SEXUAL AND REPRODUCTIVE HEALTH RIGHTS ADVOCACY TOOLKIT FOR ADOLESCENT GIRLS AND YOUNG WOMEN

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ACKNOWLEDGEMENTS

This SRHR Advocacy Toolkit for Adolescent Girls and Young Women (AGYWs) was the result of the collaborative efforts and unwavering commitment of numerous individuals and organizations passionate about advancing the rights and health of young women. For Equality extends its deepest gratitude to everyone who contributed to the development, review, and refinement of this toolkit.

First and foremost, gratitude is extended to the AGYWs and youth organizations who generously shared experiences, insights, and perspectives during the baseline survey. Their voices were central to shaping the content and direction of this toolkit, ensuring it reflected the real needs and aspirations of young women everywhere.

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1. The Centre for Reproductive Rights
2. Nyale Institute
3. Centre for Human Rights and Rehabilitation
4. SRHR Africa Trust
5. Youth Forum for National Transformation
6. Gender and Social Justice Unit
7. SRHR Alliance
8. Young Feminist Network

Their collective efforts, expertise, and advocacy enriched this toolkit, making it a comprehensive and empowering resource for AGYWs. Their dedication to advancing the rights and well-being of young women is deeply appreciated.

Finally, appreciation is extended to the entire project team, whose hard work, creativity, and passion brought this toolkit to life. Their dedication to promoting the rights and health of AGYWs was inspiring, and working alongside them in this endeavour was a source of pride.

The hope is that this toolkit will empower AGYWs in Malawi to advocate for their rights, access vital health services, and build a future where every young woman can thrive.

Thank you.

ACRONYMS AND ABBREVIATIONS

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
BLM	Banja La Mtsogolo
BPH	Benign Prostate Hypertrophy
CBDA	Community-Based Distribution Agents
CBO	Community-Based Organization
CBVSU	Community-Based Victim Support Units
CDC	Centre for Disease Control
CHREAA	Centre for Human Rights Education, Advice and Assistance
COC	Combined Oral Contraceptives
CPR	Contraceptive Prevalence Rate
CPW	Child Protection and Welfare
CSE	Comprehensive Sexuality Education
CVSU	Community Victim Support Unit
DSWO	District Social Welfare Office
ECP	Emergency Contraceptive Pills
ED	Erectile Disfunction
ESA	Eastern and Southern Africa
FBO	Faith-Based Organization
FGM	Female Genital Mutilation
FPAM	Family Planning Association of Malawi
GBV	Gender-Based Violence
GE	Gender Equality
GIT	Gastral Intestinal Tract
GTA	Gender Transformative Approaches
GTI	Genital Tract Infections
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HREP	Health and Rights Education Programme
HSV	Health Sector Response
ICPD	International Conference on Population and Development
IPV	Intimate Partner Violence
IUD	Intrauterine Device
LAM	Lactation Amenorrhea Method
LARC	Long Acting Reversible Contraceptives
LGBTIQA+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Agender and other extensions
M&E	Monitoring and Evaluation
MER	Monitoring, Evaluation and Research
MMR	Maternal Mortality Rate
MSM	Men who have Sex with Men
NCD	Non-Communicable Diseases
NDMS&IP	National Disability Mainstreaming Strategy and Implementation Plan
NGO	Non-Governmental Organization
PCOS	Polycystic Ovarian Syndrome

PEP	Post-exposure Prophylaxis
PID	Pelvic Inflammatory Disease
PrEP	Pre-Exposure Prophylaxis
PTSD	Post Traumatic Stress Disorder
PVSU	Police Victim Support Unit
SDG	Sustainable Development Goals
SGBV	Sexual and Gender-Based Violence
SMART	Specific, Measurable, Achievable, Realistic and Time-bound
SOGIE	Sexual Orientation and Gender Identity
SRHR	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infections
UN	United Nations
UNHRC	United Nations Human Rights Council
UPR	Universal Periodic Review
VSU	Victim Support Unit
WASH	Water, Sanitation, and Hygiene
YFHS	Youth Friendly Health Services
YONECO	Youth Net and Counselling
AU	African Union
SADC	Southern Africa Development Community
RJ	Reproductive Justice

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UNIT 1

BACKGROUND INFORMATION

1.0 Background

This toolkit was developed as part of a project implemented by For Equality, in partnership with Center for Reproductive Rights (CRR) Kenya and Nyale Institute, titled 'Enhancing Sexual and Reproductive Health and Rights for Women and Adolescent Girls in Malawi.' The project recognized that effective advocacy can drive significant policy shifts, improving access to SRHR services, promoting gender-responsive policymaking, and reducing SRHR-related inequalities. The project was implemented in Blantyre and Chiradzulu. Given CRR's focus on advancing sexual and reproductive health and rights through litigation and legal advocacy, this project aimed to complement their ongoing work in Malawi by:

1. Creating an enabling environment for sexual and reproductive health and rights advocacy and building a critical mass at the grassroots level that can influence a policy shift.

2. Improving the youth leaders' capacity to identify GBV cases that lead to early and unintended pregnancies to raise awareness and mobilize public buy-in.

3. Supporting Nyale Institute with out-of-court advocacy for an ongoing case, a case that a 14-year-old girl has initiated in the High Court of Malawi, seeking an interpretation of the Gender Equality Act on access to safe and legal abortion for child survivors of sexual violence.

   The project had three expectations

   1. To bridge gaps between stakeholders and empower the youth and women leaders engaged in the project to advocate for SRHR rights effectively.

   2. Participants to gain a better understanding of the legal and policy frameworks that protect sexual and reproductive health (SRH) rights, enabling them to effectively lobby at all levels of governance.

   3. The participants to change community mindsets around SRHR, improve understanding of SRHR violations, and empower communities to self-mobilize for advocacy on various SRHR issues within their localities through the project.

4. To continue the momentum gained from previous efforts done by Family Planning Association of Malawi (FPAM) and other stakeholders in addressing the alarming rates of unsafe abortions in Chiradzulu and Blantyre districts.

5. Equip stakeholders to work from an informed perspective, facilitating the scaling up of their work and interventions related to SRHR.

6. The project provides an opportunity for project partners to carry a unified voice on SRHR issues into the field. The development of a toolkit will support unifying SRHR messaging, strengthening partnerships, and enhancing collaboration among stakeholders.

1.1 Methods used to develop the toolkit

The development of this toolkit was a rigorous process that involved a wide range of stakeholders, including adolescent girls and young women (AGYWs), women, youth-led organizations, various SRHR-focused organizations, and government ministries. The process began with a baseline survey, which served as a foundational step in understanding the current landscape of SRHR knowledge, attitudes, and practices among target populations in Chiradzulu and Blantyre, Malawi. This survey highlighted several key issues raised by AGYWs and young people, including:

1. Lack of knowledge of SRHR by definition
2. Lack of knowledge of legal frameworks or policies relating to SRHR in Malawi
3. Deficiencies in the provision of SRH services- including insufficient time spent explaining SRH commodities and providing accurate information.
4. Youth Friendly Health Services Not "Youth Friendly"
5. Long Distances to Healthcare Facilities

6. Deeply rooted beliefs that hinder male engagement and understanding of SRHR
7. Women and girls bear a disproportionate burden of SRHR issues due to gender-based violence, early marriages, and societal expectations that silence or subordinate them driven by religion and culture.
8. Concerns about the limited variety of SRH services available in health centres, leading to few options for youth seeking specific services hindering health-seeking behaviour
9. Lack of the provider's interest in providing individualized services to each person accessing the service
10. Staff absence during scheduled service dates, lack of expertise and passion among practitioners, and unfriendly or judgmental attitudes contribute to the perception that YFHS is not meeting the needs of youth effectively.

Following the survey, a stakeholders' consultative meeting was held, during which additional issues were raised. The issues identified during the baseline survey, along with those discussed at the stakeholders' meeting, enabled the independent consultant to determine key topics for inclusion in this toolkit. The process also involved a thorough desk review of both published and unpublished national and global SRHR literature, policies, and legislation. Finally, a validation workshop with various stakeholders was conducted in Lilongwe. The insights gained from this workshop were highly productive and significantly enhanced the final review process.

1.2 Introduction to the SRHR Advocacy toolkit

Sexual and Reproductive Health and Rights (SRHR) are fundamental to the well-being and empowerment of individuals, particularly in contexts where access to comprehensive health services and rights-based education is limited. In Malawi, SRHR advocacy plays a crucial role in addressing the unique challenges faced by the population, including high rates of maternal mortality, adolescent pregnancies, and HIV prevalence.

This Toolkit for SRHR Advocacy is designed to equip advocates, educators, healthcare providers, and community leaders with the resources, strategies, and knowledge necessary to drive meaningful change. It encompasses a wide range of tools and approaches to support effective advocacy efforts, tailored to the specific socio-cultural and political landscape of Malawi. By leveraging the tools, strategies, and knowledge provided, stakeholders can work towards a healthier, more equitable future for all individuals in Malawi. Together, we can break down barriers, challenge harmful norms, and promote a society where SRHR are recognized, respected, and realized for everyone.

1.3 Objectives of the Toolkit

1. Provide a comprehensive overview of SRHR, including key concepts, rights, and the importance of integrating SRHR into public health and development agendas.
2. Offer practical tools and strategies for SRHR advocacy, including how to effectively communicate with policymakers, engage with communities, and utilize media to amplify messages.
3. Highlight the importance of data and research in shaping SRHR policies and practices, and provide guidelines for collecting and using evidence to support advocacy efforts.
4. Encourage collaboration among various stakeholders, including governmental and non-governmental organizations, community groups, and international partners, to create a unified front for SRHR advocacy.
5. Provide insights into the cultural, social, and economic barriers to SRHR and offer strategies to navigate and address these challenges effectively.

1.4 Why Advocate for SRHR in Malawi?

Advocating for Sexual and Reproductive Health and Rights (SRHR) in Malawi is essential for several compelling reasons. The intersection of health, human rights, and socio-economic development highlights the critical need for focused efforts in this area. Key reasons why SRHR advocacy is crucial in Malawi include the following:

1. High maternal mortality rate
2. Increased rates of teenage pregnancy
3. Increased rates of unsafe abortion
4. HIV and AIDS Epidemic
5. Gender Inequality and Gender-Based Violence
6. Legal framework that does not address all aspects of SRHR, including LGBTQ, Safe abortion, and gender-based violence.
7. Lack of access to appropriate information and education about family planning.
8. Deep-rooted cultural beliefs and traditions that condone or justify Gender-Based Violence.
9. Lack of male engagement in SRHR

1.5 Who can use this toolkit?

This toolkit is aimed at assisting young people to design, develop and implement SRHR advocacy initiatives. Various topics included in this toolkit are strategically and concisely expounded to provide succinct guidance to young people on various SRHR issues that require advocacy efforts.

This toolkit is a pivotal reference to various governmental or non-governmental stakeholders, especially those interested in advancing the welfare of AGYW on issues of SRHR.

Comprehensive Sexuality Education facilitators can also get worthwhile information from this toolkit in an attempt to inspire their participants on how to design, develop and implement SRHR advocacy initiatives concerning the issues that affect them. Human Rights Advocacy groups and all individuals interested in promoting SRHR among AGYW can also find this toolkit very useful.

1.6 How to use the toolkit?

This toolkit is designed to provide succinct guidance on how to design, develop or implement SRHR advocacy initiatives on critical SRHR issues affecting AGYW. It is highly recommended to use other references for a broader understanding of issues highlighted.

The scientifically accurate content included in this toolkit is meant to substantiate the advocacy key messages and stimulate a sense of urgency regarding critical SRHR issues burdening AGYW in Malawi. Therefore, in addition to understanding the content of this toolkit, users are advised to pay special attention to advocacy areas since they reveal the actual gaps that are impeding SRHR among AGYW in Malawi and may act as an immediate source of advocacy messages when designing SRHR advocacy initiative. Below is the list of topics included in this toolkit.

1. Background and Introduction
2. Advocacy in SRHR.
3. Introduction to SRHR
4. Reproductive Justice
5. Body Autonomy and Bodily Integrity
6. The SRHR Legal frameworks and policies in Malawi.
7. Maternal Health
8. Inclusive Family Planning and Contraception
9. Unsafe abortion:
10. Gender stereotypes that affect SRHR
11. Gender Based Violence (GBV)
12. Male Engagement in SRHR
13. STI & HIV
14. Sexual Orientation and Gender Identity
15. Youth-Friendly Health Services (YFHS)
16. Sexual and Reproductive Health Rights in Humanitarian Settings
17. Monitoring Evaluation and Learning-

UNIT 2

INTRODUCTION TO ADVOCACY IN SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

2.0 What is advocacy?

Advocacy is a tool for 'putting a problem on the agenda, providing a solution, and building support for acting on both the problem and the solution.

In a digital and networked age, advocacy is not just about influencing public policy, but also about influencing public opinion, and therefore 'one of its aims must be raising the public's consciousness about a particular issue'.

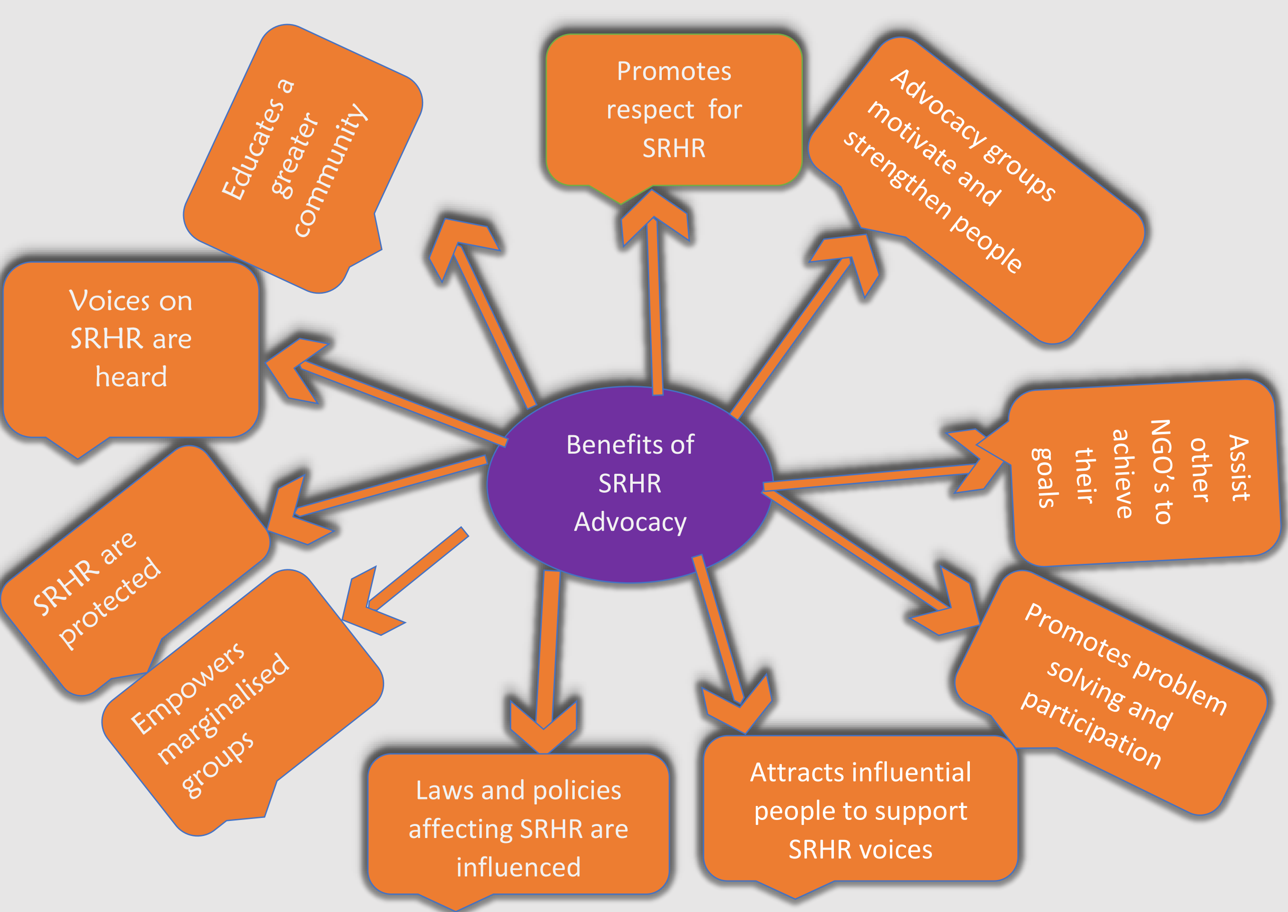
An advocacy campaign can be defined as a strategic course of action, involving communication, which is undertaken for a specific purpose or objective.

It is about influencing people, decisions, policies, laws, budgets, practices, structures and systems, among many others, to bring about change.

2.1 Who is an advocate?

An advocate is a person who publicly supports or recommends a particular cause or policy (oxford Dictionary).

2.3 Significance of Advocacy in SRHR



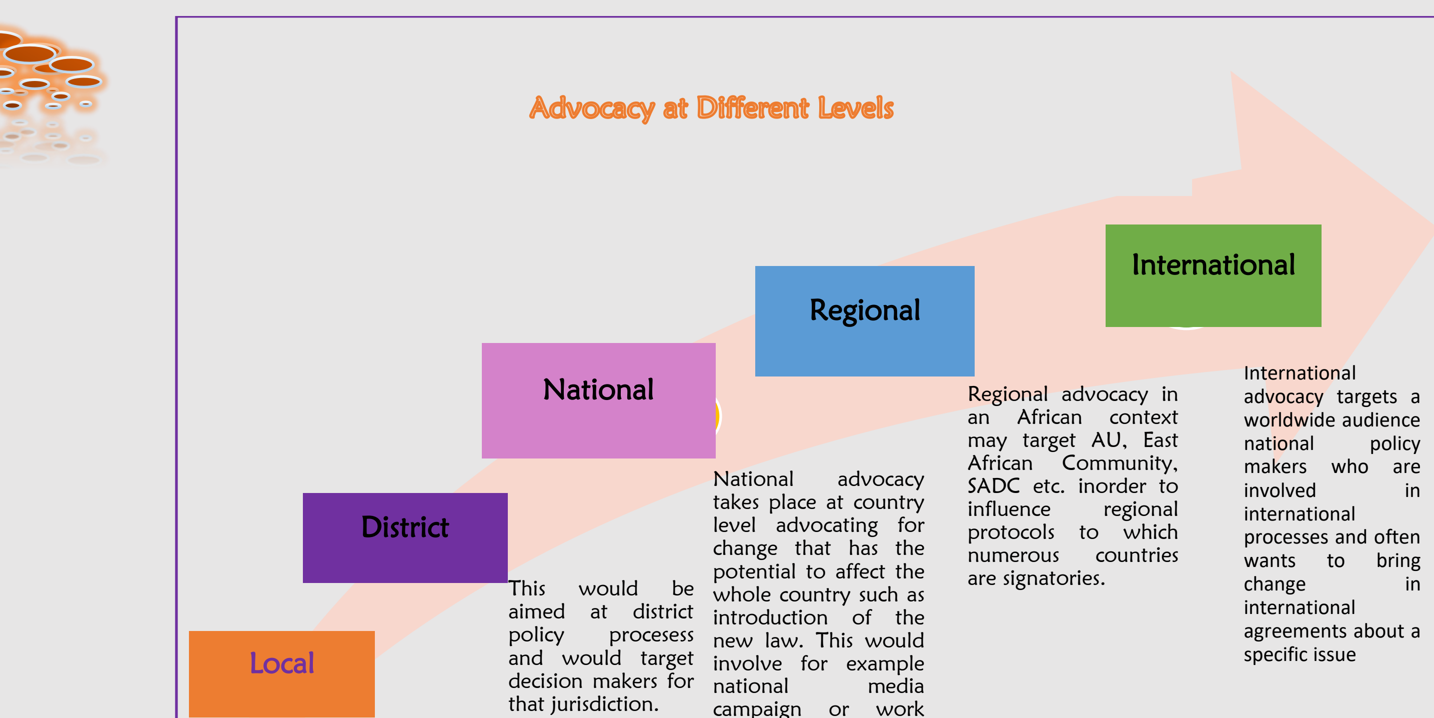
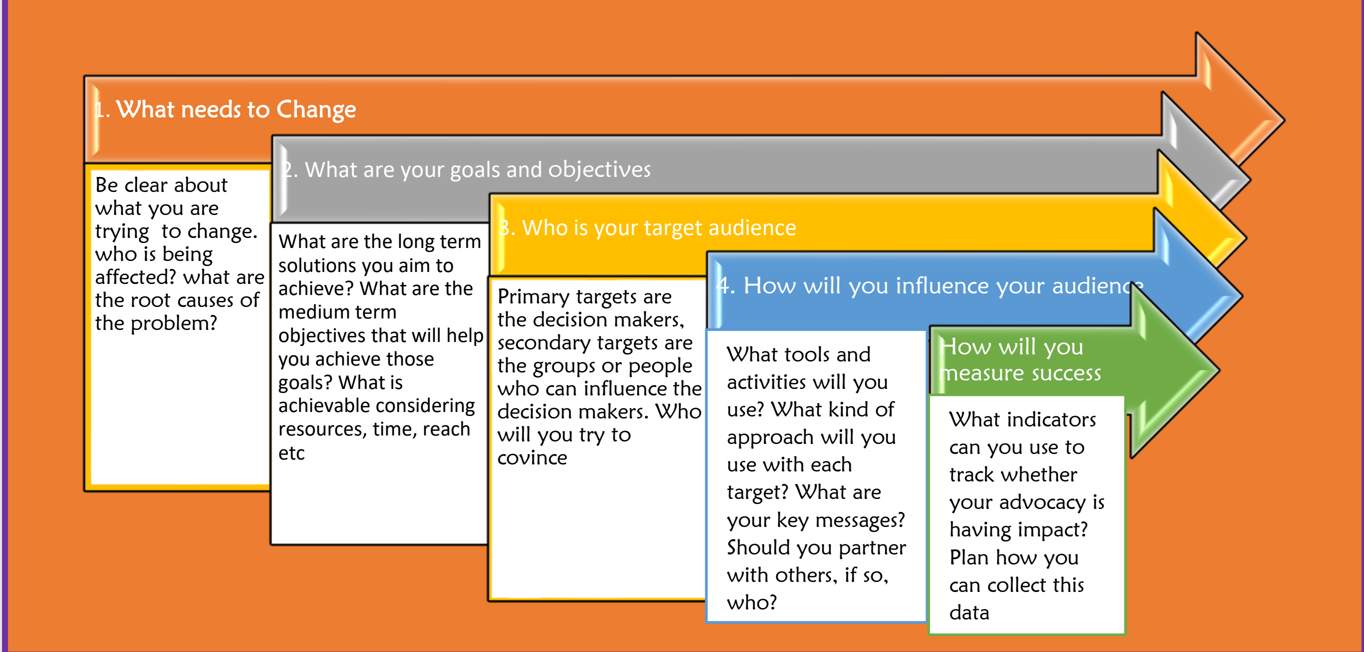


Figure 1: Showing that advocacy can be done at different levels

2.4 The Process of Designing Advocacy Strategy



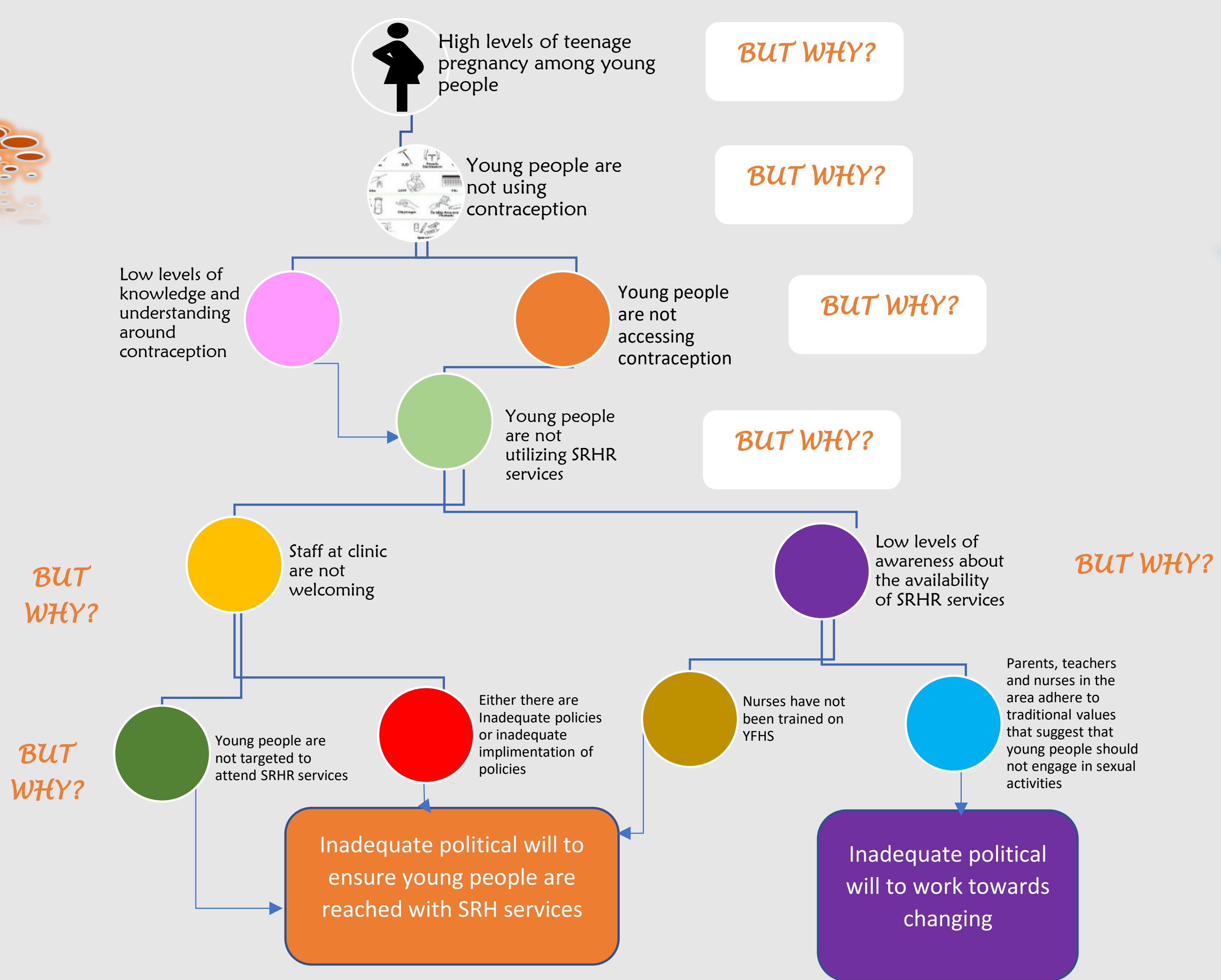
2.4.1 Step 1: Identifying the Issue: What needs to change?

Identifying an advocacy issue is a critical stage in the advocacy process, where advocates determine the specific problem or issue that your advocacy efforts will focus on. This stage involves several key steps to ensure that the issue is well-defined, relevant, and actionable.

Start by analysing the social, political, economic, and cultural context in which the advocacy will take place. This helps to understand the broader environment and factors that might influence the issue. Some of the techniques used to identify what needs to change include the following:

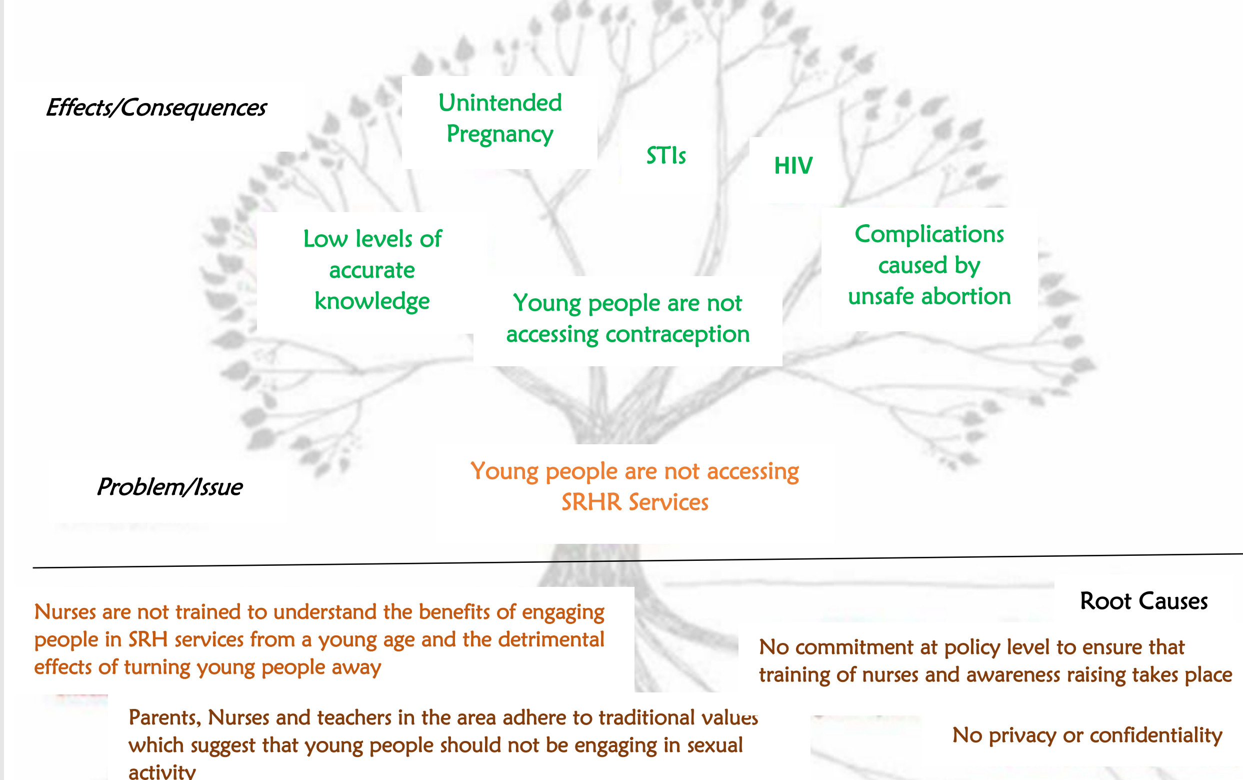
1. The "But why?" technique

- The 'But why?' technique examines a problem by asking questions about what caused it.
- Each time an answer is given, a follow-up 'But why?' is asked.
- Many causes and solutions may apply to a problem.
- The 'But why?' analysis highlights the different causes of the problem and the different paths you may take to solve it.
- For example, in your area you might be aware that there are high rates of unintended pregnancy among young people.... So you ask yourself, "But why?"



