



# Family Planning & Sexual Health Project



## Mwaya and Kachere Area

Malawi: P O Box 75 · Chintheche · Nkhata Bay District · Northern Region  
England: Whiteleaf Business Centre · 11 Little Balmer · Buckingham · MK18 1TF · England  
Company Reg No: 4823686 England · UK Reg Charity Nos: 1103256 (England & Wales) and SC043082 (Scotland) · CONGOMA Reg No: C267/2005

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

## Family Planning and Sexual Health Project

In Malawi the population is growing by one person every minute. In the 1950s the population of Malawi was about three million. Today it is more than 19 million; that's a 500% increase.

All of the projects with which Ripple Africa is involved in Malawi, whether it's fish conservation, forest conservation, education or healthcare, the majority of the problems arise because of the rapid population growth.

Khumbolawo, a nurse midwife, and Watson, a health worker, are both employed by Ripple Africa and since June 2018 have been working on a family planning project to raise awareness in local schools and different community groups. We are working in conjunction with the local government health centres to educate about family size and the contraceptive methods available.



**Left:** Watson and Khumbo; **Right** One of the simple fun demonstrations to students

To gather information and understand more from the community in and around Mwaya, simple fun demonstrations have been used to highlight the current and future problems arising from having large families and the impact on Malawi, its resources and individual families. We illustrate the population growth by involving the students or community members who are asked, one by one, to stand on a small mat. The mat represents Malawi and each person represents three million people, clearly showing how much space there was in Malawi in the 1950s and how little space there is today and for the future. These demonstrations help to change peoples' views on family size from having an average of five to a future of two children per family.

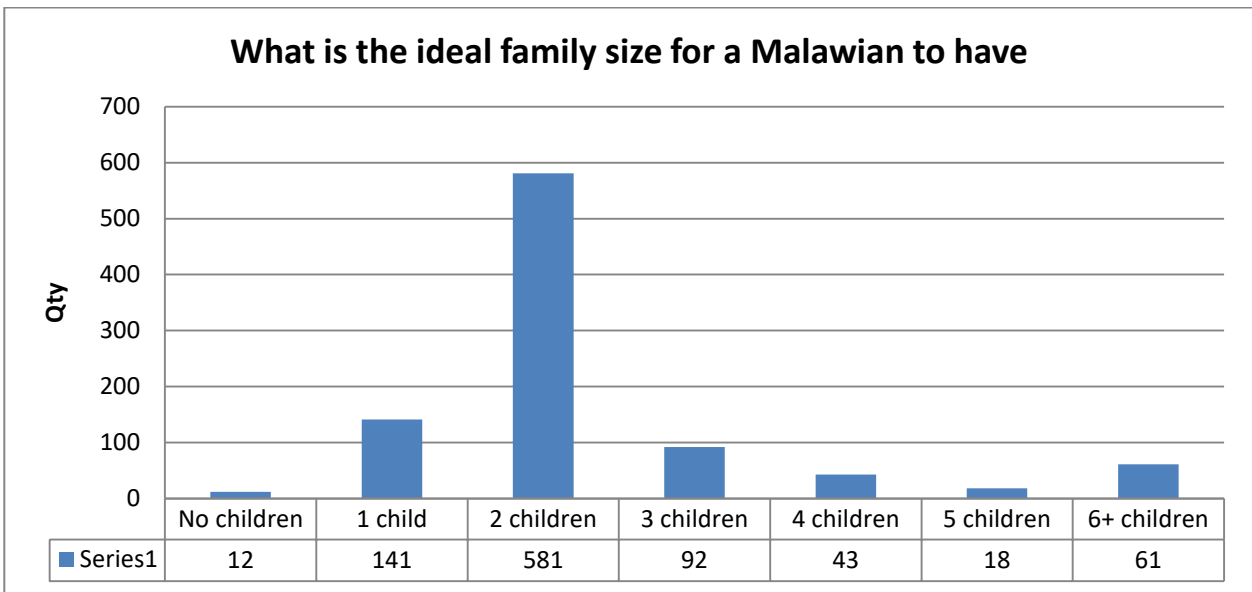
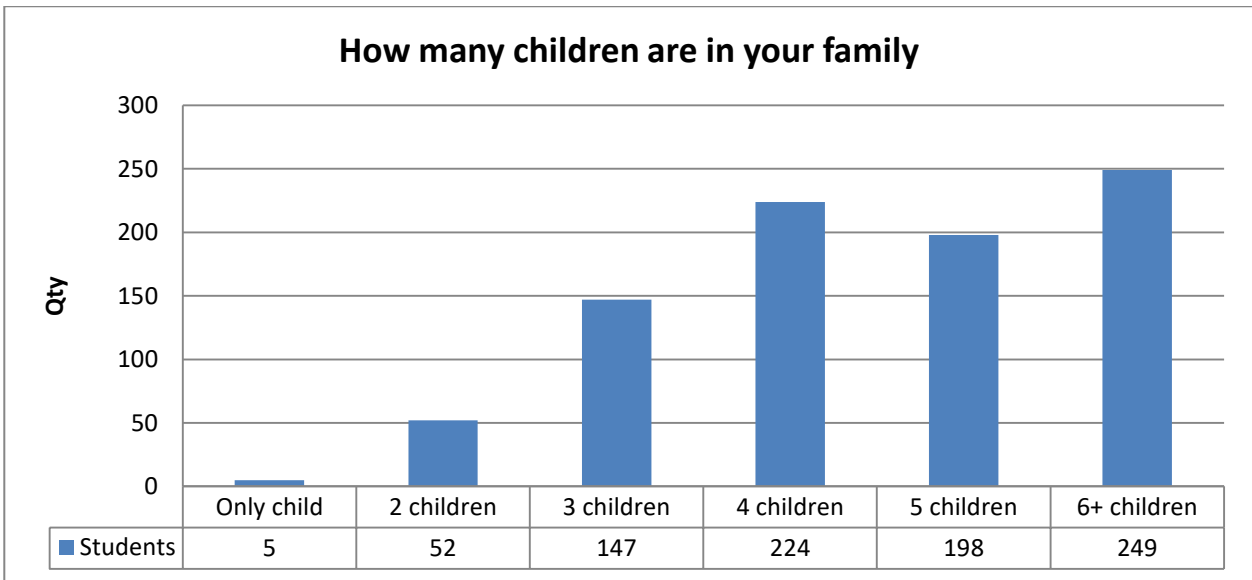
We've also carried out data collection at Kachere Health Centre and Mwaya Dispensary.

