Family Planning and Sexual Health Project

Kachere Area, 2021

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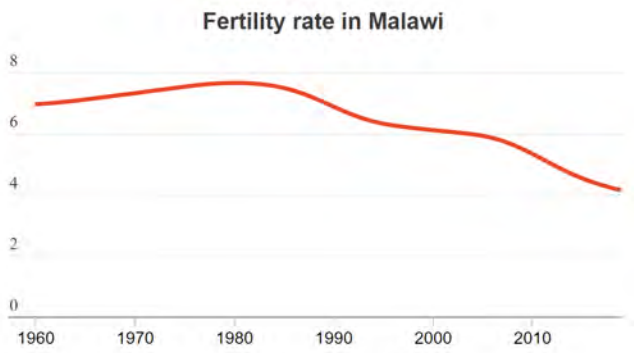
Malawi's population was 19.5 million at the end of 2021 and is expected to top 20 million this coming year. With a median age of 18 years old, the population is extremely young which poses many different challenges including over-crowding in schools, limited places at secondary school and university and more competition for the few jobs available.

Although the fertility rate has reduced since 2010 the rise in life expectancy and the increase in those living in rural areas add to the challenge. Quality land is scarce, deforestation high and there is a lack of jobs available for the ever-increasing young population seeking employment.

This is where our Family Planning and Sexual Health project comes in, working with different members of the community to highlight and explain the various challenges a large family poses especially on family finances and on natural resources.



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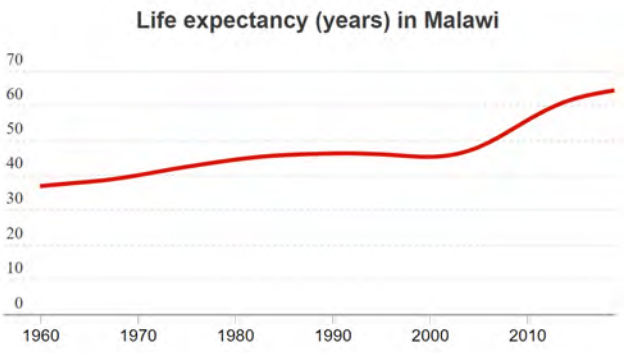

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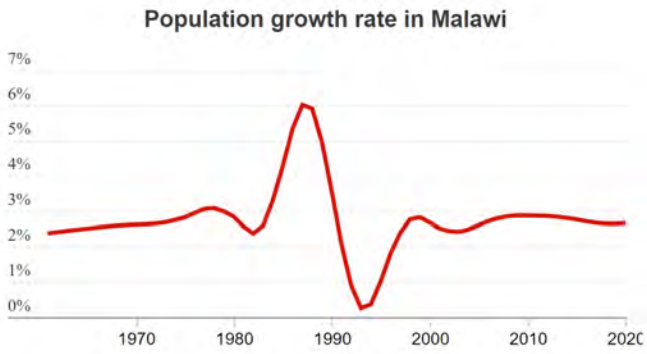

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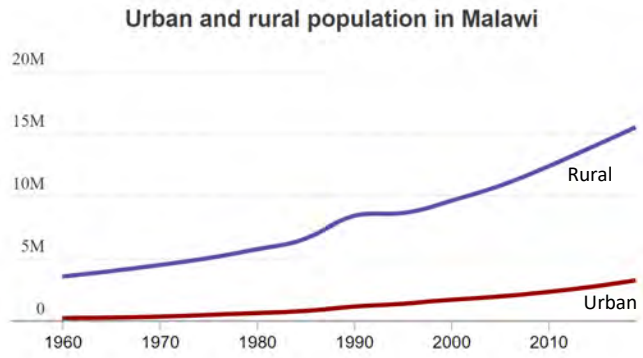

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Khumbo Mphande, a nurse midwife and Watson, a health worker continue to work in schools, with community groups and with couples. Over time, the confidence in the team has increased which has led to more in-depth conversations and encouraged those attending to ask more questions. However, the pandemic threw in some additional challenges including an increase in girls getting pregnant as schools were closed so we are now working with the schools and the families to help these students return to school and finish their education.

Outreach

Schools

Working in schools has been a big part of the project this year, especially given the school closures during the first part of the pandemic although we still ran outreach sessions then. However, being in school ensures that more students can be reached.

As a result, *Success is my dream* has become the slogan for the life skills lessons at primary and secondary schools, and with youth groups.

