

## Costs and Benefits of Investing in Contraceptive Services in Malawi

- Rising levels of contraceptive use have led to a decrease in the level of unintended pregnancies in Malawi; however, much more can be done to reduce the burden of unintended pregnancy—a problem for which women and society pay dearly in lives, the well-being of families and needless expenditures.
- Malawi has one of the highest maternal mortality ratios in the world: An estimated 510 women die from pregnancy- or delivery-related causes per 100,000 live births.
- Lack of access to quality family planning services contributes to large numbers of unwanted and mistimed pregnancies. Many Malawian women who have such pregnancies face the risks of childbirth without adequate obstetric care or the perils of clandestine unsafe abortion, threatening their lives, health and economic well-being and that of their families.
- Meeting women's need for modern contraception is central to achieving three of the United Nations Millennium Development Goals—improving maternal health, reducing child mortality and combating HIV/AIDS—and contributes directly or indirectly to efforts to achieve all eight goals.
- Current expenditures on reproductive health are inadequate: The outlay for reproductive health represents 13% of the government's total health budget. Government expenditures for reproductive health, in general, and for family plan-

ning, specifically, average only US\$7.34 (3,113 Malawian kwacha) and US\$3.14 (1,332 kwacha) per woman of reproductive age, respectively.

### CURRENT CONTRACEPTIVE USE IN MALAWI IS INADEQUATE

- Approximately two million Malawian women—57% of all women of reproductive age (15–49)—are sexually active and want to delay having a child or want no more children. However, only 58% of these women use a modern contraceptive method. The remaining 42% have an unmet need for contraception.
- Among the poorest women, 51% are at risk of an unwanted pregnancy, compared with 36% of women in the wealthiest households.
- In addition, unmet need was substantially higher among the poorest women (51% of at-risk women in the lowest wealth quintile) than among those in the wealthiest households (36%). Poor women evidently face greater barriers to accessing and using modern contraceptives than women with high wealth status.

### NONUSE OF CONTRACEPTIVES ACCOUNTS FOR MOST UNINTENDED PREGNANCIES

- In Malawi, an estimated 487,000 unintended pregnancies occurred in 2013. The majority of these pregnancies (88%) were among women who were not using a modern method of contraception.
- In 2013, approximately 16% of unintended pregnancies—approximately

78,000—ended in abortion, typically clandestine and unsafe procedures.

- Geographically, unmet need was highest in the Northern region (46%), followed by the Southern region (43%), but substantial proportions of women in all regions of Malawi face challenges in attaining their desired fertility goals.

### WOMEN HAVE MORE CHILDREN THAN THEY WANT

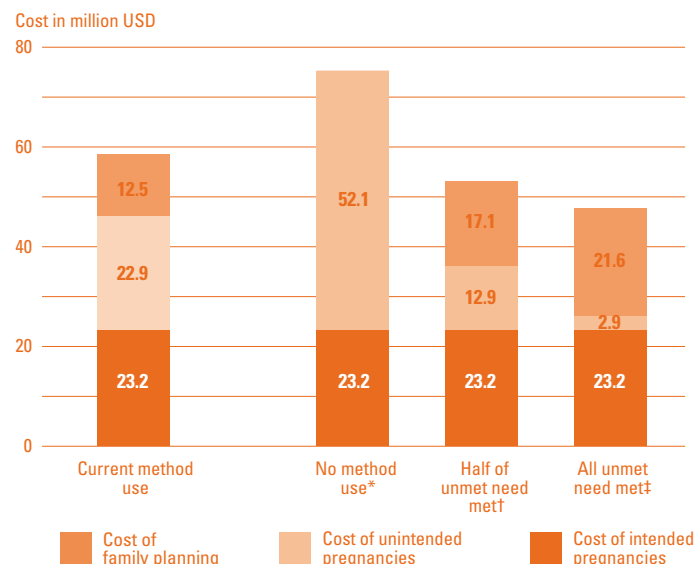
- In 2013, 49% of all births in Malawi were unplanned. This proportion has increased from 2000, when 40% of pregnancies were unplanned.
- Malawian women have more children than they report wanting—5.7 compared with 4.5.
- On average, the poorest women have 1.3 more children than they desire, whereas the wealthiest women—who likely have better access to contraception—have only 0.7 more children than they want.
- The discrepancy between desired family size and actual fertility varies by region. The gap is largest in the Central region (1.3 more children than desired) and smallest in the Northern region (0.9 more children than desired) where women have slightly higher family-size preferences and lower modern contraceptive use.

