
VIEWPOINT

Primary Health Care and Child Spacing

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Child spacing services are often introduced as a "vertical" programme, but ideally these services should become an integrated part of a Primary Health Care (PHC) programme. The programme should become "community based" starting from the bottom up rather than the usual top down.

Currently in Malawi less than 4% of the total female population of child bearing age use modern contraception. It was hoped that this figure would be increased to 10% by 1990/91, but this has failed to occur. The vertical approach to child spacing services may have contributed to this low uptake rate. We believe at Ekwendeni that integration of child spacing into a PHC programme, will result in a dramatic rise in uptake of these services.

It is important in planning a programme to find out first if this is a "felt need" of the community. Although it is believed that many women may wish to use child spacing services at some time, it is believed that their husbands do not always agree. Hence time and effort must also be made in educating the male population to remove their misunderstandings and fears, so that they can appreciate the benefits of child spacing to the community in general, and to mothers and children specifically. A baseline survey can give information on these matters, and repeating the same survey after introducing a child spacing programme will identify what changes of attitudes have occurred as a result. It is important not to "overreach" during the initial phase of such a programme. Topics that may be still "sensitive" should be left to the second phase e.g. topics such as vasectomy in some communities.

If the male population is reluctant to participate or allow their wives to participate, then motivation of men must take a priority place in the initial phase of the programme. This may need to be done through specific 'male' clinics, when a variety of topics of community interest can be tackled, with an emphasis on child spacing.

The best way to develop a community based child spacing programme will be through an already functioning programme, and by involving traditional leaders in the community.

At Ekwendeni this will be done through the women's farmers (WF) clubs (currently about 25% of the total households within a 15 mile radius of the hospital). It is planned to train one interested woman from each of clubs during the coming year as a volunteer Community Based Distribution (CBD) agent. Thus it is hoped that child spacing services will reach 25% of the households within the community. These CBD agents will be expected to work for a maximum of one hour a day; they will be supervised by trained hospital staff on a monthly basis; and receive regular inservice training to keep up their motivation and commitment.

Three traditional leaders will be trained as motivators at each of the 10 integrated family health clinic areas that have already functioning Village Health Committees (VHCs).

Contraceptive methods supplied to CBD agents must be simple to use with minimal side effects e.g. oral contraceptive pills, condoms, spermicide/foam tablets. Patients can be referred to the hospital if other methods are required or indicated. Currently as all child spacing services and treatments are free, there are no problems of cost to the poorest families.

Methods supplied through hospital and clinics will include intrauterine contraceptive device (IUCD) and depo-provera. Tubal ligation and vasectomy can be done on an hospital outpatient basis, with the patient arriving in the morning and being discharged the same afternoon.

A new contraceptive method - the long-acting implant (norplant) - is being assessed for use in Malawi. This method would greatly improve compliance as it provides a five year period of contraception. This would allow the child to grow and be weaned after two to three years and before the next pregnancy.

Child spacing is one of the main means whereby maternal and infant mortality rates can be reduced significantly. By combining child spacing services into an integrated and already functioning PHC programme, the community will have better access to these services. The uptake of child spacing services should improve and give a much better outlook for improved health in the community.

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