



Family Planning and Sexual Health Project



Kachere Area, 2020

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High rates of population growth are a cause for concern around the world. UNICEF estimate that the population in Malawi will grow from 19 to 30 million between now and 2030. At 4.4 children per family, Malawi's fertility rate is the ninth highest in the world and is putting increasing pressure on the already strained resources in the country. Although provision of contraceptives is free, Malawi has a high unmet need for family planning services and the patriarchal nature of society here also means women are not often given a voice in decisions on family size.

Ripple Africa runs a family planning and sexual health project to try to address how best to tackle this problem, starting in the area around Kachere Health Centre. During the pilot stage of the project, Khumbo Mphande, a nurse midwife, and Watson Chirwa, a health worker, spent time with school and community groups and couples to identify how best to encourage more people to access family planning. Establishing engaging lessons for school pupils as well as interactive and informative sessions for community groups and couples, the team officially started the project in 2020. However, the coronavirus pandemic disrupted the planned delivery of the project so the team had to adapt.

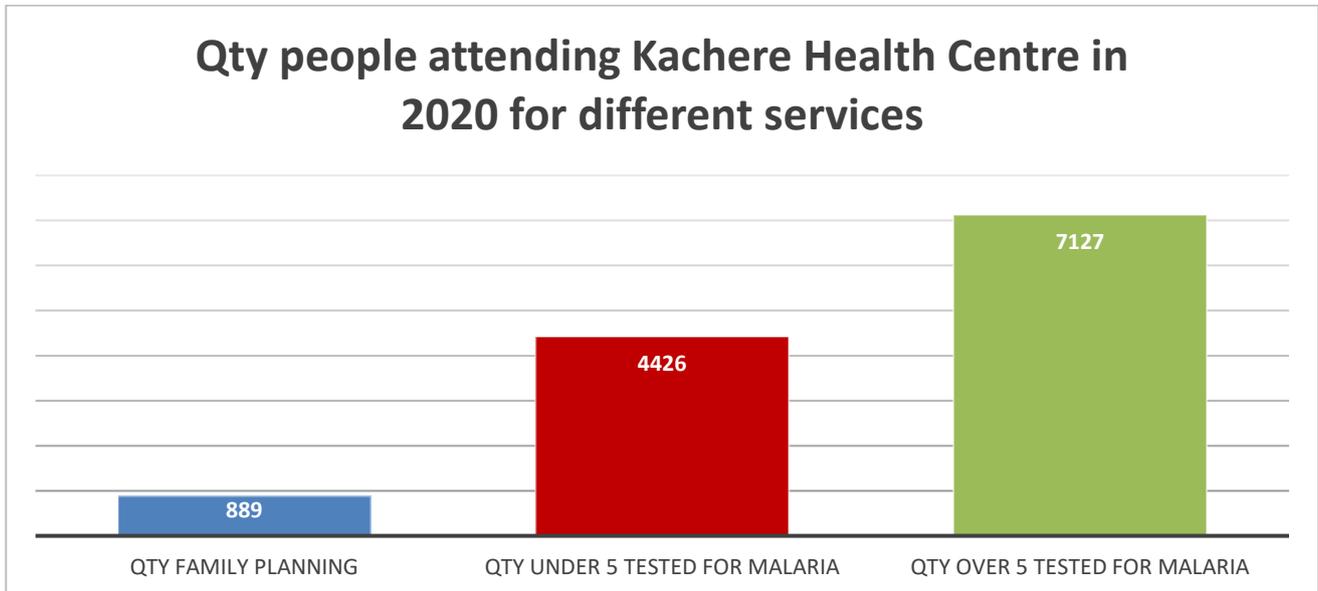


January to March is naturally challenging due to it being the farming and rainy season so, during these months, the team spends more time at schools, Under Five clinics and hosting sporting games such as *bao*, netball and football matches. The team were also present at weekly markets. However, when the pandemic started, the team had to change their plan – detailed below.

