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Each year, over 210 million women worldwide become pregnant, and 30 million (15 percent) develop complications, which lead to death in over half a million women. It is estimated that between 10 percent and 20 percent of these pregnancies were unwanted at the time of conception. Thus, up to 100,000 maternal deaths could be avoided if women who did not want children practiced effective fertility regulation. When we take into consideration that for every woman who dies a maternal death, about 30 more suffer from serious conditions that can affect them for the rest of their lives, it is estimated that preventing unwanted pregnancies would avert a total of 4.6 million disability-adjusted life years (DALYs) worldwide (UNFPA, 2001).

Thus, effective fertility regulation actually has the potential to contribute to better maternal health beyond simply reducing the proportion of births that are unwanted. In fact, increased use of contraception does have an obvious and direct effect on the number of maternal deaths, simply by reducing the number of pregnancies.

A recent study conducted in Malawi indicated that the most frequent direct obstetric complications treated in 48 hospitals were obstructed and prolonged labour (40 percent), followed by complications of abortion (30 percent). The high proportion of abortion complications did not differentiate between complicated and uncomplicated cases of abortion. Nor did it do so with respect to spontaneous or induced abortion (Ministry of Health, 2005a). Increased use of fertility regulation to avoid unwanted pregnancies will lead to a decrease in the number of induced abortions in the country.

This chapter presents the findings of the 2004 MDHS on contraceptive knowledge, contraceptive use, attitudes, and reproductive behaviour and intentions. The main focus is on women. However, some results are included for men. In order to evaluate trends in Malawi over the years, comparisons are made where feasible.

5.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

Knowledge about fertility control is an important step toward getting access to and using a suitable contraceptive method in a timely and effective manner. Information on knowledge of contraception was collected in two ways. First, respondents were asked to name ways or methods couples can use to prevent or delay pregnancy. When a respondent failed to mention a particular method spontaneously, the interviewer described the method and asked whether the respondent knew it. Using this approach, information was collected for nine modern family planning methods: female and male sterilisation, the pill, the IUD, injectables, implants, male and female condoms, and emergency contraception. Information was also collected on three traditional methods: the lactational amenorrhoea method (LAM), rhythm or natural family planning, and withdrawal. Provision was also made in the questionnaire to record any other methods named spontaneously by respondents. Both prompted and unprompted knowledge were combined in this survey.

In Table 5.1.1, knowledge of contraceptive methods is presented for all women, for currently married women, for sexually active unmarried women, for sexually inactive unmarried women, and for women with no sexual experience, by specific method. The 2004 MDHS finds that 97 percent of

all women know at least one contraceptive method. Knowledge of a modern method of family planning is highest for currently married women at 99 percent. There is no difference in level of knowledge of a modern contraceptive method among unmarried women with sexual experience, whether they are sexually active or not. Unmarried women with no sexual experience have much lower levels of knowledge of any contraceptive method than currently married women and unmarried women with sexual experience.

Table 5.1.1 Knowledge of contraceptive method: women

Percentage of all women, of currently married women, of sexually active unmarried women, of sexually inactive unmarried women, and of women with no sexual experience who know any contraceptive method, by specific method, Malawi 2004

Method	All women	Currently married women	Unmarried women who ever had sex		Unmarried women who never had sex
			Sexually active ¹	Not sexually active ²	
Any method	96.7	98.6	97.9	97.9	82.7
Any modern method	96.6	98.5	97.9	97.7	82.7
Female sterilisation	82.7	87.1	79.9	84.1	53.3
Male sterilisation	64.0	68.7	65.3	63.4	35.1
Pill	90.1	93.9	91.7	91.8	63.0
IUD	67.7	72.6	71.1	67.9	35.2
Injectables	93.2	96.9	94.2	93.9	68.6
Implants	62.4	67.7	64.3	62.7	27.7
Male condom	89.9	92.3	90.7	91.1	72.3
Female condom	53.6	55.7	59.7	56.6	34.5
Emergency contraception	26.3	28.3	29.2	26.5	12.6
Any traditional method	64.2	70.5	64.4	63.4	24.4
Rhythm/periodic abstinence	37.3	40.1	44.1	37.6	17.1
Withdrawal	46.9	52.4	48.8	45.0	14.2
Other traditional methods	29.4	33.1	29.0	28.8	6.0
Mean number of methods known	7.8	8.3	8.1	7.9	4.6
Number of women	11,698	8,312	260	1,827	1,301

¹ Had sexual intercourse in the month preceding the survey
² Did not have sexual intercourse in the month preceding the survey

The most widely known modern methods of contraception among all women are: injectables (93 percent), pill (90 percent), male condom (90 percent), and female sterilisation (83 percent). Among women with no sexual experience, the male condom is the most widely known contraceptive method (72 percent). These findings are similar to those of the 2000 MDHS.

Table 5.1.2 shows that almost all currently married men know about fertility regulation. Even among men with no sexual experience, knowledge of any method of contraception is high (89 percent). The most widely known modern methods of contraception among men are: the male condom (96 percent of all men), injectables (85 percent), the pill (82 percent), female sterilisation (79 percent), and male sterilisation (72 percent). It is interesting to note that knowledge of female sterilisation is higher among men than knowledge of male sterilisation. This finding is similar to that of the 2000 MDHS.

Table 5.1.2 Knowledge of contraceptive method: men

Percentage of all men, of currently married men, of sexually active unmarried men, of sexually inactive unmarried men, and of men with no sexual experience who know any contraceptive method, by specific method, Malawi 2004

Method	All men	Currently married men	Unmarried men who ever had sex		Unmarried men who never had sex
			Sexually active ¹	Not sexually active ²	
Any method	97.4	98.8	97.6	98.3	89.1
Any modern method	97.4	98.8	97.6	98.3	89.1
Female sterilisation	79.3	85.9	70.9	77.0	53.9
Male sterilisation	71.5	77.4	60.6	71.8	48.1
Pill	82.1	89.5	76.1	79.0	51.5
IUD	55.9	63.5	44.7	51.9	29.4
Injectables	85.4	92.5	79.4	81.1	58.0
Implants	42.2	48.3	35.9	35.6	23.0
Male condom	95.8	97.4	95.0	97.3	85.8
Female condom	56.4	59.6	56.1	58.7	37.0
Emergency contraception	21.6	23.6	19.4	23.2	10.8
Any traditional method	55.8	64.9	48.6	47.7	23.7
Rhythm/periodic abstinence	39.8	46.3	32.5	32.9	19.7
Withdrawal	45.6	53.9	42.0	37.7	15.5
Mean number of methods known	6.8	7.4	6.1	6.5	4.3
Number of men	3,261	2,079	278	506	399

¹ Had sexual intercourse in the month preceding the survey
² Did not have sexual intercourse in the month preceding the survey

Table 5.2 shows that knowledge of at least one modern method of family planning is universally high (95 percent or more) among all subgroups of currently married women in Malawi. Young women age 15-19 have the lowest awareness of methods (95 percent). Married men with no education have marginally lower levels of knowledge of family planning methods than men with education (97 and 99-100 percent, respectively). Married men from Mangochi District are the least likely to know a modern method of fertility regulation (90 percent), while all men from Mzimba, Thyolo, and Zomba know of at least one modern method.

Table 5.2 Knowledge of contraceptive methods by background characteristics

Percentage of currently married women and men who know at least one contraceptive method and who know at least one modern method by background characteristics, Malawi 2004

Background characteristic	Women			Men		
	Knows any method	Knows any modern method ¹	Number of women	Knows any method	Knows any modern method ¹	Number of men
Age						
15-19	95.3	95.3	788	*	*	15
20-24	98.5	98.5	2,283	98.6	98.6	260
25-29	99.2	99.2	1,814	98.6	98.6	493
30-34	99.2	99.2	1,225	98.8	98.7	445
35-39	99.6	99.4	903	98.3	98.3	280
40-44	98.8	98.8	754	99.8	99.8	271
45-49	98.5	98.3	545	98.8	98.8	173
50-54	na	na	0	99.5	99.5	143
Residence						
Urban	99.3	99.3	1,337	97.7	97.7	355
Rural	98.5	98.4	6,975	99.0	99.0	1,724
Region						
Northern	99.6	99.6	1,087	100.0	100.0	243
Central	97.9	97.9	3,346	99.4	99.4	885
Southern	98.9	98.8	3,880	98.0	98.0	951
District						
Blantyre	98.0	98.0	643	99.3	99.3	199
Kasungu	98.0	97.8	385	99.7	99.7	103
Machinga	99.6	99.6	317	98.7	98.7	70
Mangochi	97.1	97.0	437	91.0	90.4	106
Mzimba	99.4	99.4	570	100.0	100.0	129
Salima	98.4	98.1	230	99.3	99.3	58
Thyolo	99.9	99.7	433	100.0	100.0	116
Zomba	99.7	99.7	436	100.0	100.0	100
Lilongwe	97.1	97.1	1,175	99.4	99.4	322
Mulanje	99.3	99.0	359	98.7	98.7	74
Other districts	98.9	98.9	3,326	98.9	98.9	802
Education						
No education	97.8	97.7	2,229	96.5	96.5	329
Primary 1-4	98.3	98.2	2,291	98.8	98.7	536
Primary 5-8	99.3	99.3	2,850	99.3	99.3	773
Secondary+	99.3	99.3	940	99.8	99.8	440
Wealth quintile						
Lowest	97.8	97.8	1,256	97.7	97.7	271
Second	98.5	98.3	1,787	98.5	98.4	434
Middle	98.2	98.1	1,851	99.2	99.2	509
Fourth	98.7	98.7	1,779	99.1	99.1	465
Highest	99.8	99.8	1,640	99.2	99.2	400
Total	98.6	98.6	8,312	98.8	98.8	2,079

Note: An asterisk indicates that an estimate is based on fewer than 25 un-weighted cases and has been suppressed.