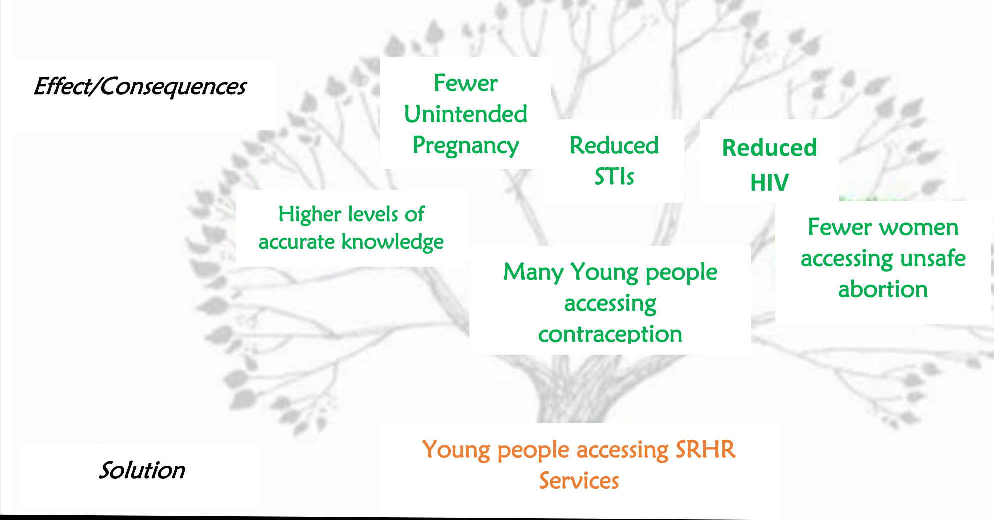
3 Problem Tree Analysis

A problem tree is a diagram that helps identify the root causes, central issues, and consequences of a problem. Below is an example.



Solutions Tree

In order to then identify what type of actions you need to take, turn the problem tree into a solution tree by turning the causes, problem and effects into positive statements that include words like increase, decrease or improve.



Actions needed

Nurses are trained to understand the benefits of engaging people in SRH services from a young age and the detrimental effects of turning young people away

Commitment at policy level to ensure that training of nurses and awareness raising takes place

Parents, Nurses and teachers in the area encourage young people to be informed, responsible, safe and regularly access SRH services

Privacy and confidentiality are guaranteed

2.4.2 Step 2: Setting Goals And Objectives

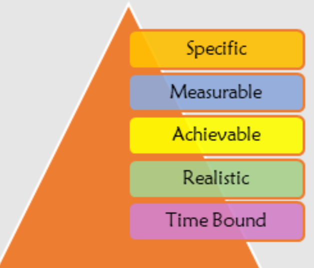
- It is best to only choose one goal.
- It is strategic to choose one that is feasible to achieve and will have the most impact on your target beneficiaries.
- A well-defined goal should answer the following;
  1. What is the change that you want to see?
  2. Who are the decision-makers who have the power to bring about this change?
  3. What are the specifications of your desired change?

2.4.2.1 Identifying Objectives

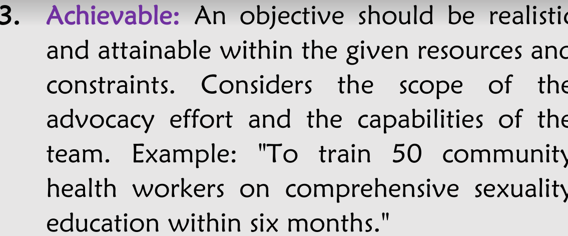
- Objectives are the smaller steps that must be completed to reach your overall goal.
- They should be clear and focused and should include the change you want to see, who will make the change and when it will be achieved.
- It is best to limit how many objectives you have.
- When you are developing your objectives, you may find it useful to refer to the causes on your problem tree.

Characteristics of Objectives

A good advocacy objective should always be SMART; thus



1. **Specific:** An objective should be clear and precise and address a specific issue or aspect of SRHR. Example: "To increase access to contraceptives for adolescents in rural areas."
2. **Measurable:** An objective should be quantifiable and assessable. It should also enable evaluation of progress and success. Example: "To reduce the rate of teenage pregnancies by 20% within two years."



3. **Achievable:** An objective should be realistic and attainable within the given resources and constraints. Considers the scope of the advocacy effort and the capabilities of the team. Example: "To train 50 community health workers on comprehensive sexuality education within six months."
4. **Relevant:** The objective should be pertinent to the SRHR advocacy goals and aligned with broader objectives. Addresses important aspects of sexual and reproductive health and rights. Example: "To advocate for the amendment of Abortion Laws by broadening the legal grounds for safe abortion.
5. **Time-Bound:** Specifies a timeframe for achieving the objectives and provides a deadline to keep advocacy efforts on track. Example: "To pass legislation protecting women's reproductive rights within one legislative session."

2.4.3 Step 3. Identifying Targets

The target audience for SRHR advocacy comprises individuals, groups, and institutions that can influence or be impacted by SRHR policies and programs. Identifying the right target audience is crucial for the effectiveness and impact of advocacy efforts. These are decision-makers; people who have the power to make necessary changes to further your cause or people who influence the decision-makers.

- **Primary targets:** decision-makers with the power to directly influence the change you are seeking, and your advocacy expected results.
- **Secondary targets:** individuals or groups that can influence the primary decision makers, like community groups, the advisor to the MP, schools, women's groups and media representatives. They are important because they can provide avenues to reach the primary audience that may not be directly available to you. These can act as allies, constituents, influencers, and opponents.

2.4.4 Step 4: Activities And Messaging

1. Movement/Coalition building

- In most cases, effective policy advocacy works through advocacy networks or alliances.
- These are groups of organizations and individuals working together to achieve changes in policy, positions or programming.
- You have identified potential allies. Allocate who will be in charge of reaching out to them and keep track of all your communication and progress.

2. Develop a Timeline

- Consider what kind of timespan your advocacy is going to cover and develop a timeline of events.
- such as moments, events and key decisions you think your advocacy plan should centre around when you develop your advocacy activities.

3. Message Formulation

An advocacy message should communicate:

1. What you want to achieve
2. Why is it worth achieving and its resulting impact?
3. How you propose to achieve it
4. What specific action do you want the target audience to take, what are they being asked to do?

- It is important to start with developing one overarching message that captures what you want to achieve and why you want to achieve it. Then adapt the overall message to the relevant targets, paying attention to the issues that are of importance to them.
- Prioritize your targets, to be able to develop messages tailored to each target.

What makes a good message?

- Think about the last time something grabbed your attention, that made you want to find out more. What do you think it was that made you really take notice?
- Generally, people respond to messages that:
  - Link to an existing interest of theirs
  - Appeals to the heart and head
  - Provides an opportunity for action that doesn't involve extensive effort.

- Characteristics of successful messages are;

- Simple
- Solution-focused,
- Contain practical and reasonable requests,
- Evidence-based and contains real-life stories, statistics and facts,
- Appropriate for the particular audience in their language and content
- Personal – show that you care and that they should too

Example of an Advocacy Message on SRHR

Core Message:

"Access to comprehensive sexual and reproductive health services is a fundamental human right that empowers individuals and strengthens communities."

Supporting Messages:

1. "Ensuring access to SRHR services reduces maternal and infant mortality, prevents sexually transmitted infections, and promotes overall health and wellbeing."

2. "Investing in SRHR leads to economic benefits by enabling individuals to plan their families and participate fully in the workforce."

3. "Comprehensive sexuality education equips young people with the knowledge and skills to make informed decisions about their health and futures."

Call to Action:

"Join us in advocating for policies that support universal access to SRHR services. Contact your local representatives, support funding initiatives, and educate your community about the importance of SRHR."

Customizing Messages for Different Audiences

Policymakers:

"Policymakers play a crucial role in safeguarding public health. By supporting SRHR policies, you help build healthier, more prosperous communities. Let's work together to ensure every individual has access to essential health services."

Community Leaders: "Community leaders are the custodians of culture. Your support for SRHR can inspire positive change and promote healthier futures for everyone in our community. Stand with us in advocating for comprehensive Sexual and Reproductive health services."

Youth: "Your future matters. Access to sexual and reproductive health services and education empowers you to make informed choices, protect your health, and pursue your dreams. Get involved by participating in community dialogues, writing a petition and making your voice heard!"

Communication

Communication is the act or process of relaying and distributing a message through a particular channel or medium. Effective communication is the key to changing perceptions and achieving any social change. This is why advocacy communication is so critical. Communication for

advocacy is not the same as, for example, more general communication, such as newsletters, fundraising materials, or general information about your work.

Choosing Activities

- What defines advocacy communication is that it focuses closely on influencing specific audiences and using specific messages to deliver change in policy or practice.
- The next step is deciding which advocacy activities are best suited to your cause. There are so many to choose from. To start decide what kind of advocacy is required for your advocacy goal.

    - Confrontation/adversarial advocacy: This is when you tell a policymaker where they've gone wrong. Tactics used under this advocacy method include: strikes, marches, protests and petitions
    - Constructive advocacy: is when you tell a policymaker that you have an idea and want to work together. Tactics used include: meeting with policymakers, proposing strategies for change, conducting research and publicizing and building alliances with the policymakers.
- Some of the advocacy activities include; Getting onto radio and/or television, writing a news article to expose the issue, calling a meeting with relevant government departments and using social media.

2.3.5 Step 5: Identification of allies and movement/ coalition building

This is a critical phase in advocacy work that involves identifying and engaging with individuals, groups, or organizations that share common goals and can help amplify your advocacy efforts. This stage is about creating a strong, united front to effectively push for change. Activities involved in this stage include:

1. Mapping Potential Allies by conducting a detailed analysis to identify potential allies, such as NGOs, community-based organizations, professional associations, advocacy groups, influential individuals, and policymakers. This is done to assess their interests, strengths, resources, and potential contributions to the movement.
2. Reaching Out to Allies by initiating contact with potential allies through meetings, emails, or phone calls to discuss the advocacy issue and explore areas of collaboration. Communicate the goals of your advocacy and how they align with the interests of the potential allies.
3. Forming a Coalition or Movement by organizing meetings, workshops, or forums where potential allies can come together to discuss the advocacy issue, share perspectives, and brainstorm strategies. This helps in forming a collective vision and approach.
4. Building Trust and Cohesion by establishing effective communication channels among coalition members, such as regular meetings, email lists, or online platforms. This facilitates the sharing of updates, resources, and strategies.

2.3.6 Step 6: Activities and work planning.

Activities and work planning are essential components of any advocacy campaign. They involve outlining the specific tasks that need to be completed, assigning responsibilities, setting timelines, and ensuring that all aspects of the advocacy effort are coordinated effectively.

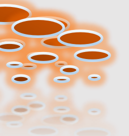
2.3.7 Step 7: Monitoring and Evaluation

Monitoring and evaluating your advocacy intervention is important for many reasons. It will help you:

- Measure the extent to which your advocacy activities are aligned to your goals.
- Learn whether you need to adjust your advocacy strategy and/or activities.
- Inform the planning of future advocacy interventions.
- Account for the resources you used.
- Demonstrate your results.

- Develop evidence-based approaches to advocacy work that can be used for future projects

Common Advocacy Evaluation Methods

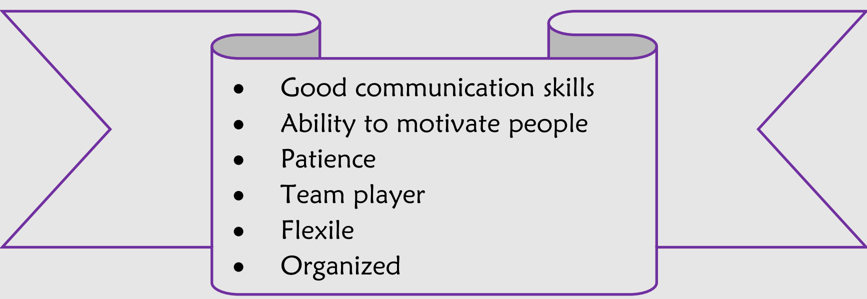


- Stakeholder Surveys or Interviews
- Focus Groups
- Participant Observation
- Media Content or Framing Analysis
- Policy tracking

NOTE: It is therefore very useful to develop a set of indicators that you can use to track your progress. Indicators are a set of measures that you will use to judge whether or not you are on the way to meeting your advocacy goal.

The more specific your indicator, the easier it will be to evaluate your achievements.

Qualities of a good advocate



2.5 What to avoid during SRHR advocacy campaigns

Avoid the following when delivering your SRHR advocacy message.

- Being too aggressive and abusive
- Disregard for the legal frameworks
- Aiming at achieving personal or selfish interests
- Uncontrollable emotions
- Disregard for procedures
- Being rude and rigid when presenting your cause
- Trying to accomplish too much
- Relying more on personal opinions than scientific facts
- Unclear and wordy problem statements
- Disorganised advocacy initiatives

UNIT 3

INTRODUCTION TO SEXUAL &REPRODUCTIVE HEALTH RIGHTS

3.0 Sexual Health and Sexual Rights

3.1 Introduction

Sex is the classification of a person as having female, male and/or intersex sex characteristics. While infants are usually assigned the sex of male or female at birth based on the appearance of their external anatomy alone, a person's sex is a combination of a range of bodily sex characteristics(2,3)

3.2 Sexual Health

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality(2); it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

3.2.1 Social determinants of sexual health

Sexual health is greatly influenced by individual, family, community, cultural, socioeconomic, political, and environmental factors that can in turn affect vulnerability and risk(4).

Inequitable power structures, poverty, access to resources, discrimination and stigma are all examples of social determinants that have far-reaching consequences on an individual's sexual health.

Vulnerable populations include individuals who for example engage in transactional sex, MSM, transgender persons, migrants and refugees, and people with disabilities. Protective factors, however, can mediate the compounding effects of vulnerability and risk. Financial security, equality, and access to education are all examples of protective factors.

Social determinants must be considered in context when addressing sexual health concerns in legislation, healthcare, and education, and also when developing, planning, and implementing sexual health programmes, interventions and services. Many interventions related to social determinants of sexual health are beyond the reach of typical public health interventions and require collaborative, inter-sectoral policies, using a human rights framework.

3.2.2 Sexuality

Sexuality is a central aspect of being human throughout life [that] encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships(5). While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors".

3.2.3 Sexual orientation

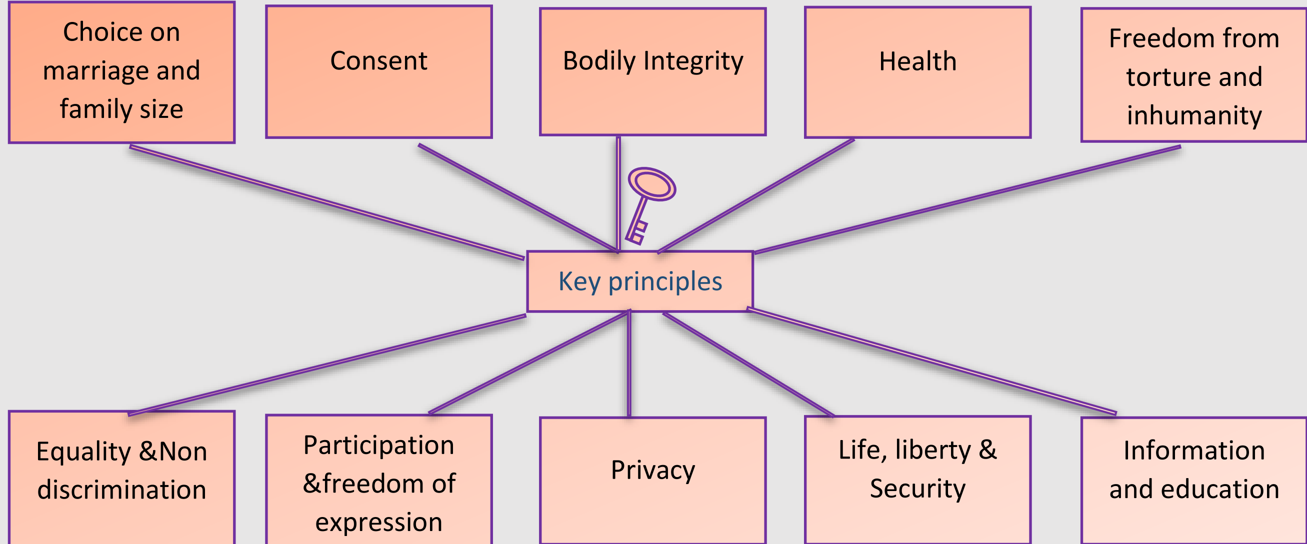
Each person's enduring capacity for profound romantic, emotional and/or physical feelings for, or attraction to, other people (6). Sexual orientation is distinct from gender identity. The term sexual orientation can be applied to sexual attraction, sexual behaviour, and sexual identity. Sexual orientation greatly influences sexual health needs. Marginalized sexual identities are often accidentally or purposely ignored in sexual health education or services, and are therefore at greater risk of negative health outcomes. Sexual orientation might be fluid. The labels that have become commonplace both in society and within the healthcare community, such as homosexual and heterosexual, are socially constructed terms and do

not necessarily reflect actual, perceived expressions and experiences.

3.3 Sexual Rights

Sexual rights are fundamental human rights that are essential for the well-being and dignity of individuals. Educating about, advocating for, and ensuring these rights is crucial in building a just and equitable society where everyone can achieve optimal sexual and reproductive health(7).

3.4 Key Principles of Sexual Rights



Right to Equality and Non-Discrimination(7). Everyone is entitled to sexual health and rights without discrimination. This includes the right to be free from discrimination based on gender, sexual orientation, gender identity, race, age, disability, or any other status.

Right to Participation and Freedom of Expression. Individuals have the right to participate in decisions that affect their sexual health and rights, and to express their sexual identity freely.

Right to Privacy. Every person has the right to make decisions about their sexuality and sexual relationships without interference, ensuring confidentiality and respect for privacy.

Right to Life, Liberty, and Security. Individuals have the right to live free from sexual violence, coercion, and abuse, ensuring their physical and mental security.

Right to Health. Access to the highest attainable standard of sexual and reproductive health care services is a fundamental right, including information, education, and comprehensive health services.

Right to Information and Education. Everyone has the right to receive accurate and comprehensive information and education on sexual health and rights, enabling informed choices.

Right to Choose Whether or Not to Marry and Found a Family(8). Individuals have the right to decide if, when, and whom to marry and whether to have children and the number and spacing of children.

Right to Consent. Consent is a fundamental aspect of sexual rights. All sexual activities must be consensual, recognizing and respecting the autonomy of individuals.

Right to Bodily Integrity(9). Every person has the right to autonomy over their own body and to make decisions regarding their sexual and reproductive health without external pressures.

Right to Freedom from Torture and Inhumane Treatment. Protection against any form of torture, violence, and inhumane or degrading treatment related to one's sexuality or sexual orientation is essential.

3.5 Reproductive Health and Reproductive Rights

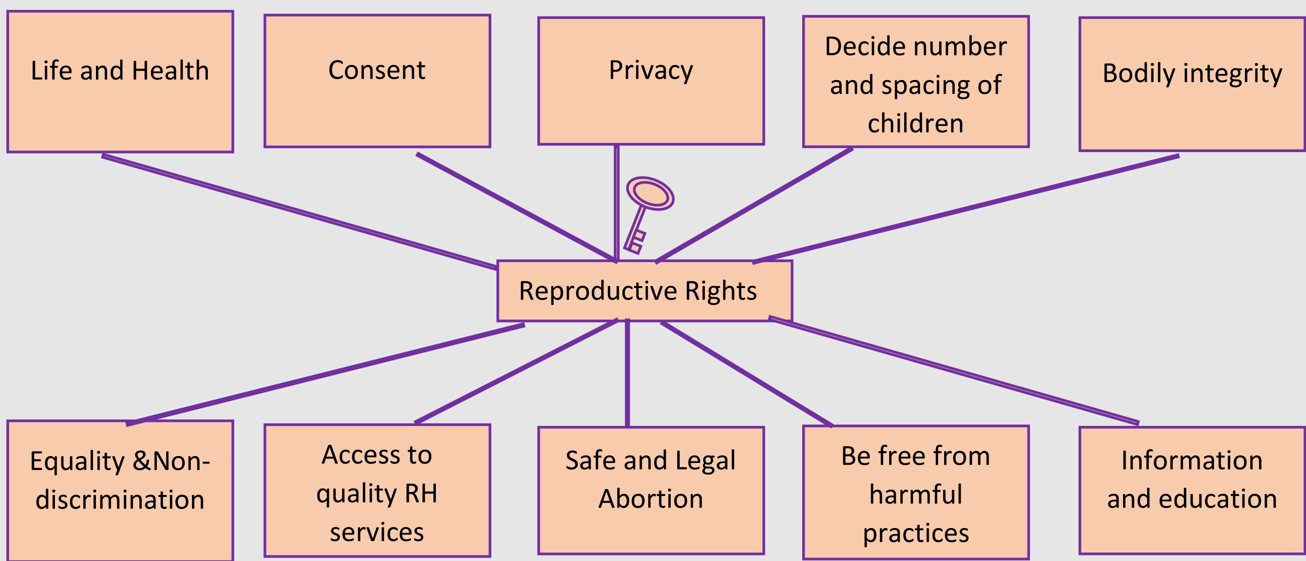
3.5.1 Reproductive Health

Reproductive health is a state of complete physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life(3,7). It implies that people can have a responsible, satisfying, and safe sex life and that they can reproduce and have the freedom to decide if, when, and how often to do so

3.5.2 Reproductive Rights

Reproductive rights are fundamental human rights that enable individuals to make decisions about their reproductive health free from discrimination, coercion, and violence. These rights are essential for ensuring autonomy, health, and well-being.

Summary of reproductive rights



Right to Life and Health. Everyone has the right to the highest attainable standard of health, including reproductive health, which encompasses access to maternal healthcare and safe childbirth practices.

Right to Information and Education(10). Individuals have the right to receive comprehensive and accurate information about reproductive health, including contraception, family planning, and prevention of sexually transmitted infections (STIs).

Right to Decide the Number and Spacing of Children. Every person has the right to freely and responsibly decide the number and spacing of their children, and to have the information and means to do so.

Right to Consent(11). Reproductive choices must be made voluntarily and with full, free, and informed consent, ensuring that individuals have the autonomy to make decisions about their reproductive health.

Right to Privacy. Individuals have the right to confidentiality and privacy regarding their reproductive health decisions and medical records.

Right to Be Free from Discrimination(8). Everyone should be able to access reproductive health services without discrimination based on gender, age, marital status, socioeconomic status, ethnicity, or disability.

Right to Be Free from Harmful Practices(12). Individuals have the right to be protected from harmful practices such as female genital mutilation (FGM), forced sterilization, and child marriage.

Right to Safe and Legal Abortion(13). Where legal, individuals have the right to access safe and legal abortion services and post-abortion care.

Right to Access Quality Reproductive Health Services. Access to comprehensive and quality reproductive health services, including antenatal care, safe delivery services, and postnatal care, is essential.

3.6 Common Male Reproductive Health Issues

Erectile Dysfunction (ED): Caused by Cardiovascular diseases, diabetes, psychological factors, and hormonal imbalances. Managed by Lifestyle changes, medication and therapy.

Male infertility refers to a man's inability to cause pregnancy in a fertile female partner. It accounts for about 40-50% of all infertility cases and can result from a variety of causes, including issues with sperm production, sperm function, or sperm delivery.

Prostatitis: presents with painful urination, pelvic pain and this is treated by antibiotics, and anti-inflammatory drugs after a doctor's prescription.

Benign Prostatic Hyperplasia (BPH) presents with Urinary retention and frequent urination. This is managed by Medications and surgery.

Testicular Disorders: These include Testicular torsion, varicocele, testicular cancer. Managed through medical or surgical intervention, and regular self-examination for early detection of cancer.

3.6.1 How to Promote Male Reproductive Health

1. Provide comprehensive sexual education that includes male reproductive anatomy and physiology.
2. Encourage regular medical check-ups and screenings for early detection and treatment of reproductive health issues.
3. Promote a healthy lifestyle, including regular exercise, a balanced diet, and avoiding smoking and excessive alcohol consumption.
4. Encourage open communication about reproductive health issues and seek medical advice when necessary.

3.7 Common Female Reproductive Health Issues

Menstrual Disorders: Dysmenorrhea (painful periods), amenorrhea (absence of periods), menorrhagia (heavy periods).

Female infertility refers to a woman's inability to conceive after one year of regular, unprotected intercourse or the inability to carry a pregnancy to term. It can be caused by a variety of factors affecting different aspects of the reproductive system.

Menopause is a natural biological process that marks the end of a woman's menstrual cycles and reproductive years. It typically occurs in women between the ages of 45 and 55, but the timing can vary widely. Menopause is diagnosed after 12 consecutive months without a menstrual period, and it signals the end of a woman's ability to conceive naturally.

Infections: Vaginal infections, sexually transmitted infections (STIs).

Reproductive System Conditions: Polycystic ovarian syndrome (PCOS), endometriosis, uterine fibroids.

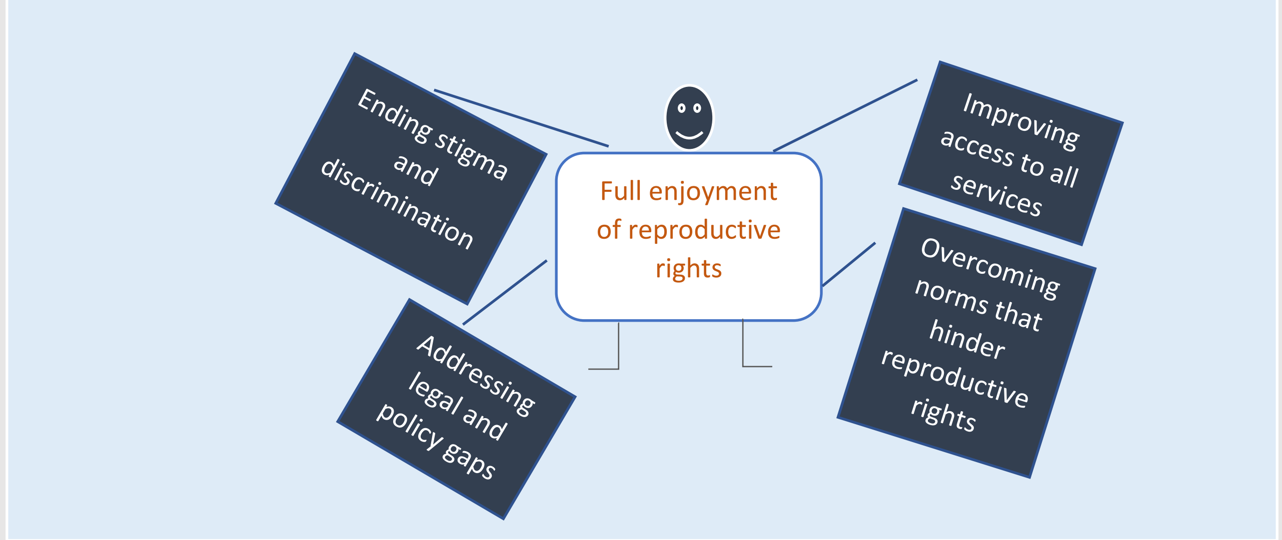
Cancers: Cervical, ovarian, uterine, and breast cancer.

3.7.1 How to Promote Female Reproductive Health

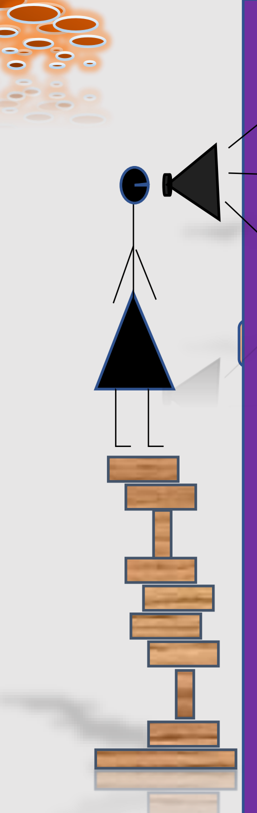
1. Provide comprehensive education on female reproductive anatomy and physiology.
2. Encourage regular gynaecological exams and screenings.
3. Promote a balanced diet, regular exercise, and avoiding smoking and excessive alcohol consumption.
4. Foster open discussions about reproductive health issues and seek medical advice when necessary.
5. Ensure availability and knowledge of various contraceptive methods to prevent unintended pregnancies.
6. Offer counselling and support for menstrual health, pregnancy, and menopause.

3.8 Challenges and Barriers to Full Enjoyment Of Reproductive Rights

1. Cultural and Social Norms: Overcoming societal norms and cultural barriers that hinder the recognition and practice of reproductive rights.
2. Legal and Policy Gaps: Addressing the lack of legal protections and policies in many regions that fail to safeguard reproductive rights including the right to enjoy the benefits of scientific progress..
3. Stigma and Discrimination: Combatting stigma and discrimination against individuals based on their reproductive health choices or needs.
4. Access to Services: Ensuring that all individuals, especially marginalized groups, have access to necessary reproductive health services.



3.9 Advocacy Areas to Promote Sexual and Reproductive Health Rights



1. Advocate for constitutional amendments that will align the Malawi constitution, policies and subsidiary legal frameworks with regional and global human rights requirements related to SRHR.
2. Advocate for the development and implementation of comprehensive policies and laws that protect and promote SRHR, including access to contraception, safe abortion, maternal health services, and comprehensive sexuality education.
3. Push for the removal of restrictive laws and policies that hinder access to SRHR services.
4. Ensure that existing laws and policies are effectively implemented and enforced.
5. Advocate for mechanisms to hold governments and institutions accountable for upholding SRHR commitments.
6. Advocate for the abolition of harmful social and cultural beliefs that hinder SRHR.
7. Advocate for gender and disability mainstreaming approach in the implementation of SRHR programs.
8. Advocate for the inclusion of SRHR services in universal health coverage schemes to ensure affordability and accessibility for all.
9. Promote mobile clinics and outreach programs to reach marginalized and rural populations.
10. Advocating for training of healthcare providers on cultural competence and specific needs of people with disabilities and other vulnerable groups such as key populations among a few.
11. Advocate for the development of guidelines and best practices for providing inclusive and respectful SRHR care.
12. Launch campaigns to reduce stigma and discrimination related to SRHR, particularly for marginalized groups such as LGBTIQA+ individuals, people with disabilities, and those living with HIV/AIDS.
13. Ensure that advocacy organizations and efforts include diverse voices and perspectives, particularly those of marginalized communities and adolescents.

3.10 Examples of advocacy Messages to promote SRHR

1. "Empower young people with the knowledge and resources they need to make informed choices about their sexual and reproductive health."
2. "Every Malawian adolescent deserves access to comprehensive SRHR education, empower the next generation!"
3. "Ensure all Malawians have access to quality sexual and reproductive health services, no one should be left behind!"
4. "Healthcare is a right, not a privilege. Advocate for accessible SRHR services for every Malawian."
5. "Advocate for laws that protect and promote SRHR—every Malawian deserves to have their rights upheld."
6. "Strong policies, stronger futures—support legal reforms for comprehensive SRHR in Malawi."

Keep A Tip
Promotion of SRHR is a responsibility of every institution, society and individual, globally or locally

UNIT 4

REPRODUCTIVE JUSTICE

4.0 Introduction

Reproductive rights and reproductive justice are essentially similar, but their differences are important. Reproductive rights refer to an individual's legal and political rights to make their own reproductive healthcare decisions without force or interference from governments, institutions, and other individuals(14). Reproductive justice is a comprehensive and inclusive framework that intertwines reproductive rights, social justice, and human rights(15). It tackles the profound inequalities and structural barriers that impede individuals, especially marginalized communities, from exercising control over their bodies, health, and well-being. This approach acknowledges the complex interplay of factors that influence reproductive decisions, including socioeconomic status, race, gender, sexuality, disability, and immigration status.

4.1 The Historical Background of Reproductive Justice

The RJ movement was founded by black women in the United States in the 1990s, recognizing that mainstream reproductive rights movements often overlooked the unique challenges faced by marginalized communities. It draws attention to systemic issues such as racism, economic inequality, and inadequate healthcare that disproportionately affect the reproductive health of marginalized groups.