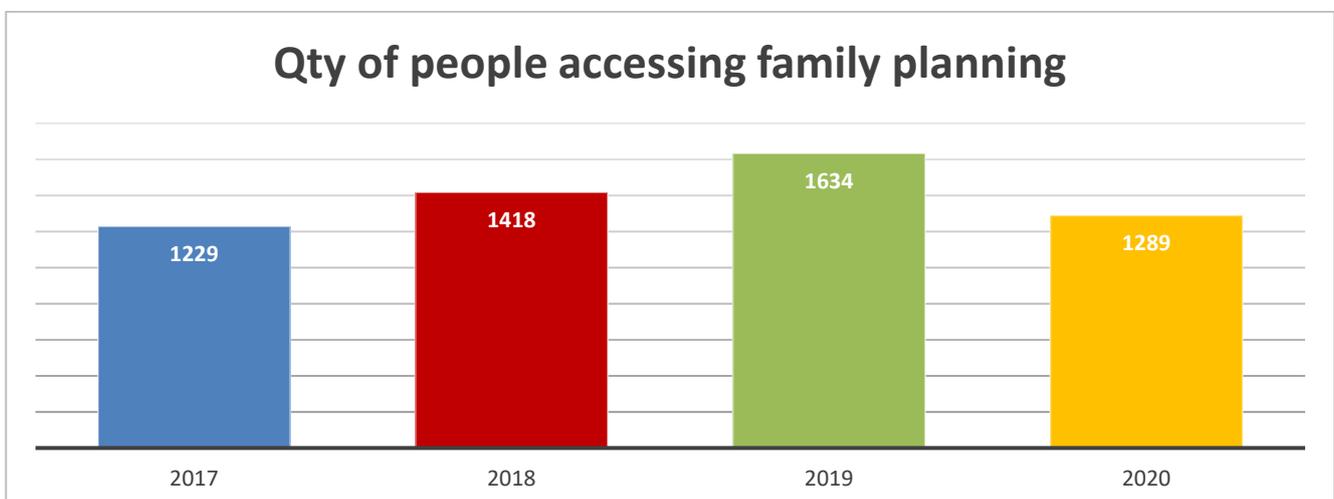
They also educated the community on coronavirus and the measures that people needed to adopt. Khumbo said, “We ran awareness campaigns to highlight the preventative measures such as wearing masks whenever you are in public places, washing hands with soap, social distancing and seeking medical help whenever you suspect that you have symptoms of COVID-19.”

Family Planning Distributed

Since 2017 we have collected data on family planning and malaria testing from Kachere Health Centre. We compare the data to give an indication of how community members value having access to each of these services. Unfortunately, whilst we would like to see an improvement year-on-year, this was not the case for 2020 which we believe is largely due to the pandemic as well as some localised issues at the health centre.



We visit the clinic every few months to collect the data but, on each trip, the clinic was unable to locate the condoms record book which records the men visiting the clinic and accessing this method of family planning. This is why the quantity of family planning appears much lower in comparison to previous years as there is no record of any men attending. Conversations with the health workers at the clinic suggested that men accessing condoms was on a par with previous years so we have taken an average from the past three years and estimate 400 men accessing condoms. When we add this figure to the number of women seeking contraception, this brings the quantity of people accessing family planning to 1,289 people – still a drop compared to previous years.



Despite the decrease there are a few positives to take from the data.

The clinic welcomed seven teenagers who were not mothers, the youngest aged 14, who all received the Depo Provera contraceptive injection. There were three girls who visited on the same day which suggests that maybe they felt more comfortable having each other there for support. However, we also recorded 59 other teenagers aged 15 to 19 who were already mothers to one or two children.



Whilst our conversations with students and young couples highlight that they only want two or three children compared to traditionally larger families, we think we need to encourage more discussions about how family planning will help them make that happen.