¹ Female sterilisation, male sterilisation, pill, IUD, injectables, implants, male condom, female condom, and emergency contraception.

na = Not applicable

5.2 EVER USE OF CONTRACEPTION

All women interviewed who said they had heard of a method of family planning were asked whether they had ever used that method. Table 5.3.1 shows the percentage of all women, currently married women, and sexually active women who have ever used a method of contraception. Overall, 51 percent of women report having used a method at some time and 46 percent report having ever used a modern method. Among currently married women, 60 percent have used a method in the past and 55 percent have ever used a modern method. The most widely ever used modern methods among currently married women are: injectables (41 percent), the pill (12 percent), male condom (9 percent), and female sterilisation (6 percent). Half of women who are sexually active but unmarried have used a family planning method at some time. Most of these women used a modern method (47 percent). The most frequently used modern methods among sexually active unmarried women are injectables (27 percent), the male condom (22 percent) and the pill (7 percent).

Table 5.3.1 Ever use of contraception: women

Percentage of all women, of currently married women, and of sexually active unmarried women who have ever used any contraceptive method, by specific method and age, Malawi 2004

Age	Modern method										Traditional method				Number of women		
	Any method	Any modern method	Female sterilisation	Male sterilisation	Pill	IUD	Injectables	Implants	Male condom	Female condom	Emergency contraception	Any traditional method	Rhythm/periodic abstinence	Withdrawal		Other traditional methods	
ALL WOMEN																	
15-19	15.9	14.6	0.0	0.0	1.4	0.0	6.6	0.1	7.7	0.0	0.7	0.0	3.3	0.7	2.2	0.7	2,392
20-24	50.7	46.8	0.1	0.0	6.1	0.1	35.1	0.8	12.5	0.2	2.1	0.3	10.4	2.1	6.8	2.8	2,870
25-29	64.8	60.0	1.3	0.2	13.3	0.7	49.4	1.0	10.7	0.0	3.1	0.4	14.7	3.1	8.4	5.0	2,157
30-34	65.9	62.0	6.3	0.3	14.8	0.8	50.5	1.1	6.6	0.1	3.5	0.3	15.1	3.5	7.7	6.3	1,478
35-39	65.7	59.8	12.9	0.1	16.2	1.0	44.7	0.3	6.4	0.2	3.2	0.5	17.1	3.2	7.8	8.2	1,117
40-44	64.0	55.5	17.7	0.5	16.1	1.9	33.8	1.2	4.4	0.2	3.6	0.3	21.1	3.6	10.4	10.5	935
45-49	49.1	43.1	17.0	0.5	11.6	1.9	23.6	0.1	2.5	0.0	2.8	0.0	16.0	2.8	6.3	9.2	749
Total	50.5	46.3	4.8	0.2	9.7	0.6	33.9	0.7	8.6	0.1	2.4	0.3	12.2	2.4	6.6	4.7	11,698
CURRENTLY MARRIED WOMEN																	
15-19	32.9	29.3	0.0	0.1	3.7	0.1	16.7	0.2	11.2	0.0	0.6	0.1	8.2	0.6	5.9	2.1	788
20-24	55.9	51.4	0.1	0.0	7.0	0.2	39.7	0.8	12.9	0.3	2.3	0.3	12.0	2.3	8.1	3.2	2,283
25-29	68.2	63.0	1.3	0.1	14.3	0.7	51.6	1.2	11.0	0.0	3.5	0.5	16.2	3.5	9.4	5.4	1,814
30-34	68.0	63.6	7.0	0.3	15.3	0.6	52.0	1.1	6.8	0.2	3.6	0.2	16.1	3.6	8.6	6.7	1,225
35-39	68.2	62.0	14.0	0.1	17.4	1.1	46.3	0.4	7.1	0.1	3.1	0.6	18.5	3.1	8.6	8.9	903
40-44	67.5	58.3	19.1	0.5	17.2	1.8	35.0	1.3	4.5	0.1	3.7	0.3	23.5	3.7	12.1	11.7	754
45-49	51.4	45.6	19.1	0.7	11.7	2.4	26.2	0.1	2.9	0.0	2.5	0.0	16.1	2.5	6.4	9.8	545
Total	60.3	55.0	5.8	0.2	11.9	0.7	41.3	0.8	9.4	0.1	2.8	0.3	15.2	2.8	8.5	5.9	8,312
SEXUALLY ACTIVE UNMARRIED WOMEN ¹																	
15-19	39.9	39.2	0.0	0.0	0.0	0.0	9.2	0.0	30.9	0.0	2.8	0.0	4.2	2.8	1.4	0.0	87
20-24	48.5	47.0	0.0	0.0	7.0	0.0	26.9	0.0	22.6	0.0	0.8	0.8	3.7	0.8	0.8	2.1	76
25+	59.8	54.6	3.1	0.0	14.1	1.4	43.0	0.0	14.0	0.0	2.3	1.2	11.0	2.3	2.8	7.1	97
Total	49.8	47.2	1.2	0.0	7.3	0.5	27.0	0.0	22.2	0.0	2.0	0.7	6.6	2.0	1.7	3.3	260

¹ Women who had sexual intercourse in the month preceding the survey

In the 2004 MDHS, male respondents were asked about ever use of male-oriented methods. Table 5.3.2 shows that 50 percent of men report having used a method at some time and 40 percent report having ever used a modern method. Currently married men are more likely than other men to have ever used a method; 57 percent of currently married men have used a method in the past; and 42 percent have ever used a modern method. Among all men and currently married men, the male condom is the main contraceptive method ever used (40 and 41 percent, respectively). Use of male

sterilisation is extremely low (1 percent). Among sexually active unmarried men, the male condom is virtually the only modern method of family planning ever used (65 percent).

Table 5.3.2 Ever use of contraception: men

Percentage of all men, of currently married men, and of sexually active unmarried men who have ever used any contraceptive method, by specific method and age, Malawi 2004

Age	Any method	Any modern method	Modern method		Traditional method			Number of men
			Male sterilisation	Male condom	Any traditional method	Rhythm/periodic abstinence	Withdrawal	
ALL MEN								
15-19	24.3	23.1	0.8	22.5	6.2	2.8	4.4	650
20-24	57.4	53.2	0.4	53.2	17.1	10.3	10.5	587
25-29	60.0	48.9	0.5	48.8	27.5	14.7	18.0	634
30-34	67.2	52.5	0.7	52.0	34.8	20.8	23.6	485
35-39	52.1	35.6	1.5	35.3	34.6	22.2	22.2	294
40-44	48.9	31.6	0.5	31.6	30.6	15.1	26.3	282
45-49	49.6	29.9	3.0	27.7	31.3	16.6	20.5	182
50-54	38.4	17.4	0.5	16.9	30.1	19.7	17.5	148
Total	50.3	39.9	0.8	39.5	23.7	13.5	16.0	3,261
CURRENTLY MARRIED MEN								
15-19	40.6	29.7	0.0	29.7	10.9	10.9	10.9	15
20-24	57.4	49.8	0.0	49.8	25.0	15.7	16.3	260
25-29	61.1	47.8	0.4	47.7	32.1	17.1	21.2	493
30-34	67.6	51.9	0.8	51.4	36.2	21.5	24.8	445
35-39	52.7	35.4	1.6	35.2	34.8	22.3	22.2	280
40-44	49.3	31.7	0.6	31.7	31.2	15.7	26.6	271
45-49	49.7	31.1	3.1	28.8	30.7	15.9	20.4	173
50-54	39.1	18.0	0.5	17.5	30.5	19.9	17.9	143
Total	56.8	41.6	0.8	41.2	32.0	18.4	21.8	2,079
SEXUALLY ACTIVE UNMARRIED MEN ¹								
15-19	54.3	51.6	1.0	51.1	18.7	6.4	16.6	119
20-24	84.4	83.1	0.0	83.1	17.4	11.3	8.6	102
25+	70.0	63.0	0.0	63.0	25.7	14.3	15.5	57
Total	68.6	65.5	0.4	65.3	19.6	9.8	13.4	278

¹ Men who had sexual intercourse in the month preceding the survey

5.3 CURRENT USE OF CONTRACEPTIVE METHODS

In the 2004 MDHS, women were asked about the contraceptive method they were currently using. Table 5.4 shows the percent distribution of women who are currently using specific family planning methods by age. The survey shows that 26 percent of all women and 33 percent of currently married women are using a method of family planning. Twenty-eight percent of all currently married women are using a modern method of contraception. This is a marginal increase over the 26 percent reported in the 2000 MDHS.