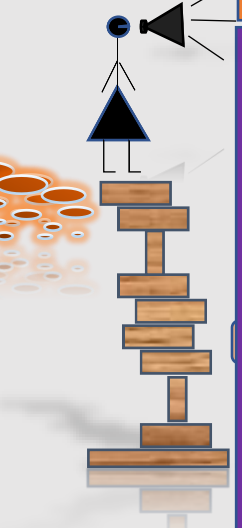
4.2 Core Principles of Reproductive Justice

1. Intersectionality: Intersectionality means that all forms of oppression are interconnected, and all people experience oppression and discrimination differently as a result of their particular identities. Reproductive justice is about recognizing, honouring, and easing the lives of all child-bearing people by fighting all forms of oppression including racism, sexism, able-ism, anti-LGBTQA+ discrimination, and economic injustice(15,16)
2. Human Rights: Grounded in international human rights standards, emphasizing dignity, autonomy, and equality.
3. Social Justice: Addresses systemic inequalities and structural barriers to healthcare, education, and resources.
4. Community Empowerment: Centers the voices and experiences of marginalized communities, prioritizing their leadership and decision-making.
5. Reproductive Autonomy: Ensures access to comprehensive reproductive healthcare, including contraception, abortion, and maternal care.
6. Health and Well-being: Encompasses physical, emotional, and mental health, recognizing the intersections with reproductive health.
7. Accountability: Demands policy changes, legal protections, and resource allocation to uphold reproductive justice.

4.3 Barriers to Reproductive Justice

1. Poverty and lack of financial resources can limit access to reproductive health services.
2. Restrictive laws and policies can impede access to reproductive health services, particularly abortion and contraception.
3. Stigma, discrimination, and cultural beliefs can affect individuals' reproductive choices and access to services.
4. Inequities within the healthcare system, such as provider bias and lack of culturally competent care, can impact reproductive health outcomes.

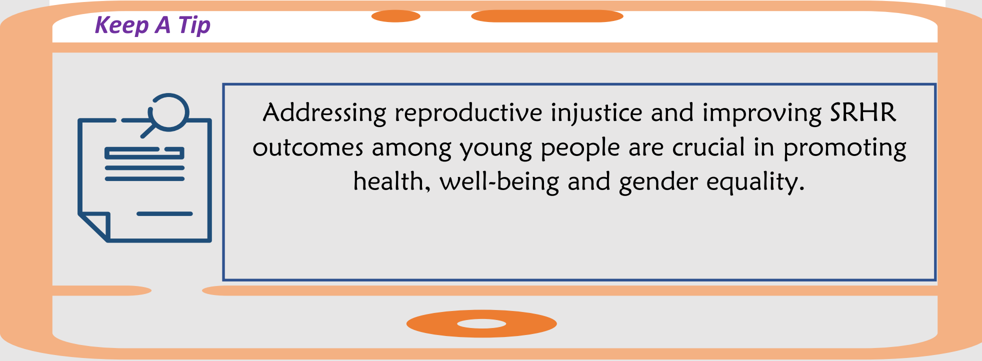
4.4 Advocacy Areas to Promote Reproductive Justice



1. Mobilize community members to advocate for reproductive justice issues through local events.
2. Ensure that advocacy efforts are culturally sensitive and responsive to the specific needs and values of different communities.
3. Advocate for policies that protect and expand reproductive rights, such as access to contraception, comprehensive sex education, right and access to SRHR information, and safe abortion services.
4. Provide training and resources to community leaders and advocates to enhance their ability to effectively advocate for reproductive justice.
5. Form coalitions with other advocacy groups, healthcare providers, and social justice organizations to strengthen advocacy efforts and create a unified voice.
6. Collaborate with national and international organizations to bring attention to reproductive justice issues and leverage broader support.
7. Launch public awareness campaigns to educate the general public about reproductive justice and the barriers faced by marginalized communities.
8. Advocate for comprehensive sex education programs in schools that include information on puberty, reproductive rights, consent, and healthy relationships.
9. Highlight the experiences of marginalized individuals to shed light on the impact of reproductive injustice.
10. Advocate for the expansion of reproductive health services in underserved and marginalized communities.
11. Train healthcare providers on cultural competence and the specific needs of marginalized populations.
12. Advocate for guidelines for providing inclusive and respectful reproductive health care.

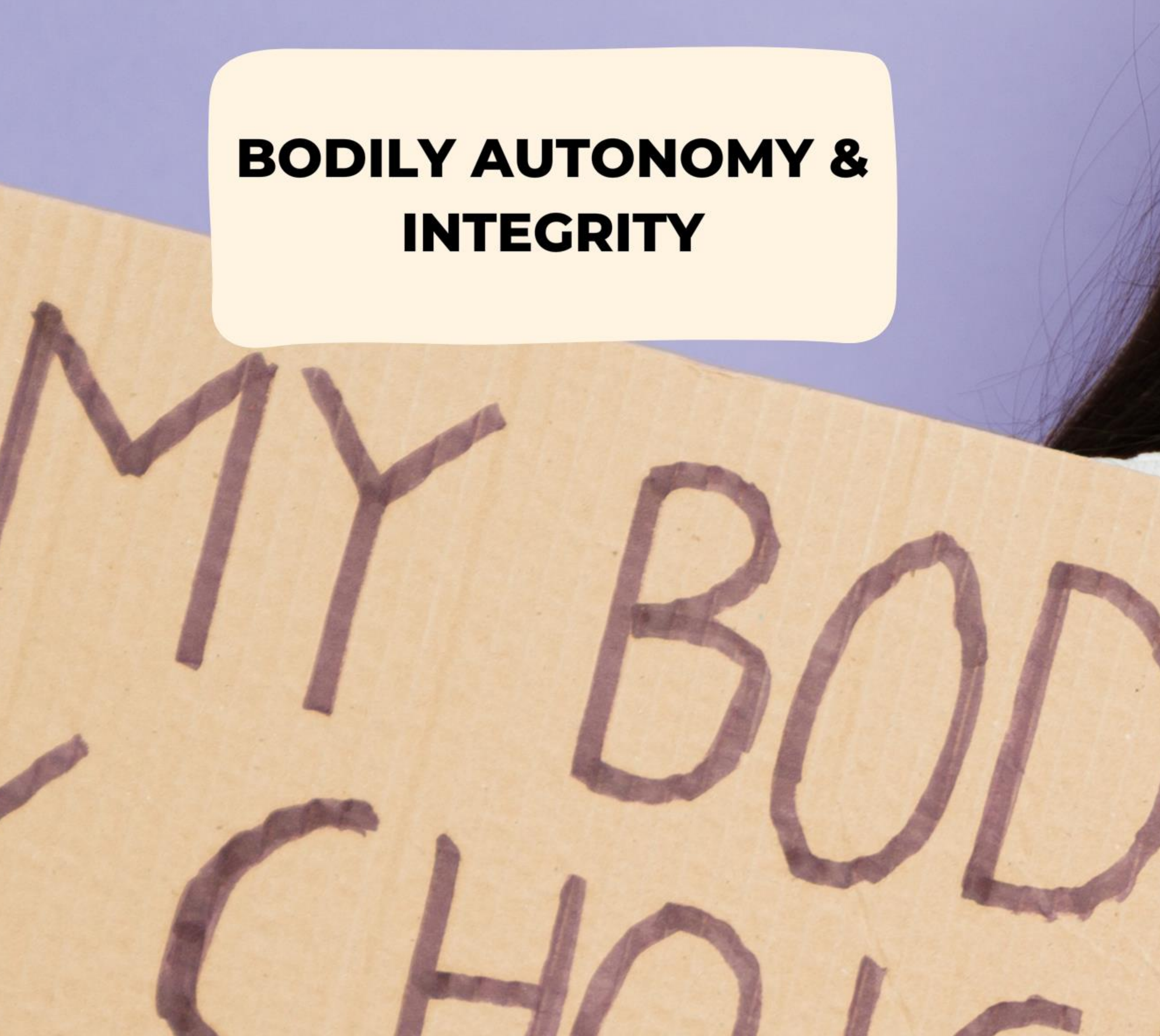
4.5 Examples of Advocacy Messages to Promote Reproductive Justice

1. "Reproductive justice means access to safe, legal, and affordable abortion services".
2. "Everyone deserves the right to make informed decisions about their reproductive health".
3. "Reproductive justice is about more than just access to abortion. It's about comprehensive sex education, access to contraceptives, and the right to parent with dignity. Let's stand together for a world where everyone can make informed choices about their bodies and their futures."
4. "Join us in the fight for reproductive justice! Every person deserves access to the full range of reproductive health services, regardless of their background or circumstances.



UNIT 5

BODILY AUTONOMY & INTEGRITY



5.0 What is body autonomy and integrity?

Bodily autonomy is essentially the freedom to make your own decisions or choices concerning your body including reproductive health choices, without external interference, social or legal sanctions, coercion, violence, and discrimination (1,3).

It includes the freedom to make autonomous decisions about your gender expression and identities, and about your sexuality as well as SRH including:

- When, whether, with whom and how to have sex and to feel pleasure,
- Whether to have children, with whom and how many children to have.

Bodily integrity is the right not to have your body touched or physically interfered with, without your consent.

This includes the right to be free from;

physical assaults, rape, violence, forced sterilization, Female Genital Mutilation, forced HIV testing and sex-assigning surgeries, cruel or degrading treatment or punishment.

Bodily integrity is fundamental to the rights to security of the person, freedom from torture and cruel, inhuman and degrading treatment, privacy, the highest attainable standard of health and decent work, among others.

Human rights related to bodily autonomy and integrity in the context of sexuality and reproduction ensure that women and girls are empowered to make decisions about their reproductive and sexual lives

5.1 Means to uphold the right to bodily autonomy and integrity (2)

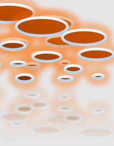
1. Providing comprehensive, age-appropriate sexual and reproductive health education empowers individuals with the knowledge needed to make informed decisions about their bodies and health.
2. Teaching about human rights, including the right to bodily autonomy and integrity, helps individuals understand and assert their rights.
3. Enacting and enforcing laws that protect bodily autonomy and integrity, such as laws against gender-based violence, sexual harassment, and human trafficking.
4. Developing and implementing policies that support access to safe and legal abortion, contraceptive services, and gender-affirming care.
5. Providing accessible and affordable sexual and reproductive health services, including contraception, safe abortion, prenatal care, and HIV prevention, is essential for upholding bodily autonomy.
6. Ensuring that young people have access to confidential, non-judgmental, and youth-friendly healthcare services.
7. Engaging communities in discussions about bodily autonomy and integrity, challenging harmful cultural norms, and promoting gender equality.
8. Creating and supporting networks for survivors of violence, abuse, and discrimination, providing them with resources and a platform to share their experiences.

5.2 Importance of upholding bodily autonomy and integrity rights

1. People are empowered to make decisions about their bodies freely and responsibly
2. Ensures universal access to quality SRH information and services
3. Helps to end all forms of GBV.
4. Harmful practices are prevented e.g. FGM, child marriages
5. It leads to gender equality
6. It helps to prevent unintended pregnancies, STIs and other SRH issues.
7. Promotes gender-responsive budgeting

5.3 Impact of Violating Bodily Autonomy and integrity rights on SRH

Impact of violating Bodily autonomy and integrity on SRHR			
Leads to GBV	Lead to violation of privacy and consent	Lead to potential spread of STIs	Increases maternal and neonatal deaths



5.4 Consent and positive SRH outcomes

- Consent is an agreement or permission, through words or actions that are mutually understandable to all parties involved, to engage in a specific sexual act.
- It means any continuation of an act, when the other party has withdrawn consent, is a violation of their rights.

Components of consent

- Consent can be withdrawn at any time, when clearly communicated
- Consent cannot be coerced or compelled by force, threat, deception or intimidation
- Consent cannot be given by someone who is incapacitated

Consent cannot be assumed based on;

- Silence
- The absence of "no" or "stop
- Whether you were or you are in a relationship
- Previous sexual activity

To be incapacitated means;

- A person is incapable of consent
- A person is unable to understand facts, nature, extent, or implications of the situation due to:
  - Drugs and alcohol (if a person is drunk and can't make clear decisions)
  - Mental disability
  - Being asleep and unconscious
  - Their age

Being drunk is not an excuse, you are accountable for your behaviour if you don't get consent

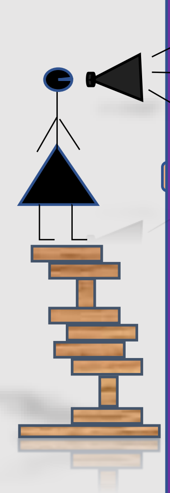
Positive SRH Outcomes resulting from respecting consent include

- Increased access to SRH services
- Reduced rates of teenage, unintended/unplanned and unwanted pregnancies
- Reduced rates of maternal mortality
- Improved mental wellbeing

Table 1:Myths and Misconceptions on Bodily autonomy and Integrigrity

Myth and Misconception	Fact
Bodily Autonomy is a Western concept	It is about human rights to make decisions and informed choices over one's life and future These are universal values
There is no right to bodily autonomy	• It is a human right • It is a foundation upon which other human rights are built • It is included in many international human rights agreements
It represents radical individualism	It recognizes the importance of collective action to realize individual bodily autonomy
One person's bodily autonomy could end up undermining the autonomy of others	No one has the right to violate the rights, autonomy, or integrity of others
Some groups of people are not entitled to bodily autonomy	Rights are for everyone, including, bodily autonomy
Bodily autonomy undermines traditions and religions	Most traditions and religions create space for individuals to explore their conscience on various choices
Bodily autonomy is just another woman's issue	Bodily autonomy is an entitlement for every individual including men.

5.5 Advocacy Areas to promote bodily autonomy and Integrity

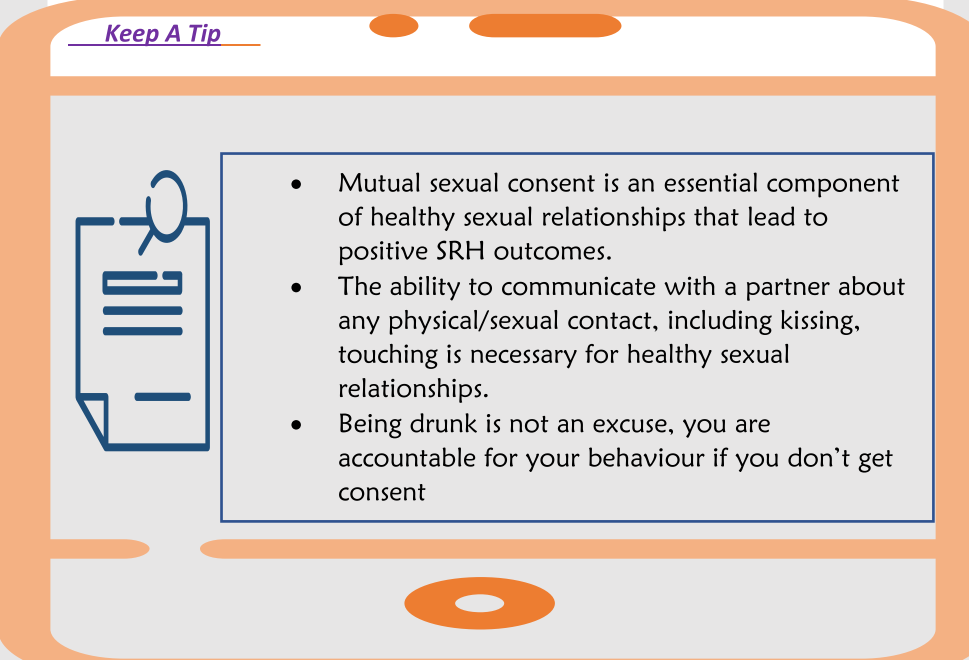


1. Advocate for inclusive and accurate sexual education in schools and communities to empower young people with information about their bodies, reproductive health, and rights.
2. Campaign for the enforcement of existing laws protecting against sexual violence and harassment, and for reforms that strengthen legal protections for victims of GBV.
3. Work towards ending harmful practices such as child marriage, female genital mutilation (FGM), and other practices that violate bodily integrity and rights.
4. Promote the establishment and accessibility of youth-friendly SRHR services that respect confidentiality and provide comprehensive care.
5. Conduct community-based awareness campaigns to educate people about the importance of bodily autonomy and integrity.
6. Support initiatives that empower women and girls economically, enhancing their ability to make autonomous decisions about their bodies.
7. Develop programs that educate men and boys about gender equality, body autonomy, and respect for bodily integrity.

5.6 Examples of key advocacy messages on body autonomy and bodily integrity

1. "Policymakers, Strong Laws Protect Bodily Autonomy: Enact and Enforce Legislation to Safeguard Rights."
2. "Healthcare workers, Patient-Centered Care
3. Respects Bodily Integrity: Provide Confidential and Compassionate SRHR Services."
4. "Educate to Empower: Equip Yourself with the Positive SRHR Knowledge to Better Serve Your Patients."

5. "Cultural Change Starts with Us Community Leaders: Promote Respect for Bodily Autonomy in Our Community."
6. "Community Leaders Protecting Rights: Stand Against Gender-Based Violence and Harmful Practices."
7. "AGYWs, Your Body, Your Choice: Learn, Decide, and Advocate for Your Rights."
8. "Empowered Youth, Stronger Future: Participate in SRHR Education and Advocacy."
9. "Everyone Deserves Respect: Support Bodily Autonomy and Integrity for All."
10. "Healthy Communities, Respectful Relationships: Advocate for SRHR in Your Circle."



UNIT 6
LEGAL
SRHR LEGAL FRAMEWORKS AND POLICIES IN MALAWI

6.0 Introduction

Sexual and Reproductive Health and Rights (SRHR) are fundamental to the well-being and empowerment of individuals, particularly women and girls.

In Malawi, as in many countries, the legal and policy framework surrounding SRHR plays a crucial role in shaping availability and access to health services, protection of rights, and overall quality of life.

This section of the SRHR Advocacy Toolkit provides an in-depth look at the laws, policies, and regulations that govern SRHR in Malawi.

6.1 Importance of SRHR Legal Frameworks

1. Essential for the protection and promotion of SRHR.
2. They define the rights of individuals to access sexual and reproductive health services.
3. They define the responsibilities of the state to provide sexual and reproductive health services.
4. They serve as prohibitive instruments by specifying penalties for violating rights.
5. A robust legal framework can help reduce incidences of gender-based violence.
6. Improve maternal and child health outcomes.
7. Ensure that all individuals can make informed choices about their sexual and reproductive lives.

Current SRHR Context in Malawi

Malawi has made significant strides in addressing SRHR, but challenges remain. Cultural norms, stigma, and inadequate implementation of existing laws that often hinder progress. Understanding the existing legal and policy environment is key to identifying gaps and advocating for necessary reforms. This unit aims to provide advocates, policymakers, and community leaders with the knowledge and tools needed to navigate and influence the SRHR legal landscape effectively.

6.2 SRHR Laws in Malawi

1. The Constitution of Malawi (1994)

Section 13: Emphasizes the responsibility of the State to promote the welfare and development of its people, including health, gender equality, and the right to development(17).

Section 16: Guarantees the right to life.

Section 18: Ensures the right to personal liberty and security.

Section 19(3): Protects freedom from torture, cruel, inhuman, or degrading treatment or punishment.

Section 20: Prohibits discrimination on various grounds, including sex, gender, and marital status, which underpins the protection of SRHR.

2. Public Health Act (1948) Revised in 2014:
This act primarily focuses on the control of public health issues but lacks specific provisions addressing modern SRHR needs(18).

3. Penal Code(19)

Sections 149-151: Abortion is criminalized.

Section 138: Addresses issues of sexual violence and the protection of children, providing legal grounds for prosecuting offenders.

4. Gender Equality Act (2013)(20)

The Act promotes gender equality and prohibits harmful social and cultural practices, including child marriage and female genital mutilation.

Section 19: Specifies rights to sexual and reproductive health that every person has.

Section 20: Ensures access to sexual and reproductive health services and promotes measures to reduce maternal mortality by specifying the duties of health officers concerning sexual and reproductive health.

5. HIV and AIDS (Prevention and Management) Act (2018)(21)

This act provides for the prevention and management of HIV and AIDS, ensuring rights to confidentiality and non-discrimination for people living with HIV.

It also mandates the provision of comprehensive HIV services, including testing, treatment, and counselling.

6. Child Care, Protection, and Justice Act (2010)

Protects the rights of children, including specific provisions against child marriage and sexual exploitation found in sections 79.80 and 81(22).

Establishes procedures and institutions to protect children's welfare.

7. Prevention of Domestic Violence Act (2006)

Provides legal protection against domestic violence, including physical, sexual, economic and emotional abuse.

Establishes mechanisms for reporting and addressing domestic violence cases, and mandates support services for survivors(23).

8. Trafficking in Persons Act (2015)

Criminalizes human trafficking and provides protection and support for victims, including those trafficked for sexual exploitation.

9. Disability Act (2012)

Ensures accessibility to SRHR services for people with disabilities.

6.3 Sexual and Reproductive Health Policies in Malawi

National Sexual and Reproductive Health and Rights Policy (2017-2022): Aims to improve access to comprehensive SRHR services, focusing on reducing maternal mortality, promoting family planning, and ensuring the availability of youth-friendly health services.

National Youth Policy 2023-2028: Addresses the SRHR needs of young people, emphasizing education, access to services, and reducing adolescent pregnancies(24).

Malawi National Youth Friendly Health Services (YFHS) Strategy 2022-2030

The Malawi National Youth Friendly Health Services (YFHS) Strategy aims to improve the accessibility, quality, and uptake of health services for young people. The strategy focuses on addressing the unique health needs of youth, particularly in the areas of sexual and reproductive health(25).

National Male Engagement Strategy For Gender Equality, Gender-Based Violence, HIV And Sexual Reproductive Health Rights 2023-2030

The National Male Engagement Strategy aims to involve men and boys in gender equality, gender-based violence prevention, sexual and reproductive health and rights, and HIV/AIDS programs. The strategy emphasizes the importance of including men and boys in these efforts, recognizing their role in perpetuating violence and their potential to drive change toward gender equality(26).

National Strategy for Adolescent Girls and Young Women (AGYW) 2018-2022

The National Strategy for Adolescent Girls and Young Women (AGYW) 2018-2022 was developed to address the unique challenges faced by adolescent girls and young women in Malawi. The strategy aims to improve their health, education, and economic outcomes by providing a coordinated and comprehensive approach across various sectors.

Gender Policy-2015

The Malawi National Gender Policy aims to promote gender equality and equity to enhance the participation of all genders in socio-economic and political development. The policy provides a framework for addressing gender inequalities and aims to mainstream gender across various sectors. It draws from past policies and international agreements to address persistent gender issues such as gender-based violence, underrepresentation of women in decision-making, and health disparities. Additionally, it highlights emerging challenges like HIV/AIDS, human trafficking, and environmental degradation, which have significant gender dimensions.

National Disability Mainstreaming Strategy And Implementation Plan (NDMS&IP) 2018 – 2023

The Malawi Disability Mainstreaming Strategy (NDMS) aims at addressing the needs and rights of persons with disabilities. The strategy aims to eliminate barriers that prevent persons with disabilities from accessing services and facilities. It includes integrating disability-inclusive practices into all health services, including reproductive health, maternal and child health, and HIV/AIDS services(27).

6.4 International Commitments to SRHR

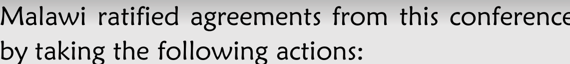
Malawi is a signatory to several global commitments on sexual and reproductive health and rights (SRHR). These commitments aim to promote and protect the SRHR of all individuals, particularly women and girls. Here are some key global commitments that Malawi is part of:

1. International Conference on Population and Development (ICPD) Programme of Action (1994):

This landmark agreement emphasizes the importance of SRHR, gender equality, and the empowerment of women. It calls for universal access to reproductive health services, including family planning, and the reduction of maternal mortality.

Key recommendations

1. Ensure universal access to reproductive health services, including family planning, prenatal care, safe delivery, and postnatal care.
2. Promote gender equality and empower women.
3. Reduce maternal mortality rates.
4. Strengthen efforts to prevent the spread of HIV/AIDS.
5. Address the specific needs of adolescents by promoting healthy behaviours and preventing early marriage and pregnancies.



Malawi ratified agreements from this conference by taking the following actions:

- Developed and revised National Population Policy (1994) to address population growth and development.
- Developed Gender Policy (2000) to promote gender equality and women's empowerment.
  Key Areas were Legal and policy reforms to protect women's rights, Gender mainstreaming in all sectors, addressing gender-based violence and Economic empowerment of women
- Developed National Reproductive Health Policy (2002) Io provide comprehensive reproductive health services in areas such as Maternal and child health, Family planning and contraception, Prevention and management of STIs/HIV and Adolescent reproductive health services.
- Established the Ministry of Gender, Children, Disability, and Social Welfare to promote gender equality, protect children's rights, ensure disability inclusion, and provide social welfare services.

Gaps identified in the ratification of ICPD recommendations

1. Limited legal reforms where abortion remains highly restricted and reproductive rights not fully protected by law.
2. Insufficient progress in GBV prevention and response. There are limited resources and support services for GBV survivors and inadequate enforcement of existing laws against GBV
3. Limited implementation of comprehensive sexuality education due to resistance from communities and cultural barriers.
4. Inadequate youth-friendly health services to promote adolescent reproductive health services
5. Gaps in family planning service delivery due to limited availability of contraceptive options and inconsistent supply chains and stock-outs.

2. Abuja Declaration (2001)

This was a special Summit of African Union Heads of State that took place in Abuja Nigeria in April 2001. The Abuja Declaration primarily focused on health sector investment, particularly targeting the fight against HIV/AIDS, tuberculosis, and malaria. However, it also implicitly supported broader aspects of health, including Sexual and Reproductive Health and Rights (SRHR).

Key Recommendations

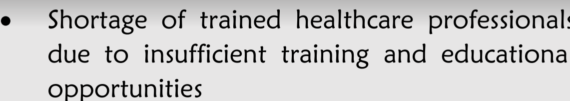
- Increase funding for the health sector by 15% of their national budgets to the health sector and mobilize additional resources from international donors and partners.
- Intensify efforts to combat HIV/AIDS, tuberculosis, and malaria by implementing comprehensive prevention, treatment, and care strategies.
- Strengthen health systems to deliver quality services by improving health infrastructure, including facilities and equipment and increasing the health workforce through training and capacity building.
- Ensure equitable access to health services for all populations by expanding coverage of health services, particularly in rural and underserved areas.

How Malawi ratified the Abuja Declaration

- Formal endorsement of the Abuja Declaration by Malawi's government.
- Integration of Abuja Declaration commitments into national health policies and strategic plans.
- Legislative and policy frameworks developed to support health sector improvements. Some policies that were developed include:

Gaps

- Insufficient allocation of 15% of the national budget to health and dependence on donor funding which can be unpredictable and insufficient.
- Inadequate health infrastructure especially in rural areas.



- Shortage of trained healthcare professionals due to insufficient training and educational opportunities
- Inequities in access to health services due to geographic disparities between urban and rural areas, socio-economic barriers preventing access to healthcare and cultural factors influencing health-seeking behavior.

3. Sustainable Development Goals (SDGs) (2015-2030):

Sustainable Development Goal (SDG) 3, which is to "Ensure healthy lives and promote well-being for all at all ages," includes targets specifically related to sexual and reproductive health.

Key targets under SDG 3 concerning sexual and reproductive health are:

1. Reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030. This target focuses on improving maternal health and access to essential maternal care services.
2. End epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases, as well as combat hepatitis, water-borne diseases, and other communicable diseases by 2030. This includes addressing the health needs of people living with HIV/AIDS and ensuring access to prevention and treatment.
3. Ensure universal access to sexual and reproductive health care services, including family planning, information, and education by 2030. This target aims to expand access to services and information that enable individuals to make informed choices about their sexual and reproductive health.
4. Achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to essential medicines and vaccines. This target supports broader health system strengthening, which is crucial for delivering sexual and reproductive health services effectively.

Progress Made(28)

- Introducing 8 antenatal clinic visits in 2019 to increase contacts with service providers and enhance early initiation of ANC and identify danger signs at the earliest stage
- investment in the construction and upgrading of health facilities across the country.
- Increased training and recruitment of healthcare professionals.
- Expansion of the essential health package to include a broader range of services, focusing on maternal and child health, communicable diseases, and non-communicable diseases (NCDs).
- Implementation of quality improvement initiatives to ensure the delivery of high-standard healthcare services.

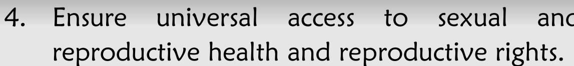
Current Gaps

1. Maternal mortality is still very high more likely that the target of 70/100,000 will not be reached
2. The unmet need for family planning for unmarried women is still high
3. Marginalized groups still face challenges in accessing SRHR services
4. Financial constraints and economic challenges affecting the delivery of essential health services.
5. Health infrastructure gaps and resource limitations.
6. Human resource shortages.
7. Socio-cultural barriers to healthcare access.

Sustainable Development Goal (SDG) 5, which aims to achieve gender equality and empower all women and girls.

Key targets under SDG 5 related to SRHR are:

1. End all forms of discrimination against all women and girls everywhere.
2. Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
3. Eliminate all harmful practices, such as child, early, and forced marriage and female genital mutilation.



4. Ensure universal access to sexual and reproductive health and reproductive rights.

Current Progress(29)

- Malawi has conducted legislative reforms and enacted several gender-related laws to enhance women's empowerment, gender equality, and violence prevention and response, including the Gender Equality Act, Prevention of Domestic Violence Act, Marriage, Divorce and Family Relations Act, Deceased Estates Act, HIV and AIDS Act, and the Chiefs Act.
- Development of the National Male Engagement Strategy to promote a gender-transformative approach that empowers men to lead in eliminating violence against women.
- Increasing responsiveness to Violence Against Women and Girls (VAWG) by enhancing coordination and capacity building at national, district, and community levels, including traditional structures.
- Revamping sessions of local leaders and committee members in the community to increase the awareness of gender-related issues in the communities; and mainstreaming of gender into decision-making processes at the council level
- Supporting the top GBV hot spots in 6 districts (Blantyre, Lilongwe, Mzimba, Mangochi, Dedza and Zomba) with the capacity to induce community-led interventions to tackle social norms and harmful practices; and help in case and referral management

Challenges

- Harmful cultural practices, and strong religious and traditional beliefs that perpetrate gender-based violence
- Public and non-governmental sector responses to SGBV are under-resourced, uncoordinated, and inadequate, often leading to poor dissemination of policies at the sub-national level.
- Inefficient data management (collection, storage, and analysis) of GBV data amongst stakeholders resulting in programming and policy decisions devoid of gender-related evidence.

Eastern and Southern Africa Commitments

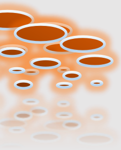
The ESA (Eastern and Southern Africa) commitments refer to the goals set by countries in the Eastern and Southern Africa region to improve sexual and reproductive health (SRH) outcomes, particularly among young people. These commitments were established through the ESA Ministerial Commitment on Comprehensive Sexuality Education (CSE) and Sexual and Reproductive Health Services for Adolescents and Young People(30).

Key targets

- Integrate age-appropriate and culturally relevant CSE into the national education curricula.
- Provide all young people, in and out of school, with access to high-quality CSE.
- Increase access to youth-friendly SRH services that are respectful, confidential, and non-discriminatory.
- Strengthen efforts to prevent HIV and other sexually transmitted infections (STIs) among young people.
- Improve access to contraception and safe abortion services where legal.
- Achieve a significant reduction in early and unintended pregnancies among young people.
- Achieve a significant reduction in new HIV infections among adolescents and young people.

