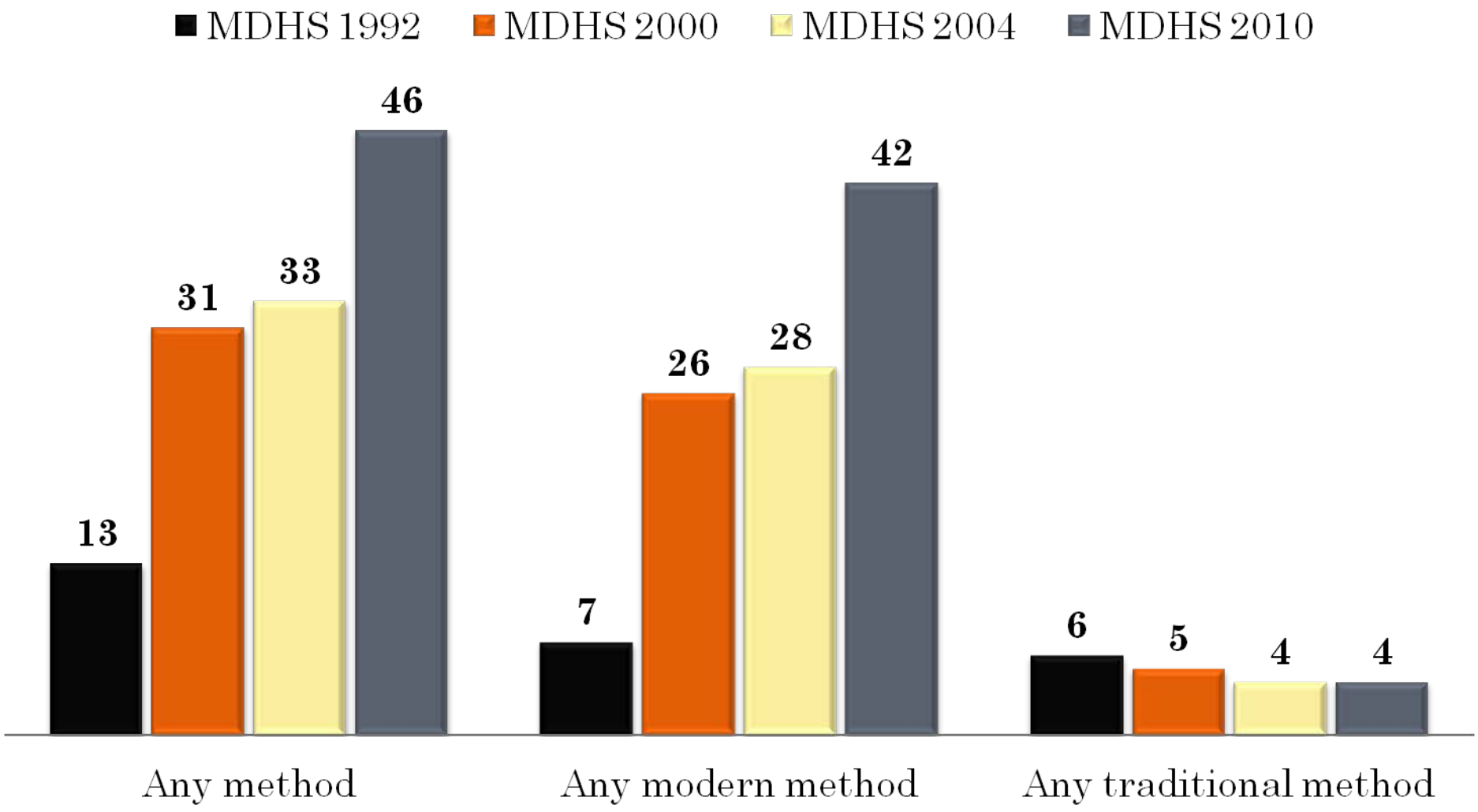
Contraceptive trends for Malawi

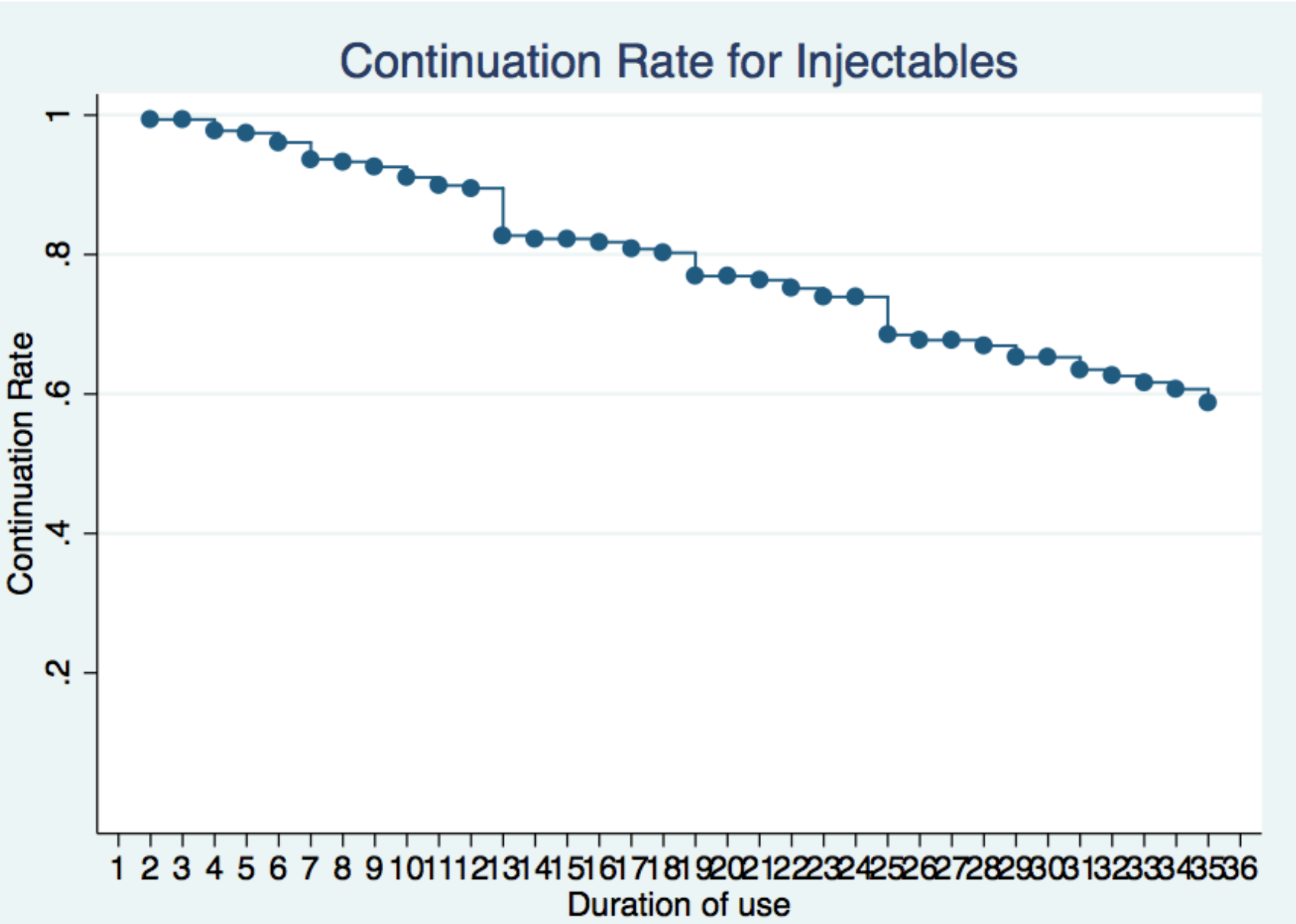
- Relative success story
- Contraceptive use has increased throughout Malawi.
- Gradual decline in the total fertility rate (TFR) with variation by location.
  - 4.2 to 4.0 for urban women; 6.4 to 6.1 for rural women from 2004 to 2010.
  - **Overall TFR decline also gradual, 6.7 to 5.7 from 1992 to 2010 (DHS, 2010).**
- **Injectables commonest**

YR	1992	2000	2004	2010
CPR	7.4%	26%	33%	46%
TFR	6.7	6.3	6.0	5.7

USE

Percent of currently married women




Continuation Rate for Injectables
Continuation Rate
.2
.4
.6
.8
1
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36
Duration of use

NATIONAL POPULATION POLICY

- 1964-1994, family planning ***banned*** in Malawi
- "Child-spacing" in 1980s, as ***Maternal and Child Health program***
- 1994-National Population Policy adopted

-comprehensive, "***Family planning***" used

-allowed population program formulation and implementation

-promoted an integrated RH culture

-emphasized gender concerns in development

-enhanced advocacy efforts

AIM-ensure widespread support for the implementation of the policy

FAMILY PLANNING POLICY and CONTRACEPTION GUIDELINES

- **Aimed at liberalizing FP services to accommodate all individuals within reproductive age groups needing such services**

➢ -removed limitations on use of specific methods on the basis of criteria such as age, parity, marital status, spousal consent

-promoted new approaches for accessing and expanding FP services:

➢ advocacy activities, awareness campaigns

➢ more options to improve accessibility, availability and more options particularly for rural women: Govt, NGOs, Private sector

RESULTS

- Notable increase in the number of Malawians using modern contraception
- Increased use of FP by women who typically face greatest barriers:

➢ 60% increase among the poor women

➢ 60% increase among the un-educated women

➢ 51% increase among rural women

➢ 25% women finishing childbearing opting for permanent methods of FP