Current use of modern contraceptive methods among currently married women increases with age, from 17 percent for women age 15-19 to 33 percent for married women age 40-44 years, and then drops to 27 percent for those age 45-49. Injectables, female sterilisation, and the pill are the most commonly used contraceptive methods, used by 18, 6, and 2 percent of married women,

respectively. The choice of methods among sexually active unmarried women is different; these women prefer to use injectables (11 percent) and male condoms (10 percent).

Table 5.4 Current use of contraception

Percent distribution of all women, of currently married women, and of sexually active unmarried women by contraceptive method currently used, according to age, Malawi 2004

Age	Modern method								Traditional method					Total	Number of women
	Any method	Any modern method	Female sterilisation	Pill	IUD	Injectables	Implants	Male condom	Any traditional method	Rhythm/periodic abstinence	Withdrawal	Other traditional methods	Not currently using		
ALL WOMEN															
15-19	8.5	7.6	0.0	0.5	0.0	4.6	0.0	2.6	0.8	0.1	0.4	0.3	91.5	100.0	2,392
20-24	25.6	22.5	0.1	1.4	0.1	17.5	0.5	3.0	3.1	0.4	1.8	0.9	74.4	100.0	2,870
25-29	32.0	27.8	1.3	2.3	0.1	21.9	0.6	1.6	4.1	0.7	2.2	1.2	68.0	100.0	2,157
30-34	32.1	28.6	6.3	2.3	0.1	18.4	0.8	0.7	3.5	0.5	1.7	1.3	67.9	100.0	1,478
35-39	32.8	28.6	12.9	2.0	0.1	12.9	0.1	0.5	4.1	0.3	1.7	2.1	67.2	100.0	1,117
40-44	35.0	29.7	17.7	0.9	0.1	10.2	0.3	0.5	5.2	0.3	1.9	3.1	65.0	100.0	935
45-49	28.2	22.9	17.0	1.1	0.1	4.2	0.0	0.2	5.3	0.7	1.0	3.6	71.8	100.0	749
Total	25.7	22.4	4.8	1.5	0.1	13.9	0.4	1.7	3.3	0.4	1.5	1.3	74.3	100.0	11,698
CURRENTLY MARRIED WOMEN															
15-19	18.9	16.6	0.0	1.3	0.0	11.8	0.1	3.4	2.3	0.0	1.4	1.0	81.1	100.0	788
20-24	29.2	25.4	0.1	1.5	0.1	20.2	0.4	3.0	3.7	0.5	2.2	1.1	70.8	100.0	2,283
25-29	35.3	30.8	1.3	2.7	0.1	24.3	0.7	1.6	4.6	0.7	2.6	1.2	64.7	100.0	1,814
30-34	35.5	31.6	7.0	2.7	0.1	20.1	0.9	0.7	3.9	0.5	2.0	1.4	64.5	100.0	1,225
35-39	36.7	31.8	14.0	2.3	0.2	14.5	0.2	0.6	4.8	0.4	2.2	2.3	63.3	100.0	903
40-44	39.5	33.3	19.1	1.1	0.1	12.1	0.4	0.6	6.2	0.2	2.3	3.6	60.5	100.0	754
45-49	33.0	26.7	19.1	1.1	0.2	5.7	0.0	0.2	6.3	0.6	1.4	4.3	67.0	100.0	545
Total	32.5	28.1	5.8	2.0	0.1	18.0	0.5	1.8	4.3	0.5	2.1	1.7	67.5	100.0	8,312
SEXUALLY ACTIVE UNMARRIED WOMEN ¹															
15-19	25.0	23.5	0.0	0.0	0.0	9.2	0.0	14.3	1.5	1.5	0.0	0.0	75.0	100.0	87
20-24	28.2	27.0	0.0	4.8	0.0	10.4	0.0	11.9	1.2	0.0	0.0	1.2	71.8	100.0	76
25+	25.9	22.9	3.1	1.8	0.0	14.1	0.0	3.9	3.0	0.0	0.0	3.0	74.1	100.0	97
Total	26.3	24.3	1.2	2.0	0.0	11.4	0.0	9.7	2.0	0.5	0.0	1.5	73.7	100.0	260

Note: If more than one method is used, only the most effective method is considered in this tabulation.

¹Women who have had sexual intercourse in the month preceding the survey

As expected, female sterilisation is used more commonly by women age 35 and older, while injectables are mostly used by women at the peak of childbearing years (age 20-39) and male condoms are used by women age 15-24.

5.4 CURRENT USE OF CONTRACEPTION BY BACKGROUND CHARACTERISTICS

Table 5.5 presents the percent distribution of currently married women by their current use of contraceptive methods according to background characteristics. Married women in urban areas are more likely to use modern contraceptives (35 percent) than rural women (27 percent), while rural women are more likely than urban women to use traditional methods (5 percent compared with 3 percent). While women in the Northern Region show the highest overall use of family planning methods (41 percent), a large proportion of these women use traditional methods (13 percent). In the Northern Region, married women are much more likely to use male condoms than women in other regions (7 percent compared with 1 percent or less).

Table 5.5 Current use of contraception by background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to background characteristics, Malawi 2004

Background characteristic	Modern method									Traditional method					Total	Number of women	
	Any method	Any modern method	Female sterilisation	Male sterilisation	Pill	IUD	Injectables	Implants	Male condom	Any traditional method	Rhythm/periodic abstinence	Withdrawal	Other traditional methods	Not currently using			
Number of living children																	
0	1.9	1.8	0.1	0.0	0.1	0.1	0.4	0.0	1.1	0.1	0.1	0.0	0.0	98.1	100.0	773	
1-2	29.5	26.2	1.0	0.0	2.2	0.1	19.8	0.4	2.8	3.3	0.4	2.0	0.9	70.5	100.0	3,327	
3-4	37.8	33.0	5.7	0.0	2.5	0.1	22.2	0.9	1.6	4.9	0.5	2.8	1.6	62.2	100.0	2,319	
5+	43.7	36.5	17.0	0.1	1.8	0.1	16.8	0.2	0.4	7.1	0.6	2.6	4.0	56.3	100.0	1,893	
Residence																	
Urban	37.2	34.7	6.4	0.0	3.2	0.2	22.5	1.4	1.1	2.5	0.6	0.9	1.0	62.8	100.0	1,337	
Rural	31.6	26.9	5.7	0.0	1.7	0.1	17.1	0.3	1.9	4.7	0.4	2.4	1.9	68.4	100.0	6,975	
Region																	
Northern	41.2	28.7	6.6	0.0	3.7	0.1	11.0	0.6	6.7	12.5	0.5	10.3	1.7	58.8	100.0	1,087	
Central	33.2	29.8	6.8	0.0	1.9	0.1	19.0	0.6	1.4	3.3	0.4	1.6	1.3	66.8	100.0	3,346	
Southern	29.4	26.5	4.8	0.0	1.6	0.1	19.0	0.3	0.7	2.9	0.5	0.4	2.0	70.6	100.0	3,880	
District																	
Blantyre	36.5	33.7	6.2	0.0	2.1	0.2	23.6	0.4	1.2	2.8	0.9	0.2	1.7	63.5	100.0	643	
Kasungu	38.4	27.3	5.9	0.0	3.0	0.0	16.0	0.8	1.6	11.0	0.7	8.2	2.1	61.6	100.0	385	
Machinga	28.0	23.8	3.7	0.0	0.3	0.4	17.8	0.0	1.5	4.2	0.1	0.2	3.9	72.0	100.0	317	
Mangochi	20.5	17.1	2.0	0.2	2.3	0.2	11.1	0.8	0.6	3.4	0.7	0.9	1.7	79.5	100.0	437	
Mzimba	39.3	27.8	6.5	0.0	2.9	0.3	10.7	0.7	6.7	11.4	0.6	10.4	0.4	60.7	100.0	570	
Salima	20.7	19.6	4.2	0.0	0.9	0.4	12.4	0.6	1.1	1.2	0.3	0.4	0.5	79.3	100.0	230	
Thyolo	30.5	28.2	6.1	0.0	1.3	0.0	19.7	0.0	1.1	2.3	0.6	0.0	1.7	69.5	100.0	433	
Zomba	32.0	28.2	3.6	0.0	1.4	0.0	22.2	0.3	0.8	3.7	0.3	1.2	2.2	68.0	100.0	436	
Lilongwe	36.3	34.3	7.3	0.0	2.4	0.0	22.1	1.1	1.4	2.0	0.3	0.6	1.1	63.7	100.0	1,175	
Mulanje	28.5	24.6	7.2	0.0	0.9	0.0	15.4	0.6	0.5	3.9	0.4	0.6	2.9	71.5	100.0	359	
Other districts	32.1	27.9	6.1	0.0	2.0	0.1	17.7	0.3	1.7	4.2	0.4	2.0	1.8	67.9	100.0	3,326	
Education																	
No education	27.0	23.1	6.9	0.0	0.9	0.0	14.6	0.1	0.5	3.9	0.6	1.1	2.2	73.0	100.0	2,229	
Primary 1-4	29.4	25.5	5.2	0.0	2.0	0.0	17.3	0.1	0.8	3.9	0.4	2.0	1.4	70.6	100.0	2,291	
Primary 5-8	35.4	30.0	5.8	0.0	2.0	0.1	19.0	0.5	2.6	5.4	0.3	3.2	1.9	64.6	100.0	2,850	
Secondary+	44.2	41.0	5.1	0.0	4.4	0.4	24.5	2.0	4.6	3.2	0.8	1.6	0.7	55.8	100.0	940	
Wealth quintile																	
Lowest	25.3	21.8	3.7	0.0	0.9	0.2	15.9	0.1	1.0	3.5	0.5	1.7	1.3	74.7	100.0	1,256	
Second	27.9	24.2	4.6	0.0	0.9	0.1	16.8	0.1	1.7	3.8	0.4	1.4	1.9	72.1	100.0	1,787	
Middle	30.4	25.2	4.6	0.1	1.8	0.1	16.4	0.4	1.9	5.3	0.3	2.9	2.0	69.6	100.0	1,851	
Fourth	36.7	31.1	7.3	0.0	2.9	0.0	18.6	0.4	1.8	5.7	0.5	3.2	2.0	63.3	100.0	1,779	
Highest	40.6	37.6	8.6	0.0	3.1	0.3	21.9	1.4	2.2	3.0	0.6	1.3	1.1	59.4	100.0	1,640	
Total	32.5	28.1	5.8	0.0	2.0	0.1	18.0	0.5	1.8	4.3	0.5	2.1	1.7	67.5	100.0	8,312	