6.5 Universal Periodic Review (UPR) of Malawi

The Universal Periodic Review (UPR) is a unique process established by the United Nations Human Rights Council (UNHRC) to assess the human rights records of all UN member states. This process occurs every five years and provides a platform for states to report on their human rights achievements and challenges, including those related to Sexual and Reproductive Health and Rights (SRHR).



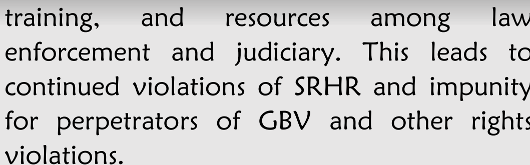
Importance of UPR for SRHR Advocacy

SRHR encompasses a wide range of issues, including access to contraception, maternal health, comprehensive sexuality education, and the elimination of gender-based violence. The UPR process is vital for SRHR advocacy as it:

1. Highlights gaps in SRHR implementation.
2. Provides actionable recommendations from other states and stakeholders.
3. Engages civil society in the dialogue on improving SRHR.
4. Holds governments accountable for their human rights obligations.

6.6 Gaps in SRHR Laws and Policies in Malawi

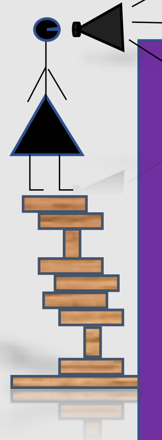
1. Abortion is heavily restricted and allowed only when the mother's life is at risk. This leads to high rates of unsafe abortions, contributing to maternal morbidity and mortality.
2. The existing legal framework does not comprehensively address all aspects of SRHR, including contraception, sexual education, and gender-based violence.
3. Insufficient Legal Protection for LGBTIQA+ Individuals. Same-sex relationships are criminalized, and there are no protections against discrimination based on sexual orientation or gender identity.
4. Laws and policies do not adequately address the unique SRHR needs of adolescents, including access to information and services. This contributes to high rates of teenage pregnancies and sexually transmitted infections (STIs) among adolescents.
5. There are significant gaps between policy formulation and implementation due to limited resources, lack of political will, and weak institutional capacity. Policies such as the National Sexual and Reproductive Health and Rights Policy often fail to translate into practical, accessible services.
6. While policies support adolescent SRHR, services are often not youth-friendly or accessible. Adolescents face barriers in accessing SRHR services, leading to poor health outcomes.
7. SRHR services are not well integrated into the primary healthcare system. This results in fragmented services, reducing efficiency and access to comprehensive care.
8. Deep-rooted cultural norms and stigma surrounding SRHR, particularly regarding contraception, abortion, and adolescent sexual activity, impede access to services.
9. Prevailing gender norms and inequalities limit women's and girls' autonomy over their reproductive health decisions.
10. Prevailing gender norms and inequalities limit women's and girls' autonomy over their reproductive health decisions.
11. Inadequate healthcare infrastructure, shortage of trained healthcare providers, and limited availability of SRHR commodities and services. These deficiencies lead to reduced quality and accessibility of SRHR services, particularly in rural and underserved areas.
12. Inadequate enforcement of existing SRHR laws and policies due to corruption, lack of



training, and resources among law enforcement and judiciary. This leads to continued violations of SRHR and impunity for perpetrators of GBV and other rights violations.

13. The SRHR legal framework is fragmented, with multiple laws and policies lacking coherence and coordination. This creates confusion and inconsistency in the implementation and enforcement of SRHR rights and services.

6.7 Advocacy areas on legal and policy frameworks



1. Advocate for the amendment of abortion Laws to broaden the legal grounds for safe abortion.
2. Advocate for the new laws or amend existing ones to cover all aspects of SRHR including those of the LGBTIQA+.
3. Advocate for the allocation of sufficient resources to help in building the capacity of healthcare workers for effective implementation of SRHR policies.
4. Advocate for the integration of SRHR services into the primary healthcare system to improve efficiency and accessibility.
5. Conduct community sensitization campaigns to challenge harmful cultural norms and reduce the stigma surrounding SRHR.
6. Advocate for comprehensive sexuality education in schools to equip young people with SRHR knowledge and skills.
7. Conduct awareness campaigns in rural areas of the provisions of various SRHR.
8. Enhance the capacity of law enforcement and judiciary to enforce SRHR laws effectively.
9. Improve coordination and coherence of the SRHR legal framework to ensure consistent and comprehensive protection of rights.
10. Advocate for the enforcement and strengthening of laws that prevent and address GBV.

6.8 Examples of Advocacy messages to address gaps in SRHR legal and policy frameworks

1. "Fill the gaps in SRHR policies to protect and empower everyone."
2. "Strong SRHR laws lead to healthier communities in Malawi."
3. "Comprehensive SRHR frameworks ensure everyone's health and rights."
4. "Reproductive rights are human rights. Strengthen our laws to protect them."
5. "Everyone has the right to make decisions about their reproductive health."
6. "Empower individuals by ensuring comprehensive reproductive rights."
7. "Safe and legal abortion saves lives. Close the gaps in our abortion laws."
8. "Protect women's health by ensuring access to safe and legal abortion."
9. "Advocate for reproductive justice by supporting safe abortion policies."
10. "Adolescents deserve comprehensive SRHR care. Advocate for supportive policies."
11. "Empower the next generation with strong SRHR laws."
12. "Promote gender equality by ensuring inclusive SRHR policies."
13. "Support gender-inclusive SRHR laws to protect everyone's health."
14. "End discrimination in SRHR. Advocate for fair and inclusive policies."

15. "Stigma harms health. Support laws that promote respectful SRHR care."
16. "Inclusive SRHR policies protect against discrimination."
17. "Policies should be based on evidence and data for effective SRHR outcomes."
18. "Research and data are crucial for strong SRHR laws."
19. "Align SRHR policies with international human rights standards."
20. "Global cooperation strengthens national SRHR frameworks."
21. "Learn from global best practices to enhance local SRHR laws."

Keep A Tip

Advocates must be well-versed in existing laws, regulations, and policies related to SRHR to effectively campaign for change or defend existing rights. This knowledge helps them identify gaps, challenges, and opportunities within the legal framework

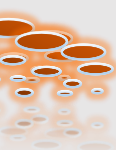
UNIT 7

MATERNAL HEALTH

7.0 Introduction

Maternal health refers to the health of women during pregnancy, childbirth, and the postpartum period.

Ensuring maternal health is crucial for the well-being of both mothers and their children and is a key component of sexual and reproductive health and rights (SRHR). In Malawi, maternal health faces numerous challenges that require targeted advocacy and intervention



7.1 Importance of Maternal Health

1. Good maternal health is essential for reducing maternal and neonatal morbidity and mortality.
2. Healthy mothers contribute to the economic stability of families and communities.
3. Access to quality maternal health services is a fundamental human right and critical for gender equality.

7.2 Current Status of Maternal Health in Malawi

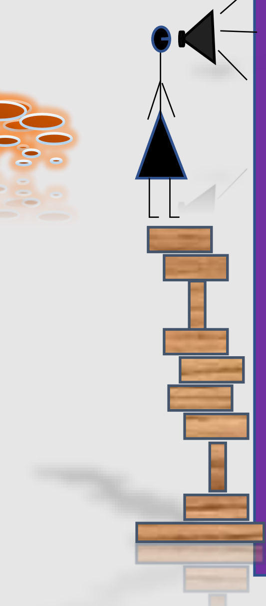
Malawi has one of the highest Maternal Mortality Rates in the world

1. Malawi has one of the highest Maternal Mortality Rates (MMR) in the world, despite improvements in recent years. As of recent data, the MMR stands at approximately 349 deaths per 100,000 live births(31).
2. The majority of women in Malawi attend at least one antenatal care visit, but the quality and frequency of care vary significantly.
3. About 9 out of 10 births are attended by skilled health personnel, but there are disparities in access between urban and rural areas.
4. Postpartum care coverage is low, with many women not receiving adequate care after childbirth.

7.3 Key Challenges in Maternal Health

- Rural areas often lack healthcare facilities, making it difficult for women to access maternal health services.
- Poverty limits the ability of women to afford transportation and healthcare costs.
- Inadequate health infrastructure, including insufficient numbers of healthcare facilities and trained personnel.
- Shortages of skilled healthcare workers, particularly midwives and obstetricians.
- Women's low status and limited decision-making power affect their access to and use of maternal health services.
- Some traditional practices and beliefs can hinder the uptake of modern maternal health services.
- Limited financial resources allocated to maternal health services.
- Inadequate data collection and monitoring systems to track maternal health outcomes and inform policy decisions.

7.4 Advocacy Areas to Promote Maternal Health

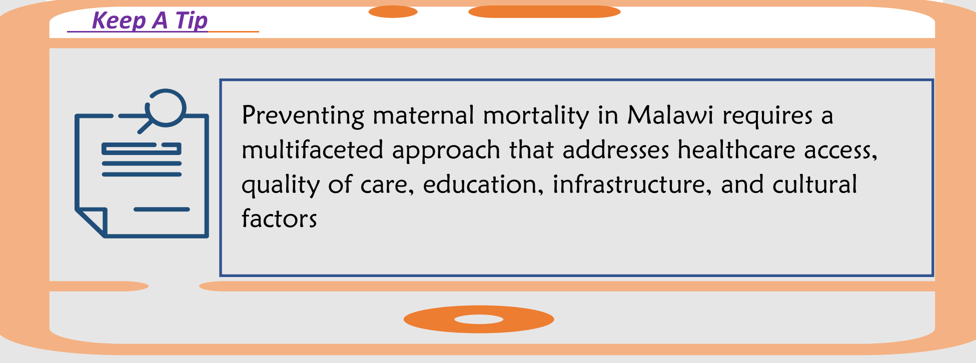


1. Advocate for the strengthening of legal frameworks to ensure the right to maternal health.
2. Push for increased government funding and international aid for maternal health programs.
3. Conduct community education campaigns to raise awareness about the importance of maternal health and available services.
4. Engage men in maternal health education to support women's access to care and challenge gender norms.
5. Provide training and professional development for healthcare workers in maternal health care.
6. Advocate for the upgrading of health facilities and the provision of essential equipment and supplies.
7. Promote the integration of maternal health services with other health services such as HIV/AIDS, family planning, and child health.
8. Support the establishment of mobile clinics to reach remote and underserved populations.

7.5 Examples of advocacy Messages to promote maternal Health

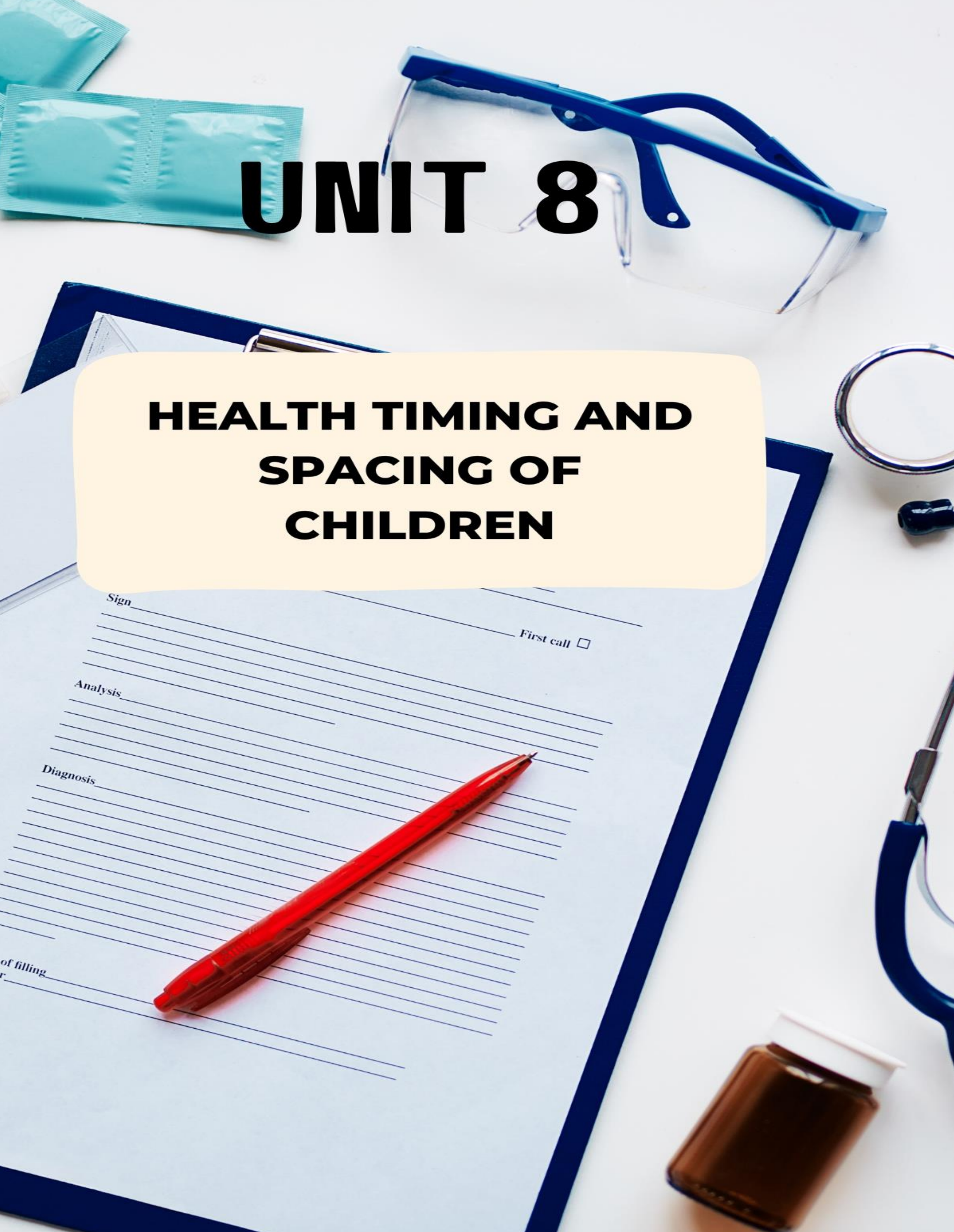
1. "Safe pregnancy and childbirth are a right, not a privilege. Advocate for maternal health."
2. "No woman should die giving life. Support safe pregnancy and childbirth."
3. "Ensure every birth is a safe birth. Promote maternal health care."
4. "Quality healthcare for mothers saves lives. Advocate for accessible maternal health services."
5. "Ensure every mother receives the care she needs. Promote quality maternal health services."
6. "Regular antenatal care keeps mothers and babies healthy. Promote access for all."
7. "Postnatal care is crucial for mothers and babies. Advocate for comprehensive maternal health services."
8. "Real Men Take Care of Their Families: Support Your Partner's Maternal Health!"
9. "Healthy Mothers, Healthy Families: Men's Involvement Matters!"
10. "Healthy mothers, healthy babies. Support antenatal and postnatal care."
11. "Fatherhood Begins Before Birth: Support Your Partner from Day One!"
12. "Skilled birth attendants save lives. Ensure every mother has access to trained healthcare providers."
13. "Support and train skilled birth attendants. They are vital for safe deliveries."
14. "Every mother deserves a skilled birth attendant. Advocate for maternal health training."
15. "Emergency care saves lives. Ensure access to emergency obstetric services."
16. "Quick response in emergencies is crucial. Support emergency obstetric care."
17. "Every second counts. Advocate for timely emergency obstetric care."
18. "Support young mothers. Promote adolescent maternal health services."
19. "Adolescent mothers need special care. Advocate for targeted maternal health programs."

20. "Healthy young mothers lead to healthier futures. Support adolescent maternal health."
21. "Every mother's life matters. Support efforts to reduce maternal mortality."
22. "Preventable maternal deaths can be stopped. Promote maternal health care."



UNIT 8

HEALTH TIMING AND SPACING OF CHILDREN



8.0 Introduction

Inclusive healthy timing and spacing of children is an approach that ensures all individuals, regardless of their gender, sexual orientation, socioeconomic status, race, ethnicity, disability, or other characteristics, have access to comprehensive, high-quality reproductive health care and contraceptive services(32). This approach acknowledges and addresses the diverse needs of different populations, aiming to reduce disparities and promote equity in reproductive health outcomes.

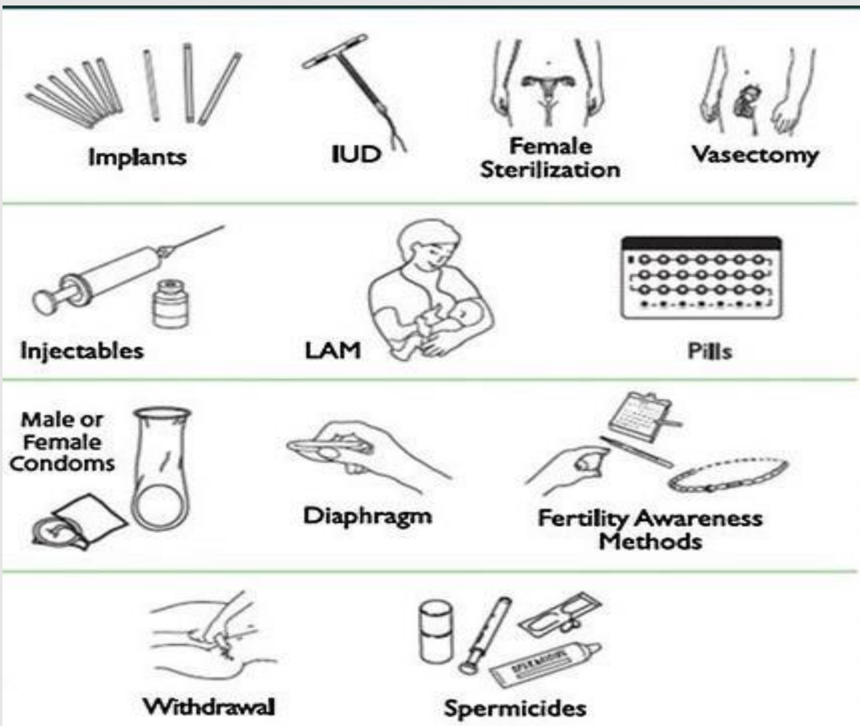
Inclusive healthy timing and spacing of children is a vital aspect of sexual and reproductive health and rights (SRHR). It allows individuals and couples to anticipate and attain their desired number of children, and to manage the spacing and timing of their births.

This is achieved through the use of contraceptive methods and the treatment of involuntary infertility(33). Effective contraceptive services are crucial for improving maternal and child health, empowering women, and promoting sustainable development.

8.1 Benefits of Health timing and spacing of children

Health Benefits	• Proper spacing and timing of births reduce the risks associated with pregnancy and childbirth. • Reduces the incidence of unsafe abortions and associated complications • Promotes healthy timing and spacing of pregnancies and promotes child health and wellbeing”
Economic and Social Benefits	• Enhances women’s ability to pursue education and employment opportunities. • Helps families manage resources better and reduces economic strain. • Enables parents to invest more in the education and well-being of their children.
Environmental and Population Impact	• Helps balance population growth with available resources. • Contributes to achieving sustainable development goals (SDGs), particularly those related to health, gender equality, and poverty reduction.

8.2 Modern Contraceptives

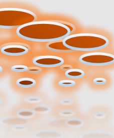


- Modern contraceptives are essential tools for enabling individuals and couples to prevent unintended pregnancies, plan their families, and protect their health.
- Understanding the variety of contraceptive methods available is crucial for making informed choices that best suit individual needs and circumstances.
- Please see **annex 1** for detailed information on the types of modern contraceptives available, their effectiveness, and considerations for use.

8.3 Current Status of Contraceptive Use in Malawi

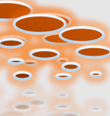
1. **Contraceptive Prevalence:** The contraceptive prevalence rate (CPR) for modern methods among married women is around 6 out of every 10(31).
2. **Unmet Need for Family Planning**: About 1 in every 4 married women in Malawi have an unmet need for family planning, highlighting the need for improved access and education.
3. **Adolescent Use:** 20% of adolescents use modern contraceptives and this is contributing to high rates of teenage pregnancies which is currently at 29%(31,34).
4. **Method Mix:** The most commonly used methods include injectables, implants, oral contraceptives, and condoms. Long-acting reversible contraceptives (LARCs) are also gaining acceptance.

Table 2: Myths and Misconceptions on Contraceptives



Myth and Misconception	Correct information
Contraceptive pills can get absorbed into the wrong part of the body and accumulate in the body and cause diseases and tumours	After the pills are swallowed, they dissolve in the digestive system, and the hormones they contain are absorbed into the bloodstream. After they produce their Contraceptive effect, the hormones are metabolized in the liver and gut and are then eliminated from the body. They do not accumulate in the body anywhere.
Contraceptive methods cause abortions	Contraceptive methods cannot cause abortions. This is because all forms of hormonal contraceptives work by preventing ovulation, and ovulation prevents implantation. Implantation is the beginning of pregnancy
Long-term use of Contraception can make it harder to get pregnant later	Once women stop using Contraception, their periods and fertility will usually soon return to normal. Exceptions include: The Contraceptive injection (Depo-Provera can take up to 12 months for the hormones to leave the body and for fertility to be fully restored(33)
The emergency Contraceptive pill (ECP) is like an abortion	Emergency Contraceptive pills are high-dose birth control pills that prevent pregnancy after a person has had sex without using a contraceptive method. Taking ECP is not the same as having an abortion. Abortion is a procedure that interrupts an established pregnancy. The ECP is not an abortion pill. If one is already pregnant, ECP will not work.
Emergency Contraception is only effective the morning after unprotected sex	The emergency Contraception pill (ECP) is sometimes called the 'morning-after-pill'. Although the ECP should be taken as soon as possible, it does not have to be taken in the morning. ECP can work for up to 3 or 5 days (72 hours) after sex
Contraceptive methods cause blood clots and stroke	Hormonal birth control can carry some risks, but these risks usually do not apply to everyone. Some people have specific risk factors that make them more likely to develop complications from birth control
You can't get pregnant if you have sex during your period.	Despite many women believing this is a 'safe' time to have sex without the risk of getting pregnant, it may not be. Ovulation (when an egg is released) can take place earlier than expected.
Implants cause menstrual problems	Different types of Implants can cause different menstrual changes. Some women have lighter and reduced cycles when using implants and welcome this change. Some women who continue to have a period may prefer this, even though it may be heavier in some women.
Teenagers prefer condoms and the pill	Studies show that when teens receive accurate information about implant options they are more likely to use and be satisfied with them. Many teenagers do not know about implants or have only heard the myths about them.
Teenagers and women who have not had a child shouldn't use an IUD	IUDs and Contraceptive implants have the highest effectiveness, continuation rates, and user satisfaction of all forms of LARC – including for teenagers and women who have not had a child.
Combined Oral Contraceptive pills will cause birth defects in their babies	Good evidence shows that COCs will not cause birth defects and will not otherwise harm the fetus if a woman becomes pregnant while taking COCs or accidentally starts to take COCs when she is already pregnant

The Contraceptive pill can cause cancer	The use of combined oral Contraceptives (COCs) is proven to decrease the risk of two gynaecological cancers (ovarian and endometrial)
Contraceptives encourage promiscuity	There is no evidence that Contraceptives affect women's sexual behaviour. The evidence on Contraception in general shows that sexual behavior is unrelated to Contraceptive use. Using Contraception shows responsible behaviour to avoid unintended pregnancy and sexually transmitted infections



8.4 General Challenges and barriers to contraceptive use(35)

1. Cultural norms and traditions favor large families and some discourage contraceptive use.
2. Some religious doctrines oppose the use of modern contraceptives, influencing the beliefs and practices of adherents.
3. Widespread myths about the effects of contraceptives, such as causing infertility or cancer, deter use.
4. Lack of accurate information about the different types of contraceptives, their use, and benefits.
5. Inadequate sex education in schools and communities leaves many without the necessary knowledge to make informed choices.
6. Limited access to health facilities and contraceptives in rural and remote areas.
7. Stockouts and inconsistent supply of contraceptives in health facilities disrupt access.
8. Personal beliefs and biases of healthcare providers affecting the quality and type of contraceptive counseling and services offered.
9. Insufficient training for healthcare providers on the latest contraceptive methods and counseling techniques hinder effective service delivery.
10. Fear of judgment or lack of confidentiality in healthcare settings deters individuals, especially youth, from seeking contraceptive services.
11. Women's limited autonomy and decision-making power in relationships restricting their ability to use contraceptives.
12. Fear of intimate partner violence or coercion prevent women from accessing or using contraceptives.
13. Concerns about side effects, both real and perceived, such as weight gain, mood changes, or menstrual irregularities.

8.5 Challenges and barriers faced by persons with disability in accessing family planning services(36)

1 Many healthcare facilities are not disability friendly. This includes a lack of ramps, elevators, and accessible examination tables(27).

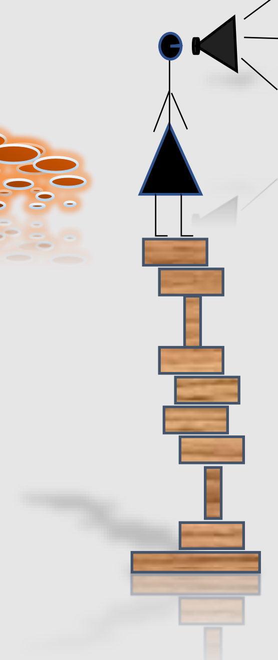
2 Negative attitudes of healthcare providers or misconceptions about the sexual and reproductive health needs of people with disabilities(37) lead to discrimination, stigmatization, and inadequate care.

3 Lack of access to appropriate information and education about family planning due to communication barriers and the absence of tailored educational materials(38).

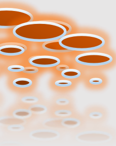
4 Inadequate policies and legal frameworks to protect the rights of people with disabilities to access family planning services. Additionally, existing policies are not implemented effectively.

5 Cultural beliefs and social norms may marginalize people with disabilities, affecting their autonomy and decision-making power regarding family planning.

8.6 Advocacy Areas to Address Challenges and Barriers in Family Planning

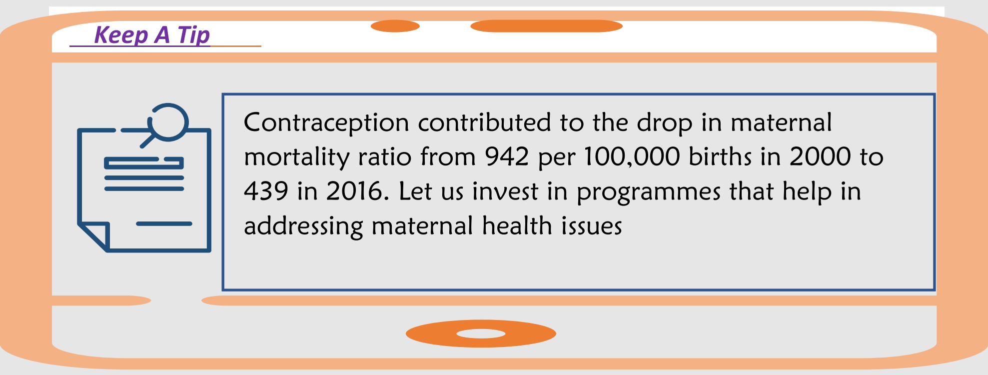


1. Highlight the health benefits of family planning in reducing maternal and child mortality and morbidity.
2. Advocate for the economic and social benefits of family planning, including poverty reduction and increased opportunities for women.
3. Promote family planning as a key strategy for achieving sustainable development goals.
4. Advocate for mobile clinics and outreach programs to reach marginalized populations.
5. Facilitate discussions with community and religious leaders to address cultural and religious concerns surrounding family planning.
6. Develop campaigns to dispel myths and misconceptions about contraceptives.
7. Advocate for the inclusion of comprehensive sex education in school curricula.
8. Support the expansion of family planning services to rural and underserved areas.
9. Advocate for better supply chain management to ensure consistent availability of contraceptives.
10. Advocate for the training of healthcare providers on non-biased, client-centered contraceptive counseling and services.
11. Advocate for youth-friendly services that ensure confidentiality and non-judgmental care.
12. Support initiatives that empower women and enhance their decision-making capacity regarding reproductive health.
13. Involve men in family planning education to foster supportive partner dynamics and shared decision-making.
14. Advocate for policies and programs that protect women from intimate partner violence and coercion, ensuring safe access to contraceptive services.
15. Implement training programs for healthcare providers on disability rights, inclusive communication, and the specific needs of people with disabilities regarding contraceptive use.
16. Provide clear, evidence-based information about the side effects and health implications of contraceptives, including how to manage minor side effects.
17. Advocate for policies that support comprehensive reproductive health services, including access to a full range of contraceptive methods.
18. Promote the availability of contraceptive information in accessible formats, such as braille, sign language, and easy-to-read materials.
19. Push for policies that allow adolescents to access contraceptive services without parental consent, ensuring confidential and non-restrictive access for young people
20. Advocate for healthcare facilities to be physically accessible, including ramps, elevators, and accessible examination tables.



8.7 Examples of Key Advocacy Messages to address challenges and barriers in family planning

1. "Family planning services should be accessible to everyone, everywhere."
2. "No woman should be denied family planning services due to location."
3. "Ensure equitable access to family planning for all individuals."
4. "Education empowers. Teach everyone about the benefits of family planning."
5. "Knowledge is power. Raise awareness about family planning options."
6. "Informed choices lead to healthier families. Promote family planning education."
7. "Respect culture, but prioritize health. Support family planning for healthier communities."
8. "Cultural sensitivity is key. Engage communities in family planning discussions."
9. "Faith and health can coexist. Advocate for family planning within religious contexts."
10. "End the stigma around family planning. Everyone deserves to make informed choices."
11. "Misconceptions harm health. Provide accurate information about family planning."
12. "Normalize family planning conversations. Break the silence and support open dialogue."
13. "Youth need access to family planning. Support young people's reproductive health rights."
14. "Women's health is a human right. Advocate for reproductive freedom."
15. "Support women's autonomy in family planning decisions."
16. "Educate youth about family planning. Empower the next generation with knowledge."
17. "Adolescents deserve safe and informed family planning options."
18. "Family planning is a shared responsibility. Encourage men's involvement."
19. "Men's support strengthens family planning. Promote male engagement in reproductive health."
20. "Partners in planning. Advocate for joint decision-making in family planning."
21. "Support providers with the tools they need to deliver family planning care."
22. "Training saves lives. Equip healthcare workers with family planning knowledge."
23. "Cost shouldn't be a barrier. Advocate for affordable family planning services."
24. "Financial support for family planning leads to healthier communities."
25. "Invest in family planning. The benefits outweigh the costs."
26. "Integrate family planning with other health services for comprehensive care."
27. "Holistic health care includes family planning. Promote integrated services."
28. "One-stop health services improve access. Support integrated family planning."



