



Understanding the Social and Cultural Context of Gender Dynamics, Sexual Relationships and Method Choice:

Impact on Family Planning Use in Malawi and Zambia

Lydia K. Murithi, Ph.D., MPP
Laura Hinson, Ph.D., MPH
Preeti Dhillon, MPH
Mara Steinhaus, MSPH
Diana Santillán, MA, MPhil
Suzanne Petroni, Ph.D., MSFS





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Introduction and background

The use of contraception varies widely around the world, both in terms of overall use and the types of methods used. Globally, an estimated 142 million women have an unmet need for family planning, with many sub-Saharan countries recording the highest levels of unmet need at 24%, double the world's average in 2015.¹ Both supply-side and demand-side constraints contribute to unmet need for family planning. On the supply side, constraints may include issues like distance to a source for obtaining contraceptives, stock-outs of contraceptives among providers, legal obstacles or financial costs associated with using family planning and provider biases about certain methods or about meeting the needs of particular clients, such as unmarried youth. On the demand side, barriers to use of family planning include cultural and religious objections to contraception, objections from a partner, in-law or other family member, inadequate knowledge or fear of side effects and restrictive gender norms that limit reproductive agency.^{2,3,4} Effectively addressing unmet need for family planning requires implementing interventions to tackle constraints on both sides and recognizing the ways in which supply and demand issues affect each other.

As part of the global FP2020 effort to reach 120 million new women with access to family planning by 2020, the U.S. Agency for International Development's Bureau for Global Health Office of Population and Reproductive Health (USAID GH/PRH) has prioritized the need to **expand method choice** as a key component of addressing unmet need for family planning. This focus area requires attention to both supply-side

and demand-side issues. As stated in the USAID GH/PRH Priorities for 2014-2020:

“Client-centered information, counseling and services enable more women, youth, men, and couples to decide and freely choose a contraceptive method that best meets their reproductive desires and lifestyle, while balancing other considerations important to choice, correct use, or switching methods.”⁵

One key requirement for expanding method choice is the increased availability of methods, including diversifying the method mix as well as developing new methods that meet the dynamic and diverse needs of family planning clients. As noted in a review of international data over the last three decades, overall modern contraceptive use rises with each additional contraceptive method that becomes available to most of the population.⁶ Beyond method availability, expanding method choice also demands an in-depth understanding of how and why women and men choose among available contraceptive methods across their life course to best fit their needs, as well as an examination of the full spectrum of challenges that affect whether current family programs meet the needs of women and men globally.

Led by WomanCare Global (WCG), the Expanding Effective Contraceptive Options (EECO) project is a five-year USAID GH/PRH-funded project that is responding to the call to expand method choice. EECO was designed to support the

introduction of new woman-initiated family planning methods in Malawi and Zambia, among other countries. The methods include the SILCS diaphragm and the Woman's Condom developed by PATH; a contraceptive gel under development by Evofem; Progering, a progesterone contraceptive vaginal ring developed by the Population Council; and Avibela, a levonorgestrel-releasing intrauterine system developed by Medicines360. These new methods have been designed to address method-related reasons for non-use so as to better meet the reproductive health needs of women and couples in these countries, including the need to increase the availability of non-hormonal contraceptive options.

In collaboration with WCG and Population Services International (PSI), the International Center for Research on Women (ICRW) conducted research studies in Malawi and Zambia to help inform the EECO project's introduction and the marketing of the Woman's Condom and the potential introduction of the SILCS diaphragm in these countries. Both the Woman's Condom and the SILCS diaphragm are woman-initiated non-hormonal barrier methods, though the condom has dual functionality as a family planning method as well as a form of protection against STIs, including HIV. The Woman's Condom was designed through a user-centered design process that integrated user feedback to improve on the previous generations of the Female Condom. Key design features of the Woman's Condom are user-controlled lubrication, a non-latex condom pouch and a single outer ring. The SILCS diaphragm features that distinguish it from previous generations of diaphragms include its one-size-fits-most indication, grip dimples for easier insertion and a removal dome for simplified removal.

