

Picture 9

Most of the women agreed that large families were difficult to manage. It was difficult to provide for the family. There was not enough food, shelter and clothing. Also, it was difficult to send children to school. In a big family, parents did not have time to visit friends or to travel.

PICTURE 9

**Conclusion**

The bearing of children has a central place in the lives of many societies in rural Malawi. Any perceived encroachment on that aspect of life is treated with contempt and avoided for it is seen to threaten this central and fundamental family life. Child spacing services are widely available in rural areas at hospital and health centres. Slow growth has occurred in the use of contraceptives. It is unreasonable to expect people who have to accommodate as best they can to their socio-physical environment to plan just their sex life and the number of children they will produce. It is too much to expect rural developing nations and societies to adopt child spacing methods immediately with open arms. There is need for programme planners, those bearers of the space-your-children message, to take into account the socio-economic background as well as attitudes towards child spacing of rural society. What is required is a matching of the message to the attitudes. For full effect, the message transmitted by health personnel must be presented in the light of prevailing attitudes. It should be suggested that attitude change is a very gradual process and what will be required of health personnel is patience. The best way to bring about influence is to work from the inside out by a process of "conversion"⁸. Villagers consider that in order to persuade people to accept and use child spacing services, it is important to make approaches through husbands and wives. In villages, decision making in households mostly rests with the male members. Obviously, if one wishes to promote child spacing, it is necessary to gain the confidence of men as well as women. This study has mainly been an initial enquiry into prevailing attitudes amongst rural people to child spacing. In discussion on the responses, the concentration has been on the main issues that emerged, though there are numerous other issues mentioned by a few of the respondents. There is scope for more research and it is hoped that this study will serve as a springboard from which other aspects and issues related to child spacing can be further explored.

Acknowledgments

I wish to thank Mr. Chiwoza R. Bandawe whose pilot study on attitudes to child spacing amongst rural Malawians gave me an insight into the subject. I also want to thank Professor T. Cullinan for his guidance and helpful discussion. My thanks are also due to Mrs. Tigger Cullinan for her expert secretarial assistance and support. I am also very grateful to the staff of Mangochi Hospital for taking me along into the villages on the outreach programme. Their humour and strength kept me going.

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Male involvement: the missing dimension in promoting child spacing

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Experience of Male involvement in child spacing is very scarce in this part of Africa. In Malawi even information on views of men about child spacing and their concerns is scanty. But traditionally, the concept of involving men is not new in Malawi. Men were in the past involved in child spacing and in fact this formed the foundation of traditional child spacing practices. The present child spacing programme is a component of Maternal and Child Health Programme which targets women mostly and the fact that most modern contraceptive are female-oriented and that most service providers are women, has further distanced men's participation. And yet the local realities are that men remain the chief decision makers in most homes and that a thing like child spacing requires men's endorsement or at least support. Many misconceptions and rumours have resulted in some men discouraging their wives from starting child spacing. A local health care NGO, Banja La Mtsogolo, has been experimenting with an Information, Education and Motivation programme targeted at men. The experiences have been quite revealing of the men's appar-

ent interest in the subject and their lack of adequate and accurate information. It seems the concept of involving men in child spacing could be revitalised as a strategy to help harmonise the situation and enhance better understanding in the promotion of modern child spacing methods. It is also hoped that by involving men, not only will more women be allowed access to contraceptives, but that this could pave the way for ready acceptance of male contraceptive methods. Greater sensitivity to information needs for men, the training of male medical staff in child spacing and orienting them to the concept could lead to such staff acting as counsellors for fellow men beside their other responsibilities. There is great scope in the country for involving men in child spacing and the number of agencies interested to adopt this model seems to confirm this.

Introduction

The Government of Malawi is concerned about the population growth rate on family health grounds. More recently, the socio-economic impact of the high population growth rate is also being cited as a problem.

Decisions regarding family size are left to the individual but to enhance the individual's capability to make an informed and valid choice, there has emerged a real need to strengthen information, Education and Communication (IEC) programmes.

It is often stated that male opposition is an important barrier to the adoption of child spacing methods. While this is undoubtedly true, surveys do not, in general, seem to support this view. Husbands' ideal family size in the 1984 Family Formation Survey was 6.3 compared with wives 6.0. In a survey regarding traditional methods wives reported that their husbands were responsible for their decision to use this method of family planning - a possible explanation is the husband's knowledge and understanding.