UNIT 9
THE UNSAFE
ABORTION

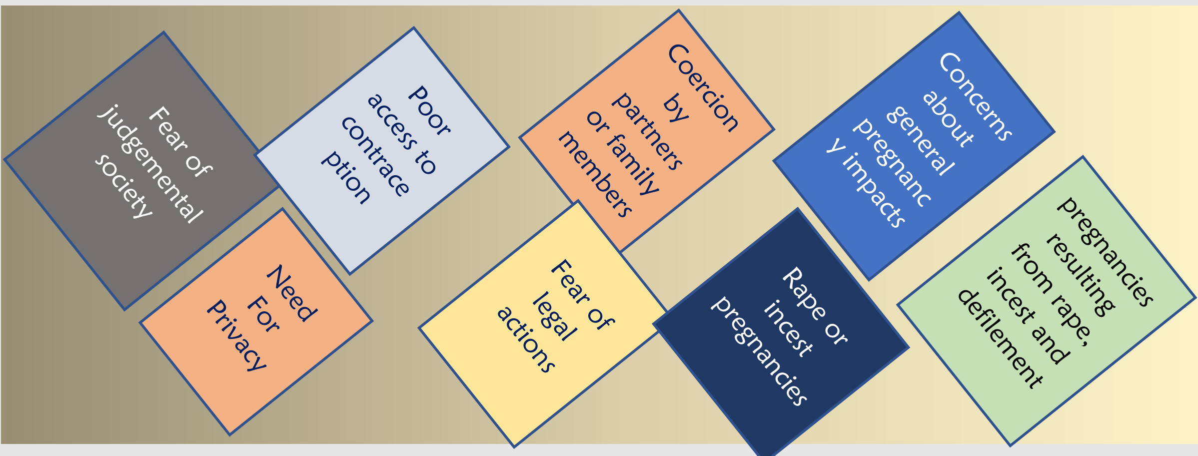
9.0 Introduction

An unsafe abortion is defined as a procedure for terminating an unintended pregnancy carried out by persons lacking the necessary skills or in an environment not in conformity with minimal medical standards, or both.

Unsafe abortion is a leading cause of maternal mortality in Malawi and it is estimated that 18% of maternal deaths are due to complications from unsafe abortions(39). A large proportion of gynecological hospital admissions are due to complications from unsafe abortions.

9.1 Reasons Why AGYW Opt for Unsafe Abortion

There are many reasons why AGYWs opt for unsafe abortion. Among them include:



- In Malawi, abortion is illegal except to save a woman's life, leading women to seek clandestine and unsafe procedures
- The threat of legal action and criminal penalties drives women to seek abortions from unqualified providers or attempt self-induced methods.

Consequences of unsafe abortion in Malawi

Unsafe abortions have severe and wide-ranging consequences for women, families, and healthcare systems.

These consequences can be categorized into health, socio-economic, psychological, and societal impacts.

Table 3; Consequences of Unsafe Abortion

Consequence	Example
Immediate Health Risks	1. Severe bleeding leading to fatal complications including death. 2. Infections including septicemia (blood poisoning) and peritonitis (infection of the abdominal lining), which can lead to sepsis. 3. Injury to Internal Organs e.g. Perforation of the uterus, damage to the intestines, bladder, and other internal organs. 4. Poisoning from ingesting harmful substances or using dangerous methods to induce abortion
Long-Term Health Consequences	1. Persistent pain in the pelvic region. 2. Infections resulting from severe infections, uterine damage, or complications during unsafe abortion procedures. 3. Increased risk for ectopic pregnancy in future pregnancies due to scarring or damage to the reproductive organs. 4. Irregularities or chronic problems with menstrual cycles. 5. Infertility
Socio-Economic Consequences	1. High costs associated with treating complications from unsafe abortions, which can burden the healthcare system and families. 2. Time lost from work or school due to recovery from complications, affecting women's economic and educational opportunities. 3. Families may incur substantial expenses for medical treatment, exacerbating poverty and economic hardship.
Psychological Consequences	1. Depression, anxiety, post-traumatic stress disorder (PTSD), and other psychological issues can arise from the trauma of undergoing an unsafe abortion. 2. Feelings of guilt, shame, and isolation due to societal stigma and personal experiences. 3. Persistent emotional and psychological challenges impacting overall well-being and quality of life
Societal Consequences	1 Women who undergo unsafe abortions often face social stigma and discrimination, leading to social isolation. 2 Unsafe abortion highlights and perpetuates gender inequalities, with women bearing the brunt of restrictive laws and lack of reproductive autonomy

9.2 Legal Status of Abortion in Malawi

Abortion in Malawi is heavily restricted under the **Penal Code**, which dates back to 1930. The legal framework only permits abortion in very limited circumstances, specifically to save the life of the pregnant woman.

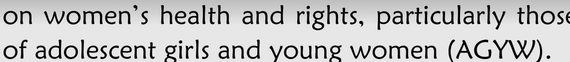
Understanding the legal landscape of abortion in Malawi is fundamental for effective advocacy.

Knowledge of existing laws and regulations allows advocates to tailor their strategies to the specific legal context of Malawi.

Clear comprehension of the legal framework also enables advocates to craft messages that resonate with policymakers, stakeholders, and the public by addressing specific legal barriers and proposing relevant reforms.

A detailed overview of abortion laws helps in identifying the exact legal restrictions that impede access to safe abortion services.

By highlighting these barriers, advocates can demonstrate the adverse effects of restrictive laws



on women's health and rights, particularly those of adolescent girls and young women (AGYW).

The relevant sections of the Penal Code are sections 149, 150, and 151:

1. **Section 149:** Provides for a 14-year imprisonment for anyone who performs an abortion.
2. **Section 150:** Criminalizes self-induced abortion with a potential sentence of seven years.
3. **Section 151**: Punishes anyone who assists in an illegal abortion with a potential sentence of three years.

9.3 Current Restrictions

Permissible ground: The law only allows abortion if the life of the pregnant woman is at risk. There are no legal allowances for abortion in cases of rape, incest, or severe fetal impairment.

In a high court ruling in 2021, the court interpreted that a woman's life being at risk can constitute both physical or mental health problems. Furthermore, in seeking a termination, one has a legal right to a full assessment by a licensed medical practitioner to determine their eligibility for termination of pregnancy based on whether mental or physical grounds.

Access: Due to the restrictive legal framework, safe and legal abortion services are limited. Most abortions are carried out in unsafe conditions, leading to high maternal morbidity and mortality.

Provider restriction: Only licensed medical professionals are allowed to perform abortions under the restricted conditions.

9.4 Efforts Towards Abortion Law Reform

There have been ongoing efforts to reform the abortion laws in Malawi. Notably, the Termination of Pregnancy Bill was proposed to expand the circumstances under which abortion could be legally performed. This bill seeks to allow abortion in cases of rape, incest, fetal impairment, or when the mental or physical health of the woman is at risk. However, the bill has faced significant opposition and has not yet been enacted into law.

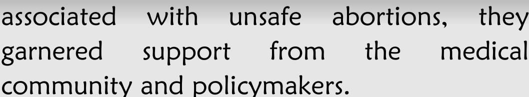
9.5 Case Studies on Termination of Pregnancy Laws Advocacy Efforts

Case Study 1: Advocacy for Legal Abortion in South Africa

Background: Before 1996, abortion in South Africa was highly restricted under the 1975 Abortion and Sterilization Act, leading to many unsafe abortions and maternal deaths. The Choice on Termination of Pregnancy Act, enacted in 1996, was a result of extensive advocacy efforts(40,41).

Advocacy Efforts:

1. Health advocacy organizations such as the Women's Health Project and the Reproductive Rights Alliance conducted extensive research on the impact of unsafe abortions. They provided compelling data showing the public health crisis resulting from restrictive abortion laws(41).
2. A broad coalition of women's rights groups, health professionals, and civil society organizations united to push for legal reform. These alliances amplified the advocacy efforts and presented a united front.
3. Advocates framed the issue within the context of public health and women's rights. By emphasizing the health risks and mortality



associated with unsafe abortions, they garnered support from the medical community and policymakers.

4. Engaging with sympathetic lawmakers was crucial. Advocates worked closely with the African National Congress (ANC), which had a progressive stance on women's rights, to draft and promote the legislation.

Outcome: The Choice on Termination of Pregnancy Act of 1996 legalized abortion on request up to 12 weeks of pregnancy and under certain conditions up to 20 weeks. This legislation significantly reduced maternal mortality rates due to unsafe abortions.

Case Study 2: Interpretation of the Gender Equality Act in Malawi

Background: In Malawi, abortion is generally illegal except in cases where the life of the mother is at risk. This restrictive legal framework significantly limits access to safe and legal abortion services, particularly for survivors of sexual violence. In a landmark case, a 14-year-old girl has initiated legal action in the High Court of Malawi, seeking an interpretation of the Gender Equality Act to include provisions for safe and legal abortion for child survivors of sexual violence.

Case Details: The case revolves around the Gender Equality Act of Malawi, which aims to promote gender equality and protect women and girls from discrimination and violence. The petitioner, a 14-year-old girl who is a survivor of sexual violence, argues that denying access to safe and legal abortion services violates her rights under the Gender Equality Act(20).

Advocacy Efforts:

1. Legal Representation and Support: The girl is represented by legal advocates from organizations such as the Centre for Human Rights Education, Advice and Assistance (CHREAA) and the Women Lawyers Association of Malawi. These organizations provide legal support and representation to ensure that the case is heard and adjudicated fairly(42).

2. Public Awareness Campaigns: Advocacy groups including For Equality have launched public awareness campaigns to educate the public and policymakers about the case and the broader issue of abortion access for survivors of sexual violence. These campaigns utilize media platforms, community meetings, and educational materials to highlight the importance of legal reform.

3. Engagement with Stakeholders: Advocacy organizations engage with stakeholders, including government officials, health professionals, and international human rights bodies, to garner support for the case and the need for legislative changes. This includes dialogues, workshops, and submissions to the High Court.

4. Documentation and Research: Research institutions and advocacy groups document the impact of restrictive abortion laws on survivors of sexual violence. These findings are used to support legal arguments and advocate for policy changes that align with international human rights standards.

Outcome and Impact: The outcome of this case could have significant implications for the interpretation of the Gender Equality Act and access to safe and legal abortion in Malawi. A favourable ruling would set a precedent for protecting the rights of child survivors of sexual violence and potentially lead to broader legal reforms.

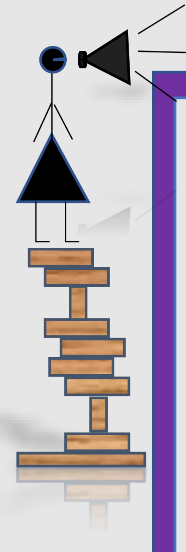
These case studies illustrate the power of coordinated advocacy efforts in changing restrictive abortion laws. By combining grassroots mobilization, public education, strategic litigation, political engagement, and international support, advocates in South Africa successfully achieved significant legal reforms, improving reproductive health outcomes and advancing women's rights.

9.6 How to prevent unsafe abortion

Preventing unsafe abortions requires a comprehensive approach that includes legal reforms, healthcare improvements, education, and support services. Here are key strategies to address and reduce the incidence of unsafe abortions:

- Provide education on the correct use of contraceptives to prevent unintended pregnancies.
- Ensure that a variety of contraceptive methods are widely available and accessible to all AGYWs.
- Reform restrictive laws to allow safe, legal, and accessible abortion services. Ensuring that abortion is legal in a wider range of circumstances can significantly reduce the number of unsafe abortions.
- Enact and enforce laws that protect women's rights to make decisions about their reproductive health without fear of legal consequences.
- Increase the availability of safe abortion services in both urban and rural areas. Ensure that healthcare facilities are adequately equipped and staffed.
- Implement comprehensive sexual and reproductive health education in schools and communities. These programs should cover contraception, reproductive rights, and the risks associated with unsafe abortions.
- Conduct public awareness campaigns to inform AGYWs and communities about safe abortion options and the dangers of unsafe methods.
- Promote youth-friendly sexual and reproductive health services to address the SRHR needs of adolescents

9.7 Advocacy Areas for Safe Abortion

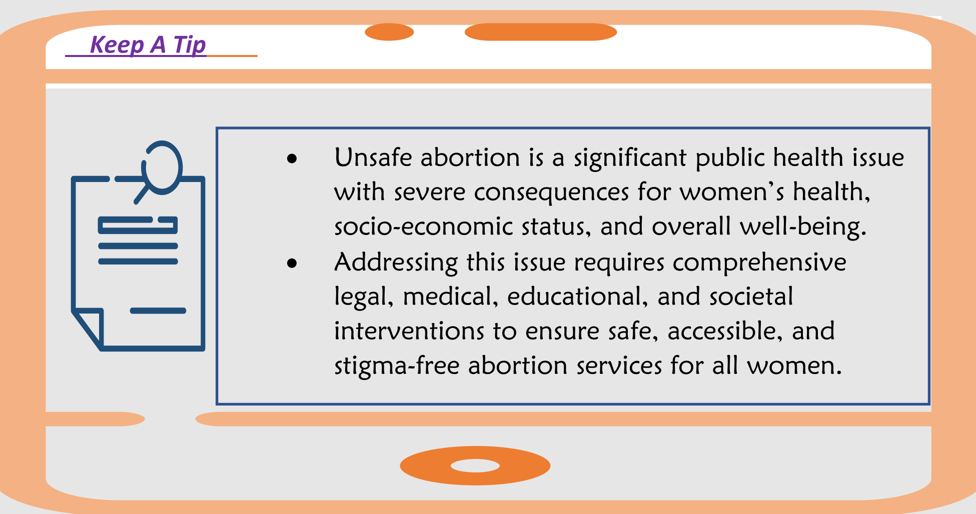


1. Emphasize the high rates of maternal deaths due to unsafe abortions. Legalizing abortion can significantly reduce these fatalities by providing safe and regulated procedures.
2. Promote abortion as a fundamental right of women to make decisions about their own bodies and reproductive health
3. Advocate for the revision of Malawi's abortion laws, which are rooted in colonial-era statutes and do not reflect contemporary human rights standards
4. Raise awareness about the realities and consequences of unsafe abortions and the benefits of legalizing and regulating the procedure.
5. Highlight the economic strain on women and families due to unsafe abortions, including healthcare costs and lost productivity
6. Empowering women to make reproductive choices can have positive impacts on their socio-economic status and opportunities.

9.8 Examples of advocacy messages to promote safe abortion

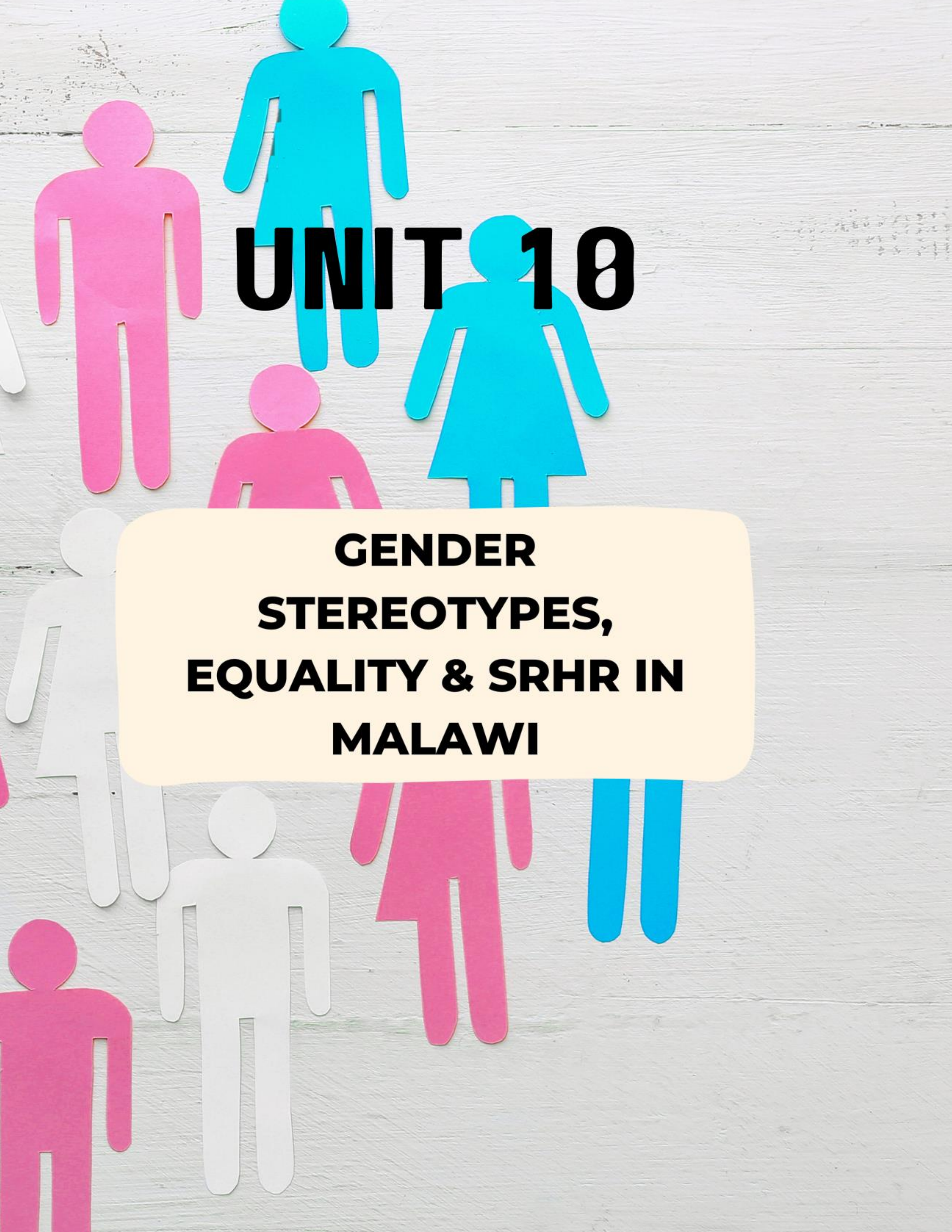
Promoting safe abortion requires sensitive and inclusive advocacy messages that emphasize the importance of women's health, rights, and autonomy. Here are examples of messages that can be used to promote safe abortion.

1. "Safe abortion saves lives. Every woman deserves access to safe, legal abortion."
2. "Unsafe abortions risk women's lives. Ensure access to safe abortion services."
3. "Health care includes safe abortion. Prioritize women's health and safety."
4. "Abortion is a woman's right. Support safe and legal abortion for all."
5. "Women's rights are human rights. Protect the right to safe abortion."
6. "Equality means choice. Support safe abortion access for every woman."
7. "End the stigma. Support women who choose safe abortion."
8. "Every woman's story is different. Respect and support her choice."
9. "Stop the shame. Safe abortion is a health right, not a taboo." "Access to safe abortion is essential. Ensure services are available to all women."
10. "Every woman deserves access to safe, legal abortion, regardless of location."
11. "Barriers to safe abortion put lives at risk. Ensure accessible services for all."
12. "Laws should protect, not harm. Advocate for safe and legal abortion."
13. "Policy changes save lives. Support legal reforms for safe abortion access."
14. "Strong laws ensure safe choices. Push for legal access to safe abortion."
15. "Unsafe abortions are preventable. Ensure safe options are available."
16. "Prevent deaths from unsafe abortions. Advocate for safe, legal abortion access."
17. "Safety first. Promote access to safe abortion to prevent unnecessary deaths."
18. "Every woman has the right to choose. Support safe abortion access."
19. "Reproductive rights are fundamental. Ensure safe abortion options for all."
20. "Choice matters. Protect women's right to safe and legal abortion."
21. "Dispelling myths saves lives. Provide accurate information about safe abortion."
22. "Facts over fear. Promote evidence-based information on safe abortion."
23. "Misinformation harms. Educate communities about the reality of safe abortion."
24. "Global standards support safe abortion. Advocate for best practices in Malawi."
25. "Join the global movement for women's health. Support safe abortion access."
26. "International solidarity saves lives. Promote global standards for safe abortion."



Keep A Tip

- Unsafe abortion is a significant public health issue with severe consequences for women's health, socio-economic status, and overall well-being.
- Addressing this issue requires comprehensive legal, medical, educational, and societal interventions to ensure safe, accessible, and stigma-free abortion services for all women.

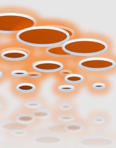


UNIT 10

GENDER STEREOTYPES, EQUALITY & SRHR IN MALAWI

10.0 Introduction

Gender equality is crucial for the realization of Sexual and Reproductive Health and Rights (SRHR). In Malawi, as in many other countries, gender disparities significantly impact access to and the quality of SRHR services. Achieving gender equality is fundamental to ensuring that everyone, regardless of gender, can make informed decisions about their sexual and reproductive health.



10.1 The Importance of Gender Equality in Achieving Positive SRHR Outcomes

1. Gender equality ensures that women, men, and gender-diverse individuals have equal access to SRHR services, including contraception, maternal health care, and STI prevention and treatment.
2. Addressing gender inequalities removes barriers such as stigma, discrimination, and economic constraints that often prevent women and marginalized groups from accessing necessary health services.
3. Gender equality empowers individuals to make autonomous decisions regarding their sexual and reproductive health without coercion, discrimination, or violence.
4. When people are unrestricted by gender, they are enabled to seek information and services that help them make informed choices about their health and bodies.
5. Promoting gender equality helps reduce the incidence of GBV and SGBV outcomes by challenging and changing harmful gender norms and stereotypes that justify or condone violence against women and girls.
6. Gender equality contributes to improved maternal health outcomes by ensuring women have access to quality prenatal, childbirth, and postnatal care.
7. Gender equality in SRHR supports women's economic empowerment by allowing them to plan their families and careers, contributing to their economic stability and that of their families.
8. Gender equality is a fundamental human right and is essential for the fulfilment of other rights, including the right to health, education, and freedom from discrimination and violence.

10.2 Gender Stereotypes

Gender stereotypes are deeply ingrained societal norms that dictate the roles and behaviours expected of men and women. These stereotypes shape societal norms, impact access to SRHR services, and affect the health and well-being of individuals, particularly women and girls. Understanding and addressing these stereotypes is crucial for effective SRHR advocacy.

10.3 Common Gender Stereotypes and its impact on SRHR

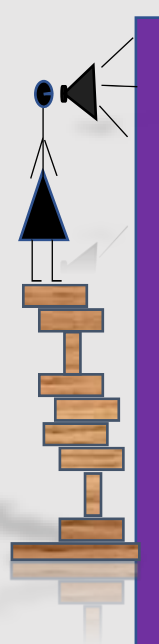
1. Women are primarily seen as mothers and caregivers, with their primary role being to bear and raise children. This stereotype can limit women's autonomy over their reproductive health, pressuring them into early and repeated pregnancies without adequate access to contraception or family planning services.
2. Men are considered the primary decision-makers in households, including decisions related to sexual and reproductive health. Women may have limited power to make decisions about their health, such as whether to use contraception, seek healthcare, or decide on the timing and spacing of children.

3. Female sexuality is often viewed as passive, and women are expected to be sexually submissive. This can lead to women feeling unable to negotiate safe sex practices, increasing the risk of STIs and unintended pregnancies. It also contributes to the stigmatization of women who seek SRHR services.

4. Adolescent girls are expected to remain virgins until marriage, while boys are often encouraged to explore their sexuality. This double standard can prevent girls from seeking necessary SRHR services and information, increasing vulnerability to STIs, unintended pregnancies, and unsafe abortions.

5. Menstruation is often considered a taboo topic, with menstruating women viewed as impure or unclean. This stigma can lead to poor menstrual hygiene management, absenteeism from school, and reduced self-esteem among girls, affecting their overall health and educational outcomes.

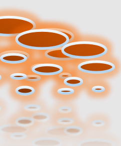
10.4 Key Advocacy Areas to Address Gender Stereotypes(43)



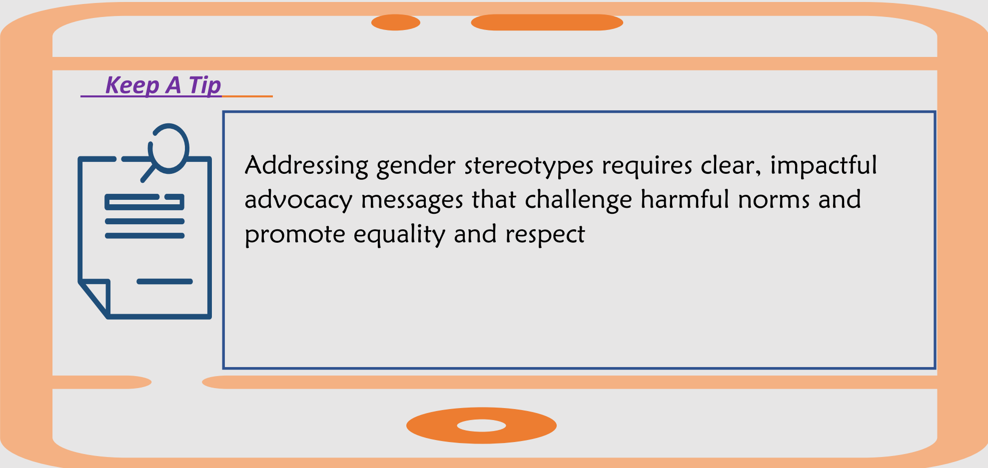
1. Launch campaigns to educate the public about the negative impacts of gender stereotypes on SRHR using gender transformative approaches (GTA). .
2. Implement comprehensive sexuality education (CSE) in schools that include discussions on gender equality and challenge traditional gender norms.
3. Advocate for reviewing, formulation, dissemination and implementation of policies that promote gender equality and protect against gender-based discrimination.
4. Push for stronger legal frameworks to protect women and girls from gender-based violence and ensure access to SRHR services without discrimination.
5. Utilize media platforms (radio, TV, social media) to challenge gender stereotypes and highlight positive stories of gender equality.
6. Advocate for more gender-sensitive content in the media that portrays women and men in diverse and non-stereotypical roles.
7. Promote positive role models who challenge traditional gender norms and advocate for gender equality.
8. Train healthcare providers in GTA and to recognize and address gender biases in SRHR services.
9. Advocate for the provision of gender-sensitive health services that cater to the specific needs of women, men, and gender-diverse individuals.
10. Support initiatives that economically empower women, giving them greater autonomy over their reproductive health decisions.
11. Implement youth-centred programs that educate and empower young people to challenge gender stereotypes.
12. Train young people as peer educators to promote gender equality and SRHR among their peer
13. Advocate for comprehensive support services for GBV survivors, including legal aid, counseling, and healthcare.

10.5 Examples of advocacy messages to address gender stereotypes

Here are examples of advocacy messages targeting specific groups of people to address gender stereotypes.



1. "Gender equality benefits everyone. Break the stereotypes."
2. "Challenge norms. Promote gender equality for a better future."
3. "Equal rights, equal opportunities. Say no to gender stereotypes."
4. "Girls deserve comprehensive SRHR education and services."
5. "Women's health matters. Challenge stereotypes that limit SRHR access."
6. "Support women's choices in SRHR. Equality leads to better health."
7. "Men's involvement in SRHR strengthens communities."
8. "Boys need SRHR education too. Promote equality in health learning."
9. "Real men support women's SRHR. Break the stereotypes, support equality."
10. "Cultural change starts with us. Promote SRHR equality for all genders."
11. "Respect traditions, but challenge harmful norms. SRHR is for everyone."
12. "Healthy traditions support gender equality in SRHR."
13. "SRHR is a family matter. Promote equal responsibility in health decisions."
14. "Healthy families share SRHR knowledge and responsibilities."
15. "Parenting includes SRHR education for all genders. Break the stereotypes."
16. "Teach SRHR equality early. Educate youth to challenge gender stereotypes."
17. "Young minds can change SRHR norms. Promote gender-equal health education."
18. "Future leaders learn today. Encourage gender-neutral SRHR education."
19. "Redefine masculinity to support SRHR equality."
20. "Men can be advocates for SRHR. Promote positive masculinity."
21. "Positive masculinity includes respecting SRHR for all genders."

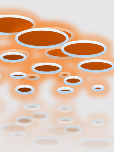


UNIT 11

GENDER BASED VIOLENCE

11.0 Introduction

Gender-based violence (GBV) is a severe and pervasive issue in Malawi, deeply affecting the Sexual and Reproductive Health and Rights (SRHR) of individuals, particularly women and girls. About 34% of women aged 15-49 have experienced physical violence at least once since the age of 15, and 22% experienced it in the last 12 months. Furthermore, 14% of women have experienced sexual violence in their lifetime, primarily from intimate partners (31). Addressing GBV is crucial for improving SRHR outcomes and ensuring all individuals' health, safety, and rights.



11.1 Types of GBV:

1. **Domestic Violence:** Violence by a partner or family member.
2. **Sexual Violence:** Rape, sexual assault, and harassment.
3. **Psychological Abuse:** Intimidation, threats, oppression and coercion.
4. **Economic Abuse:** Control over financial resources, denial of access to money or other resource

11.2 Prevalence of GBV in Malawi

According to the 2015-16 Malawi Demographic and Health Survey, about one-third of women aged 15-49 have experienced physical violence, and around one-fifth have experienced sexual violence(31).

11.3 Intimate Partner Violence

Intimate partner violence (IPV)(44) refers to behaviour by a current or former intimate partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.

Risk factors for IPV

These include individual, relationship and societal or community factors:

Individual factors include;

1. Low self-esteem.
2. Heavy alcohol and drug use.
3. Belief in strict gender roles or stereotypes (e.g. male dominance in a relationship).
4. The desire for power and control in relationships
5. Poor problem-solving skills.
6. History of physical or emotional abuse in childhood.
7. Depression, anger and hostility.

Relationship factors include;

1. Relationship conflicts e.g. jealousy.
2. Relationship dominance by one partner.
3. History of experiencing poor parenting as a child.
4. Association with aggressive and antisocial peers.
5. Families experiencing economic stress.

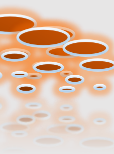
Community and societal factors include:

1. Cultural norms that support aggression toward others.
2. Traditional gender norms and gender inequality.
3. Societal income inequality.
4. Communities with limited education and high rates of poverty.
5. Communities with easy access to drugs and alcohol.
6. Weak community or societal measures against IPV.

11.4 Impact of GBV on SRHR

Table 4: Impact of Gender Based Violence on Sexual and Reproductive Health Rights

Impact	Examples
Physical Health Consequences:	• **Injuries:** Immediate physical injuries from violence. • **Reproductive Health Issues:** Complications during pregnancy, increased risk of sexually transmitted infections (STIs), including HIV. • **Chronic Health Problems:** Long-term health issues such as chronic pain, gastrointestinal disorders, and disabilities.
Mental Health Consequences:	• **Psychological Trauma:** Depression, anxiety, and post-traumatic stress disorder (PTSD). • **Behavioral Issues:** Substance abuse and risky sexual behaviors.



11.5 Barriers to SRHR Services:

Stigma and Fear: Fear of stigma and retribution can prevent survivors from seeking SRHR services.

Lack of Autonomy: Economic and social dependence on abusers can limit access to healthcare and support services.

Healthcare System Barriers: Lack of trained healthcare providers, inadequate resources, and lack of survivor-friendly services.

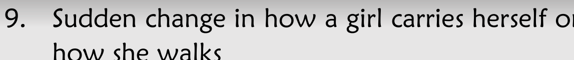
11.5 Challenges in Addressing GBV

1. Cultural Norms and Practices: Deep-rooted beliefs that condone or justify GBV. Harmful practices such as child marriage and widow inheritance.
2. Economic Dependence: Financial reliance on abusers prevents many survivors from leaving abusive situations
3. Underreporting and Stigma: Fear of stigma, shame, and lack of trust in the justice system lead to underreporting of GBV cases.
4. Resource Limitations: Inadequate resources and infrastructure to support GBV prevention and response initiatives.