The female condom has been widely available globally for over two decades now but the uptake has been lower than was initially anticipated.⁷ The hope is that by addressing user concerns, the new premium Woman's Condom design will help increase uptake. A significant advantage of the SILCS diaphragm in resource-poor settings is that it is a reusable method that women can control with little dependence on the health care system. Yet this method remains largely unavailable in most African countries where unmet need for family planning is the highest.⁸ The EECO research aimed to assess the feasibility, acceptability and uptake of the Woman's Condom and the SILCS diaphragm in Malawi and Zambia.

Contraceptive use in Malawi and Zambia

High levels of unmet need for family planning in both Malawi and Zambia made these countries fitting candidates for the EECO project. Though contraceptive use has increased over time, according to the last Demographic and Health Survey (DHS) in each country, among married women aged 15-49, only 46% in Malawi and 49% in Zambia were using a method of family planning.⁹ The majority of sexually active unmarried women aged 15-49 in both countries were not using any family planning method.¹⁰ Method-related concerns are significant barriers to contraceptive use in both countries. In the last DHS, 20.6% of Malawian women and 18.2% of Zambian women ages 15-49 stated that they were not using contraception because they feared side effects. A further 10.3% of women in Malawi and 13.6% in Zambia indicated they were not using contraception because of health concerns.¹¹ Overall use of the female condom by women of reproductive age (15-49) in both countries is very low — at 0.2% in Malawi and 0.1% in Zambia.⁹ While the diaphragm remains unavailable in both countries. As such, family planning stakeholders in both countries welcomed the introduction of the new woman-initiated methods.

EECO Research Study

The research study in Zambia took place in March and April of 2015, followed by the study in Malawi in May and June 2015. The studies were conducted by ICRW in collaboration with PSI in Malawi and the Society for Family Health (SFH) in Zambia. The aim of the research was to inform the introduction and marketing of the Woman's Condom and to explore the potential for introduction of the SILCS diaphragm in these two countries. Specific objectives of this research were to:

- Understand the social and cultural contexts of gender dynamics, with a focus on sexual relationships;
- Explore how this context might influence uptake of the Woman's Condom and SILCS diaphragm; and
- Understand provider-related attitudes and beliefs about potential users and the introduction of these new family planning methods.



Methodology

The studies employed a cross-sectional research design using qualitative research methods. Data collection methods included focus group discussions, in-depth interviews, and key informant interviews. Study participants included men and women between 18 and 40 years-old living in urban or peri-urban sites in both countries – Lilongwe and Blantyre districts in Malawi, and Lusaka and Copperbelt districts in Zambia. Participants were purposively selected to fit into the following four groups:

- Potential users of the new EECO products;
- Partners of potential users;
- Providers of family planning products and counseling; and
- Women of low socio-economic status (SES)

The first two groups – potential users of EECO products and their partners – were based on “user type” profiles designed through a market research process implemented by PSI prior to the study. Each “user type” profile consisted of a set of characteristics such as relationship status, age, parity and SES, which represented the traits of predicted typical users of the EECO products and their partners. These “user types” guided the eligibility criteria for this research. Half of the participants were potential users of the Woman’s Condom, and half were potential users of the SILCS diaphragm. Similarly, partners – who were not the actual partners of female study participants, but rather men who matched the identified characteristics of these participants’ partners based on the market research – were divided evenly between the two products. The third group of participants included providers who worked in local clinics and pharmacies that provided and counseled on family planning products. The fourth group consisted of women of low SES that did not match the “user type” profiles. This group was selected to represent vulnerable women with the greatest unmet need for family planning. This exploratory component of the study was added in order to inform future programming on how to reach clients beyond the immediate potential users identified during the market research process.

