

USE OF FAMILY PLANNING IN MALAWI AND CONTRACEPTIVE KNOWLEDGE AMONG ADOLESCENTS EXPERIENCING UNSAFE INDUCED ABORTION AND THE COMMUNITIES.

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Introduction

Malawian women bear on average six children, and many pregnancies are unintended. We operates a demographic surveillance site(DSS), and offers the opportunity for a community based evaluation of local family planning (FP) uptake in collaboration with the district FP team. Conventional assessments of FP do not always capture switching of methods/facilities. The study explored the communities/adolescents knowledge and use of contraceptives prior to their unsafe induced abortion.

Methods

A descriptive study that utilized both the quantitative and qualitative methods was conducted with 30 community members and 18 adolescents who were admitted at hospitals while seeking post abortion care. A quantitative study using an innovative method for collecting FP data using patient-held records to build a prospective longitudinal data set which allowed exploitation of continuity of use and methods/provider-switching, and which can be linked to the DSS database. All 8,176 women aged 15 to 49 living in chitipa DSS were invited to have a FP card attached to the inside front page of her health passport. When a woman receives FP, the health provider records on her card the date, method received and provider-type. After one year, the FP cards will be collected for data entry and analysis. Data was also manually analyzed using content analysis.

Results

Findings suggested very low knowledge and utilization of modern methods of contraception. Three themes emerged; knowledge on contraception and conception, contraceptive knowledge and use, reasons for contraceptive non-use. However, most adolescents demonstrated knowledge on male condom and natural methods of family planning. Data collection is at an early stage but details of recruitment to the study are available. 6,753 women (83%) were issued with a FP card. Acceptance was highest in the 40 plus age-group (83%), and lowest in the under 20 age group (74%). Reasons for not being issued with a card included "missing" (98%). Distance to access youth friendly services put off their interest. Absence of some family planning methods such as loop which cannot be accessed in rural areas because of health surveillance assistants (HSAs) are not well qualified to dispense them

Conclusion and Recommendation

School-based sex education and community-based campaigns would dispel misconceptions about contraceptives and change attitudes that discourage use. Youth friendly facilities should be established to provide sexual and reproductive health services that are sensitive to the rights and needs of adolescents. In addition, life skills curriculum should be revised to address issues of

unintended pregnancy, and unsafe abortion. Family planning data will usually come from surveys or routine data collected at health facilities. This study will enable better understanding of how women “shop around” for services, and whether they maintain continuity use.