### The findings so far

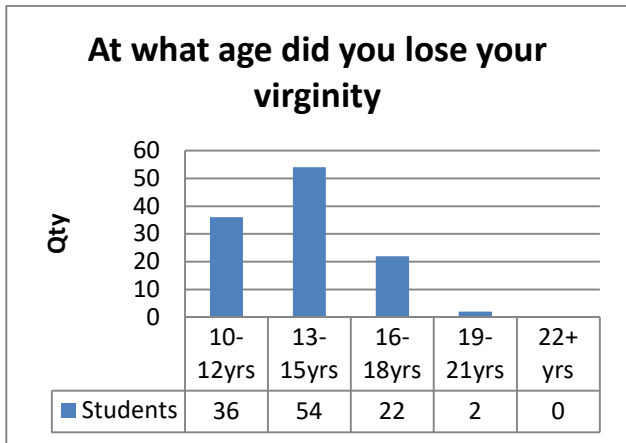
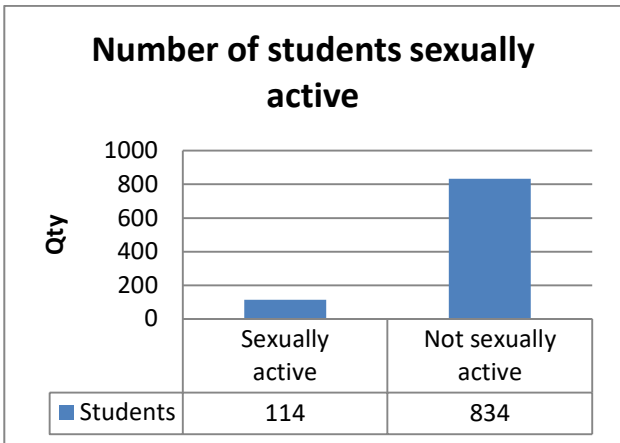
#### Student research

We visited six primary schools and one secondary school to find out their understanding and thoughts on family planning and other related topics. At the primary schools we spoke to students in Standards Five, Six and Seven. In total we reached 948 students across the seven schools with the youngest attending a workshop being 10 and the eldest 25 years old.