In both countries, the study teams recruited most participants from pharmacies and clinics located in middle to higher-income neighborhoods, frequented by middle to higher-income customers. Providers were purposively selected from both private and public clinics serving a wide range of clients. Local study teams recruited women of lower SES from their communities with the guidance of a community gatekeeper with whom the teams connected before recruitment. All interviews were conducted by local researchers in local languages.

In total, more than 107 interviews and focus groups were completed (50 in Malawi and 57 in Zambia). Study teams audio-recorded all data collection events using digital voice recorders, transcribed all interviews verbatim then translated them to English. All final transcripts were sent to ICRW for analysis.

Interviewers asked participants to talk about sexual relationships and their concerns related to topics such as HIV and other sexually transmitted infections, pregnancy, intimacy and pleasure. Interview guides also focused on how people’s experiences in sexual relationships influenced the types of family planning methods they used. In individual interviews, participants were asked about their own experiences in their current sexual relationship(s), while focus group participants were asked to speak about social norms and the experiences of women or men “like them.”

During the second phase of the interviews and focus groups, the study team explained the product to participants and then asked them a series of questions about the product. A video was shown to participants explaining the use of the diaphragm.¹² More questions were asked about the product associated with the specific “user type” of the participant; however, all participants were asked about both products. For the SILCS diaphragm, participants were also shown the accompanying tube of gel.

Interviews with providers focused on their provision of family planning services, the types of family planning clients they attend to and how they might differentially counsel a client depending on certain characteristics, such as marital status or age. They were also shown both EECO methods and asked how they thought their clients would react to these products in terms of uptake, as well as what questions or concerns they had in terms of promoting these products to their clients.

Key Findings

The study captured three key themes with regard to the factors that might impact women's and men's decision to use the Woman's Condom or the SILCS diaphragm, which are described below.

“As per my understanding, most of the time it is the man that has the final say. Men most of the time overrule the decision made by their partners. Culturally it is believed that a man is the head of the family therefore whatever a man can say is considered to bring impact in a relationship.”

Male partner of a potential Woman's Condom user in Lilongwe, Malawi

“I want to have sex with my girl, and she is telling me that we will use a condom, I will wonder about where she is getting them because if that will come from a girl a lot of men get angry, and threatens to end the relationship or rape her.”

Male partner of a potential SILCS Diaphragm user in Lilongwe, Malawi

“If as a man I say to my partner that today we are not using a condom and she says we are using it, then I will feel intimidated that my powers are being challenged.”

Male partner of a potential Woman's Condom user in Lusaka, Zambia

1. Gender dynamics in sexual relationships

Many study participants expressed views that reflected unequal gender norms. For example, men's desires were often prioritized within sexual relationships, and gender stereotypes that subordinate women were prevalent in discussions about sexual relationships, pleasure and intimacy, and couple communication. Gender norms centered on male dominance and female passivity in intra-spousal communication and sexual matters limited women's autonomy to make decisions about their sexual and reproductive health, including the use of a family planning method. Though younger male participants, as compared to older men, expressed less rigid gender attitudes, in reality, the vast majority of female participants in Malawi and some in Zambia were deferential to the sexual and reproductive preferences of their male partners. Further, and especially true in Malawi, women often deferred to their partners' preferences, rather than their own desires or needs on issues such as drier sex and the use of condoms, because they feared their partner would become violent or leave them for other women. These gender norms were more overt for women of low socio-economic status in both countries.

Furthermore, concurrent sexual relations were common for both sexes, though for many women, these were driven by material gain or economic reasons, in contrast to sexual exploration and experimentation for men. This means that women who engage in transactional sex have even less negotiating power in bed, because

as one female participant put it, *“If he is paying for it you give him what he wants.”*

2. Method Preferences

Most participants expressed a strong preference for non-hormonal methods over hormonal methods such as pills, injectables and implants. Some cited their frustration with real or perceived side effects related to hormonal methods of contraception – such as heavy or spotty bleeding, weight gain, nausea and decreased pleasure – as reasons for this preference, while others cited various myths and misperceptions, such as that hormonal contraception causes cancer, makes a woman barren, causes the rotting of reproductive organs or affects a man's performance in bed.