11.6 How to Recognize Gender-Based Violence

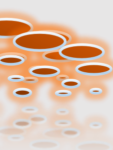
It is challenging for some girls and young women to share when they have experienced harassment, rape or other forms of GBV. Understanding the signs and symptoms of GBV can help advocates and other leaders identify when a girl is being abused. Common symptoms include the following:

1. Unexplained, vague or suspicious medical complaints
2. Visible bruises, scratches or marks
3. Unusual psycho-social symptoms such as acting infantile, insecure, scared
4. Inability to concentrate or focus on a specific task
5. Depression, withdrawal or suicidal tendencies
6. Sudden or extreme shifts of moods or emotions; increased irritability, anger or rage
7. Fear of a particular caregiver or parent
8. Fear of going home after school



9. Sudden change in how a girl carries herself or how she walks
10. Pain or itching in the genital area
11. Fearfulness, excessive crying, Broken bones
12. Bed-wetting, nightmares, fear of going to bed or other sleep disturbances
13. Acting out inappropriate sexual activity or showing an unusual interest in sexual matters
14. Lack of trust in adults or over-familiarity with adults, fear of a particular adult

11.7 Methods on How to identify GBV cases



Identifying cases of gender-based violence (GBV) in communities involves a multi-faceted approach that includes awareness, education, community engagement, and the establishment of support systems(45). Here are some methods that can be used to identify GBV cases:

1. Educate community members about what constitutes GBV including IPV, its signs, and its consequences. This can be done through community workshops, school programs, and public campaigns.
2. Use local radio and social media to spread awareness about GBV and how to report it.
3. Train local leaders, including chiefs, religious leaders, and other influential figures, to recognize and respond to GBV
4. Encourage leaders to set up confidential reporting mechanisms within their communities.
5. Set up confidential helplines and support centers where victims can report cases of GBV without fear of retribution.
6. Train volunteers to act as first points of contact for GBV victims and to refer them to appropriate services.
7. Train healthcare workers to recognize signs of GBV during medical examinations and consultations.
8. Provide counselling services in schools to identify and support students who may be experiencing GBV at home or in their communities.
9. Establish peer support groups where students can discuss their concerns and experiences in a safe environment.

11.8 Where to Report GBV Cases

People can report Gender-Based Violence (GBV) cases through various channels to ensure they receive the necessary support and protection. Here are some key places and institutions where GBV cases can be reported:

Police Stations and Victim Support Units (VSUs)

- GBV survivors can report cases at any local police station. The police have specialized units trained to handle GBV cases.

- Many police stations in Malawi have VSUs that provide immediate assistance to GBV survivors, including counselling, medical referrals, and legal advice.

One-Stop Centers

- These centres provide comprehensive services for GBV survivors, including medical care, counselling, and legal assistance. They are often located in major hospitals or health facilities.

Health Facilities

- Survivors can seek medical treatment and report GBV at hospitals and clinics, where healthcare providers can offer medical care and refer them to appropriate support services.

Social Welfare Offices

- These offices provide support and services to GBV survivors, including counselling, shelter, and legal assistance. They work closely with other agencies to ensure comprehensive care for survivors.

Community-Based Organizations (CBOs) and Non-Governmental Organizations (NGOs)

- Various organizations work at the community level to support GBV survivors. They offer services such as counselling, legal aid, and advocacy. Examples include:

Child Protection Committees

- In cases involving children, these committees work at the community level to address and report incidents of GBV and provide support to child survivors.

Hotlines and Helplines

- Survivors can call dedicated helplines to report GBV incidents and receive immediate assistance and referrals to appropriate services. An example is the toll-free number 5600.

Local Leaders and Community Structures

- Chiefs and village headmen can be approached to report GBV cases. They often work with local authorities to address and resolve such cases.
- Community-Based Victim Support Units (CBVSUs) operate at the community level to provide immediate support and referrals for GBV survivors.

Legal Aid Clinics

- The Legal Aid Bureau provides free legal services to GBV survivors, helping them navigate the legal system and access justice.

11.8 Gender-Based Violence Referral Guidelines In Malawi

Considering the amount of psychological damage incurred when one is a victim of gender-based violence, there is a need to be as careful as possible in the manner the survivors are treated, including the questions they are asked regarding the case.(46) When the survivor has disclosed to you a case of gender-based violence, please follow the following guidelines;

<table>
<tr><th colspan="2">FOR ADULTS</th><th>FOR CHILDREN</th></tr>
<tr><td colspan="2">• No decision is made without the INFORMED CONSENT of the survivor. Without consent, DO NOT share ANY information with any person.
• Allow the survivor to make ALL decisions about accessing services and sharing information regarding his/her case and support him/her to make those decisions.</td><td>• The best interest of the child shall always have the highest priority.
• Participation in decision-making must be based on the age and maturity of the child.
• According to the Child Care, Protection and Justice Act (Section 36), all cases of abuse of children should be reported to the relevant authorities(22)</td></tr>
<tr><td colspan="2">FOR ADULTS (>18) IF THE SURVIVOR HAS GIVEN HIS/HER INFORMED CONSENT</td><td>FOR CHILDREN (18) IMMEDIATE RESPONSE</td></tr>
<tr><td colspan="2">Prioritise Urgent Health Care!</td><td>Prioritize Safety & Security!</td></tr>
<tr><td>Sexual Violence

Ensure immediate access to available medical care (within 3 days / 72 hours for PEP; within 5 days for EC and STI prevention).</td><td>Physical Violence

Seek medical care if he/she is experiencing pain, bleeding, or requires treatment for nonsexual violence</td><td>If There Is An Immediate Risk To Safety To The Survivor And It Is A Life-Threatening Concern

Contact competent authorities (police, camp security), or other appropriate emergency support (i.e. available safe house - community-based or external) – ONLY IF this option will NOT increase risk.</td></tr>
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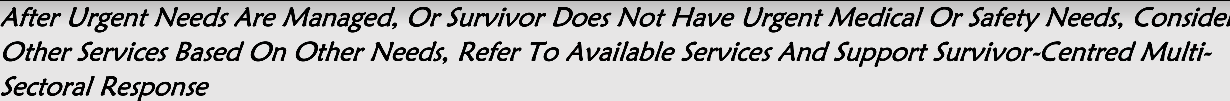
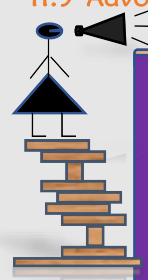


After Urgent Needs Are Managed, Or Survivor Does Not Have Urgent Medical Or Safety Needs, Consider Other Services Based On Other Needs, Refer To Available Services And Support Survivor-Centred Multi-Sectoral Response			
HEALTH	CASE MANAGEMENT AND PSYCHOSOCIAL SUPPORT	SECURITY AND SAFETY	LEGAL ASSISTANCE & JUSTICE
• District Hospital • One Stop Centre • Community Hospital • Health Centre • Clinic	DSWO CPW PVSU CVSU National Child Helpline - 116 National GBV Helpline - 5600 NGO/CBO/FBO	• District Police • Community Policing	• Magistrate Court • Child Justice • Court Paralegals • NGO/CBO/FBO

11.9 Advocacy areas to address GBV



1. Advocate for the creation and enforcement of **inclusive** laws that criminalize all forms of GBV, including physical, emotional, psychological, and economic abuse to protect against GBV and support survivors
2. Advocate for the implementation comprehensive sexuality education that includes discussions on GBV and gender equality.
3. Engage traditional and religious leaders in advocating against GBV.
4. Promote positive masculinity and involve men and boys in GBV prevention efforts.
5. Push for increased funding and resources for GBV programs and services.
6. Advocate for mobile courts to address GBV case
7. Raise awareness about GBV and its impacts on SRHR.
8. Provide training for healthcare providers, law enforcement, and community workers on GBV response and support.
9. Strengthen networks and coordination among stakeholders involved in GBV prevention and response.
10. Develop tools and methodologies for assessing the impact of GBV interventions on SRHR outcomes.

11.10 Examples of advocacy messages to address GBV

Here are examples of advocacy messages tailored to various groups:

1. "End GBV now. Everyone deserves to live free from violence."
2. "GBV is a violation of human rights. Let's work together to stop it."
3. "No more silence. Speak out against GBV and support survivors."
4. "Our community is stronger without violence. Stand against GBV."
5. "GBV affects us all. Raise your voice and take a stand."
6. "Together, we can end GBV. Join the movement for a violence-free Malawi."
7. "Survivors need our support. Offer compassion, not judgment."
8. "Believe survivors. Support them in their journey to healing
9. "Help is available. Reach out if you or someone you know is experiencing GBV."
10. "Real men respect women. Say no to GBV."
11. "Teach boys to respect, not to harm. End GBV from its roots."

12. "Men can be allies. Stand up against GBV and support survivors."
13. "Respect over tradition. Challenge harmful cultural norms that perpetuate GBV."
14. "Culture evolves. Promote positive traditions that uphold the dignity of all individuals."
15. "Our heritage, our values. End GBV to preserve the true spirit of our culture."
16. "Youth against GBV. Empower young people to lead the fight against violence."
17. "Future leaders say no to GBV. Educate and involve youth in prevention efforts."
18. "Youth voices matter. Engage young people in creating a violence-free future."

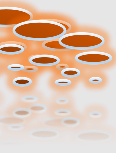
Keep A Tip

Creating effective advocacy messages to address Gender-Based Violence (GBV) requires a sensitive, inclusive approach that resonates with different audiences and promotes change.

UNIT 12

MALE ENGAGEMENT IN SRHR

12.0 Introduction



Male engagement is a programmatic approach that involves men and boys as a) clients and beneficiaries, b) as partners and c) as agents of change, in actively promoting gender equality, women's empowerment and the transformation of inequitable definitions of masculinity(26).

This engagement is crucial for achieving comprehensive SRHR outcomes and fostering gender equality. Male engagement encompasses a wide range of activities, behaviours, and attitudes that contribute to improving sexual and reproductive health for all individuals. Male engagement in Sexual and Reproductive Health and Rights (SRHR) in Malawi is a critical area of focus for improving overall health outcomes and achieving gender equality.

12.1 Context of Male Engagement in SRHR

Malawi is ranked 173rd out of 188 countries on the United Nations Gender Inequality Index(GII) (26). This ranking indicates that Malawi has significant gender disparities across several critical areas measured by the index, such as Reproductive Health, Empowerment, and Labor Market Participation.

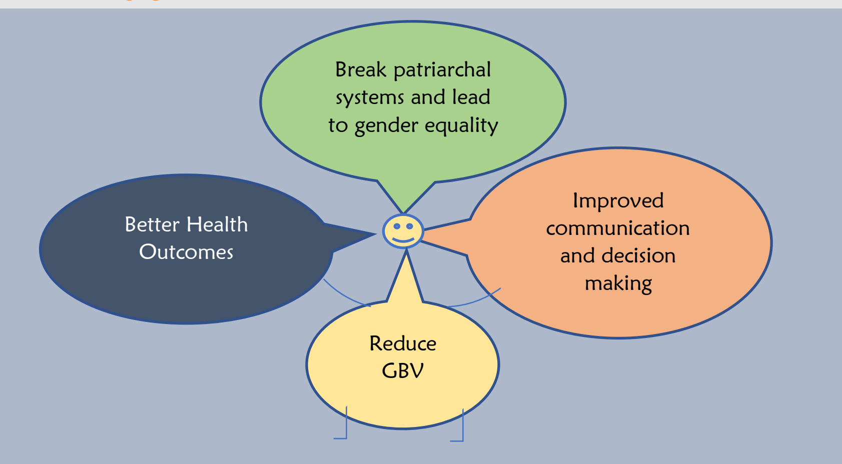
Secondly, Malawi is a patriarchal Society where men often hold decision-making power within households. The established masculine norm that men must always appear strong and healthy results in low uptake of health services and a lack of support for their partners' health needs, such as contraception use and HIV testing. This contributes to higher rates of teenage pregnancies and early marriages (26).

Cultural and social practices such as rites of passage teach boys how to become "real men" by reinforcing stereotypical male gender roles, rights and responsibilities. These rituals often emphasize men's bravery, the importance of male authority over women and children, and sexual assertiveness(26).

12.2Key Aspects of Male Engagement in SRHR(47)

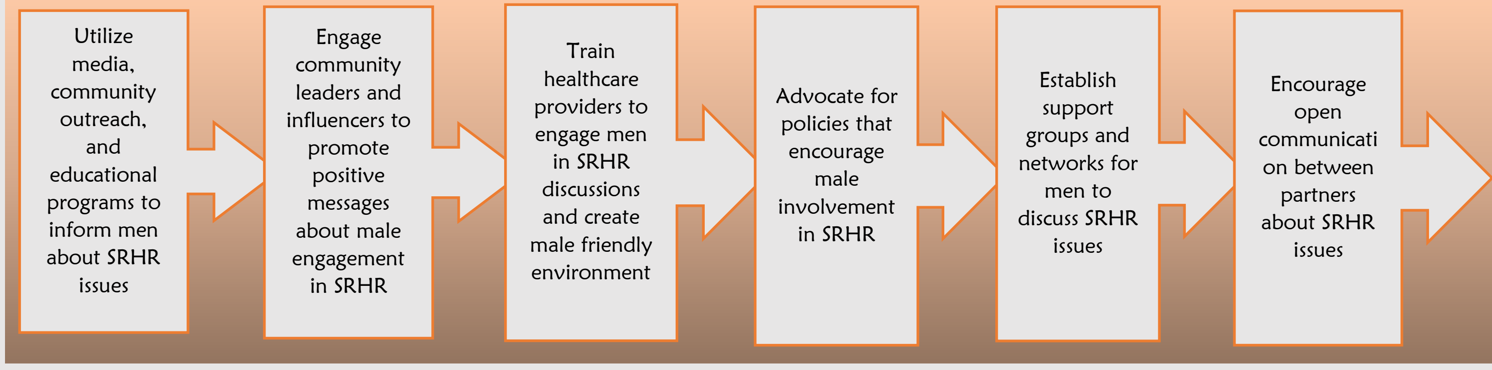
1. Men can take an active role in family planning by discussing and making joint decisions with their partners about contraceptive use.
2. Men can use male contraceptives (such as condoms) and support their partners in using female contraceptives.
3. Men can accompany their partners to antenatal and postnatal appointments, provide emotional support, and assist with healthcare decisions.
4. Being present during childbirth and providing support to their partners can improve maternal health outcomes.
5. Men can challenge and change harmful gender norms and stereotypes that limit the roles and rights of women and girls.
6. Advocating for and supporting women's rights, including their sexual and reproductive rights.
7. Educating themselves and others about the forms and consequences of GBV, and promoting respectful and non-violent relationships.
8. Intervening in situations that could lead to violence and supporting initiatives aimed at preventing GBV.
9. Men can participate in and support comprehensive sexuality education that includes information about SRHR, consent, and respectful relationships.
10. Fathers can discuss SRHR topics with their children to foster open communication and healthy attitudes.

12.3 Benefits of Male Engagement in SRHR

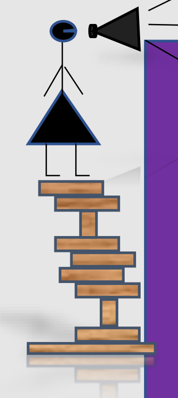


11. Greater male involvement can lead to better health outcomes for women, men, and children by promoting shared responsibility in health decisions(47).
12. By supporting and advocating for women's rights and gender equality, men can help dismantle patriarchal systems that limit opportunities and rights for women.
13. Active participation in SRHR can strengthen relationships through improved communication and shared decision-making.
14. Educating men about respectful relationships and gender equality can contribute to the reduction of gender-based violence.

12.4 Strategies to Promote Male Engagement in SRHR



12.5Advocacy Areas for Engaging Men in SRHR

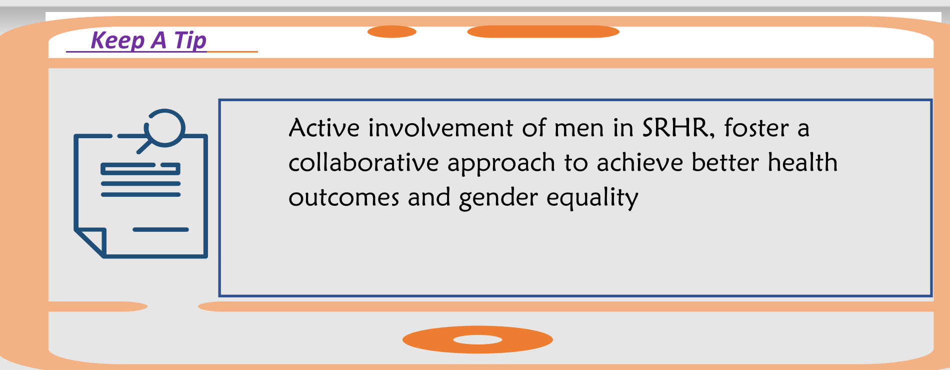


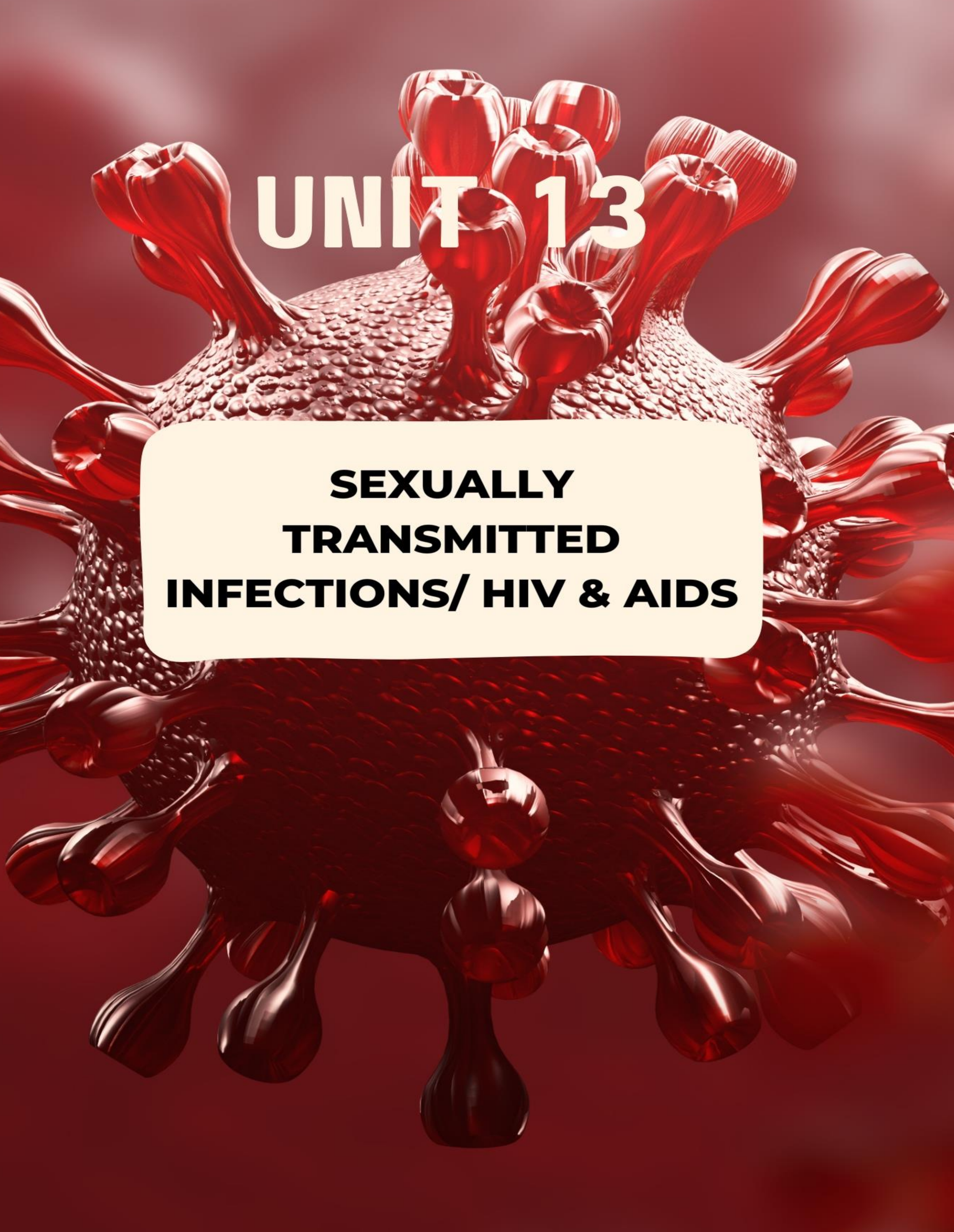
1. Develop programs that educate men and boys about SRHR, including family planning, maternal health, HIV prevention, and respectful relationships.
2. Conduct workshops and public awareness campaigns that highlight the importance of male involvement in SRHR and challenge harmful gender norms.
3. Utilize various media platforms (radio, TV, social media, and print media) to disseminate information about the importance of male involvement in SRHR. Highlight positive stories and role models.
4. Organize community-based workshops and seminars to educate men about SRHR and their role in supporting it.
5. Integrate involvement of men and boys in GE, GBV, HIV and SRHR programming
6. Promote healthcare services that cater to couples, encouraging joint decision-making and support in SRHR matters.
7. Develop and promote SRHR services that are accessible and welcoming to men, with trained staff to engage men in discussions about reproductive health.
8. Advocate for policies that support male engagement in SRHR, such as paternity leave, workplace policies that support family health, and programs that promote gender equality.
9. Engage community and religious leaders to endorse and promote male involvement in SRHR. Their influence can help change cultural norms and attitudes.
10. Provide training for community leaders on SRHR topics so they can effectively advocate for male involvement within their communities.
11. Train men as peer educators to facilitate discussions and spread awareness about SRHR among other men.
12. Establish support groups for men where they can discuss SRHR issues, share experiences, and support each other.
13. Develop youth-focused programs that engage boys and young men in discussions about SRHR, relationships, and gender equality.

12.6 Examples of Advocacy Messages for Engaging Men in SRHR

Men Support Gender Equality

1. "Men and women together: Shared responsibility for better health outcomes."
2. "Supporting your partner's health is supporting your family's future."
3. "Healthy families start with informed men: Get involved in reproductive health."
4. "Men's involvement in SRHR leads to healthier, stronger families."
5. "Real men respect and support their partners' reproductive choices."
6. "Being a supportive partner is a sign of strength and care."
7. "Gender equality benefits everyone: Men, women, and children."
8. "Support women's rights: Advocate for SRHR."
9. "End violence, promote respect: Men agains gender-based violence."
10. "Respect and equality: The foundations of healthy relationships."
11. "Educate boys today for a healthier tomorrow: Support comprehensive sexuality education."
12. "Knowledge is power: Equip young men with the tools for respectful relationships."


Keep A Tip
Active involvement of men in SRHR, foster a collaborative approach to achieve better health outcomes and gender equality



UNIT 13

SEXUALLY TRANSMITTED INFECTIONS/ HIV & AIDS

13.0 Introduction

Sexually transmitted infections are infections caused by bacteria, viruses and parasites transmitted through sexual contact, including vaginal, anal and oral sex(48). Some STIs may also be spread by skin-to-skin sexual contact or through non-sexual means, such as from mother to child during pregnancy and childbirth.

13.1 Types of STIs

Bacterial STIs

1. **Chlamydia:** Caused by the bacterium *Chlamydia trachomatis*. Often asymptomatic but can cause genital pain and discharge. Signs and symptoms include:

   Men: Discharge from the penis, burning sensation during urination, pain and swelling in one or both testicles.

   Women: Painful urination, abnormal vaginal discharge, bleeding between periods, pain during intercourse.

2. **Gonorrhea:** Caused by *Neisseria gonorrhoeae*. Symptoms include

   Men: White, yellow, or green penile discharge, painful urination, swollen or painful testicles.

   Women: Increased vaginal discharge, painful urination, vaginal bleeding between periods, pelvic or abdominal pain.

3. **Syphilis**: Caused by *Treponema pallidum*. It progresses in stages and can cause serious complications if untreated.

   Primary Stage: Painless sore(s) at the site of infection.

   Secondary Stage: Skin rash, swollen lymph nodes, fever, mucous membrane lesions.

   Latent Stage: No visible symptoms but the infection remains in the body.

   Tertiary Stage: Severe medical problems affecting the heart, brain, and other organs.

Viral STIs

1. **Human Papillomavirus (HPV):** Can cause genital warts and is associated with several cancers, including cervical cancer.

2. **Herpes Simplex Virus (HSV):** Causes genital herpes. Symptoms include painful blisters or sores.

3. **HIV/AIDS:** Human Immunodeficiency Virus (HIV) attacks the immune system. Acquired Immunodeficiency Syndrome (AIDS) is the most severe phase of HIV infection.

4. **Hepatitis B:** This affects the liver and can lead to chronic liver disease.

Parasitic STIs

1. **Trichomoniasis**: Caused by the parasite *Trichomonas vaginalis*. Symptoms include itching, burning, and discharge.

13.2 Prevention of STIs

- **Condoms:** Using condoms correctly every time you have sex can significantly reduce the risk of STIs.
- **Vaccination:** Vaccines are available for some STIs, such as HPV and hepatitis B.
- **Regular Testing**: Regular screening helps detect STIs early, even if there are no symptoms.
- **Limiting Sexual Partners:** Reducing the number of sexual partners can lower the risk of exposure to STIs.
- **Communication:** Open communication with sexual partners about STI status and testing can help manage risks.

13.3 Treatment of STIs

- **Antibiotics:** Bacterial STIs like chlamydia, gonorrhea, and syphilis can usually be treated with antibiotics.
- **Antiviral Medications**: These can manage viral STIs like HIV, herpes, and hepatitis B, though they often cannot cure the infection.
- **Antiparasitic Medications:** Used to treat infections like trichomoniasis.

13.4 Complications of STIs

If left untreated, STIs can lead to serious health problems, including:

- Infertility
- Pelvic inflammatory disease (PID)
- Increased risk of acquiring or transmitting HIV
- Complications during pregnancy and childbirth
- Long-term organ damage and cancer

13.5 Human Immunodeficiency Virus and AIDS

HIV (Human Immunodeficiency Virus) is a virus that attacks the immune system, specifically the CD4 cells (Tcells), which are crucial for the body's defense against infections. If left untreated, HIV can lead to the disease known as AIDS (Acquired Immunodeficiency Syndrome). AIDS is the most severe phase of HIV infection, where the immune system is so weakened that it can no longer fight off many infections and diseases, which can lead to severe health problems and, ultimately, death.

Table 5 Current HIV Statistics in Malawi

Current Status	Source of Information
987,000 people regardless of age are living with HIV	2021 HIV Epidemiological Estimates for Malawi.
930,000 people aged 15 and above are living with HIV (8.5%), 10.4% females and 6.3% males	2021 HIV Epidemiological Estimates for Malawi.
33% of all new HIV infections in adults are among adolescents and young women aged 15 to 24.	2021 HIV Epidemiological Estimates for Malawi.
70,000 female adolescents and young people aged 15 to 24 are living with HIV	2021 HIV Epidemiological Estimates for Malawi.
Only 38% of young women and 44% of young men aged 15-24 have comprehensive knowledge of HIV	2021 HIV Epidemiological Estimates for Malawi.

13.6 HIV Prevention

7. Voluntary Medical Male Circumcision

Should be combined with other preventive measures

6.Avoiding Sharing Personal Items:

Avoid sharing items that may be contaminated with blood e.g. razors, toothbrushes.

5.Regular Testing:

Knowing your HIV status and that of your partner regularly

4.Safe Needle Practices:

Avoid sharing needles or syringes. Use clean, sterile needles for any injections

3.Post-Exposure Prophylaxis (PEP):

If exposed to HIV, taking PEP (a course of antiretroviral drugs) within 72 hours can prevent the virus from taking hold.

2.Pre-Exposure Prophylaxis (PrEP):

For those at high risk, taking PrEP, a daily medication, can greatly reduce the risk of HIV infection.

1.Use Condoms:

Consistent and correct use of condoms during sexual activity significantly reduces the risk of HIV transmission

VMMC can lower the risk of heterosexual transmission of HIV by approximately 60%. This is because removing the foreskin reduces the number of cells that can be targeted by the virus and makes it harder for the virus to enter the body. However, VMMC is not a complete prevention method on its own, it must be combined with the other methods mentioned.

Key Populations

These are groups identified as having a higher risk of HIV infection and transmission due to specific factors.

Sex Workers:

These individuals are at increased risk due to higher rates of unprotected sex and potential violence and discrimination.

Men who Have Sex with Men (MSM):

They face elevated HIV risk due to stigma, discrimination, and barriers to accessing appropriate health services.

People Who Inject Drugs (PWID):

Needle sharing and lack of harm reduction services significantly heighten their risk.

Transgender Individuals: They often encounter barriers in accessing healthcare due to stigma and discrimination.

Prisoners and people in detention: This is due to factors like overcrowding and limited access to health services

13.7 Identified Gaps In HIV Services For Youth In Malawi

1. Stigma and Discrimination:

Key populations, including men who have sex with men (MSM), sex workers, and transgender individuals, often face significant stigma and discrimination in healthcare settings. This can discourage them from seeking testing, treatment, and support services.

2. Legal Barriers:

Criminalization of same-sex relationships and sex work creates a hostile environment for key populations. Fear of arrest or legal repercussions prevent individuals from accessing necessary HIV &AIDS health services.

3. Limited Access to Tailored Services:

Many HIV services are not tailored to the specific needs of key populations. For example, there may be a lack of services that address the unique needs of MSM or transgender individuals, such as hormone therapy alongside HIV care.

4. Insufficient Outreach and Education:

There is often a lack of targeted outreach and education programs that effectively reach key populations with HIV prevention and treatment information. Culturally sensitive and appropriate educational materials are necessary to increase awareness and encourage utilization of services.

5. Inadequate Support Systems:

There is a need for stronger support systems, including mental health services, for key populations. Many individuals face psychological stress due to stigma, discrimination, and social exclusion, which can affect their ability to adhere to HIV treatment.

6. Gaps in Data and Research

There is a lack of comprehensive data on HIV prevalence and the specific needs of key populations. This makes it difficult to design effective programs and interventions.

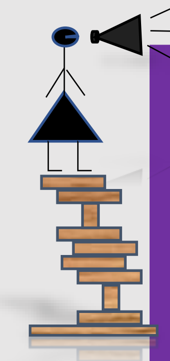
7. Access to PrEP and PEP:

Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) are important tools for HIV prevention, but access to these medications is often limited for key populations.

8. Funding and Resource Allocation:

Limited funding for programs targeting key populations can lead to gaps in service provision. Ensuring sustained and adequate funding is crucial for maintaining and expanding services.

13.8 Advocacy Areas to prevent STIs and HIV&AIDS



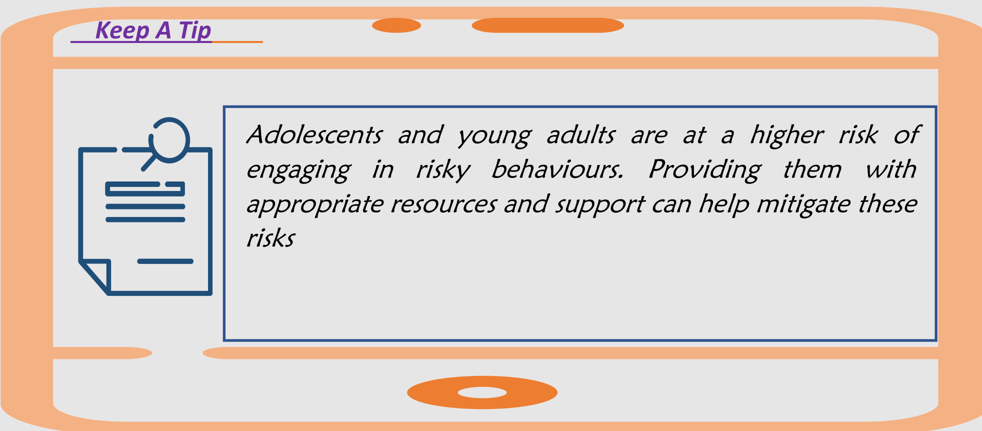
1. Conduct educational sessions in schools, colleges, community centers, and workplaces to provide detailed information about STIs and HIV and prevention methods.
2. Advocate for the inclusion of comprehensive sex education in school curricula that covers STI prevention, safe sex practices, consent, and healthy relationships.
3. Encourage parents to talk to their children about sexual health and provide them with resources to facilitate these discussions.
4. Advocate for easy access to condoms by distributing them for free or at a low cost in schools, universities, community centers, and healthcare facilities.
5. Advocate for mobile clinics to reach underserved and remote populations, offering confidential testing and treatment services.
6. Advocate for the promotion and support of vaccination programs for the human papillomavirus (HPV) to prevent HPV-related cancers and genital warts.
7. Develop targeted interventions for populations at higher risk of STIs and HIV, such as teenagers, men who have sex with men (MSM), sex workers, and individuals with multiple sexual partners.
8. Advocate for health service providers to reduce stigma in provision of healthcare services to the key population
9. Partner with local community organizations, NGOs, and faith-based groups to amplify advocacy efforts and reach a broader audience.
10. Collaborate with healthcare providers to ensure they have the latest information and resources to educate and support their patients.
11. Develop and promote mobile apps that provide information on STIs, locate nearby testing centers, and send reminders for regular testing.
12. Use social media platforms to run campaigns that engage young people and promote positive sexual health messages.