Our first aim of educating students about the impact of large family sizes on Malawi's resources continues but the slogan focuses heavily on the second aim – reducing child marriage and pregnancy and keeping girls in school. This is in response to the large number of girls who got pregnant during the first school closure of the pandemic.

Khumbo and Watson said, "Previously we worked with seven schools under one Traditional Authority but have expanded and now cover another Traditional Authority and have visited seven schools there. The response to *Success is my dream* has been beyond our imagination.

"Due to large numbers of girls dropping out of school, especially in their final year or two of school, we thought it was important to involve the parents. Our first meeting at Tukombo primary school saw 28 parents attend. At the second meeting in Chiwana, seven parents attended and at Kuwirwi, 39 parents were present. However, word started spreading and our last talk with parents at Mwaya primary school had over 140 parents present. This was unexpected but we took it as a great opportunity to help parents communicate with their children and understand the challenges their daughters in particular face and how they can support them including talking about family planning and sex education."

What is clear is that parents do not want their daughters to get pregnant and that the boys need to be educated too on topics such as peer pressure, STIs, HIVm etc. And although it is almost unknown in Malawi for parents to talk to their children about sex, some trial sessions with mothers and daughters have taken place to help improve communication between them.

Communication between the students and our team has improved too. They consistently ask more questions including questions on sexual reproductive health, gender equality, population growth, peer pressure and domestic violence. They also ask about contraceptive methods as many of the girls have heard myths from older female family members such as their mothers and aunts and have heard about the negative effects of various methods but not necessarily about the benefits.

The 25 girls who dropped out of school because they were pregnant were given the opportunity to return. Ordinarily, they would not have been allowed to return after having their baby, but the Ministry of Education made an exception for those in their final year of primary or secondary school so that they could sit their leavers examination.

Although given this lifeline, many of these girls feel uncomfortable about returning because they fear their peers will laugh at them. After many discussions, we are pleased to have supported Joyce in her return to school to sit her Standard 8 exams this year.

Watson said, "*Success is my dream* has been successful and we expect a change in attitude. If well understood by the community and if the lessons are consistent, it may become a better place with less unwanted and unplanned pregnancies and less school dropouts, and low STI cases and HIV infections."

Khumbo continued, "Closure of schools due to COVID-19 added pressure on the teachers to catch up on lost time which left us initially with little time for Life Skills lessons. Although this is now changing, we are keen to open more health clubs at schools with games such as volleyball, netball and football but also where topics can be discussed. Health clubs might attract school dropouts too. These clubs might help bridge the gap when it is school holidays too."

Community groups

Khumbo and Watson hosted many sessions including at Under Five clinics, village banks, kitchen top-up groups, sports games and youth clubs as well. Across a seven-month period without COVID-19 disruptions they met with more than 4,000 people and although the other months proved more challenging, they were still able to meet with couples. During these meetings, the team not only covered the topics relating to the project but also ensured people knew how to stay safe and protect themselves against coronavirus.

As the project reaches more and more people, Khumbo and Watson have trained seven volunteers from the Under Five clinics who now run talks at those clinics.

Khumbo said, "The response from women about the family planning and contraceptive talks has been positive in every community. We are asked to do more health talks and there are always more questions than we have time to answer on the day. However, the challenge we are experiencing is within the clinics. There is a shortage of contraceptives and the drugs used for insertion and removal of implants. This undoes a lot of our work – when a woman feels empowered and ready to access contraceptives, but the clinic cannot offer her any due to these issues, she may not return in the future."

Meeting with couples continues and more men have naturally become involved as the talks with parents at schools require both the mother and father to attend. This has really helped not only reach more men but to get them to open up and ask questions too.

Watson said, "Men and women are supposed to work hand in hand and have equal opportunities when it comes to decision making, be it at family, community or national level. For the change in mindset to be effective, men must play their part in recognising that women are equals. Our aim in 2022 is to create more chances where we meet and discuss these topics with the male members of the community."