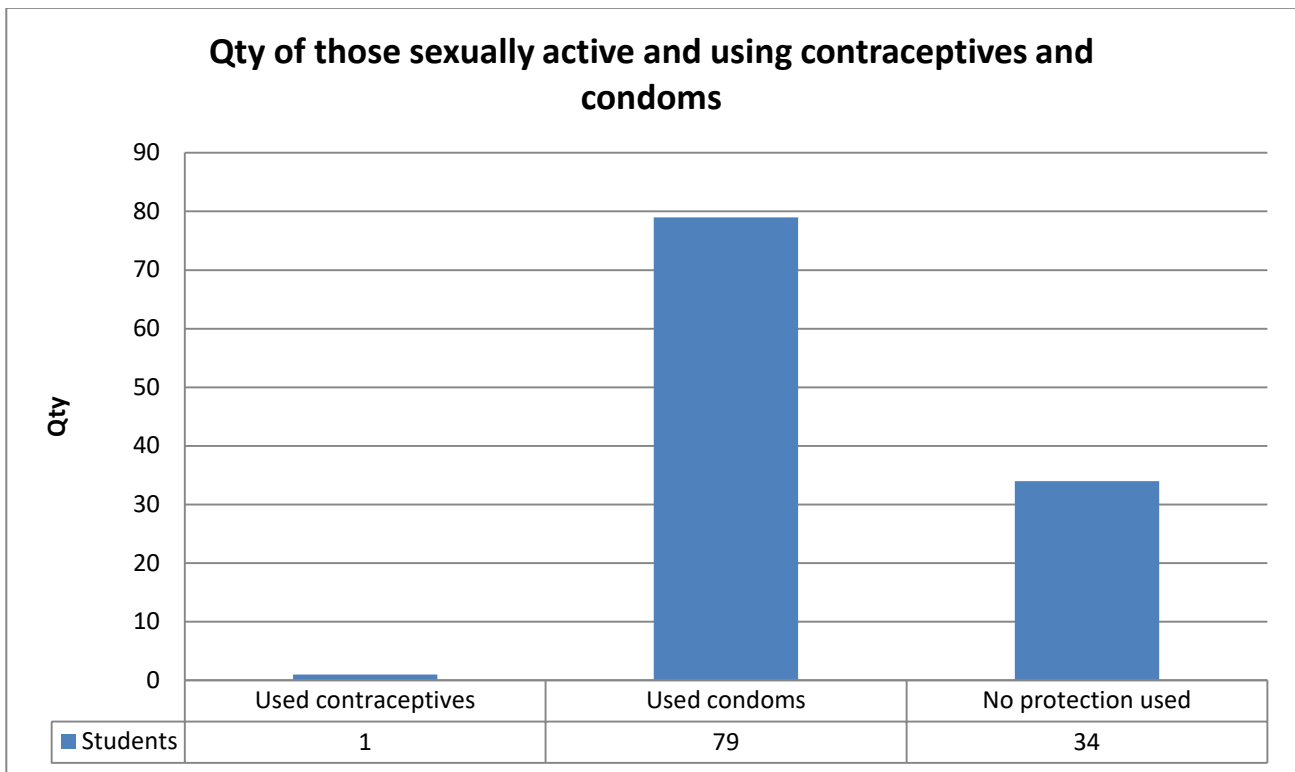
These workshops started with questions on family size. Only 7% of those we spoke to were an only child or from a family of two children. We asked their opinion on how many children a Malawian should have before and after the demonstrations to see their understanding with the problems relating to the rapid population growth.