13.9 Examples of Advocacy Messages to Prevent STIs and HIV

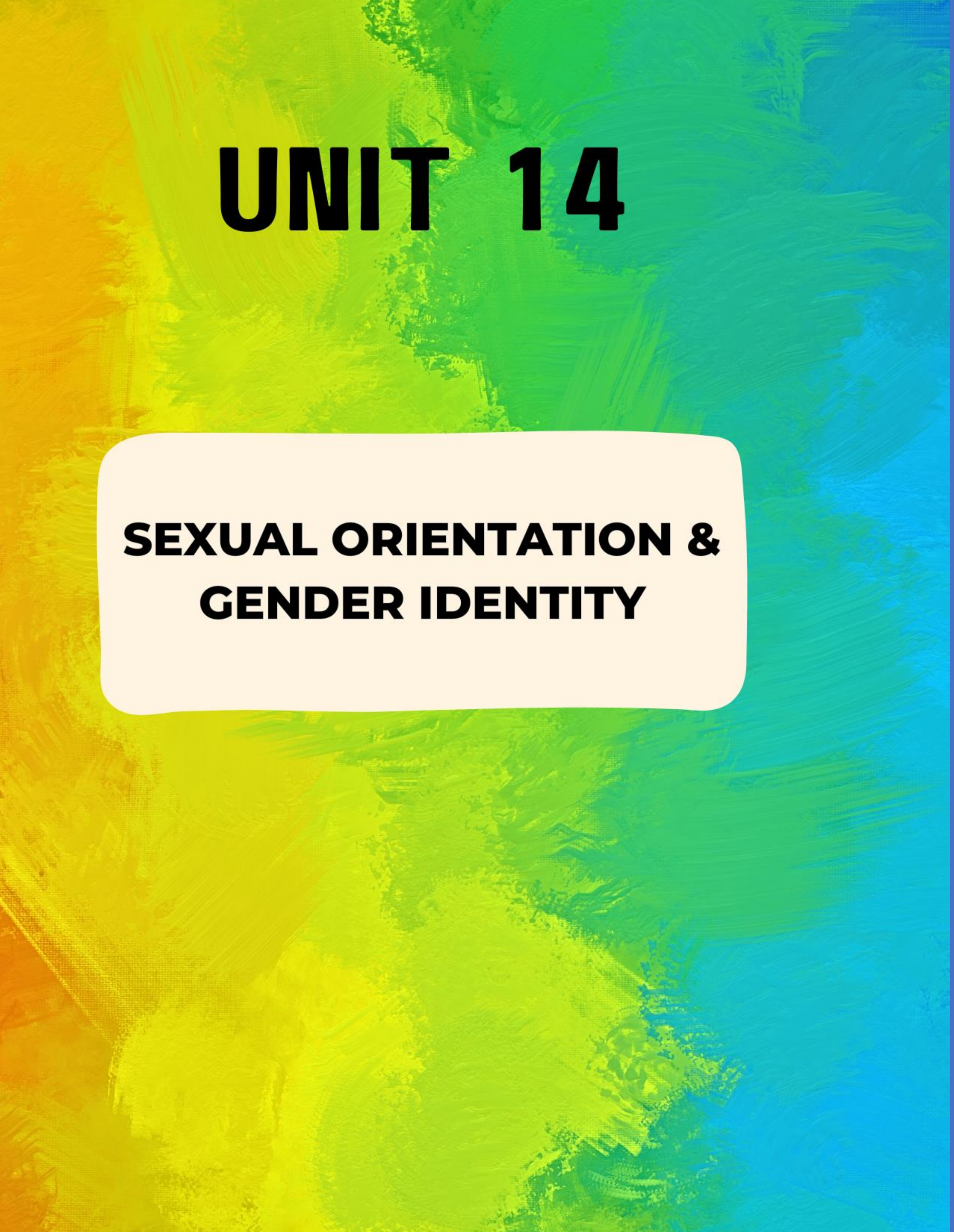
Here are examples of advocacy messages to prevent STIs and HIV, focusing on education, awareness, and promoting safe practices:

1. "Knowledge is power. Get informed about STI and HIV prevention."
2. "Prevention is better than cure. Practice safe sex to protect yourself and your partner."
3. "Your health matters. Regular testing is key to preventing the spread of STIs and HIV."
4. "Condoms save lives. Always use a condom to reduce the risk of STIs and HIV."
5. "Use protection every time. Condoms and dental dams can prevent STIs and HIV transmission."
6. "Safe sex is smart sex. Protect yourself and your partner."
7. "Know your status. Get tested regularly for STIs and HIV."
8. "Early detection saves lives. Regular testing helps prevent the spread of HIV and STIs."
9. "Testing is easy and confidential. Get tested today to protect your health."
10. "HIV prevention starts with you. Use PrEP if you're at high risk."
11. "Stop HIV in its tracks. PrEP and PEP are effective prevention tools."
12. "Treatment is prevention. If you're living with HIV, stay on treatment to protect yourself and others."

13. "Fight the stigma. Everyone deserves access to STI and HIV prevention and treatment."
14. "End the shame. Talk openly about STI and HIV prevention."
15. "Support, don't judge. Encourage others to get tested and practice safe sex."
16. "Educate to protect. Learn about STI and HIV prevention and share the knowledge."
17. "Awareness is key. Understand how STIs and HIV are transmitted and prevented."
18. "Start the conversation. Talking about sexual health helps prevent STIs and HIV."
19. "Sexual health education saves lives. Teach young people about STI and HIV prevention."
20. "Empower youth with knowledge. Comprehensive sex education prevents STIs and HIV."
21. "Education is prevention. Provide young people with the tools to make safe choices."
22. "Early treatment is crucial. Start HIV treatment as soon as possible for the best health outcomes."
23. "Treatment as prevention. Staying on HIV treatment helps keep you healthy and prevents transmission."
24. "Live your best life. Effective HIV treatment allows you to live a healthy and full life."



Adolescents and young adults are at a higher risk of engaging in risky behaviours. Providing them with appropriate resources and support can help mitigate these risks



UNIT 14

SEXUAL ORIENTATION & GENDER IDENTITY

14.0 Introduction

Sexual Orientation and Gender Identity and Expression (SOGIE) are fundamental aspects of an individual's identity and are critical components of Sexual and Reproductive Health and Rights (SRHR).

Advocacy for SOGIE-inclusive SRHR aims to ensure that all individuals, regardless of their sexual orientation or gender identity, have access to comprehensive health services, are free from discrimination, and can fully exercise their human rights. This section provides detailed content on SOGIE.

5.1 Definitions:

Sexual Orientation: Refers to an individual's emotional, romantic, or sexual attraction to others. Common orientations include heterosexual, homosexual, bisexual, and asexual.

Gender Identity: Refers to an individual's deeply felt internal experience of gender, which may or may not correspond with the sex assigned at birth. This includes identities such as male, female, transgender, non-binary, and genderqueer.

Gender Expression: How an individual presents their gender to the outside world through clothing, behavior, and other forms of expression.

Cisgender are individuals who identify with the gender they were assigned at birth, while transgender individuals do not.

Transgender: An individual whose gender identity differs from the sex they were assigned at birth.

Lesbian: A woman who is emotionally, romantically, or sexually attracted to other women.

Gay: A man who is emotionally, romantically, or sexually attracted to other men.

Bisexual: An individual who is emotionally, romantically, or sexually attracted to both men and women.

Queer: An umbrella term that includes a variety of sexual orientations and gender identities that are not exclusively heterosexual or cisgender.

Intersex: Individuals born with physical sex characteristics that do not fit typical definitions of male or female.

Non-Binary/Genderqueer: Individuals who do not identify exclusively as male or female.

5.2 The History of the LGBTIQA+ Movement in Malawi

The history of the LGBTIQA+ movement in Malawi is characterized by significant challenges due to deeply ingrained cultural, religious, and legal opposition to homosexuality and gender diversity. Here is an overview of the key events and milestones in the struggle for LGBTIQA+ rights in Malawi:

Pre-Independence Era

Malawi, like many other African nations, inherited anti-sodomy laws from British colonial rule. These laws criminalized same-sex relationships and laid the foundation for continued legal persecution.

Post-Independence to the 2000s

- Upon gaining independence in 1964, Malawi retained colonial-era laws that criminalized homosexuality. These laws have been used to justify discrimination and violence against LGBTIQA+ individuals ((19).
- Between the 1990s and Early 2000s, homosexuality remained a taboo subject, with little to no public discussion or activism. The LGBTIQA+ community was largely invisible due to fear of persecution and societal stigma.

2010s: Increased Visibility and Backlash

- The arrest of Tiwonge Chimbalanga and Steven Monjeza, a transgender woman and a man, for holding an engagement ceremony brought international attention to Malawi's anti-LGBTIQA+ laws in 2010. They were sentenced to 14 years of hard labor but were later pardoned by President Bingu wa Mutharika following global condemnation(49).
- During Joyce Banda's presidency between 2012 and 2014, there was some hope for reform. She initially pledged to repeal anti-homosexuality laws but later backed down due to political pressure and fear of backlash.
- Despite some political leaders expressing support for LGBTIQA+ rights, the overall environment remained hostile. Religious leaders and conservative groups often fueled anti-LGBTIQA+ sentiments.

Recent Developments

- Organizations like the Centre for the Development of People (CEDEP) and the Malawi Human Rights Commission (MHRC) have been advocating for the rights of LGBTIQA+ individuals. These groups provide support, raise awareness, and challenge discriminatory laws and practices.
- In recent years, there have been attempts to challenge the legality of anti-homosexuality laws in Malawian courts. In 2016, the government suspended the enforcement of anti-gay laws, but this was later contested by conservative groups.
- International human rights organizations and foreign governments have exerted pressure on Malawi to improve its treatment of LGBTIQA+ individuals. This has included calls for legal reform and protection of human rights. However, In June 2024, Malawi's Constitutional Court made a significant ruling that upheld the country's ban on same-sex sexual conduct, marking a setback for LGBTIQA+ rights in the region. The court dismissed the case of two individuals, one from the Netherlands and a Malawian transgender woman, who had petitioned for the decriminalization of same-sex relationships, arguing that the laws violated their constitutional rights, including privacy and dignity.
- The court's decision has been controversial, with supporters viewing it as a defense of traditional family values, while human rights organizations, like Amnesty International, have condemned it as a violation of international human rights norms. The ruling has led to concerns about the continued discrimination and persecution faced by LGBTIQA+ individuals in Malawi, particularly in accessing healthcare and other essential services.

Ongoing Challenges and Future Directions

1. While progress has been significant in many parts of the world, LGBTIQA+ individuals in Malawi still face severe discrimination, violence, and legal penalties.
2. The movement increasingly recognizes the need to address the intersecting issues of race, gender, class, and other identities within the LGBTIQA+ community.
3. Continued focus on transgender rights, including healthcare access, legal recognition, and protection from violence and discrimination.
4. Addressing the mental health needs of LGBTIQA+ youth, who face higher rates of bullying, homelessness, and suicide.
5. Continued efforts by local and international organizations to advocate for LGBTIQA+ rights and educate the public about sexual and gender diversity are crucial.
6. Ongoing legal challenges and advocacy are necessary to repeal discriminatory laws and establish legal protections for LGBTIQA+ individuals.
7. Building stronger support systems, including safe spaces, mental health services, and economic opportunities for LGBTIQA+ individuals, can help mitigate the impacts of discrimination and marginalization.

5.3 Sexual and Reproductive Health Rights of the LGBTIQA+ Community

The Sexual and Reproductive Health and Rights (SRHR) of the LGBTIQA+ community encompass a broad spectrum of entitlements, aimed at ensuring the well-being, dignity, and equality of individuals regardless of their sexual orientation or gender identity.

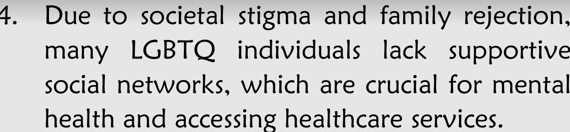
The following are some of the fundamental SRH rights for LGBTIQA+

1. Right to equitable access to healthcare services without discrimination. This includes access to sexual and reproductive health services such as contraception, STI testing and treatment, HIV/AIDS prevention and treatment, and mental health support.
2. The right to receive high-quality, respectful, and non-judgmental care from healthcare providers who are trained to understand and address the unique needs of LGBTIQA+ individuals.
3. Right to access to accurate, comprehensive, and inclusive information about sexual and reproductive health, including safe sex practices, sexual orientation, and gender identity.
4. Right to protection from discrimination in all aspects of healthcare, including the right to receive services without fear of stigma or prejudice based on sexual orientation or gender identity.
5. Right to Privacy and Confidentiality
6. The right to participate in the design, implementation, and evaluation of policies and programs that affect their health and well-being.
7. Right to be protected from violence and harassment, including measures to prevent and respond to hate crimes, intimate partner violence, and other forms of violence against LGBTIQA+ individuals.
8. The right to make informed choices about their bodies, including decisions about contraception, pregnancy, and family planning.
9. Right to form and recognise families and relationships, including the right to marry and adopt children in some jurisdictions.
10. The right to have their gender identity legally recognised and reflected in official documents without onerous requirements.

5.4 SRHR Challenges Faced by LGBTIQA+ Individuals(50)

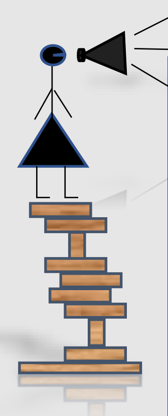
LGBTIQA+ individuals in Malawi face numerous challenges regarding their Sexual and Reproductive Health and Rights (SRHR). These challenges are rooted in legal, social, cultural, and institutional barriers that restrict access to necessary healthcare services and overall well-being. Below is a detailed overview of the primary challenges faced by LGBTIQA+ individuals.

1. Same-sex sexual activities are criminalized under Sections 153 and 156 of the Penal Code, leading to legal persecution and criminal charges against LGBTQ individuals. This creates an environment of fear and discourages individuals from seeking healthcare services.
2. There are no specific anti-discrimination laws protecting individuals based on their sexual orientation or gender identity. This legal vacuum leaves LGBTIQA+ individuals vulnerable to discrimination in various aspects of life, including employment, education, and healthcare.
3. LGBTQ individuals are often excluded from sexual education programs, which typically focus only on heterosexual relationships. This lack of information increases their vulnerability to STIs, including HIV/AIDS.



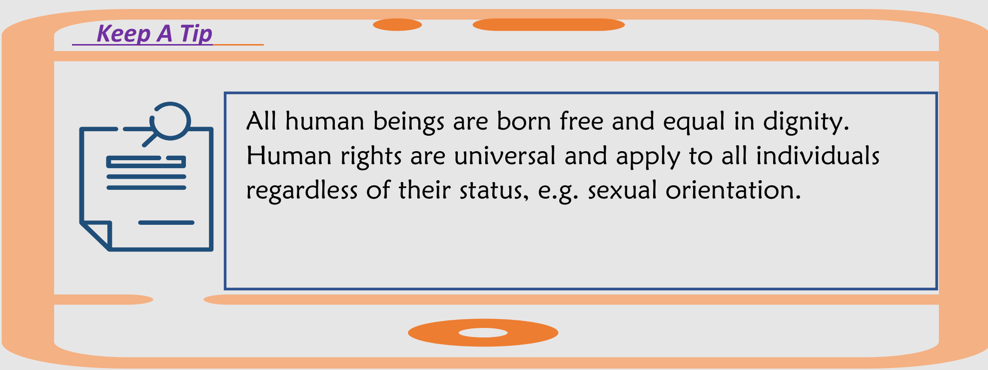
4. Due to societal stigma and family rejection, many LGBTQ individuals lack supportive social networks, which are crucial for mental health and accessing healthcare services.
5. LGBTIQA+ individuals often face significant barriers in accessing healthcare services. This includes discrimination by healthcare providers, lack of provider knowledge about LGBTIQA+ health issues, and fear of being outed or mistreated.
6. The persistent stigma, discrimination, and violence contribute to high rates of mental health issues among LGBTIQA+ individuals, including depression, anxiety, and suicidal ideation.
7. LGBTQ individuals, particularly men who have sex with men (MSM) and transgender individuals, are at higher risk of HIV/AIDS and other STIs due to lack of targeted prevention and treatment services.
8. There are few, if any, healthcare facilities in Malawi that provide LGBTQ-inclusive and sensitive care. This limits the availability of appropriate services.
9. There is a significant lack of data and research on the health needs and challenges of LGBTQ individuals in Malawi. This hinders the development of targeted policies and programs

5.5 Advocacy Areas for LGBTQ Inclusion in SRHR



1. Advocate for the decriminalization of same-sex relationships and the enactment of anti-discrimination laws that protect LGBTIQA+ individuals.
2. Conduct public awareness campaigns to change societal attitudes and reduce stigma.
3. Provide training for healthcare providers, educators, and law enforcement officials on LGBTIQA+ issues.
4. Establish and strengthen support services for LGBTIQA+ individuals, including mental health services, safe shelters, and legal assistance.
5. Engage with community leaders, religious leaders, and other stakeholders to foster inclusive attitudes and support for LGBTIQA+ rights
6. Train healthcare providers on LGBTQ health issues and cultural competence.
7. Advocate for the inclusion of sexual orientation and gender identity in health surveys and research to better understand the health needs of LGBTIQA+ individuals.
8. Leverage international human rights mechanisms to hold the Malawian government accountable for protecting the rights of LGBTIQA+ individuals.
9. Support the development of HIV/AIDS and STI prevention programs that specifically address the needs of LGBTQ individuals, especially men who have sex with men (MSM) and transgender individuals.
10. Advocate for wider availability and accessibility of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for LGBTQ individuals.

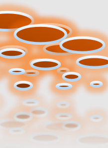
1. "Everyone deserves equal access to healthcare. Support inclusive health services for LGBTIQA+ individuals."
2. "SRHR is a human right. LGBTIQA+ rights are human rights."
3. "Discrimination in healthcare is unacceptable. Stand up for LGBTIQA+ health rights."
4. "Healthcare without prejudice: Ensure LGBTIQA+ individuals receive respectful and quality care."
5. "Train healthcare providers to offer LGBTIQA+ inclusive services. Everyone deserves competent and compassionate care."
6. "Inclusive healthcare saves lives. Advocate for non-discriminatory health services for LGBTIQA+ communities."
7. "Knowledge is power. Provide comprehensive sexual education that includes LGBTIQA+ perspectives."
8. "Inclusive sexual education helps prevent STIs and promotes healthy relationships. Support LGBTIQA+ inclusive curricula."
9. "Educate to eradicate prejudice. Promote awareness and understanding of LGBTIQA+ identities and health needs."
7. "Decriminalize love. Advocate for the decriminalization of same-sex relations in Malawi."
8. "Equality under the law: Push for anti-discrimination laws that protect LGBTIQA+ individuals."
9. "Policy change for better health: Support laws and policies that ensure equal access to healthcare for LGBTIQA+ communities."
10. "Inclusive Communities": Create inclusive spaces where LGBTIQA+ individuals feel safe and respected.
11. "Stop the spread: Provide targeted HIV/AIDS prevention and treatment services for LGBTIQA+ individuals."
12. "Equal access to prevention: Ensure LGBTIQA+ individuals have access to HIV testing and PrEP."
13. "Combat HIV stigma. Promote inclusive and supportive healthcare for LGBTIQA+ communities."
14. "Love is love. Support the rights of LGBTIQA+ individuals to form families and relationships."
15. "Family planning for all: Ensure LGBTIQA+ individuals have access to reproductive health services."
16. "Respect and protect LGBTIQA+ family rights. Advocate for equal treatment in family planning and adoption services."
17. "End the violence: Protect LGBTIQA+ individuals from hate crimes and harassment."
18. "Everyone has the right to live free from fear. Advocate for measures to prevent violence against LGBTIQA+ individuals."
19. "Speak out against hate. Support policies that protect LGBTIQA+ individuals from violence and discrimination."



UNIT 15

INCLUSIVE YOUTH-FRIENDLY HEALTH SERVICES

15.0 Introduction



Malawi has a significant youth population, with over 40% of the population under the age of 15(51). Investing in youth health is crucial for the overall development and future of the nation. High rates of teenage pregnancy, STIs, and HIV among youth, Mental health challenges, including depression and substance abuse are some of the issues affecting many young people(31). YFHS provides services specifically designed to meet the unique health needs of adolescents and youth. It includes sexual and reproductive health, mental health, and preventive care.

YFHS are health services that are accessible, acceptable, equitable, appropriate, and effective for young people(52). They are designed to meet the diverse health needs of adolescents and youth, particularly in sexual and reproductive health.

15.1 Importance of YFHS

1. Addresses barriers young people face in accessing health services.
2. Promotes positive health outcomes and well-being among youth.
3. Reduce barriers such as stigma, fear of judgment, and lack of confidentiality.
4. When services are youth-friendly, young people are more likely to seek care and follow through with treatment.
5. Leads to early diagnosis and management of health issues, improving overall health outcomes.
6. Provides accurate information about sexual and reproductive health.
7. Empower youth to make informed decisions and adopt healthy behaviours.
8. Encourages preventive health measures such as vaccination, regular check-ups, and healthy lifestyles.
9. Reduces the incidence of preventable diseases.
10. Reduces teenage pregnancy and improves Maternal Health
11. YFHS offers prenatal and postnatal care to improve maternal health outcomes hence preventing. risks of complications during pregnancy and childbirth.
12. Ensures that young people have access to antiretroviral therapy (ART) and other necessary treatments and promotes adherence to treatment and regular follow-up care.
13. YFHS provides counselling and mental health services to support youth well-being.
14. Addresses issues of substance abuse, which can have long-term impacts on health and development.

15.2 Components of Youth-Friendly Health Services

1. Comprehensive Sexuality Education (CSE).

- This is age-appropriate, culturally relevant, and scientifically accurate information on sexual and reproductive health.
- Topics include puberty, reproductive anatomy, contraception, STIs, consent, and healthy relationships.
- Delivered in schools, communities, and through media campaigns.
- Empower young people with the knowledge to make informed decisions about their health and relationships.

2. Confidential and Non-Judgmental Services

- Confidentiality ensures that young people's privacy is respected, and their health information is kept confidential.

3. Non-Judgmental Approach:

- Health providers are trained to offer care without bias or judgment. Creates a safe and welcoming environment for all young people.
- Encourages more youth to seek care and openly discuss their health issues.

4. Accessible and Equitable Services

- Physical Accessibility: Services should be located within reach, with extended hours to accommodate school and work schedules.
- Affordability: Services should be free or low-cost to eliminate financial barriers.
- Equity: Special focus on marginalized and vulnerable youth, including those with disabilities, from rural areas and low-income families.

5. Integrated Health Services

- Combines multiple health services in one location to address a variety of needs, such as sexual and reproductive health, mental health, and substance abuse counselling. This approach streamlines care, reduces the need for multiple visits, and improves overall health outcomes.

6. Youth Participation and Empowerment

- Engage young people in the design, implementation, and evaluation of health services.
- Establish youth advisory boards or peer educator programs.
- Provide leadership and advocacy training to enable youth to advocate for their health rights.

7. Training and Capacity Building for Health Providers

- This involves ongoing training for health providers on youth-friendly approaches and adolescent health issues.
- Develop skills in communication, confidentiality, and non-judgmental care.
- Enhance the ability to provide comprehensive and integrated health services.

8. Outreach and Community Engagement

- Use mobile clinics, community health workers, and school programs to reach out to youth in remote or underserved areas.
- Engage parents, teachers, and community leaders to create supportive environments for YFHS.
- Conduct community dialogues to address stigma and promote acceptance.

9. Monitoring and Evaluation

- Implement systems to regularly monitor and assess the quality and impact of YFHS.
- Collect feedback from young people to continuously improve services.
- Use data to inform policy and program adjustments.

15.3 The initiatives that are in place to support YFHS

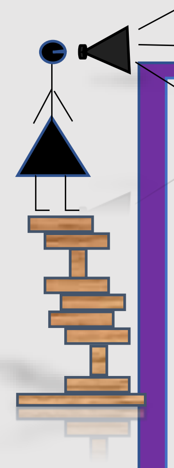
1. The Malawian government, through the Ministry of Health established the YFHS initiative to provide comprehensive and accessible health services tailored to the needs of young people.
2. Development and dissemination of guidelines and standards for youth-friendly health services to ensure consistency and quality across the country.
3. Training programs for healthcare providers to enhance their skills in delivering youth-friendly services with sensitivity and respect.
4. Various NGOs, such as Family Planning Association of Malawi (FPAM), Banja la Mtsogolo (BLM), and Youth Net and Counselling (YONECO), implement HREP to educate young people about their health rights and provide accessible services.
5. Introduction of Mobile clinics and community outreach programs to reach young people in remote and underserved areas.
6. Introduction of community that empower youths to rate the quality of health services.
7. Establishment of dedicated youth-friendly clinics and health centers that provide a safe and welcoming environment for young people to access healthcare services.
8. Creation of youth centres that offer a range of services, including health education, counselling, and recreational activities.

9. Formation of youth networks and clubs that promote health education, advocacy, and peer support.

15.4 Challenges in Providing YFHS in Malawi

1. Stigma and taboos surrounding adolescent sexual and reproductive health.
2. Resistance from parents and community leaders.
3. Restrictive laws on youth access to SRHR services without parental consent.
4. Inadequate implementation of youth-friendly policies.
5. Lack of awareness among youth about available services.
6. Inadequate sexuality education in schools.
7. Limited availability of trained health professionals.

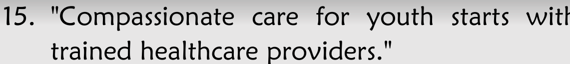
15.5 Advocacy Areas for improving Youth Friendly Health Services



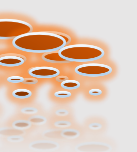
1. Advocate for implementation of policies that support the provision of YFHS.
2. Push for legal reforms to remove barriers to access for young people.
3. Engage community leaders and parents to build support for YFHS.
4. Conduct community dialogues to address stigma and misconceptions.
5. Train healthcare providers in youth-friendly approaches.
6. Provide ongoing professional development and support for health workers.
7. Empower young people to advocate for their health rights.
8. Support youth-led initiatives and peer education programs.
9. Advocate for the improvement of YFHS through community participation and accountability ensuring health services respond to youth needs and concerns
10. Advocate for funding and resources for YFHS program
11. Partner with NGOs, international organizations, and the private sector

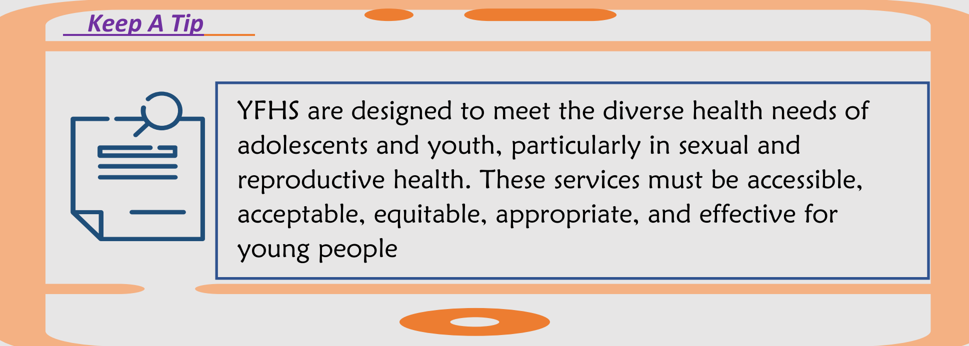
Examples of advocacy messages to promote Youth Friendly Health Services

1. "Healthy youth, healthy future. Support youth-friendly health services."
2. "Every young person deserves accessible and respectful healthcare."
3. "Youth health is a priority. Let's ensure young people get the care they need."
4. "Break down barriers. Make healthcare accessible for all youth."
5. "No young person should be left behind. Provide youth-friendly health services."
6. "Access to healthcare is a right, not a privilege. Ensure youth can get the care they need."
7. "Your health, your privacy. Youth-friendly services respect confidentiality."
8. "Confidential care for young people is essential. Trust matters in healthcare."
9. "Safe and private healthcare for youth ensures better health outcomes."
10. "Empower youth with knowledge. Provide comprehensive reproductive health services."
11. "Youth have the right to reproductive health care. Let's make it accessible."
12. "Safe reproductive health services for youth ensure a healthy future."
13. "Train healthcare providers to be youth-friendly and approachable."
14. "Healthcare providers, your role is crucial. Be youth-friendly and supportive."

