The Husband and His Family: Major Influencers of Family Planning Use in Malawi

In the African traditional setting, the husband and his family constitute part of a woman's significant others since they have strong influence on her fertility and family planning (FP) decisions and behaviors and other domestic roles. In most cases, the desires and opinions of the husband and his family supersede the woman's in matters relating to fertility, FP and child care. Despite the increasing role of women in fertility and FP decisions in Africa over time, the existence of cultural practices and social realities that make a woman acquiesce to her family-in-law's fertility and FP desires will influence her ability/willingness to use FP. Using focus group discussions conducted in rural and urban Malawi in February/March 2011, this study examines how fertility desires and family planning attitudes of a woman's husband and his family influence her (the woman's) use of FP. The factors that inform attitudes to contraceptive use are highlighted. Although pro-natalist attitudes appear to be waning in these countries, the study results suggest that many men are still under pressure from their families of orientation to have many children in order to increase the size of the clan/lineage. Besides, there were reports that some men discouraged FP use because they felt that it enabled their wives to have extra-marital affairs without being caught and decreased their sexual desires/performance. It was reported that in order not to lose their husbands many women did not use FP to enable them have the number of children desired by their husbands and their families. Women who use discreetly risk being sanctioned on being discovered

Rationale/Research Issues

Although several studies have indicated significant increases in FP use in Malawi, particularly in the past two decades, these studies also show that greater percentages of women in Malawi still do not use contraception and that a significant proportion of non-users do not intend to use contraception in the future (see for, instance, MDHS[1] 1992, 2000, 2004 and 2010 and MICS[2] 2008).

Several studies have identified barriers to use of modern FP services and these include poor knowledge of how to use FP methods, side effects of methods, misconceptions about some FP methods, male disapproval, lack of method counseling for informed choice, desire for another child, long distance – on foot – to health facilities and unaffordable cost of non-public health services. Because some of the studies adopted quantitative data collection approaches, they were not able to yield adequate information on the traditional/cultural norms/values that produce and/or sustain the identified barriers. SBCC messages are more likely to be effective when they address the underlying values/norms that produce/sustain the barriers to family planning use. The few qualitative studies that attempted to understand the societal norms that produce/sustain the barriers failed to seek information from the community on how the barriers could be minimized. This study was aimed specifically at informing SBCC interventions to improve FP uptake in Malawi using focus group discussions (FGD) to not only identify the barriers to modern FP use but also to understand the underlying societal norms/values that sustain them and seek information from the community on how the barriers could be minimized. In order to gather information across population sub-groups, the FGD were undertaken among men and women of different age groups in rural and urban areas of Malawi.

In addition to the FGD, the study also included an assessment of the availability and use of SBCC materials in the health facilities. The assessment was done with a view to determining the need to

[1] Malawi Demographic and Health Survey
[2] Multiple Indicator Cluster Survey

further develop SBCC materials and the type of materials to be developed to promote family planning use in Malawi.

Objectives

The study had two interrelated broad objectives: (i) To improve understanding of the barriers to use of modern FP methods with a view to informing SBCC strategies that should be developed and implemented in Malawi; and, (ii)To determine the availability and use of SBCC materials at the health facility level and the extent to which these materials address barriers to uptake of FP services in Malawi

Methods

The study was conducted in five districts of Malawi. Lilongwe City was selected to represent the urban population of Malawi and in each political region of Malawi outside of Lilongwe, a district was selected to represent the rural populations: Mzimba district (Northern region), Dedza district (Central region), Machinga district (Eastern region) and Thyolo district (Southern region). The study was also conducted in Lilongwe rural

The study comprised of qualitative and quantitative components: for the qualitative component, a total of 25 FGD were conducted in the five districts. Ten FGD were conducted in Lilongwe urban, three in Lilongwe rural and three in each of the four other districts. Some groups were composed of participants aged 25 years and above while others were aged between 18 and 24 years. The focus groups were also composed by sex (10 male FGD and 15 female FGD). Each focus group consisted of six to eight members and the discussions were facilitated by well trained moderators.

Quantitative data were obtained mainly from 30 health facilities selected randomly from a list of all FP providing health facilities in the selected districts. In Lilongwe urban, 10 health facilities were randomly selected for the survey while in Lilongwe rural and each of the other four districts, four health facilities were randomly selected for the facility survey. The facility survey had three components: (i) The Health Provider Survey (ii) The Facility Client Survey and (iii) The Health Facility Inventory Survey of BCC materials

Results:

In this paper, we focus on the FGD reports on fertility and FP behavior. The reports suggest that although there are several barriers to FP use (or continued use) including misconceptions about FP and child spacing, experienced (or perceived) side effects of FP method, condescending attitudes of FP providers and the desire to have a (another) child, the fertility desires and FP attitudes of husbands and their families are highly significant barriers and deserve highlighting. Among less educated and more traditional women who are scared to lose their husbands, the fertility desires of husbands and their families become their fertility desires. There were reports, for instance, of women being prevented from using modern family planning methods by husbands who perceived that those methods reduced their sexual desires/satisfaction. The FGD transcripts contain several statements from the study participants that illustrate how the fertility desires and attitudes of husbands and their family members to FP can determine whether or not a woman used FP.