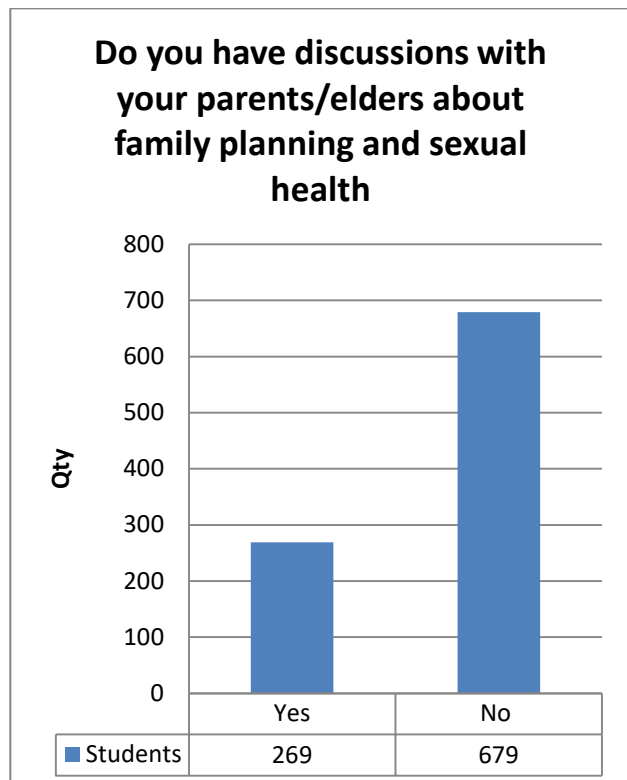
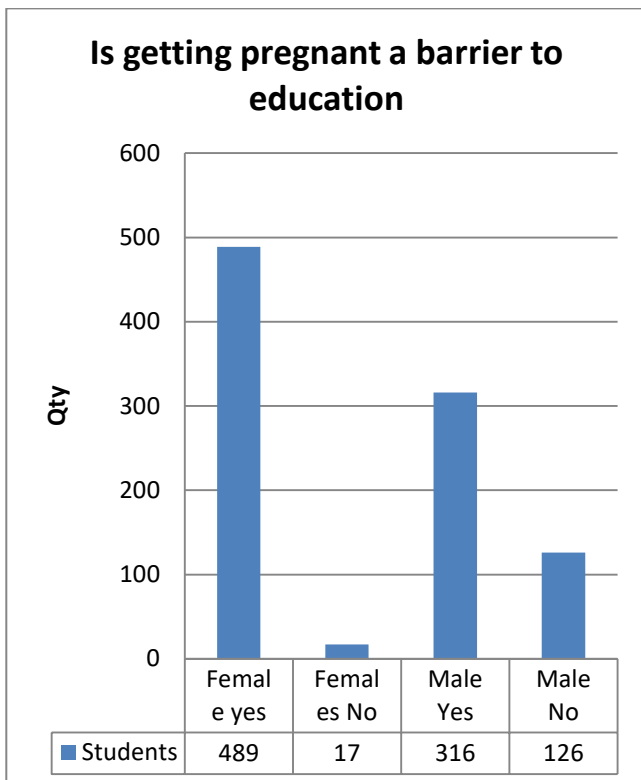
Discussions on sexual health and family planning then followed. Through a secret ballot, the students gave their answers on whether they were sexually active and if yes, how old they were when they lost their virginity and whether they used contraception. We appreciate that there is the possibility that not every student will have told the truth.