STRATEGIES TO MAKE THIS POSIBLE

- **Task shifting**

➢ Train lower level health professionals to provide FP services:

-clinical officers: surgical sterilization

-nurses: long-acting methods-implants, IUCD

-community health workers to provide other methods, perform referrals and information at community level

✓ More women in rural areas accessed FP

- **“Normalize”** use of FP

-work with local leaders to sensitize and educate communities about contraception and its benefits

- **Government support**

LESSONS FROM MALAWI

- FP can be provided widely and equitably in a largely rural population.
- With the right approach, FP services can be brought to the village regardless of poverty levels, health worker shortages, competing health priorities
- Community-level/task shifting key to expanding access to long-acting/permanent methods
- Non-profit private sector has role to play in efforts to expand outreach and mobile services

Challenges with contraception

What childbearing means:

- Fertility importance in the population
  - ➢ Children as investment, security for the future
  - ➢ Children as a measure of one's prowess
- Community suspicion of things perceived western/foreign
- Education and its influence on uptake of contraception
- Religious influence

SUSTAINING ACHIEVEMENTS

Young population, 49% less than 15 years

- Information and contraception services needed for adolescents
- Continued FP access that is regular and reliable
- Scaled up approaches for promoting cost-effective and most effective long-acting and permanent methods

ABCDs of FAMILY PLANNING

A) Available supplies
B) Basic systems for service delivery
C) Community involvement and outreach
D) Demand creation

CONCLUSION

It is how it is done, not just what is done

- Instill ownership
- Address equity
- Ensure no missed opportunities, integrate FP with other services eg HIV/AIDS
- Use evidence to plan, educate and scale-up access
- Stay the course, recognize that change takes time, requires continuity in support

THANK YOU