Note: If more than one method is used, only the most effective method is considered in this tabulation.

As expected, contraceptive use increases with level of education. Use of modern methods increases from 23 percent among married women with no education to 41 percent among women with at least some secondary education. Few women start using contraceptives before having any children. The proportion of married women using modern methods increases with the number of children they have, ranging from 26 percent for women with 1-2 children to 37 percent for women with five or more children. Use of modern methods rises from 22 percent among married women in the lowest wealth quintile to 38 percent among those in the highest wealth quintile.

Table 5.5 also shows that levels of use of modern family planning methods vary by district. Married women in Lilongwe and Blantyre are the most likely to use modern methods of contraception (34 percent each), followed by Mzimba, Thyolo, and Zomba (28 percent). The lowest levels of modern contraceptive use are found in Mangochi (17 percent) and Salima (20 percent). Injectables are particularly popular in the urban areas such as Blantyre, Lilongwe and Zomba

(22 percent or higher), while female sterilisation is popular in Lilongwe and Mulanje (7 percent or higher).

5.5 TRENDS IN CONTRACEPTIVE USE

Table 5.6 shows that while the proportion of currently married women using any method of family planning increased greatly from 13 percent in 1992 to 31 percent in 2000, there is a slight increase from 31 percent in 2000 to 33 percent in 2004. Use of modern contraceptive methods increased fourfold from 7 percent in 1992 to 28 percent in 2004. This dramatic rise in use of modern methods can be attributed to a sharp increase in the use of injectables and female sterilisation. Use of male condoms remains unchanged at 2 percent.

Method	1992 MDHS	2000 MDHS	2004 MDHS
Any method	13.0	30.6	32.5
Any modern method	7.4	26.1	28.1
Female sterilisation	1.7	4.7	5.8
Male sterilisation	0.0	0.1	0.0
Pill	2.2	2.7	2.0
IUD	0.3	0.1	0.1
Injectables	1.5	16.4	18.0
Implants	na	0.1	0.5
Male condom	1.6	1.6	1.8
Any traditional method	5.6	4.5	4.3
Rhythm/periodic abstinence	2.2	0.9	0.5
Withdrawal	1.5	1.5	2.1
Other traditional methods	2.0	2.1	1.7
Number of women	3,492	9,452	8,312

5.6 CURRENT USE OF CONTRACEPTION BY WOMAN'S STATUS

A woman's status and her self-image affect, to some extent, her desire and ability to control her fertility and her choice of contraceptive method. A woman who is not empowered to make decisions generally affecting her life is less likely to make decisions relating to her reproductive rights and responsibilities. Table 5.7 shows the distribution of currently married women by contraceptive use, according to selected indicators of women's status. Use of a modern method of contraception is reported by 24 percent of women who have a final say in no decisions, 28 percent of women with a final say in 1-2 decisions, and at least 30 percent of women with a final say in three or more decisions. There is a small positive trend in the proportion of women using modern methods of contraception relative to the number of reported reasons to refuse sexual relations with the husband, and a small negative relationship with agreement with reported reasons to justify wife beating. This table shows that these indicators of women's status have a weak but consistent relationship with the use of contraceptive methods in Malawi: women with more decisionmaking power and women who believe that a wife has the right to refuse sex to her husband and that wife beating is not justified are slightly more likely to use a modern method of contraception.

Table 5.7 Current use of contraception by women's status

Percent distribution of currently married women by contraceptive method currently used, according to indicators of women's status, Malawi 2004

Women's status indicators	Modern method								Traditional method				Not currently using	Total	Number of women
	Any method	Any modern method	Female sterilisation	Pill	IUD	Injectables	Implants	Male condom	Any traditional method	Rhythm/periodic abstinence	Withdrawal	Other traditional methods			
Number of decisions in which woman has final say¹															
0	26.3	23.6	3.7	1.6	0.2	16.1	0.2	1.9	2.8	0.3	0.9	1.7	73.7	100.0	1,390
1-2	32.3	27.6	6.0	1.9	0.1	17.1	0.4	2.1	4.7	0.6	2.5	1.6	67.7	100.0	4,040
3-4	36.5	31.9	6.6	2.1	0.2	20.7	0.9	1.2	4.7	0.4	2.7	1.6	63.5	100.0	1,879
5	34.1	30.0	7.1	2.4	0.1	19.0	0.3	1.1	4.2	0.2	1.4	2.5	65.9	100.0	1,004
Number of reasons to refuse sex with husband															
0	27.9	24.7	5.3	1.9	0.1	16.0	0.0	1.4	3.2	0.5	1.2	1.5	72.1	100.0	857
1-2	29.9	26.2	4.5	1.8	0.0	18.4	0.2	1.4	3.6	0.3	1.6	1.7	70.1	100.0	1,556
3-4	33.8	29.2	6.3	2.0	0.2	18.1	0.6	1.9	4.7	0.5	2.4	1.8	66.2	100.0	5,900
Number of reasons wife beating is justified															
0	32.6	28.7	6.5	2.0	0.2	18.1	0.5	1.5	3.9	0.4	1.8	1.7	67.4	100.0	5,886
1-2	32.4	27.1	4.8	1.7	0.1	17.7	0.7	2.2	5.3	0.7	2.3	2.3	67.6	100.0	1,446
3-4	33.0	26.9	3.7	2.6	0.0	17.0	0.1	3.5	6.1	0.3	4.3	1.5	67.0	100.0	648
5	29.7	25.8	4.0	1.1	0.0	19.0	0.2	1.4	3.9	0.2	3.2	0.5	70.3	100.0	333
Total	32.5	28.1	5.8	2.0	0.1	18.0	0.5	1.8	4.3	0.5	2.1	1.7	67.5	100.0	8,312

Note: If more than one method is used, only the most effective method is considered in this tabulation.

¹ Either by herself or jointly with others.

5.7 NUMBER OF CHILDREN AT FIRST USE OF CONTRACEPTION

The reason to practice family planning may be either to limit family size or to postpone the next birth. Couples using family planning to stop having any more children start using this when they have already had the number of children they desire. When family planning is used to delay the timing of pregnancy, couples may use contraception earlier in their reproductive lives. This may be done before a couple has had the number of children they desire, indeed even before the first pregnancy. Table 5.8 shows that 37 percent of young women age 15-19 who have ever used contraception started using contraceptives before they have had their first child. This compares with less than 1 percent of women age 35 years and over. While the vast majority of women age 20-29 start using a family planning method after the birth of their first child, 53-70 percent of women age 35 years and older start using contraceptive methods after they have had four or more children.