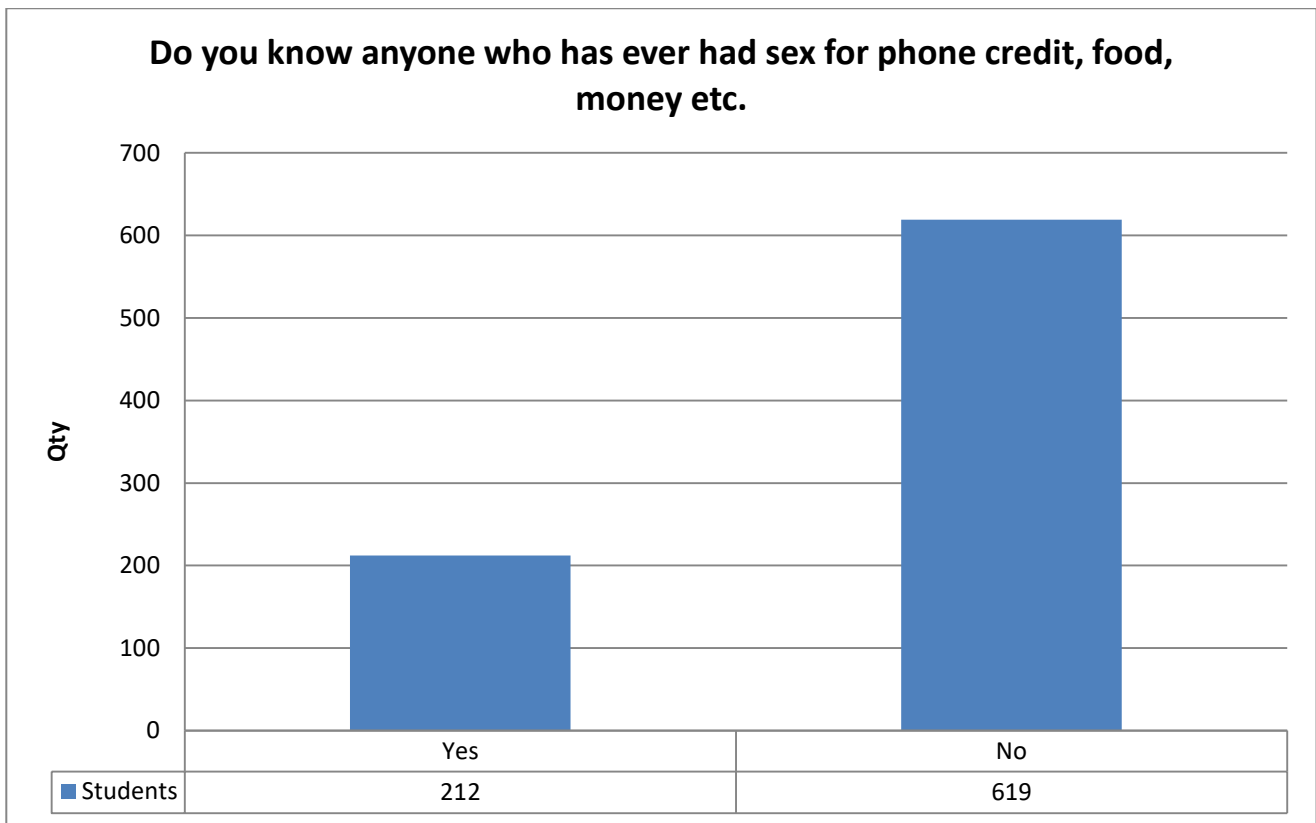


Of the 114 students that claim to be sexually active, it's worrying to see that only one female was using contraceptives and the rest were either relying on condoms or not using any protection at all.



These questions then led us to ask more about the perceptions relating to teen pregnancies, discussing cultural topics including whether it's acceptable to have two wives and if you'd remarry if your first husband or wife couldn't produce children. Fifty per cent said they would divorce and find a new partner if that was the case but only 7% agreed it was acceptable to have two wives.





Worryingly it is becoming increasingly more common for predominantly older men to approach younger girls for sex in exchange for money or food. One group of secondary school students explained how people are too scared to intervene even if they see it happening because they fear the retributions if they inform the authorities.

Overall, the teachers and students were keen to welcome the Ripple Africa team back for future sessions and one Standard Seven class even asked Khumbo and Watson back the following day so they could ask questions. This particular Standard Seven teacher welcomed the opportunity and even asked how we can work together to prepare and help the students talk to their parents about family planning etc.