The present child spacing programme is correct in focusing on women as they are the ones who suffer most from closely spaced pregnancies and large family size. However, the exclusion of men from programmes involving modern methods of contraception must change if real headway is to be made.

Banja La Mtsogolo has seen women who are interested in modern methods of contraception but are dissuaded by their husbands. Many women wishing to use methods but so far not doing so give the reluctance of their husbands as the reason which is contrary to the findings of a 1984 survey which indicated that most men were ready to support their spouses or even accept methods themselves. Attempts to discuss family planning with men often result in their acceptance and this highlights the need for male involvement.

Men have been involved in traditional child spacing methods and some feel that the success of the traditional methods hinged on the support of men. Traditionally the man in a Malawian family is the chief decision maker. This role is now changing for the modern family, but for the majority of women important decisions in their lives are made by men. But because men do not have access to information about modern child spacing methods they have been making decisions that have endangered the lives of many mothers and children.

Unfortunately matters pertaining to sex and family size are often not discussed openly in most Malawian families. This has also meant that although women have information on the subject the communication channels are limited. As a result some men feel their position is being challenged by women who know better than them. Some women have proceeded to have contraception without the knowledge of their spouses. The discovery of this has caused untold misunderstanding the most common of which has been the infidelity issue often raised by men.

Banja La Mtsogolo (BLM)

BLM is a local health care non-governmental organisation established in 1987 under the Trustees Act to augment Govern-

ments efforts in preventive health care with a special interest in child spacing. BLM helped produce the first child spacing film in 1987 and in 1989 it established its first model clinic in Blantyre. Some women who were being counselled at the BLM clinic reported that they were unable to accept child spacing because their husbands would not let them.

During focus group discussions, men said that child spacing and upbringing of children was a women's issue and the women themselves made decisions. But in depth discussions revealed that although the understanding was that this was a women's issue, the decisions were made by men often without the women's input. Further discussions confirmed that men did not have access to adequate or accurate information about child spacing. However most men welcomed the opportunity to learn more about child spacing and the social responsibility that goes with it. The difficulty was, however, to get groups of men. Women groups are easy to get but men's groupings are very difficult.

Project Initiation

Most modern child spacing methods do not require the participation of men, and as a result men feel left out; and are silently questioning why it should only take one party to start child spacing when it takes two to have a child. This seems to be the root of the resulting mistrust.

One possible underlying factor to the popularity of traditional child spacing methods was no doubt the participation of both partners. They both knew what was going on. Can such an understanding be reached with modern child spacing to avoid antagonising the two parties?

A male awareness programme code named "Man to Man" to allow men access to information which is normally passed on to women at under-fives clinics is Banja La Mtsogolo's attempt to bring harmony in the home.

The broad objective of the "Man to Man" programme is "to create awareness of the role of men in child spacing, as well as the presence, symptoms and treatment possibilities for sexually transmitted diseases including AIDS".

The programme aims: to encourage men to learn about child spacing and help them see what part they can play in influencing informed choices in their families; to dispel the fears, misconceptions and rumours associated with child spacing by allowing men access to accurate information; to sensitise men on the need to actively participate in the up-bringing of children and running the home; to encourage the use of condoms both as a child spacing as well as for protection against sexually transmitted diseases and AIDS.

As mentioned it is difficult to find men's gatherings. The programme was designed with the cooperation of company managers and employee representatives and uses existing channels of communication within companies. Each company's working programme is unique in terms of the scheduling and duration of activities, and frequency of meetings which are aimed to suit the convenience of both the worker and his employers.

In addition to talks at the work place, men can be reached through the printed material (pamphlets, calendars, T-shirts, car stickers and posters), radio (interviews and reports), magazines and newspapers, theatre, video shows and through sponsorship of sporting activities.

Project Management

The programme is directed by a Project Manager, and the day to day work is handled by a Project Coordinator. There is a Technical Committee comprising representatives of other agencies with an interest in the population arena which advises the project team on the broad direction of the programme including coordination, liaison and evaluation.

At company level, the project team operates under the personnel or welfare department with close liaison with clinic staff (where company clinics exist) and/or worker representative committees.