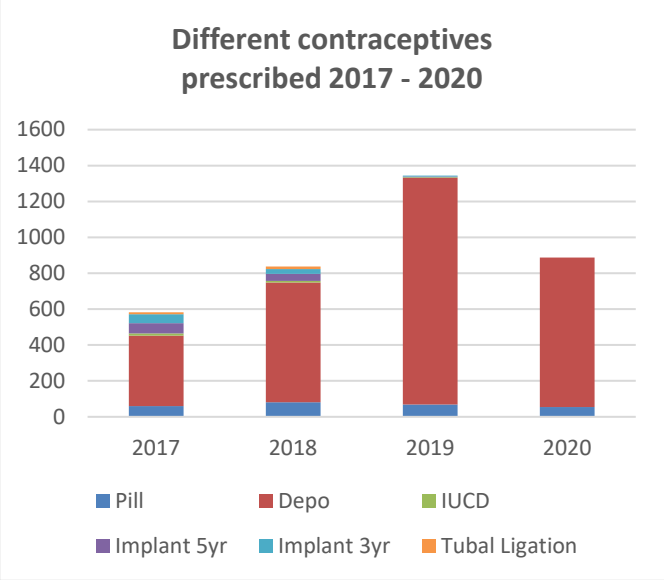
Family Planning Distributed

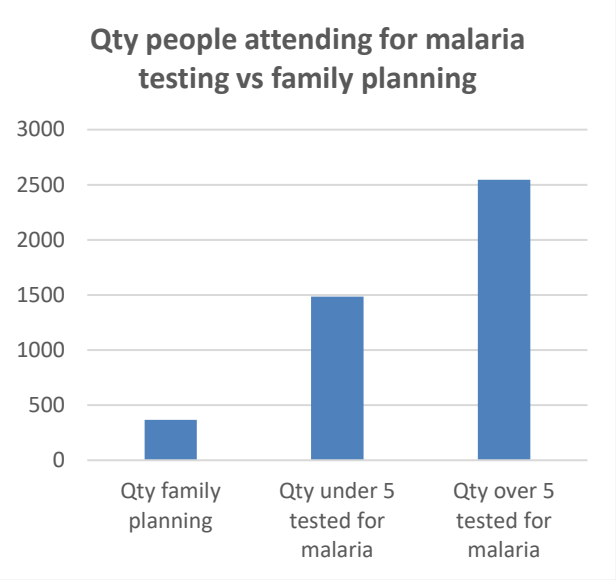
We were unable to access all the third-party data due to circumstances beyond our control. Despite not having a full year of data on family planning, births and malaria testing, we have carried out a comparison using the data we do have and looked at the change in types of contraceptive methods distributed from the data collected since 2017.

Between 2017 and 2019 there were more options available at local health clinics including IUCDs, implants and tubal ligation. Partially this was due to visiting clinics such as Mary Stopes but in 2020 and 2021 the only methods accessed were the Pill and Depo-Provera. Both methods require the user to visit the clinic on a much more regular basis for repeat prescriptions or injections compared to the implant which once inserted, remains active for three or five years, reducing the risk of unplanned pregnancies.

As women are particularly busy collecting water and firewood, cooking, washing clothes and looking after the children, the longer-term methods are deemed more attractive as fitting in a monthly visit to the clinic, especially if they live far away, is not always an option.

However, it is worth noting that even though the other longer-term options were available previously, Depo-Provera was always the highest prescribed method. And as in previous years, more people came over a six-month period to be tested for malaria or bring their children for malaria testing compared to women coming for family planning.





Despite not having a full year of data, we are still encouraged to see that the number of teenagers who are not mothers but are accessing family planning is higher than in 2020. These youngsters are likely to still be at school and receiving the Life Skills lessons that we are delivering.

Also, a 23-year-old and a 25-year-old who do not have children were accessing family planning methods which is a positive indication that they are taking control of decisions around family planning.

The number of teenagers with one baby has also decreased and there are also women in their mid to late 20s accessing family planning methods who are mothers of only one child. These are all real positives.

However, there were also women attending in their 30s who have particularly large families including a 31-year-old with nine children and a 33-year-old with six children. However, there were also women in their mid to late 30s with only two children.

The average age of the women attending is 29 with an average of three babies per woman.

Future

We will continue to run Life Skills lessons across the primary and secondary schools, and the awareness meetings in the community. We will especially encourage parents to attend as this has so far been successful in starting dialogues within families. The team, as mentioned, have trained local volunteers to support them in reaching more people at groups and we will ensure that the correct information is being delivered. The team will focus on meeting couples and groups of men and women too.

We are hopeful that we will be able to resume the collection of data from the health centres and we are keen to continue developing our relationships with the healthcare professionals to assist them too. The need to reduce the stigma for teenagers accessing family planning methods continues and we hope that we can support more young people to feel confident to go to their local health centre.

Khumbo said, "The response to the *Success is my dream* programme has been beyond our imagination. We want to continue to build on this success and equip our community with the knowledge and ability to make plans as a family now and for the future."