Many of the questions that the students asked clearly highlight a need for such workshops to ensure they're equipped with the right knowledge from the start. Some of the questions they asked were:

- Is it okay to use contraceptives as we have heard that they make people barren?
- If using a condom and it tears, can someone still get pregnant/infected?
- What do you do if you don't have a girlfriend but want to relieve yourself?
- At what age can a boy get a girl pregnant?
- If a girl wants the boy to use a condom but he doesn't, what should she do?
- How many times do you have to have sex before you can get pregnant?
- How old do you have to be to go for HIV testing?
- What makes a person barren?
- If a person is pregnant but miscarries, does a lizard come out of the womb?
- Should it be the man or the woman who reach orgasm/climax?
- How do you make a boy or a girl baby?

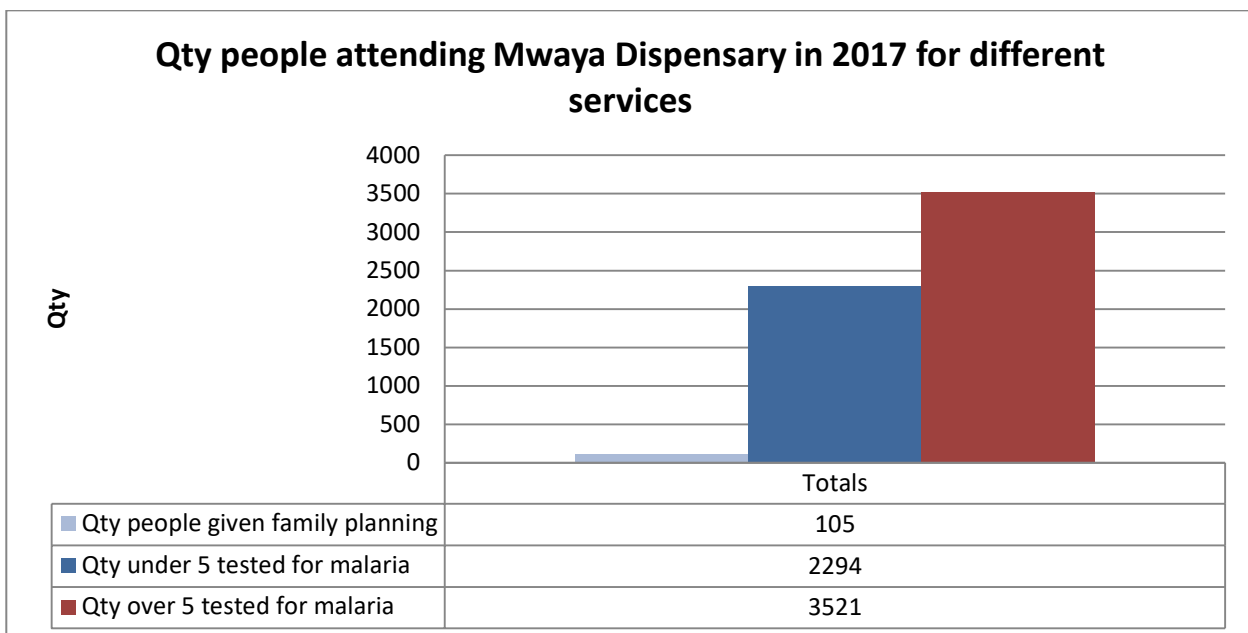
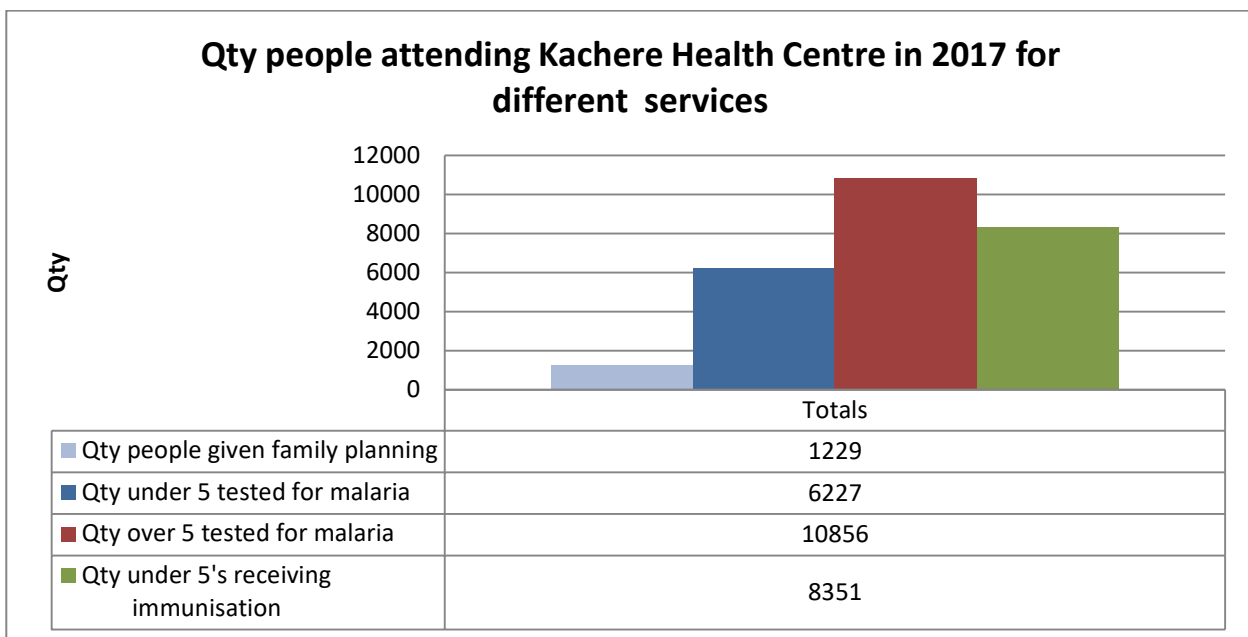
## Community groups