Plain sex* (i.e. sex without a condom) was thought to be the most pleasurable and the “natural way” of having sex by both men and women. Most participants claimed the skin-to-skin contact during plain sex is the “ideal” for sexual gratification, and that it also enhances the emotional connection between couples. Many described plain sex as an act of dedication, affection and commitment to one's partner. Some pointed out that plain sex was natural and free of the side effects that are commonly associated with most family planning methods. Plain sex was also perceived as a sign of trust between couples; a view that renders condom use controversial within marriages and stable relationships. Many participants indicated that

*Plain sex (sex without a condom) was referred to as live sex in Zambia

“...women don't like pills because mostly they are afraid of cancer, they think the pills form a heap in their bodies so they think it will cause cancer and some don't like condoms as well, some don't like Norplant that it makes their hand to give pain when they are carrying things, they fail to stretch their hand to carry some thing because of pain.”

Male partner of potential Woman's Condom user in Blantyre, Malawi

“...I am dead when I am using those hormonal [contraception]. I used a pill... even when he touches you, you feel like, ‘what is he doing?’”

Potential user of the SILCS Diaphragm in Lusaka, Zambia

“Some partners refuse to use a condom because they believe having unprotected sex is satisfaction guaranteed. The rubber hinders enjoyment and pleasure, sexually...”

Potential Woman's Condom user in Lilongwe, Malawi



“The fact that we may have live sex from time to time, and me knowing she trusts me, and her knowing that I trust her, will prevent her from going elsewhere to look for another partner to have it with.”

Male partner of a Potential Woman’s Condom user from Lusaka, Zambia

“Yes it is very important [sex without a condom] because sometimes women are suspicious as to why you are using condoms. Maybe they think where you go you have sex with prostitutes. So to me it’s on the issue of trust. I want her to trust me.”

Partner of Potential SILCS Diaphragm user in Lilongwe, Malawi

a suggestion by one partner to use condoms might raise suspicions of infidelity by the other. For some men, participants suggested, condoms are used with prostitutes or to prevent having children out of wedlock in extramarital affairs. A few female participants noted a lack of compliance with a husband’s preference for plain sex could drive him to seek sexual relationships with other women outside of marriage.

Participants noted that the diaphragm provided an option for plain sex and was hence a good choice for those who want to enjoy pleasurable sex while preventing pregnancy. Some women also noted that the diaphragm could be used covertly in situations where a partner does not approve of a woman’s use of contraceptives, giving such women an opportunity to have some control over their reproductive health. Many, however, remarked that the process of inserting the diaphragm seemed complicated and could present hygiene challenges to women. Some also pointed out that the diaphragm, unlike the condom, would not protect against STIs, including HIV.

It’s good [in reference to a diaphragm] because people refuse condom as they want plain sex. With this method [diaphragm] you penetrate plain.”

Partner of a Potential SILCS Diaphragm user in Lusaka, Zambia

“Its advantage is that you can have sex without your partner noticing that you have inserted it. He will just feel normal. Most men refuse to use a condom so you will insert it prior to having sex and he won’t notice.”

Potential SILCS Diaphragm user in Lilongwe, Malawi

“I wouldn’t have problems with it [in reference to the lubricating gel] if it has no side effects and torment me like it was in the past. I am concerned mostly about side effects to me and to my wife... ok; it should not have side effects like making me develop sores in the penis and my wife in her genitalia.”

Potential SILCS Diaphragm user in Blantyre, Malawi

“Mostly, the prostitute would want it [the Woman’s Condom] ... because they are there as commercial women and would like to get more money per day. So they can be getting the condom and reuse it to make more money.”

Provider, Blantyre, Malawi

“This method is very difficult to use [in reference to the diaphragm]. If they don’t put it in correctly then they get pregnant, and they will not come to the clinic again. They will blame it on us.”