### CONTRACEPTIVE USE PROMOTES HEALTH AND SAVES LIVES

- If all Malawian women's need for modern contraceptive methods were met, 426,000 fewer unintended pregnancies would occur each year—a decrease of 87%.

## Cost Savings of Contraception

Investing in contraception could greatly reduce costs associated with unintended pregnancy



\*Method mix of 58% modern, 5% traditional and 38% nonuse among women at risk of unintended pregnancies. †Method mix of 79% modern, 3% traditional and 19% nonuse among women at risk of unintended pregnancies. ‡100% modern method use among women at risk of unintended pregnancies. *Note:* Medical costs include costs for prenatal care, routine newborn care, professional delivery care, obstetric emergency care and treatment of complications from unsafe abortion.

- As a result, the numbers of unplanned births, abortions and miscarriages would all be reduced by 87–88%.

- Meeting women's need for contraception would also save lives: Each year, 1,500 fewer women would die in pregnancy and childbirth, and 21,000 fewer infant deaths would occur.

- If just half of the current unmet need for modern contraception were met, nearly 213,000 (44%) fewer unplanned pregnancies would occur each year, which in turn would mean 146,000 fewer unplanned births, 34,000 fewer induced abortions and 800 fewer maternal deaths annually.

## INCREASING INVESTMENT IN FAMILY PLANNING SAVES MONEY

- In Malawi, the total expenditure on family planning in 2013 was estimated at US\$12.5 million (4.61 billion kwacha). It would cost around US\$17.1 million (6.31 billion kwacha) to fulfill half of all unmet need for modern contraception and US\$21.6 million (7.97 billion kwacha) to fulfill all unmet need.

- Although reducing unmet need requires greater expenditures, considerable net savings would result. Spending on family planning lowers the number of unplanned births and that, in turn, reduces expenditures on maternal and newborn health, which includes antenatal care, delivery, emergency obstetric care and postabortion care.

- Every dollar (or kwacha) spent on contraceptive services will save the Malawian health system US\$2.20 (or kwacha) toward maternal and newborn care.

- Meeting just half of unmet need for modern contraceptives would result in an annual net savings of US\$5.5 million (2.0 billion kwacha); fulfilling all unmet need would generate a net savings of US\$11 million (4.1 billion kwacha).

## POLICY IMPLICATIONS

- Although the Malawian government's strategic plan for reproductive health calls for increasing modern contraceptive use from 42% in 2010 to at least 60% by 2016, this goal will remain elusive without substantial increased investment in reproductive health.

- Achieving significant reductions in maternal and infant mortality will require greater investment in the health care and service delivery infrastructure.

- Upgrading the overall quality of family planning services should be a priority. These programs should be expanded and promoted throughout the country's health system.

- The provision of family planning counseling and contraceptive methods should be made a routine part of postabortion care to reduce women's risk of multiple unwanted pregnancies.

- Expanding contraceptive services confers substantial benefits to women, their families and society. All stakeholders—including the Malawi government and the private sector—should increase their investment in modern contraceptive services.

## CREDITS

Unless otherwise indicated, the data from this fact sheet are drawn from Vlassoff M et al., *Benefits of meeting the contraceptive needs of Malawian women*, In Brief, New York: Guttmacher Institute, 2014, No. 2. <<http://www.guttmacher.org/pubs/IB-Malawi.html>>

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Centre for Social Research  
P.O. Box 278, Zomba, Malawi  
Tel: +265 1 525194  
csr@cc.ac.mw

[www.csr.unima.mw](http://www.csr.unima.mw)



125 Maiden Lane  
New York, NY 10038 USA  
Tel: 212.248.1111  
info@guttmacher.org

[www.guttmacher.org](http://www.guttmacher.org)