Current age	Number of living children at time of first use of contraception						Total	Number of women
	0	1	2	3	4+	Missing		
15-19	36.8	55.2	6.5	0.0	0.8	0.6	100.0	380
20-24	8.8	61.5	24.3	4.7	0.6	0.1	100.0	1,454
25-29	2.6	41.5	33.5	15.0	7.4	0.2	100.0	1,398
30-34	1.6	22.8	27.7	22.2	25.6	0.1	100.0	975
35-39	0.7	15.0	15.6	16.0	52.6	0.1	100.0	733
40-44	0.1	15.3	10.4	10.8	62.9	0.5	100.0	598
45-49	0.9	12.0	8.0	9.0	70.0	0.0	100.0	368
Total	5.6	36.4	22.4	12.0	23.4	0.2	100.0	5,907

5.8 KNOWLEDGE OF FERTILE PERIOD

Knowledge of the fertile period is important to assess the likelihood of conception in the absence of any use of contraception. This is especially important for couples that use periodic abstinence to prevent pregnancy. Table 5.9 shows the percent distributions of women and men by knowledge of the fertile period during the ovulatory cycle.

Table 5.9 shows that knowledge of the fertile period is generally low among women. Only 16 percent of women think that their fertile period falls halfway between two periods. This proportion is even lower (6 percent) for women who report that they use periodic abstinence as a contraceptive method. The majority of all women (35 percent) think that their fertile period is right after their period has ended. Seventeen percent of all women report that they do not know their fertile period.

Table 5.9 also shows that one in four men (26 percent) report that they do not know when a woman's fertile period is, and another quarter (26 percent) believe that the fertile period is the time right after the monthly period has ended. Yet another 25 percent think the fertile period is just before the period begins. Only 10 percent of men know that a woman's fertile period is about halfway between two periods.

Table 5.9 Knowledge of fertile period

Percent distribution of women and men by knowledge of the fertile period during the ovulatory cycle, according to current use/nonuse of periodic abstinence, Malawi 2004

Perceived fertile period	Women		All women	All men
	Users of periodic abstinence	Nonusers of periodic abstinence		
Just before her period begins	(6.7)	15.4	15.3	24.6
During her period	(1.3)	3.8	3.8	2.2
Right after her period has ended	(67.6)	34.9	35.0	25.7
Halfway between two periods	(5.5)	15.9	15.8	9.9
Other	(0.0)	0.1	0.1	0.1
No specific time	(10.7)	13.0	13.0	11.1
Don't know	(8.2)	16.9	16.8	26.4
Missing	(0.0)	0.1	0.1	0.0
Total	100.0	100.0	100.0	100.0
Number of respondents	47	11,651	11,698	3,261

Note: Figures in parentheses are based on 25-49 unweighted cases.

These findings indicate that use of periodic abstinence is not a reliable method of contraception among the couples using this method, because knowledge of the fertile period is very limited among both men and women in Malawi.

5.9 TIMING OF STERILISATION

Table 5.10 shows that most women who are sterilised have the operation between the ages of 30 and 39 (58 percent). This proportion is about the same as that for women in the 2000 MDHS. There is a decrease in the proportion of women reporting to have been sterilised before age 25, from 7 percent in 2000 to 4 percent in 2004; there is also a decrease from 7 percent to 3 percent for women age 45-49 in the same period.

Table 5.10 Timing of sterilisation

Percent distribution of sterilised women by age at the time of sterilisation, and median age at sterilisation, according to the number of years since the operation, Malawi 2004

Years since operation	Age at time of sterilisation						Total	Number of women	Median age ¹
	<25	25-29	30-34	35-39	40-44	45-49			
<2	3.1	17.4	24.4	26.2	22.6	6.4	100.0	179	33.5
2-3	1.6	14.2	28.7	31.4	20.7	3.3	100.0	101	33.9
4-5	3.0	19.6	22.6	31.5	23.3	0.0	100.0	91	33.6
6-7	6.1	12.9	33.6	38.5	8.8	0.0	100.0	78	34.0
8-9	2.0	11.5	42.8	42.6	1.1	0.0	100.0	33	34.5
10+	8.1	42.7	27.3	21.8	0.0	0.0	100.0	79	a
Total	3.9	19.8	27.7	30.1	16.0	2.6	100.0	561	33.4

a = Not calculated due to censoring

¹ Median age is calculated only for women sterilised at less than 40 years of age to avoid problems of censoring.

5.10 SOURCE OF CONTRACEPTION

All current users of modern contraceptives were asked about the most recent source of their methods. Table 5.11 shows that the public sector is the main source of contraceptive methods in Malawi, providing methods to 67 percent of current users. This is about the same proportion captured in the 2000 MDHS (68 percent). Thirteen percent of all current users get their methods from Mission (religious) facilities, 4 percent from the private medical sector, and 17 percent from other sources including NGOs, where Banja La Mtsogola (BLM) is the most commonly used source (13 percent). In the public sector, 40 percent of current users obtain their contraceptive methods from government health centres and 20 percent from government hospitals. Four percent and 2 percent of users obtain their methods from mobile clinics and fieldworkers, respectively.

Table 5.11 Source of contraception

Percent distribution of women who are currently using modern contraceptive methods by most recent source of method, according to specific method, Malawi 2004

Source of supply	Female sterilisation	Pill	Injectables	Implants	Male condom	Total
Public	39.4	72.9	77.9	(66.6)	45.4	66.5
Government hospital	34.6	14.6	15.9	(58.7)	8.8	20.0
Government health centre	4.6	44.8	55.1	(7.9)	21.1	40.0
Family planning clinic	0.1	0.0	0.9	(0.0)	0.0	0.6
Mobile clinic	0.0	2.7	4.8	(0.0)	6.8	3.7
Field worker	0.0	10.4	0.9	(0.0)	7.9	2.0
Other public	0.0	0.3	0.4	(0.0)	0.8	0.3
Mission	17.4	11.5	11.1	(33.4)	8.6	12.6
Mission hospital, clinic	16.0	6.1	5.1	(26.0)	2.3	7.6
Mission health centre	1.4	4.6	5.3	(7.4)	5.0	4.4
Mobile clinic	0.0	0.8	0.7	(0.0)	1.3	0.6
Private	0.9	5.4	5.4	(0.0)	3.2	4.2
Private hospital/clinic	0.9	1.1	4.6	(0.0)	0.5	3.2
Pharmacy	0.0	0.0	0.0	(0.0)	0.3	0.0
Private doctor	0.0	0.4	0.2	(0.0)	0.0	0.1
Mobile clinic	0.0	1.5	0.1	(0.0)	0.0	0.2
CBDA/fieldworker	0.0	2.3	0.5	(0.0)	2.4	0.7
other private medical	0.0	0.0	0.0	(0.0)	0.0	0.0
Other	42.3	9.6	5.5	(0.0)	41.8	16.5
BLM	42.3	8.6	5.3	(0.0)	1.4	13.2
Shop	0.0	1.0	0.0	(0.0)	38.9	3.1
Friend/relative	0.0	0.0	0.1	(0.0)	1.5	0.2
Other	0.0	0.0	0.0	(0.0)	1.0	0.1
Missing	0.0	0.6	0.0	(0.0)	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	561	176	1,625	43	203	2,620

Note: Total includes some women whose husband/partner has been sterilised and some women who use the IUD. Figures in parentheses are based on 25-49 unweighted cases.

Among mission health facilities, mission hospitals are the most commonly used source, providing contraceptives to 8 percent of all users of modern methods. Mission health centres provide contraceptives to 4 percent of all current users. The private medical sector is the source of contraceptive methods to only 4 percent of all users of modern methods of contraception.

Female sterilisations are conducted mainly in BLM (42 percent) and government hospitals (35 percent). The pill is obtained mainly from government health centres (45 percent) and government hospitals (15 percent). Injectables are also supplied primarily in government health centres (55 percent) and government hospitals (16 percent).

Male condoms are obtained mainly from shops (39 percent), government health centres (21 percent), and government hospitals (9 percent). Overall, these results reaffirm the reliance on government health facilities for the provision of contraceptive services in Malawi. These are complemented by services provided by BLM and mission health institutions.

5.11 INFORMED CHOICE

Current users of modern methods who are well informed about the side effects and problems associated with methods and know of a range of method options are in a better position to make an informed choice about the method they would like to use. Providers of family planning services must inform potential clients about the various methods available, their effectiveness in preventing pregnancy, and their potential side effects. Prior to administering a sterilisation operation, providers must inform potential users that the operation is a permanent and irreversible method. Knowledge of various methods also helps minimise discontinuation rates.

In the 2004 MDHS, current users of various modern contraceptive methods were asked whether at the time they were adopting the particular method, they were informed about side effects or problems that they might have with the method. Table 5.12 shows the percentage of current users of modern methods who were informed about side effects or problems of the method used, informed of other methods they could use, and informed that sterilisation is a permanent method; these are presented by method type, initial source, and various background characteristics.

Table 5.12 shows that 77 percent of users of modern contraceptive methods were informed about side effects of the method they use, 74 percent were told what to do in case of side effects, and 76 percent say that they were told about other contraceptive options. Table 5.12 also shows that virtually all (97 percent) of sterilized women were informed that the operation is permanent and that they would not be able to have any more children after the operation.