Provider, Blantyre, Malawi

A few providers in both Zambia and Malawi suggested that their clients would reject both EECO products because people are generally reluctant to try new products. The cost associated with family planning services was another reason given by providers as to why they recommended or promoted certain family planning methods over others. Providers were keen to offer services and products that were affordable to their clientele.

Participants lauded the user ability to control the amount of lubrication to use with both the Woman’s Condom and the SILCS diaphragm. However, there were concerns about potential adverse effects of the lubrication gel.

3. Supply side constraints

When asked if they would recommend the Woman’s Condom or the SILCS diaphragm to their clients, most providers responded in the affirmative, pointing to the non-hormonal aspect of the products and the fact that they were short-term, both qualities they believed best fit their younger clients. However, some providers stated that they would not recommend the SILCS diaphragm to commercial sex workers due to their risk of exposure to HIV and STIs. Some providers also expressed hesitation on recommending the Woman’s Condom to commercial sex workers because “they are likely to reuse the condom,” which they reported to have been the case with previous generations of female condom. Furthermore, in regard to the diaphragm, providers were most concerned about proper usage, especially among the least educated women. Many providers worried that improper usage would lead to unintended pregnancies and subsequent loss of clients. Some also likened the diaphragm to similar barrier methods of past years that were rumored to be ineffective.

Comparing Malawi and Zambia

There were no differences in the salient themes between the two countries, however, three distinctions are important to note. First, the socio-economic status of study participants was generally lower in Malawi as compared to Zambia. Second, inequitable gender norms and dynamics were more overt in Malawi. This is likely due to the fact that Zambian participants had slightly higher incomes, but may also reflect the fact that gender norms are changing more rapidly in Zambia as compared to Malawi. Third, provider bias was more pronounced in Malawi, which should be addressed in order to create a more enabling environment for the uptake of these two methods.

Discussion

Through understanding the potential introduction of two new woman-initiated contraceptive methods, the findings from this study underscore the challenges associated with expanding method choice and access to family planning. The study highlights the importance of ensuring that efforts to expand method choice incorporate a culturally appropriate and contextualized understanding of the reasons behind potential preferences for certain contraceptive methods over others, and how these preferences may change during different stages in an individual’s reproductive lives and/or sexual relationships.

The findings further suggest that the introduction of the Woman’s Condom and the SILCS diaphragm in Malawi and Zambia should be supplemented by strategies that address some of the gender norms and stereotypes that undermine women’s ability to make fully informed decisions about their reproductive intentions and needs. Additionally, preferences for non-hormonal methods among some women imply that these two new non-hormonal methods have a good potential to address unmet need for family planning within these contexts. However, this potential is likely to be impacted by the desire for plain sex, which poses potential limitations on the use of the Woman’s Condom, as well as provider biases, which could deny some women and couples fully informed choice in accessing and using one or both methods. Further, clear and accurate information and sensitization on all family planning methods is imperative to address confusion, anxiety, as well as myths and misperceptions. Finally, more effort will be required to provide women of lower socio-economic status with family planning choices that best meet their needs based on the disproportionate economic, cultural and structural challenges they face compared to women of higher economic status.



The distinctions observed between Malawi and Zambia may indicate a need for different introduction and marketing approaches for the two products in these countries. For instance, findings on more overt gender norms in Malawi than in Zambia might indicate that while Malawi programs may focus more on male engagement to promote more equitable gender norms, Zambia might be able to work more directly with females. A summary of overall recommendations for marketing strategies of the Woman's Condom and the SILCS diaphragm based on the study finding are detailed in Appendix A.

Study Limitations

The study does have a few limitations that should be noted. While we did capture the perspectives of women of lower socio-economic status, the majority of study participants were of middle or higher-income backgrounds, which constrains the overall applicability of our findings. The study excluded women currently using a hormonal method of family planning; the results may thus only capture the experiences and perspectives of women who dislike or fear hormonal methods. Despite these limitations, our study offers useful findings from a range of individuals, including potential users of the products and their partners; younger and older participants; participants in longer-term relationships like marriage and those who were single; and women of varying socio-economic status. Additionally, the perspectives of family planning providers were included.