Khumbo and Watson have met with a number of groups and couples to discuss similar topics as those above. The same demonstrations are used and questions asked, but we also asked them whether they would be comfortable discussing family planning options with their children.

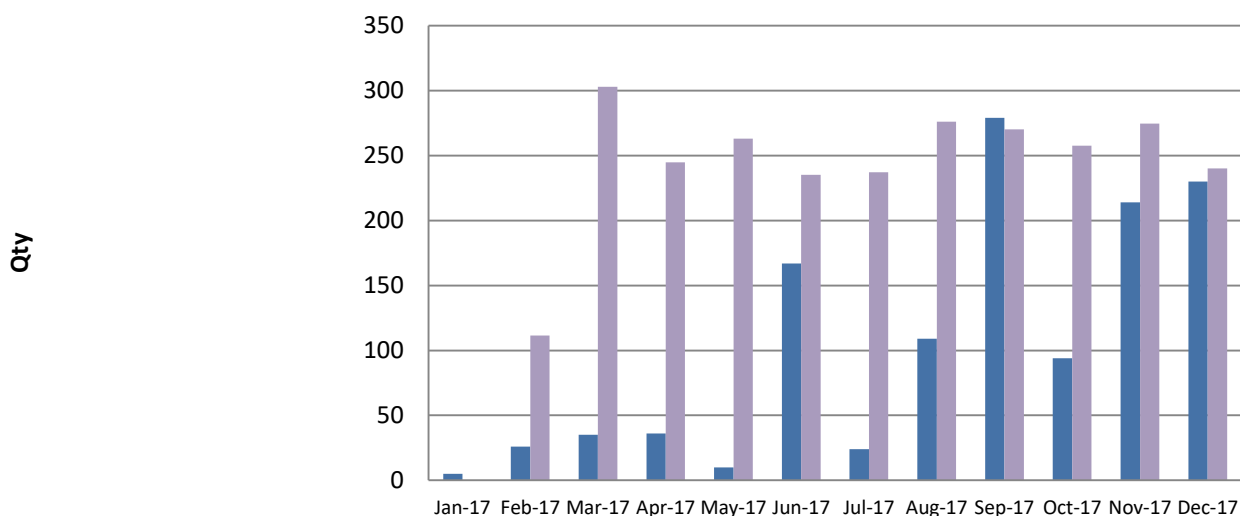
One of the recurring issues that arose was that so many women and men know little about the family planning options available to them so are unable to pass on any knowledge to their children. The lack of communication with their respective partners, especially surrounding such sensitive topics, is also a barrier so Khumbo and Watson have started meeting with couples together.