Table 5.12 Informed choice

Among current users of modern contraceptive methods who adopted the current method in the five years preceding the survey, percentage who were informed about the side effects of the method used, percentage who were informed what to do if side effects were experienced, percentage who were informed of other methods that could be used for contraception, and percentage of women who were sterilised in the five years preceding the survey who were informed that they would not be able to have any more children, by specific method, initial source of method, and background characteristics, Malawi 2004

Method/source/ background characteristic	Informed about side effects or problems of method used ¹	Informed what to do if experienced side effects ¹	Informed of other methods that could be used ²	Informed that sterilisation is permanent ³
Method				
Female sterilisation	73.0	72.8	58.8	96.7
Pill	74.8	74.4	77.3	na
Injectables	100.0	100.0	100.0	na
Implants	77.6	74.2	79.4	na
Initial source of method⁴	83.6	88.1	94.4	na
Public sector	76.5	72.6	76.8	98.0
Government hospital	76.6	75.0	73.5	97.6
Government health center	76.6	72.5	78.4	100.0
Family planning clinic	84.9	43.8	72.7	100.0
Mobile clinic	76.6	71.8	78.1	na
CBD/fieldworker	70.9	62.4	69.1	na
Private medical sector	79.7	80.2	78.6	89.9
Private doctor	80.9	80.1	84.1	88.4
Private hospital or clinic	77.9	79.2	70.4	100.0
Pharmacy	80.4	90.2	82.9	na
Other private sector	78.3	92.3	89.5	na
Residence				
Urban	80.8	77.5	79.3	96.5
Rural	75.9	73.6	75.5	96.7
Region				
Northern	84.5	80.7	81.3	95.5
Central	75.6	73.2	74.4	98.2
Southern	76.3	74.0	76.8	95.0
Education				
No education	75.0	72.7	69.7	96.8
Primary 1-4	74.0	71.3	73.2	97.7
Primary 5-8	80.5	78.2	81.7	96.0
Secondary+	75.9	72.9	77.9	96.1
Wealth quintile				
Lowest	77.0	71.4	72.5	98.8
Second	76.2	75.8	80.7	96.5
Middle	77.5	73.6	75.8	94.0
Fourth	74.1	72.3	71.1	99.1
Highest	79.2	77.3	80.0	95.5
Total	76.9	74.4	76.3	96.7

na = Not applicable

¹ Among users of female sterilisation, pill, IUD, injectables and implants

² Among users of female sterilisation, pill, IUD, injectables, implants, and female condom

³ Sterilised women who were told that they would not be able to have any more children

⁴ Source at start of current episode of use

5.12 CONTRACEPTIVE DISCONTINUATION

Correct and continuous use of contraceptive methods helps couples to realise their reproductive goals. A major concern for managers of family planning programmes is the discontinuation of methods. The “calendar” section in the 2004 MDHS Women’s Questionnaire is used to record all births, pregnancies and pregnancy terminations, as well as all segments of contraceptive use between January 2000 and the date of interview, along with reasons for any

discontinuation. One-year contraceptive discontinuation rates based on these data are presented in Table 5.13.¹

Table 5.13 shows that 36 percent of contraceptive users in Malawi discontinue use of the method within 12 months after of starting its use. Eight percent of users report that they stopped because they wanted to become pregnant, 4 percent switched to another method, and 3 percent stopped using because of unintended pregnancy (method failure). Twenty percent of users gave various other reasons for discontinuing.

Discontinuation rates are highest for condom users (62 percent) and pill users (52 percent). Users of injectables are least likely to discontinue use within 12 months of use (33 percent). Condom users are the most likely to switch to another method, while method failure is highest for other methods and users of withdrawal.

Table 5.13 First-year contraceptive discontinuation rates

Percentage of contraceptive users who discontinued use of a method within 12 months after beginning its use, by reason for discontinuation and specific method, Malawi 2004

Method	Reason for discontinuation				Total
	Method failure	Desire to become pregnant	Switched to another method ¹	Other reason	
Pill	6.8	9.5	8.0	28.1	52.3
Injectables	1.4	7.6	1.8	21.8	32.5
Male condom	2.3	14.8	11.6	33.2	61.9
Withdrawal	10.1	10.9	8.1	11.0	40.1
Other	13.4	8.4	2.0	12.8	36.6
All methods	3.3	8.4	3.7	20.3	35.8

Note: Table is based on episodes of contraceptive use that began 3-59 months prior to the survey.
¹Used a different method in the month following discontinuation or said they wanted a more effective method and started another method within two months of discontinuation

Table 5.14 presents reasons for discontinuation of the 3,808 contraceptive discontinuations occurring in the five years preceding the survey, distributed by the main reason for discontinuation, according to method. The most prominent reason for discontinuation is the desire to become pregnant (35 percent), followed by side effects of the method (18 percent). Injectables and pills are the methods that contribute most to discontinuation because of side effects. Users of the pill and injectables are by far the most likely to cite and health concerns (8-9 percent). It is interesting to note that 11 percent of pill users stopped using the pill because they became pregnant.

Overall, method failure is reported in 10 percent of the discontinuations. This reason is cited more frequently for discontinuations of traditional methods such as periodic abstinence or withdrawal (19 and 27 percent, respectively). Lack of access or lack of availability of the methods is not seen as a major problem for discontinuing use, cited in only 3 percent of discontinuations.

¹ The discontinuation rates presented here include only those segments of contraceptive use that began since January 1999. The rates apply to the 3-63 month period prior to the survey; exposure during the month of interview and the two months prior are excluded to avoid the biases that may be introduced by unrecognised pregnancies. These cumulative discontinuation rates represent the proportion of users discontinuing a method within 12 months after the start of use. The rates are calculated by dividing the number of women discontinuing a method by the number exposed at that duration. The single-month rates are then cumulated to produce a one-year rate. In calculating the rate, the various reasons for discontinuation are treated as competing risks.

Table 5.14 Reasons for discontinuation

Percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason for discontinuation, according to specific method, Malawi 2004

Reason	Contraceptive Method						
	Pill	Injectables	Condom	Periodic abstinence	Withdrawal	Other	All methods
Became pregnant while using	10.8	4.6	5.6	19.3	26.8	35.6	9.9
Wanted to become pregnant	29.1	36.0	29.9	49.7	40.4	33.8	35.2
Husband disapproved	2.4	2.5	11.2	2.2	5.6	2.7	3.7
Side effects	25.4	25.4	1.6	2.7	0.4	1.4	18.3
Health concerns	8.4	9.3	0.0	0.0	0.0	1.5	6.6
Access/availability	3.5	3.8	3.8	0.0	0.0	1.5	3.2
Wanted a more effective method	3.3	1.5	7.7	5.9	9.7	5.3	3.6
Inconvenient to use	3.0	0.9	9.1	0.0	5.2	3.4	2.6
Infrequent sex/husband away	3.7	3.0	11.0	2.5	3.4	1.0	3.8
Cost too much	0.1	0.1	1.8	0.0	0.0	0.0	0.2
Fatalistic	0.5	0.0	0.3	0.0	0.0	0.5	0.1
Difficult to get pregnant/menopausal	0.5	0.5	0.0	1.5	0.7	0.6	0.5
Marital dissolution/separation	1.2	2.8	5.1	2.2	1.8	1.2	2.6
Other	4.4	4.2	5.3	11.8	1.3	4.3	4.2
Don't know	0.5	0.3	0.6	0.0	0.1	0.2	0.3
Missing	3.1	5.2	6.9	2.3	4.6	7.1	5.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	426	2,247	395	73	419	221	3,808

Note: Total includes 2 discontinuations reported by women whose husband/partners were sterilised, 8 by women who used the IUD, 13 by women who used implants, and one by a woman who used the female condom.

5.13 FUTURE USE OF CONTRACEPTION

Demand for specific methods is assessed in the 2004 MDHS by asking nonusers which method they intend to use in the future. Table 5.15 presents the findings. Among married women who are not using contraception at the time of the survey, 74 percent report that they intend to adopt a family planning method in the future, 23 percent say they do not intend to use any method, and 4 percent are not sure of their intention. There are no major differences in the percentage of women who intend to use family planning according to their number of living children.

Table 5.15 Future use of contraception

Percent distribution of currently married women who are not using a contraceptive method by intention to use in the future, according to number of living children, Malawi 2004

Intention	Number of living children ¹					Total
	0	1	2	3	4+	
Intends to use	67.1	77.6	76.8	77.2	68.5	73.6
Unsure	7.5	4.0	3.6	2.3	3.0	3.6
Does not intend to use	24.7	18.3	19.3	20.1	28.0	22.5
Missing	0.7	0.1	0.3	0.4	0.4	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	423	1,239	1,164	935	1,852	5,613

¹ Includes current pregnancy

5.14 REASONS FOR NOT INTENDING TO USE CONTRACEPTION

Table 5.16 presents the main reasons why currently married women who are not using any contraceptive method do not intend to use one in the future. Among women under 30 years of age, the main reasons reported for not intending to use a contraceptive method are method-related (49 percent). Fear of side effects (29 percent), health concerns (12 percent), the woman's own opposition to the use of any contraceptive (11 percent), and the desire to have as many children as possible (11 percent) are reported as the specific reasons for not intending to use any family planning method.