The programme has the blessing of the Ministry of Health who have provided guidance and assistance since its inception. Apart from the clearance, the Ministry offers condoms for the programme through the Regional Health Office.

Project Accomplishments

The Man to Man programme, since its inception in 1990 has headed a multi-disciplinary material development workshop, held two managers' seminars, produced promotional material, distributed > 200,000 condoms, completed programmes in more than 30 companies and provided health education to some 15,000 men, who have attended regular sessions. It has also held a social soccer tournament and received training requests from organisations that wish to have their staff oriented to the male involvement approach.

The Concept of Male Involvement

Through the experience gained through the Man-to-Man programme, male involvement has the following basic aspects:

- Initiation of dialogue on child spacing within the family
- Collaboration with spouse/partner in the choice of a child spacing method.
- Support and encouragement for a partner/spouse who is on a method.
- Being receptive and supportive by allowing their partners to practice child spacing.
- Use of any of the male methods available - the condom or vasectomy.

It must be understood that the idea is not to have men coerce their spouses to adopt child spacing, but rather to support them. The women are already for child spacing, but it would help if men were aware and more supportive.

It has been learnt that men are interested in child spacing, but they are worried that they are not involved. They have a lot of questions, doubts and beliefs about child spacing which have hitherto not been addressed. They would easily support child spacing and the requisite social responsibility if they have accurate information and they appreciate the social and economic implications of child spacing.

It is also been found that health educators may be either male or female. They should however, be desensitised and prepared to act as facilitators rather than teachers during health talks. The language used in health talks must conform to local jargon to avoid offending participants. Child spacing is not new, and hence older audience members may be able to throw some light on traditional methods, which would be the basis for the Facilitator to build on.

While many argue that Malawian men cannot accept vasectomy very few admit that these men have not been given access to information; they are not motivated and that even if they were it might be difficult to find a motivated surgeon to do the operation.

The Future

There is great scope for involving men in child spacing in Malawi. Organisations other than BLM will need to get involved. Government will now train male child spacing providers who can be encouraged to motivate fellow men.

Some MCH clinics, even public ones, are also beginning to pay attention to needs of men. A thorough orientation for staff is however required to get them prepared for the challenge. It doesn't have to be a specific programme addressing concerns for men. All service providers should learn to be more sensitive to needs of men.

The recognition of the influential position of men in the family is likely to create goodwill on which other programmes can be built.

The ever increasing list of companies interested in the programme justifies its expansion to other areas. A lot of information has been gained, which can be utilised for future programmes. With the publicity of "Man to Man" in the mass media, many people have come to know of Banja La Mtsogolo,

which is also good for the extension of the programme and the child spacing cause.

Conclusion

Male involvement remains a new initiative. But one thing is clear that this is probably the way to go if joint decision making in child spacing is going to succeed. Some attitudes both among the men themselves and the service providers must change so that men feel that child spacing is also their concern and service providers feel men are not outsiders. Male medical staff should in particular pick up the challenge to start talking to their fellow men about these issues. "We should be talking man to man". Malawian men once participated in child spacing, they could still do so today if only they are informed and motivated.

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Marie Stopes International Child Spacing Clinics in Malawi

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Background

Marie Stopes International (MSI) is a UK based charitable organisation. It came into being nearly 20 years ago to build on the pioneering work of Marie Stopes in caring for women in the poor communities of London by extending the benefits of such care to families around the world. The aim of MSI is to improve the quality of lives of women, their families and their environment.

MSI is achieving this objective through implementing compassionate child spacing and health care programmes throughout the developing world and in Europe. The recent debate concerning the inclusion of population on the agenda for the Earth Summit in Brazil has promoted lively discussion about population and related issues. The United Nations has stressed that educating women and giving them access to health care and child spacing services is key to preventing the economic and ecological catastrophe which will result from massive population growth.

For those of us who have been championing this cause for many years it is very gratifying that the value of family planning to maternal and child health is now receiving the public recognition it deserves.

However, about 300 million couples in the developing world still do not have access to family planning and this figure is rising by the year. MSI is working to provide family health services to help satisfy this un-met need.

Marie Stopes International (MSI) in Malawi

Marie Stopes International first become involved in Malawi in 1987 when they were contracted by the Malawi Government's Ministry of Health to do a film on child spacing "Phindu La