Conclusion

The concept of unmet need points to the gap between reproductive intentions and contraceptive behavior. Providing women and couples with a broad method mix throughout their constantly evolving reproductive and sexual lives is critical to addressing unmet need for family planning. Most importantly, the expansion of method choice goes beyond the introduction of a new product in the market and hinges on collective socio-cultural, economic and structural factors that inform and influence family planning decisions throughout one's life course.

Endnotes

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Implications of Findings for EECO Product Marketing and Uptake

Woman's Condom

Key Opportunities

- Preference for non-hormonal contraceptive methods
- Dual protection against pregnancy and STDs including HIV
- User control on the desired amount of lubricating gel
- Improved and better than first generation female condom

Key Barriers

- Controversies around use of condom by married and couple in stable relationships
- Concerns about the side effects of the dissolving capsule
- Concerns about the side effects of the lubricating gel
- Concerns about the size
- Provider biases

Considerations for Marketing Strategies

- Marketing strategies should capitalize on the non-hormonal and dual protection aspects of the Whisper Condom. User control on the desired quantity of the lubricating gel should also be highlighted.
- Marketing messages should be framed to portray use of condoms as a desirable contraceptive method for couples in all types of sexual relations (including married and long-term relationships). Trust issues need to be directly addressed in these messages.
- Public awareness and sensitization campaigns are needed to bust myths and misperceptions on the lubricating gel and address concerns about the dissolving capsule.
- Marketing messages, guided by a strong constructive male engagement strategy, should aim to challenge cultural and gender norms by promoting equitable decision making in sexual relationships and male support for FP.
- Providers should be trained on the current policies that govern FP provision in Malawi as well as the benefits of the two new women initiated FP methods, and how to provide supportive counseling to clients who might consider using them.
- SBCC strategies to directly address provider biases need to be developed and implemented to ensure client-centered, full, and informed method choice.

SILCS Diaphragm

Key Opportunities

- Preference for non-hormonal contraceptive methods
- Re-usable, hence a cost effective contraceptive method
- Preference for "plain sex" (sex without a condom)
- User control on the desired amount of lubricating gel
- Could be used covertly

Key Barriers

- Concerns about correct usage and insertion
- Concerns about hygiene due to re-use
- Concerns about the side effects of the lubricating gel
- Does not protect against HIV and STIs
- Provider biases

Considerations for Marketing Strategies

- Marketing strategies should capitalize on the cost effectiveness of the SILCS Diaphragm as well as its non-hormonal aspect. User control over the desired quantity of the lubricating gel should also be highlighted.
- Marketing messages for stable couples might emphasize that the diaphragm protects against pregnancy without side effects, while at the same time allowing "skin-to-skin" contact during sex.
- Education and awareness campaigns on the proper use and hygiene of the SILCS Diaphragm would be beneficial.
- Public awareness and sensitization campaigns are needed to bust myths and misperceptions about the lubricating gel.
- Marketing messages, guided by a strong constructive male engagement strategy, should aim to challenge cultural and gender norms by promoting equitable decision making in sexual relationships and male support for FP.
- Providers should be trained on the current policies that govern FP provision in Malawi as well as the benefits of the two new women initiated FP methods, and how to provide supportive counseling to clients who might consider using them.
- SBCC strategies to directly address provider biases need to be developed and implemented to ensure client-centered, full, and informed method choice.





**International Center for
Research on Women (ICRW)**

1120 20th Street, NW
Suite 500 North
Washington, DC 20036
www.icrw.org
Tel: 202.797.0007
Email: info@icrw.org

Asia Regional Office

C – 59, South Extension, Part II
New Delhi, India – 110049
Tel: 91.11.4664.3333
Email: info.india@icrw.org



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