Table 5.16 Reason for not intending to use contraception

Percent distribution of currently married women who are not using a contraceptive method and who do not intend to use in the future by main reason for not intending to use, according to age, Malawi 2004

Reason	Age		Total
	15-29	30-49	
Fertility-related reasons	19.2	51.3	39.1
Infrequent sex/no sex	2.1	6.9	5.1
Menopausal/had hysterectomy	0.2	17.0	10.6
Subfecund/infecund	6.1	19.0	14.1
Wants as many children as possible	10.8	8.4	9.3
Opposition to use	20.7	13.4	16.2
Respondent opposed	10.5	5.8	7.6
Husband/partner opposed	7.0	4.0	5.1
Others opposed	0.1	0.4	0.2
Religious prohibition	3.1	3.3	3.2
Lack of knowledge	2.1	0.9	1.4
Knows no method	1.8	0.7	1.2
Knows no source	0.2	0.2	0.2
Method-related reasons	49.2	30.6	37.7
Health concerns	11.9	9.3	10.3
Fear of side effects	28.8	15.6	20.6
Lack of access/too far	1.9	0.4	1.0
Costs too much	0.3	0.1	0.2
Inconvenient to use	1.9	0.9	1.3
Interfere with body's normal processes	4.4	4.2	4.3
Other	2.9	2.8	2.8
Don't know	5.2	1.0	2.6
Missing	0.7	0.0	0.3
Total	100.0	100.0	100.0
Number of women	480	783	1,264

For women 30 years of age and older, the reasons for not intending to adopt family planning are largely fertility-related. Infertility (19 percent), menopause/hysterectomy (17 percent), fear of side effects (16 percent), and health concerns (9 percent) are the most frequently specified reasons for not adopting a contraceptive method.

5.15 PREFERRED METHOD OF CONTRACEPTION FOR FUTURE USE

Currently married women who are not using a contraceptive method but intend to adopt family planning were asked about contraceptive methods they prefer to use in the future. Table 5.17 shows that the majority of currently married women who are not currently using a contraceptive method intend in the future to use injectables (59 percent) as a family planning method. This preference is the same as that expressed in the 2000 MDHS survey (59 percent). Fourteen percent of women intend to use female sterilisation as a method in the future, while only 11 percent of the women intend to use the pill as a family planning method. Injectables are more popular among younger women, while women age 30-49 are more likely than younger women to say that they intend to use sterilisation.

Method	Age		Total
	15-29	30-49	
Female sterilisation	5.4	31.8	13.8
Male sterilisation	0.1	0.4	0.2
Pill	11.8	9.0	10.9
IUD	1.2	0.8	1.1
Injectables	65.7	45.0	59.1
Implants	2.9	2.5	2.8
Condom	4.5	2.8	4.0
Female condom	0.1	0.0	0.1
Rhythm/periodic abstinence	0.7	1.4	0.9
Withdrawal	1.1	0.7	0.9
Other	3.0	3.7	3.2
Unsure	3.4	2.0	2.9
Total	100.0	100.0	100.0
Number of women	2,814	1,317	4,131

5.16 EXPOSURE TO FAMILY PLANNING MESSAGES THROUGH THE MEDIA

Radio, television and print media, namely newspapers and magazines, are potential media for disseminating family planning information. Television is still not widespread in Malawi.

In the 2004 MDHS, women and men were asked whether they heard or saw a family planning message on the radio, television, or in a newspaper or magazine. The results are shown in Tables 5.18.1 and 5.18.2.

Table 5.18.1 shows that the majority of women (67 percent) have heard a family planning message recently on the radio. Fourteen percent are reached by newspaper/magazine and only 8 percent by television. Thirty-two percent of the women are not reached by any of the three media sources.

Rural women are much less exposed to television than their urban counterparts (4 percent compared with 26 percent). Women in the Northern Region are more likely to have been exposed to each of the three types of media than those in the other regions. A woman's education is positively related to her exposure to family planning messages through the media. For example, 44 percent of

women with no education have not been exposed to family planning information through the media, compared with only 16 percent of women with secondary or higher education. While overall, 32 percent of all women have had no exposure to family planning messages through the media, only 22 percent of women in Blantyre District have had no such exposure.

Table 5.18.2 shows that exposure to family planning messages through the media is greater among men than it is among women. Eighteen percent of men have no exposure to those messages through the media, compared with 32 percent of women. The same pattern of differentials in exposure to family planning messages exists among men with respect to place of residence, education, and wealth status, but differences are less pronounced than for women.

Background characteristic	Radio	Television	Newspaper/ magazine	None of these three media sources	Number of women
Age					
15-19	58.5	8.0	15.5	39.5	2,392
20-24	69.9	8.5	16.3	29.3	2,870
25-29	71.9	9.8	14.0	27.1	2,157
30-34	68.1	6.1	11.0	31.3	1,478
35-39	71.3	8.8	12.8	28.2	1,117
40-44	68.2	6.8	11.2	31.2	935
45-49	63.3	6.5	8.2	36.6	749
Residence					
Urban	77.6	25.7	30.8	20.4	2,076
Rural	65.0	4.3	10.1	34.2	9,621
Region					
Northern	72.4	10.8	19.9	25.9	1,552
Central	63.6	7.4	12.5	35.8	4,734
Southern	69.0	7.9	13.2	29.9	5,412
District					
Blantyre	76.1	19.0	27.3	21.8	914
Kasungu	66.4	4.9	11.4	33.2	497
Machinga	66.1	5.7	11.1	33.2	427
Mangochi	65.2	7.5	10.8	33.7	599
Mzimba	70.9	9.1	15.9	27.8	778
Salima	69.7	4.9	9.2	30.2	303
Thyolo	70.1	3.7	11.2	29.0	618
Zomba	67.4	9.9	13.8	31.6	637
Lilongwe	63.0	13.6	17.3	36.4	1,705
Mulanje	67.7	5.7	13.1	31.1	512
Other districts	66.4	5.2	11.1	32.7	4,708
Education					
No education	56.0	2.4	3.2	43.8	2,734
Primary 1-4	63.3	2.5	5.3	36.4	2,998
Primary 5-8	71.5	6.8	14.2	27.2	4,154
Secondary+	81.1	28.8	42.9	16.4	1,811
Wealth quintile					
Lowest	42.1	1.4	4.4	57.3	2,037
Second	62.7	2.2	7.0	36.9	2,277
Middle	69.7	2.4	7.4	29.5	2,383
Fourth	74.9	3.6	11.6	24.4	2,361
Highest	81.7	27.5	34.5	16.2	2,639
Total	67.3	8.1	13.8	31.8	11,698

Table 5.18.2 Exposure to family planning messages: men

Percentage of men who heard or saw a family planning message on the radio or television, or in a newspaper/magazine in the past few months, according to background characteristics, Malawi 2004

Background characteristic	Radio	Television	Newspaper/ magazine	None of these three media sources	Number of men
Age					
15-19	68.6	15.5	26.6	28.6	650
20-24	79.0	19.3	36.0	18.4	587
25-29	82.8	14.3	35.0	15.3	634
30-34	85.9	19.2	34.6	13.2	485
35-39	84.7	13.1	33.1	13.3	294
40-44	89.0	12.0	33.7	11.0	282
45-49	85.5	8.8	22.6	14.2	182
50-54	79.8	6.8	21.8	19.8	148
Residence					
Urban	84.2	35.9	50.0	12.3	669
Rural	79.5	9.8	27.2	19.2	2,593
Region					
Northern	84.1	19.5	29.9	15.0	423
Central	79.4	17.6	32.9	18.5	1,370
Southern	80.5	11.7	31.5	18.0	1,468
District					
Blantyre	84.2	13.4	25.3	13.8	316
Kasungu	82.5	15.5	33.0	17.2	156
Machinga	86.4	20.3	49.6	11.9	114
Mangochi	69.9	9.6	19.1	28.7	150
Mzimba	86.5	19.3	27.0	12.9	212
Salima	78.5	6.7	27.0	17.3	78
Thyolo	80.2	6.8	26.1	17.5	169
Zomba	86.6	19.4	27.8	13.0	159
Lilongwe	78.4	30.4	41.2	18.5	542
Mulanje	80.7	11.5	34.0	18.4	114
Other districts	79.3	10.0	31.5	19.2	1,250
Education					
No education	73.9	3.6	8.9	25.6	383
Primary 1-4	71.3	6.5	14.2	27.0	798
Primary 5-8	82.9	11.9	30.6	15.7	1,220
Secondary+	88.7	33.2	60.4	8.6	859
Wealth quintile					
Lowest	63.8	4.9	16.1	34.9	412
Second	77.4	4.2	18.5	21.9	640
Middle	83.0	7.3	26.6	15.5	699
Fourth	85.1	11.0	32.7	14.0	709
Highest	85.3	39.9	54.5	11.0	802
Total	80.5	15.2	31.9	17.8	3,261

5.17 CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

As in the 2000 MDHS survey, respondents in the 2004 MDHS who were not using contraception were asked whether they had any contact with a family planning provider in the last 12 months. They were also asked whether they had attended a health facility in the last year and, if so, whether a member of the staff at that facility spoke to them about family planning methods. This information is important for determining whether family planning initiatives in Malawi are reaching nonusers of family planning. This information is also used to evaluate whether there are missed opportunities in introducing family planning to nonusers.