The most popular form of contraceptive for women continues to be the Depo Provera injection. A total of 833 injections were given. This figure includes women receiving repeat doses as the injection is given every three months. The only other forms of family planning administered to female patients were the contraceptive pill and condoms. It was noted that due to the pandemic, more long-term contraceptive options such as tubal ligation did not take place.

Outreach

Community groups

Improving the lack of communication between partners continues to be a focus of our community and couple meetings. Through these conversations, couples start to talk about their lives and subsequently plan for their future, particularly family size.

Due to the pandemic, the team spent more time working with couples instead of large groups. In 2019 they only met with 24 couples every other week to identify how best to share the message, and in 2020 we are proud that they reached 250 couples.

Watson said, "Changes in men will take a long time to be seen but we are seeing changes in family planning attitude. When we talk to men they agree that smaller families are better and that effective family planning methods should be used."



Khumbo and Watson also ran eight *baa* games, one football match and four netball matches throughout 2020 reaching more than 2,000 people across all three sports. They ran eight community awareness events covering sexual reproductive health and COVID-19. On average these reached more than 200 people each time. They continued to visit the Under Five clinics too which have a regular attendance of 80 – 100 mothers and or fathers.

Schools

This year we continued to work with the same six primary schools and a secondary school as well as meeting with the headteachers of four more schools in late 2020. These new schools, two primary and two secondary schools, were then happy to welcome Khumbo and Watson for some initial sessions to learn more. The teachers were then keen to welcome them



regularly to support the Life Skills lessons as they saw how our team engage the students in these classes and encourage them to ask questions. Topics discussed included population rates, sexual reproductive health, gender equality, domestic violence and COVID-19.

Despite normally reaching over 1,000 students every month, when the pandemic started schools were closed on two separate occasions so the team adapted. Although unable to meet the ordinary large numbers at school, they hosted community awareness and education sessions.

However, during the first school closure in March — which lasted five months — a number of girls got married or pregnant. Unlike the majority of children in developed countries who could continue learning at home, children in rural Malawi did not.

At one primary school three girls fell pregnant and one male student married. Two of the girls were in Standard 8, the final year of primary school. At another three primary schools a total of 15 girls got pregnant or married.

At the secondary school four girls got pregnant. One of the girls from Form 2 left school as her father collected her when school closed and she has since married. Her husband paid a dowry of three cows to the family.

In normal times, these girls would not be allowed to stay at school during their pregnancy and in most situations, they would not return after having the baby but the Ministry of Education encouraged female students to return to school if they were in the final year of primary or secondary school so that they could sit their leavers examination.



When the second school closure came during the second wave, Khumbo and Watson looked at other ways to connect with youngsters and increased their presence in the villages. This included attending Children’s Corner groups. These are groups set up in each village for pupils to come together to share any problems at school and to receive support and are usually attended by 80 or so children.

Future

Now that schools are open again, Khumbo and Watson have resumed their education programme with them and are using the awareness meetings in the community to work primarily with couples and groups of men and women.

They continue to collect the data from the health centres and to work alongside other healthcare professionals to provide maximum information to those wanting it.



However, they are aware that the number of young people getting pregnant could have been avoided if these youngsters felt comfortable going to the health clinic and asking for family planning. They therefore want to spend time talking with the students and teachers to learn why in the lessons they ask such valuable questions on the family planning methods but then fail to access them. Initial conversations in early 2021 suggest that they feel uncomfortable being seen at the clinic.

Khumbo said, “We were saddened when we learnt of so many young people dropping out of school due to pregnancy and marriage. Watson and I have been building trust with these youngsters and listening to them talk of finishing school and their aspirations for the future so we need to understand why they are not accessing family planning methods when they are sexually active. We educate people on what family planning methods are available and the effects but we are learning that there are students in their late teens who feel embarrassed attending clinics. We need to remove this barrier so that they can finish school and plan the family they wish to have.”

Our team are also hoping to train and work with more volunteers in schools, at the Under Five clinics and youth groups.