(a) Influence of husband's relatives

In almost all the FGD, the study participants reported that the relatives of the man expect the woman to give birth to children for their son/brother. Bearing children for their son/brother is so important to the

relatives that should the woman fail to do so the man's relatives will do something about it. A participant succinctly put it this way:

> *"Relatives expect the woman to bear children for the man and in the event that she is unable to conceive, relatives find ways of making sure that he has children elsewhere"* [Male FGD, over 25 years old, Lilongwe urban; Area 25)

The participants also noted that the husband's relatives generally expect the couple (the man and his wife) to have more children than the couple itself would have loved to. They justify their desires for large family sizes on the need to increase the size of their clans/lineages. Often, the desire for large sized clan is informed by the rivalry for political advantage among clans.

> *"They usually want more children so that the clan grows {increase in size). They want eight to 10 children, if you have four they are not happy"* [Female FGD, over 25 years old, FIPAM Lilongwe urban]

Even when there was no demand for many children by parents-in-law, some women believe that the only way to have good relationships with their relatives-in-law is to have many children:

> *"Due to some cultural norms, other women push for more children just to please their relatives. They would sometimes compare their family with the neighbors and decide that they want more children"* [Male FGD, over 25 years old, Lilongwe urban, Kamuzu Barracks]

The wrong impression that relatives and other people have of couples that decide to adopt FP sometimes serve as disincentive to FP use:

> *"…because the couple has decided not to have children, and they both are fertile mso the relatives tend to think that either one or both are infertile and that they are merely hiding under the veil of not wanting to have children*"
>
> "*Others tend to think that the couple is HIV positive. It is common knowledge that HIV positive people are discouraged from giving birth*" [Female FGD, under 25 years old, Mzimba North]

Also, the negative remarks from relatives about about FP adopters discourage many potential users.

> *"Others ridicule you saying that your peers have five children yet you only have two, what exactly do you do in your house?"* [Female FGD, over 25 years old, Machinga]

(b) <u>Influence of husbands</u>

The participants reported that the pressure to have (more) children in the household comes more from the man than the woman. Men seem to want children and are generally against the use of modern FP methods. Relatives tend to take side with their son/brother, expecting the woman to have as many children as possible.

> *"Men want their wives to constantly have children. They actually stop their wives from accessing modern FP methods"* [Female FGD, under 25 years old, Lilongwe rural]

Some women were said to acquiesce to the childbearing demands of their husbands because of the fear that by failing to do so they could lose their husbands.

"They fear that the husband may go for other women as a result some women keep on having more children" [Female FGD, over 25 years old, Mzimba North]

The amount of pressure family members exert on a man to have more children as well as the way the man responds to the pressures was said to depend on whether he is the only child or son in his family of orientation.

*"If they are the only child in their family, men tend to want more children to **grow** (increase) their clan (have a large family which will in turn become a large clan)"*

With respect to family planning, male opposition stems from perceptions of the effects of family planning on their spouses' sexual behavior and their (the men's) sexual life. For instance, it was reported that men who leave their wives behind when they travel to other places to work felt that FP made it possible for their wives to have extra-marital affairs without being caught. According to them, it was easy to catch a cheating spouse before the introduction of FP programs.

"Other men think that when a woman uses the injection, she wants to be sleeping around. For instance, if the man were to go to South Africa to work may be for five years, and leaves the woman behind, if the woman uses FP, people tend to think that she wants to be sleeping around and doesn't want to get caught because she wont be pregnant" [Female FGD, over 25 years old, Machinga

Opposition to FP use was reported to be strong also among men who felt that their sexual desire/performance decreased or urinated a lot whenever they had sex with women on FP.

"In my experience, when a woman is on FP and you are having sex you ejaculate faster compared to when she wasn't on FP when it would take longer before you would release the sperms." [Male FGD, over 25 years old, Lilongwe urban]

"…It also affects us men because when we have sex with a woman who has had an injection, we keep urinating all the time; In some cases, when we have sex with a woman who has had an injection, the sex is not as enjoyable and it is hard for us to ejaculate. It makes us afraid." [Male FGD, over 25 years old, Thyolo]

"Men say that their sex organs don't come alive when having sex with a woman that has had an injection; They believe that sex organs for a woman that is taking injection 'die' or don't function normally" [Female FGD, over 25 years old, Lilongwe urban]

"..They {men} don't get to the climax when they are having sex if their wives are on FP" [Male FGD, over 25 years old, Mzimba North

Conclusion

The power relations between a woman, her husband and members of his husband's family highlight the need to address contextual factors in any program aimed at improving family planning use in Africa. Fertility and FP decisions are taken in a context in which the husband and his parents/siblings exert significant influence. Any FP program that focuses on changing individual behaviors without adequate

attention to creating an enabling environment for the individual to adopt the new behavior will achieve minimal success. This paper does not suggest that all husbands and their family members have pronatalist ideas and oppose FP use. In fact there were reports of husbands who had encouraged their wives to use FP because of what they perceived to be the benefits of doing so. What we have attempted to do in this study is to draw attention to the fact that pronatalist ideas and opposition to FP use still exist among some men and their family members in Malawi and that as long as we have significant proportions of women acquiescing to the pronatalist ideas, family planning programs will not be able to achieve much more success. Innovative ideas must be developed to address these contextual factors – values/norms that sustain the pronatalist ideas.