Table 5.19 shows that 68 percent of women neither received a visit from a family planning worker nor visited a health facility where family planning information or services could potentially have been provided. One in ten women reported that they were visited by a health fieldworker who discussed family planning. One in four women (24 percent) visited a health facility but the health worker they saw did not discuss family planning. This is a missed opportunity and may indicate that family planning has not been fully integrated into the health services delivery system for women. Overall, only 26 percent of women who visited a health facility in the past year discussed family planning at the facility with health personnel.

Background characteristic	Women visited by fieldworker who discussed family planning	Women visited health facility and discussed family planning	Women visited health facility didn't discuss family planning	Did not discuss FP with field worker or at a health facility	Number of women
Age					
15-19	5.1	10.4	21.6	86.1	2,190
20-24	9.8	32.5	26.3	62.4	2,136
25-29	14.2	36.3	27.4	57.0	1,468
30-34	13.1	35.6	22.5	58.1	1,004
35-39	15.3	30.6	25.6	60.8	751
40-44	11.6	21.4	21.9	71.2	608
45-49	10.6	14.5	19.6	77.5	538
Residence					
Urban	9.9	20.4	26.0	73.1	1,489
Rural	10.5	27.0	23.7	67.4	7,205
Region					
Northern	10.5	24.7	28.3	69.6	1,054
Central	9.3	22.4	25.3	72.5	3,526
Southern	11.3	29.1	22.0	64.5	4,114
District					
Blantyre	7.9	23.0	23.3	72.7	646
Kasungu	7.1	22.2	21.6	73.2	343
Machinga	8.5	28.3	18.2	68.1	328
Mangochi	16.5	21.2	20.6	67.6	493
Mzimba	10.9	24.9	28.2	69.6	537
Salima	14.7	30.6	25.6	62.5	249
Thyolo	13.6	41.5	22.3	53.5	458
Zomba	8.3	34.0	27.6	62.8	478
Lilongwe	8.1	15.8	26.9	79.1	1,233
Mulanje	10.6	36.2	17.9	58.3	396
Other districts	10.8	26.2	24.2	67.5	3,533
Education					
No education	11.7	25.2	21.1	68.1	2,064
Primary 1-4	10.6	28.2	23.5	66.2	2,272
Primary 5-8	10.3	25.7	25.2	68.7	3,041
Secondary+	8.3	23.2	27.2	71.6	1,315
Wealth quintile					
Lowest	10.1	25.8	22.8	69.0	1,636
Second	11.1	26.9	22.3	67.2	1,743
Middle	11.1	28.5	24.1	65.5	1,776
Fourth	10.1	27.2	24.9	67.5	1,665
Highest	9.7	21.2	26.1	72.4	1,873
Total	10.4	25.9	24.1	68.4	8,694

It should be noted that there are small variations across subgroups of women. However, access to family planning information and services are most limited to teenagers at both the community- and the facility-levels. Not only are these young women less likely to visit a health facility but when they do, they are less likely to discuss family planning with the health personnel.

Among the oversampled districts, lack of access to family planning information either from health personnel at a health facility or from a fieldworker at home ranges from 54 percent of women in Thyolo to 79 percent in Lilongwe. However, women in Thyolo are more likely than women in other districts to have a discussion about family planning at a health facility when they visit the facility.

5.18 DISCUSSION OF FAMILY PLANNING WITH HUSBAND

Although discussion between husband and wife about contraceptive use is not a precondition for adoption of family planning, the lack of such discussions may prevent its adoption. Communication between spouses is therefore important for the adoption and eventual continuation of family planning. Lack of discussion may indicate a lack of personal interest, opposition to contraception, or an expression of traditional taboo associated with talking about sex-related matters even in the family. It may also indicate that the couple has settled into a long-term pattern of use of a contraceptive method, rendering continued discussion of the matter moot. The 2004 MDHS asked currently married women who know a contraceptive method about the number of times they discussed family planning with their husbands in the past 12 months.

Table 5.20 shows that the majority of currently married women with knowledge of a contraceptive method discussed family planning with their husbands at least once during the past year (72 percent). Thirty eight percent of them did so at least three times during that year. However, 28 percent of married women report that they never discussed family planning with their husbands in the past year. Currently married teenagers and women above 40 years of age are less likely than other women to discuss family planning with their husbands; 37 percent of women age 15-19 and 35 percent or higher of women age 40 and older did not discuss family planning with their husbands.

Age	Number of times family planning discussed with husband				Total	Number of women
	Never	One or two	Three or more	Missing		
15-19	36.5	35.5	27.6	0.5	100.0	751
20-24	25.1	36.2	38.4	0.3	100.0	2,249
25-29	19.5	37.7	42.4	0.3	100.0	1,800
30-34	24.4	31.7	43.6	0.3	100.0	1,216
35-39	29.1	31.6	39.3	0.0	100.0	899
40-44	34.6	30.1	35.1	0.2	100.0	745
45-49	45.9	26.9	26.8	0.3	100.0	537
Total	27.5	34.1	38.1	0.3	100.0	8,197

5.19 MEN'S ATTITUDES TOWARDS CONTRACEPTION

When couples have a positive attitude toward family planning, they are more likely to adopt a family planning method. This is especially important when the man's attitude is positive, as the man is usually the main decisionmaker in the home. Table 5.21 shows that 34 percent of men who know a method of family planning report that a woman should use a contraceptive because she is the one who becomes pregnant and 27 percent say that contraception is women's business.

While only 17 percent say that women who use contraceptives may become promiscuous, this view is expressed strongly by men who are not living together with their partners (30 percent). In general, rural men, men in the Central Region, less educated men, and men in the lower wealth quintiles are more likely to agree with the three statements. For instance, while 35 percent of men with no education say that using contraception is women's business, the corresponding proportion for men with secondary or higher education is 12 percent. Similarly, while 40 percent of men in the lowest wealth quintile say that women should use contraception because they are the ones who become pregnant, this view is shared by only 23 percent of men in the highest wealth quintile.

Table 5.21 Men's attitudes towards contraception

Among men age 15-54 who know of a method of family planning, percentage who agree with specific statements about contraceptive use, by background characteristics, Malawi 2004

Background characteristic	Contraception is women's business	Women who use contraception may become promiscuous	Woman should use contraception, she becomes pregnant	Number of men
Age				
15-19	25.2	16.1	30.7	605
20-24	27.6	19.3	34.8	572
25-29	24.2	18.1	33.7	624
30-34	23.1	16.8	33.4	480
35-39	33.5	22.8	40.3	289
40-44	28.3	16.8	36.7	282
45-49	26.4	10.4	36.6	179
50-54	32.4	13.9	35.2	147
Marital status				
Never married	21.1	16.8	28.5	1,027
Married	29.3	17.2	37.5	2,026
Living together	(24.5)	(17.9)	(33.7)	28
Widowed	*	*	*	17
Divorced	(26.5)	(29.9)	(29.5)	38
Not living together	(34.7)	(29.8)	(37.3)	42
Residence				
Urban	22.5	18.1	28.5	645
Rural	27.6	17.3	35.9	2,533
Region				
Northern	13.0	18.1	16.3	416
Central	35.8	21.1	46.9	1,331
Southern	21.8	13.9	28.0	1,431
District				
Blantyre	15.4	15.3	30.2	311
Kasungu	44.1	20.5	44.8	153
Machinga	4.3	3.3	6.7	109
Mangochi	11.8	10.8	12.6	137
Mzimba	13.5	15.0	15.9	208
Salima	19.8	18.1	32.1	76
Thyolo	43.1	16.1	50.7	169
Zomba	19.1	27.6	28.6	159
Lilongwe	38.7	24.2	46.2	517
Mulanje	41.9	22.4	54.0	112
Other Districts	25.6	15.5	34.1	1,227
Education				
No education	34.6	22.8	48.8	369
Primary 1-4	41.0	18.0	45.1	772
Primary 5-8	25.4	18.2	36.1	1,185
Secondary+	11.7	13.4	15.9	850
Wealth quintile				
Lowest	34.6	20.1	40.3	396
Second	32.7	17.6	40.1	621
Middle	29.5	18.0	38.3	684
Fourth	23.4	16.0	34.8	695
Highest	17.8	16.7	23.1	782
Total	26.6	17.4	34.4	3,178

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 cases and has been suppressed.