## Health Centre Summary

We've collected the data from 2017 and 2018 to date for family planning, malaria testing and immunisations from Kachere Health Centre and Mwaya Dispensary.

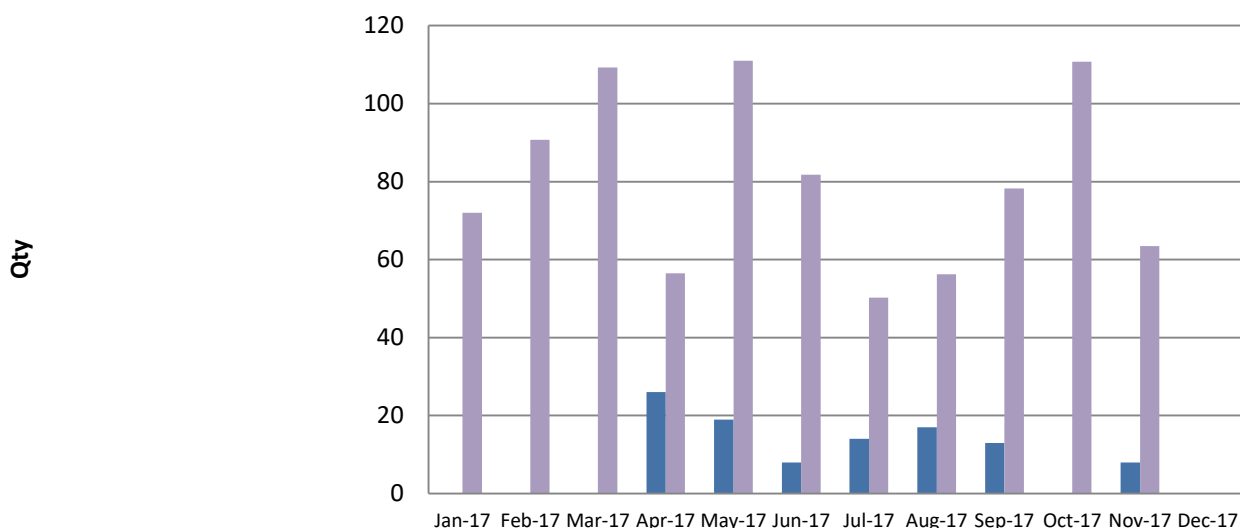


### Women receiving family planning compared to the number eligible for it at Kachere Health Centre in 2017



	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
■ Qty people given family planning	5	26	35	36	10	167	24	109	279	94	214	230
■ Estimated qty women eligible for family planning who were tested for malaria	0	112	303	245	263	235	237	276	270	258	275	240

### Women receiving family planning compared to the number eligible for it at Mwaya Dispensary in 2017



	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
■ Qty people given family planning	0	0	0	26	19	8	14	17	13	0	8	0
■ Estimated qty women eligible for family planning who were tested for malaria	72	91	109	57	111	82	50	56	78	111	64	0



The above graphs show how people value malaria testing and vaccinations but not family planning. Kachere Health Centre serves approximately 26,000 people which also includes 10,000 people who are offered some medical services by Mwaya Dispensary too. Of the 26,000 around 7,500 are estimated to be females eligible to use family planning. In 2017 only 1,334 accessed any form of contraception of whom 788 were women and 562 were men receiving condoms. In 2017, between the two clinics, 13,038 condoms were distributed. The most popular form of contraceptive for women was the Depo Provera injection, and the average age of women in Kachere taking contraceptives is 27 years old and with three children.

During the first six months of 2018, 1,019 people had received family planning indicating that it's likely more women will be receiving it this year.

The women we spoke to say that although they know they can get family planning at the clinic, they know little about the different options and claim that health workers don't fully equip them with all of the positives and negatives of each method. For this reason they listen to others in the community and their elders for advice which can lead to misinformation being passed on.

## **Future**

Khumbo and Watson are continuing their research and education within schools and the community, and we'll continue to collect the data from the health centres to establish if an education programme can be implemented, always ensuring that we're working with healthcare professionals and the schools.