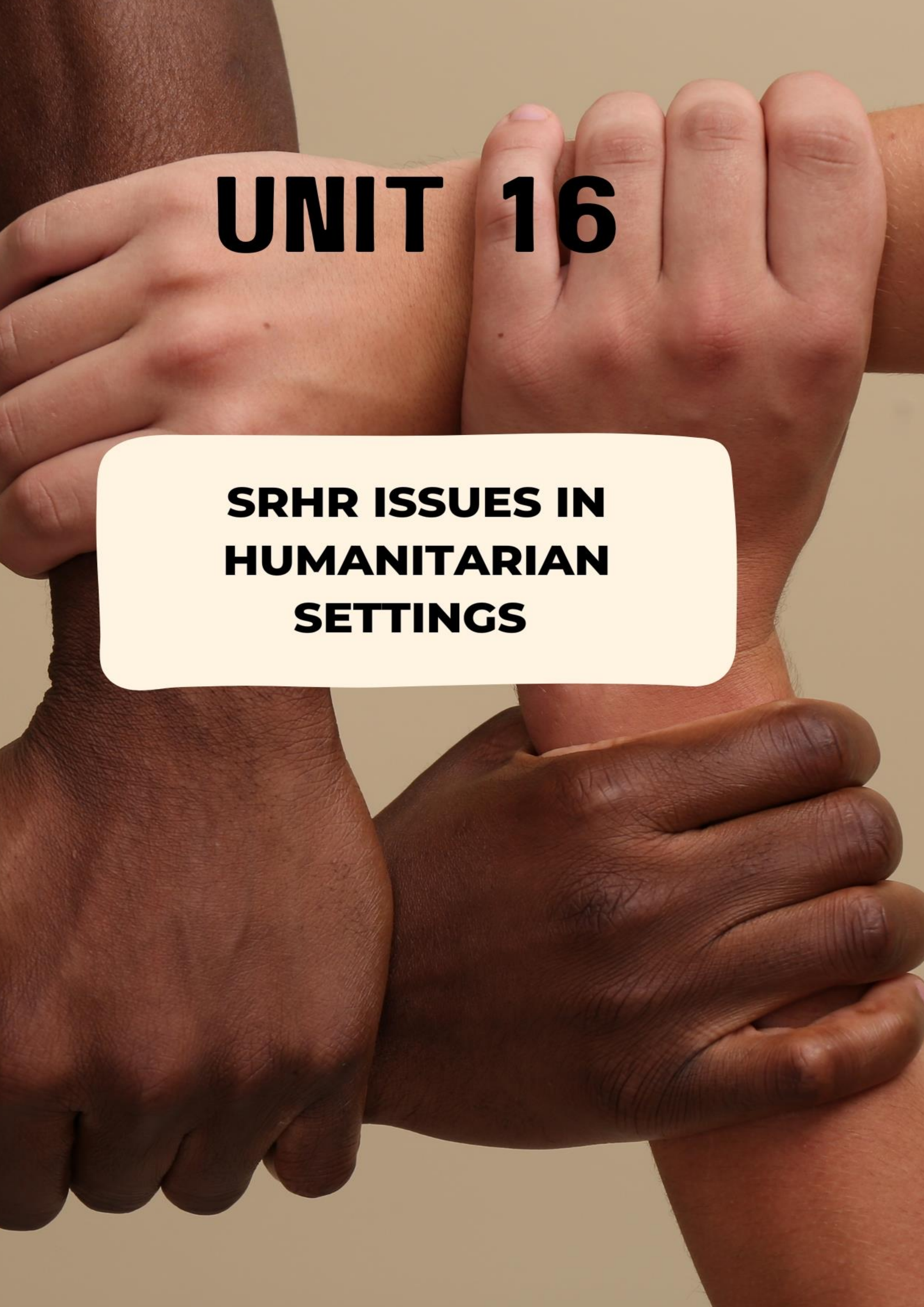


15. "Compassionate care for youth starts with trained healthcare providers."
16. "Make healthcare convenient. Provide flexible hours and locations for youth services."
17. "Accessible health services for youth mean healthier communities."
18. "Bring healthcare to youth. Mobile and school-based services can make a difference."
19. “Health services should respond to Youth, Not Ignore Them, Support community scorecards”





YFHS are designed to meet the diverse health needs of adolescents and youth, particularly in sexual and reproductive health. These services must be accessible, acceptable, equitable, appropriate, and effective for young people



UNIT 16

SRHR ISSUES IN HUMANITARIAN SETTINGS

16.0 Introduction

Sexual and Reproductive Health and Rights (SRHR) issues in humanitarian crisis settings are critically important due to increased vulnerabilities and disrupted health systems. Humanitarian emergencies can arise from natural disasters (e.g. floods, earthquakes and famine), armed conflict, political instability and other social disruptions(53).

Conflict and humanitarian emergencies, including natural disasters and forced displacement, have dire consequences on sexual and reproductive health and rights (SRHR)—including increased risks of sexual violence, human trafficking, and forced marriage. Such abuses contribute to unintended pregnancies, unsafe abortion, and maternal mortality and violate human rights.

From the onset of a crisis, critical life-saving sexual and reproductive care must be available. These critical services are part of an integrated health response. Comprehensive sexual and reproductive healthcare involves upgrading existing services, adding missing services and enhancing quality.

All individuals, including those in humanitarian settings, have the right to sexual and reproductive health. Sexual and reproductive healthcare must respect the cultural backgrounds and religious beliefs of the community while meeting universally recognised international human rights standards(54).

16.1 SRHR Challenges in Humanitarian Settings

1. Disruption of healthcare systems leading to reduced access to essential SRHR services such as maternal care, contraceptives, and treatment for sexually transmitted infections (STIs).
2. Displacement and overcrowded living conditions in refugee camps or temporary settlements increase the risk of GBV, including sexual violence and exploitation.
3. Pregnant girls, women and infants face higher mortality rates due to complications during childbirth, lack of skilled birth attendants, and malnutrition.
4. Young people may lack access to CSE and reproductive health services, contributing to early pregnancies, unsafe abortions, and vulnerability to STIs.
5. Traditional norms and beliefs around SRHR may restrict women's autonomy and decision-making power regarding their health, further complicating efforts to provide comprehensive SRHR services.
6. Coordination among humanitarian agencies, government bodies, and local NGOs is crucial but often fragmented. This can lead to gaps in service provision and duplicity of efforts.
7. Inadequate legal protections and policies related to SRHR in Malawi can hinder the enforcement of rights and access to services for vulnerable populations in humanitarian settings
8. Women and girls are particularly vulnerable in humanitarian settings, facing increased risks of gender-based violence (GBV) including sexual violence, early marriage, and exploitation.

16.2 SRHR Services Required in Humanitarian Settings

1. Reproductive, maternal and newborn healthcare

1. Ensuring that clean and safe delivery, essential newborn care, and emergency obstetric and newborn care services are always available (55).
2. Establishing a referral system with communication and transportation from the community to the healthcare facility or hospital that functions at all times.
3. Consulting the community to understand local preferences, practices and attitudes towards contraception.
4. Engaging men, women, adolescent boys, and girls in separate and private discussions.
5. Making a range of long-acting reversible and short-acting contraceptive methods available at healthcare facilities based on demand, in a private and confidential setting.
6. Ensuring the availability of youth-friendly health services
7. Coordinating with WASH to ensure that menstrual hygiene management (MHM) equipment and supplies are available in sanitary facilities.

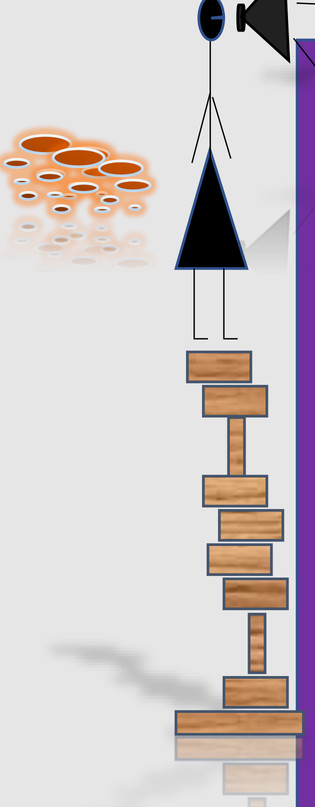
2. Sexual Violence and Clinical Management of Rape

1. Identifying a lead organization to coordinate a multi-sectoral approach to reduce the risk of sexual violence, ensure referrals and provide holistic support to survivors.
2. Coordinating with other sectors to strengthen prevention and response.
3. Informing the community of available services and the importance of seeking immediate medical care following sexual violence.
4. Providing post-exposure prophylaxis for HIV as soon as possible (within 72 hours of exposure).
5. Providing emergency contraception within 120 hours.
6. Establishing safe spaces in healthcare facilities to receive survivors of sexual violence and to provide clinical care and referral.
7. Displaying and using clear protocols and a list of patients' rights.
8. Training healthcare workers in supportive communication, maintaining confidentiality and protecting survivor information and data.
9. Making clinical care and referral to other supportive services available for survivors of sexual violence.
10. Ensuring referral mechanisms for life-threatening, complicated, or severe conditions.
11. Establishing referral mechanisms for health, legal, protection, security, psychosocial, and community services.

3. HIV

1. Providing anti-retroviral therapy (ART) to everyone who is already on it,
2. Actively tracing people living with HIV to continue treatment.
3. Ensuring that condoms are readily available and are easily accessible.
4. Offering HIV testing to all pregnant women
5. Initiating post-exposure prophylaxis (PEP) as soon as possible but within 72 hours of exposure for survivors of sexual violence and occupational exposure.

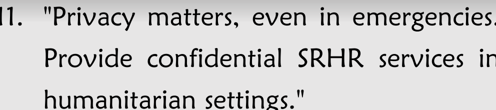
16.3Advocacy Areas to Promote SRHR in Humanitarian Settings

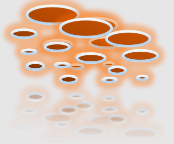


1. Advocate for the inclusion of SRHR services as a core component of humanitarian response plans and funding allocations.
2. Push for the availability of a full range of SRHR services, including contraception, maternal health care, safe abortion where legal, and STI prevention and treatment.
3. Emphasize the importance of making these services accessible to all, especially the most vulnerable and marginalized populations.
4. Advocate for robust GBV prevention and response measures, including legal, medical, and psychological support for survivors.
5. Push for the development and implementation of SRHR components within emergency preparedness and resilience plans.
6. Ensure that SRHR services can be rapidly deployed and maintained during the onset and protracted phases of humanitarian crises.
7. Advocate for the training of healthcare providers and humanitarian workers on SRHR issues, ensuring they have the necessary skills and knowledge.
8. Promote the development and dissemination of guidelines and protocols tailored to humanitarian contexts.
9. Encourage the involvement of affected communities, especially women and youth, in the design, implementation, and evaluation of SRHR programs.
10. Advocate for Gender Transformative approaches in addressing traditional norms and beliefs around SRHR, promoting inclusive and equitable access to services.

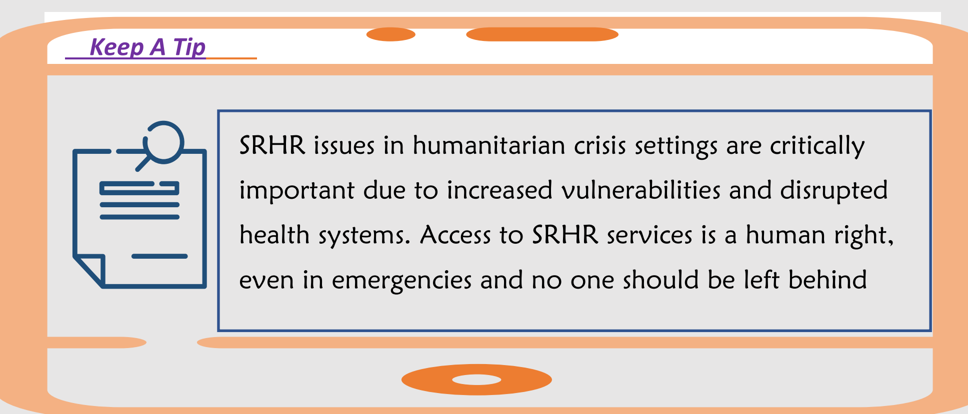
16.4Examples of Advocacy Messages to Promote SRHR in Humanitarian Settings

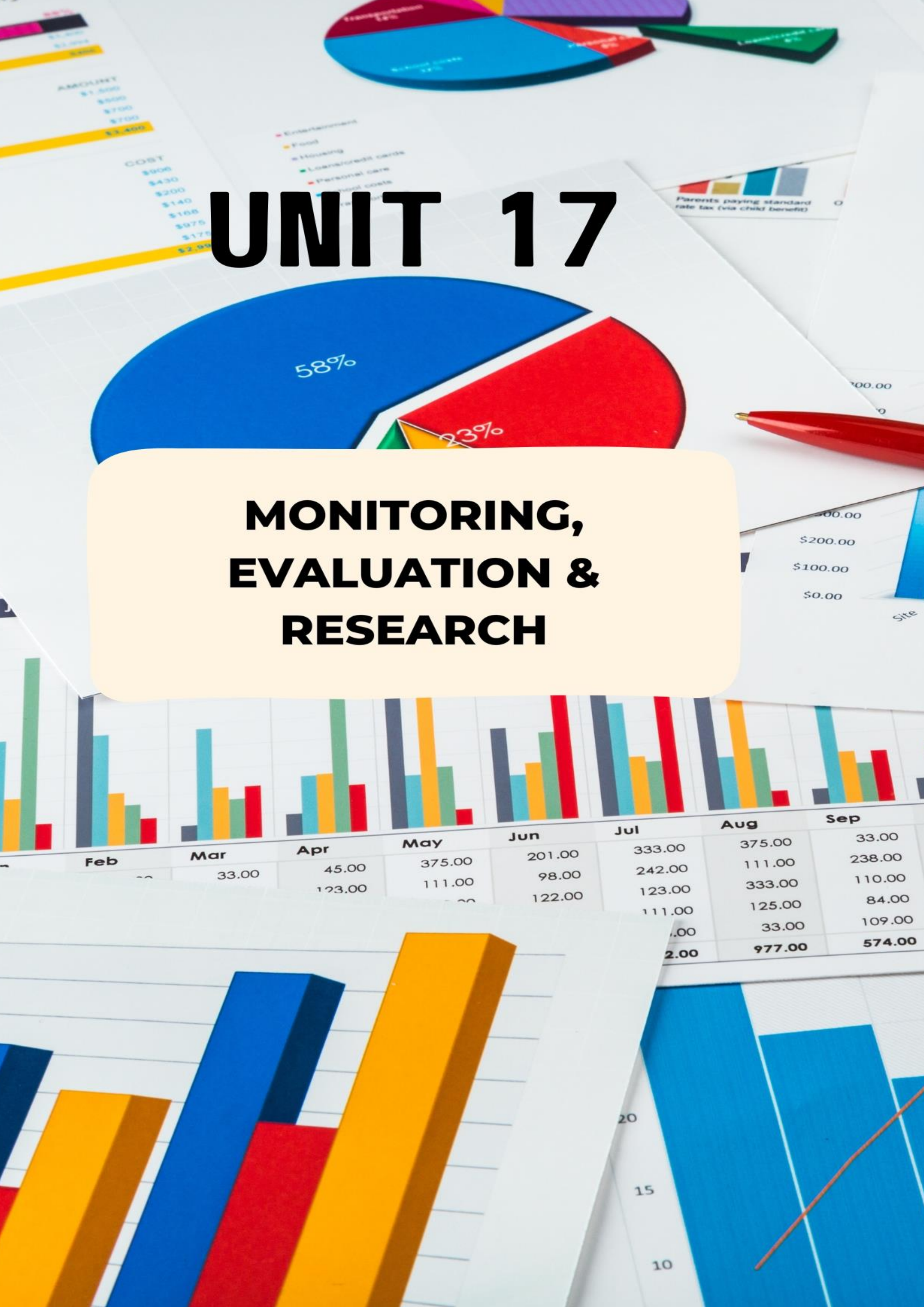
1. "SRHR is a human right, even in crises. Ensure access to essential health services in humanitarian settings."
2. "In times of crisis, SRHR services save lives. Advocate for comprehensive care for all."
3. "Protecting health in emergencies includes SRHR. Everyone deserves care, no matter the circumstances."
4. "No one should be left behind. Provide SRHR services to all, even in emergencies."
5. "Access to SRHR services is vital in humanitarian crises. Ensure everyone receives the care they need."
6. "Healthcare in emergencies must include SRHR. It's a matter of life and dignity."
7. "Comprehensive SRHR services save lives in crises. Support full-spectrum healthcare in humanitarian settings."
8. "From contraception to maternal care, ensure full SRHR services are available in emergencies."
9. "Holistic health care includes SRHR. Advocate for comprehensive services in crises."
10. "Safe spaces for SRHR services are crucial in crises. Ensure privacy and dignity for all."





11. "Privacy matters, even in emergencies. Provide confidential SRHR services in humanitarian settings."
12. "Young people need SRHR services in crises. Ensure they have access to care and information."
13. "Adolescents face unique challenges. Provide youth-friendly SRHR services in emergencies.
14. "Empower youth with knowledge and care. Ensure SRHR services are accessible to all young people in crises."
15. "Family planning is essential, even in emergencies. Ensure access to contraception for all."
15. "Respect and dignity in healthcare: Safe and private SRHR services are essential in crises."
16. "Choice and control matter. Provide family planning services in humanitarian settings."
17. "Contraception saves lives. Advocate for access to family planning in crises."
18. "Communities are key. Engage local leaders in promoting SRHR in humanitarian settings."
19. "Inclusive responses save lives. Involve communities in planning and delivering SRHR services."
20. "Together, we can do more. Collaborate with stakeholders to ensure SRHR in emergencies."

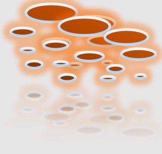




UNIT 17

MONITORING, EVALUATION & RESEARCH

17.0 Introduction



Monitoring, Evaluation, and Research (MER) are three interrelated processes used to assess and improve programs, projects, and policies.

Monitoring: is the ongoing process of collecting and analyzing data to track the progress of a project or program against its planned activities and expected outputs.

Purpose:

1. Ensure activities are being implemented as planned.
2. Identify any issues or deviations early.
3. Provide real-time information to guide management decisions.
4. Track the use of resources and ensure accountability.

Evaluation is the systematic assessment of a completed project, program, or policy (or its components) to determine its effectiveness, efficiency, impact, and sustainability.

Purpose:

1. Determine the extent to which objectives were achieved.
2. Assess the impact on the target population.
3. Identify lessons learned and best practices.
4. Provide information for decision-making and future planning.
5. Ensure accountability to stakeholders, including funders, beneficiaries, and the public.

17.1 The Difference Between Monitoring and Evaluation

	Monitoring	Evaluation
When is it done?	Continuously throughout the life of the project/program	Occasionally-before implementation, Mid-term, at the end, or beyond the project/program period
What is measured?	Efficiency-use of inputs, activities, outputs, assumptions	Effectiveness, longer-term impact and sustainability- achievement of purpose and goal and unplanned change
Who is involved?	Staff within the agency	In most cases done by people from outside the agency
Sources of Information	Internal documents e.g. monthly or quarterly reports, work and travel logs, minutes of meetings	Internal and external documents e.g. consultant's reports, annual reports, National Statistics.
Who uses the results?	Managers and project/program staff	Managers, staff, funding agency (e.g. CDC) beneficiaries, other agencies
How are results used?	To make minor changes	To make major changes in policy, strategy and future work

Indicators

Indicators are specific, measurable signs that are used to track the progress of a project, program, or initiative. They provide a way to assess whether goals and objectives are being achieved and to identify areas that may need improvement. Indicators can be quantitative (expressed numerically) or qualitative (expressed in descriptive terms).

Types of indicators:

Type of Indicator	Description	Example
Input Indicators	Measure the resources allocated to a project (e.g., funding, personnel, materials)	Amount of money spent on training programs
Process Indicators	Track the activities and processes involved in delivering a project or program	Number of training sessions conducted
Output Indicators	Measure the direct products or services delivered by the project	Number of people trained
Outcome Indicators	Assess the short- to medium-term effects of the project on the target population	Percentage increase in young people using modern contraceptives
Impact Indicators	Evaluate the long-term effects and changes resulting from the project, including its broader social, economic, and environmental impacts	Reduction in teenage pregnancy

Characteristics of Good Indicators

To be effective, indicators should have the following characteristics:

1. Specific: Clearly defined and focused.
2. Measurable: Quantifiable or assessable through qualitative measures.
3. Achievable: Realistic and attainable.
4. Relevant: Directly related to the goals and objectives of the project.
5. Time-bound: Include a specific timeframe for measurement.

Steps in Developing Indicators

1. Define Objectives: Clearly outline the goals and objectives of the project or program.
2. Identify Key Performance Areas: Determine the critical areas that need to be measured to track progress.
3. Develop Indicators: Create specific indicators for each key performance area.
4. Set Baselines and Targets: Establish baseline data and set targets for each indicator.
5. Collect Data: Use appropriate methods to gather data on the indicators.
6. Analyze Data: Assess the data to determine progress and identify trends.
7. Report Findings: Communicate the results to stakeholders.
8. Use Findings for Decision-Making: Apply the insights gained to improve project implementation and outcomes.

17.2 Monitoring and Evaluation Framework

A monitoring and evaluation (M&E) framework is a structured approach used to systematically assess the performance and impact of a project, program, or policy. It helps organizations track progress, measure outcomes, and evaluate the effectiveness of their interventions. An M&E framework typically includes clearly defined objectives, indicators, data collection methods, and processes for analyzing and reporting findings(56). Frameworks are major tools that allow implementers to consider a range of elements and influences while developing an M&E strategy. The framework assists with the design of public health programs by increasing understanding of the program's goals and objectives, defining the relationships between and among key implementation factors, and identifying internal and external elements that could affect success.

Types of Monitoring and Evaluation Frameworks

There are many types of frameworks used in monitoring and evaluation, but this document will focus on logic models and results frameworks.

The Logframe

The log frameworks linearize the planned use of resources and the project's desired outcome. It outlines the "logic" of the interventions, demonstrating how interventions are expected to lead to certain results to contribute to the objectives. Logic models are useful for the initial program planning phase of an evaluation in that they connect two central elements: program components, and goals and effects. The inclusion of program outputs in the conceptual model provides an explicit picture of the linkages among program components, outputs, and short and long-term outcomes, which enables program managers and evaluators to see more clearly the underlying rationale or logic of a program(56). Logic models have five essential components: inputs, processes, outputs, outcomes, and impacts(57).

Components of a Logic Framework

Goal: The overarching long-term objective of the SRHR advocacy project, focuses on improving health outcomes.

Purpose: The specific outcome the project aims to achieve, which directly contributes to the goal.

Outputs: The tangible results or products of the project's activities that will contribute to achieving the purpose.

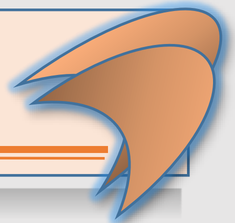
Activities: The specific actions or tasks undertaken to produce the outputs.

Input: The resources required to carry out the activities.

Indicators: Measurable signs of progress that indicate whether the objectives are being achieved.

Means of Verification: The data sources and methods used to verify the indicators.

Assumptions: The external conditions necessary for the success of the project that are beyond the control of the project team.



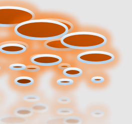


Table 6: Sample of an SRHR advocacy Logic framework

Narrative Summary	Indicators	Means of Verification	Assumptions
Goal: Improve sexual and reproductive health and rights in the target communities	Reduction in rates of unintended pregnancies and STIs by 20% within 5 years	National health statistics, community surveys	Continued government and community support for SRHR initiatives
Purpose: Increase awareness and access to SRHR services and information among young people	Percentage of young people accessing SRHR services increases to 75%	Health facility records, surveys, focus group discussions	Stakeholders and community leaders support SRHR education
Outputs: Conduct SRHR awareness campaigns in target communities	10 SRHR awareness campaigns conducted, reaching 5,000 young people	Campaign reports, attendance lists	Community participation and engagement in campaigns
Train peer educators on SRHR topics	50 peer educators trained by end of year 1	Training attendance records, pre-and post-training assessments	Availability of qualified trainers and motivated participants
Develop and distribute SRHR educational materials	10,000 brochures, posters, and flyers distributed	Distribution logs, community feedback	Adequate funding and resources for printing and distribution
Activities: Organize SRHR workshops and seminars for youth	15 workshops and seminars conducted	Workshop reports, participant feedback forms	Interest and willingness of young people to attend
Launch a social media campaign on SRHR	Social media reach of 20,000 individuals	Social media analytics, engagement statistics	Access to internet and social media platforms in target communities
Establish youth-friendly SRHR services in health facilities	5 youth-friendly SRHR service centers established	Health facility records, user feedback	Cooperation of health facilities and availability of resources
Inputs: Funding for campaigns, training, and materials	Budget allocated for SRHR advocacy activities	Financial reports, budget tracking	Consistent funding and resource allocation
Skilled personnel for training and campaign execution	Trainers, campaign staff, and peer educators	Staff recruitment records, training certifications	Availability of qualified and committed personnel

Results Framework

A results framework is both a planning and management tool that provides the basis for monitoring & evaluation. It provides a program-level framework for managers to monitor the achievement of results and to adjust relevant programs and activities when necessary. It gives the reader an instant idea of what a program is trying to achieve. The Results Framework focuses especially on the impact and the outcomes of the work done through the progra

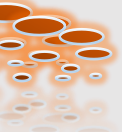


Table 7: Components of a Result Framework

Component	Description	Example
Goal (Impact)	The long-term change or ultimate impact the project aims to achieve.	Improved sexual and reproductive health and rights (SRHR) in the target communities.
Outcomes	The short- to medium-term effects of the project's activities and outputs.	Increased awareness and utilization of SRHR services among young people in the target communities.
Outputs	The direct products or services resulting from the project activities.	1. Conducted 10 SRHR awareness campaign 2. Trained 50 peer educators 3. Distributed 10,000 SRHR educational materials.
Activities	The specific tasks or actions undertaken to produce the outputs.	1. Organize SRHR workshops. 2. Launch social media campaigns. 3. Establish youth-friendly SRHR services.
Inputs	The resources required to carry out the activities.	1. Budget. 2. Training materials. 3. 3. Skilled trainers and campaign staff.
Indicators	Specific, measurable signs of progress towards achieving the outcomes and impact.	1. Percentage increase in young people accessing SRHR services 2. Number of awareness campaigns conducted 3. Number of peer educators trained.
Means of Verification	The data sources and methods used to collect and verify the indicators.	1. Health facility records 2. Training attendance lists. 3. Surveys. 4. Social media analytics.
Assumptions	External conditions necessary for the success of the project that are beyond the control of the project team.	1. Continued government and community support for SRHR initiatives. 2. Availability of funding. 3. No significant sociopolitical disruptions.

17.3 The role of research in M&E

Research is an organized and systematic way of finding answers to questions. An organized and systematic way means using data collection methods.

- The information that helps you to find an answer to your question is called **data**.
- The source that provides you with the data is called the **data source**. If this source is a person, this person is called an informant.
- The process that leads to answering your question is called data analysis.

Research is important for M&E because in M&E we want to answer the question: Does a certain project activity have an effect and what is this effect? You need this information to know:

- If you are achieving what you set out to do (if you are achieving your objectives)
- What the factors are that enable you or limit you in achieving your objectives
- If you are on the right track or if you need to make adaptations

Within M&E plans, indicators are formulated to measure progress towards objectives and data collection on the indicators is required. But to collect data, with the help of research methods, you will need to reformulate the indicator into a research question. The formulation of a research question will help you:

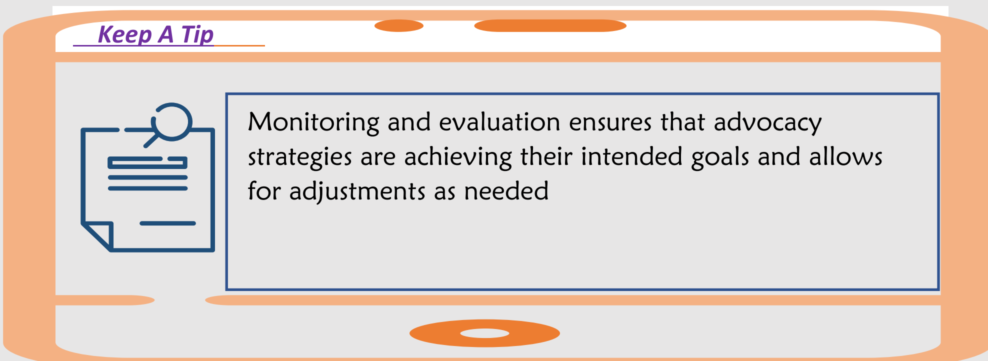
- To focus the data collection (narrowing it down to the essentials)
- To avoid collection of data that are not strictly necessary for understanding and solving the problem you have identified

To plan and organize the data collection in clearly defined parts or phases Research within M&E will help you to formulate the following:

- What we want to know (the research question)
- What kind of information we need to collect
- How we will get this information
- Who should be involved?

17.4 Importance of MER

1. Ensures programs are on track and achieving their goals.
2. Improves decision-making and resource allocation.
3. Enhances accountability and transparency.
4. Provides evidence for scaling up successful interventions and modifying or discontinuing ineffective ones.
5. Contributes to the overall knowledge base and best practices in a given field.



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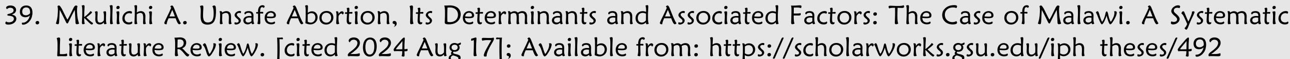

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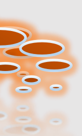

GLOSSARY OF TERMS

Advocacy is described as a tool for 'putting a problem on the agenda, providing a solution to that problem and building support for acting on both the problem and the solution.

Reproductive Justice is a comprehensive and inclusive framework that intertwines reproductive rights, social justice, and human rights by tackling the profound inequalities and structural barriers that impede individuals, especially marginalized communities, from exercising control over their bodies, health, and well-being

Body autonomy the freedom to make your own decisions or choices concerning your body including reproductive health choices, without external interference, social or legal sanctions, coercion, violence, and discrimination

Bodily Integrity is the right not to have your body touched or physically interfered with, without your consent.

Key Populations These are groups identified as having a higher risk of HIV infection and transmission due to specific factors.

Unsafe Abortion is a procedure for terminating an unintended pregnancy carried out by persons lacking the necessary skills or in an environment not in conformity with minimal medical standards, or both.

Child marriage is any marriage where at least one of the parties is under 18 years of age.

Contraception is the intentional prevention of pregnancy by artificial or natural means.

Culture: Culture is defined as a way of life, especially the general customs and beliefs, of a particular group of people at a particular time.

Discrimination negative and unjust treatment of a person based on socially defined status or characteristics e.g. skin colour, cultural background, disability or illness.

Forced marriage is a marriage in which one and/or both parties have not expressed their full and free consent to the union.

Gender inequality is a social situation in which men and women are not treated equally.

Gender roles mean how one is expected to act, speak, dress, groom, and conduct him or herself based on assigned sex.

Gender: Socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women.

Gender-based violence: Violence targeted at girls, boys, women and men based on the gender roles assigned to them. It involves girls, boys, women and men, in which the female is usually the victim, and is derived from unequal power relationships between men and women. Sexual abuse is any sort of non-consensual sexual contact.

Harassment Is any unwanted physical, verbal or non-verbal conduct that has the purpose or effect of violating a person's dignity.

Health: A state of complete physical, mental and social well-being and not merely the absence of disease and infirmity.

Inclusion involves valuing and using all differences that exist, in a beneficial way.

Infertility is the inability to achieve pregnancy after 12 months or more of regular, unprotected sexual intercourse (or after 6 months if the woman is older than 35).

Male circumcision: This is the removal of the foreskin from the human penis, and the excess foreskin is clipped off.

Menstruation: Also known as a monthly period, is the regular discharge of blood and mucosal tissue from the inner lining of the uterus through the vagina.

Pregnancy: This is the condition of a woman or female animal that is going to have a baby or babies; and occurs when the sperm enters the egg and the embryo starts to form (fertilization).

Rape: Is a type of sexual assault usually involving sexual intercourse or other forms of sexual penetration including forcing a body part or object into the genitalia, rectum (bottom), or mouth committed against a person without that person's consent. Date rape is when one is raped by someone you know, like a boyfriend. Both are crimes.

Reproductive health implies that young people can have a satisfying and safe sex life and that they can bear children and have the freedom to decide when and how often to do so(1)

Reproductive rights rest on the recognition of the human rights of all people to decide freely and responsibly the number and timing of their children

and the right to attain the highest standard of reproductive health

Risk: The likelihood that an individual is exposed to an adverse sexual health outcome

Sexual and reproductive health rights (SRHR): Implies that people should have a satisfying and safe sexual life and that they shall be assisted to have the capacity to reproduce and the freedom to decide if, when and how often to do so.

Sexual health is a state of physical, emotional, mental and social well-being about sexuality, and not merely the absence of disease, dysfunction or infirmity.

Sexual Orientation Refers to sexual and/or romantic feelings for people of the same gender, a different gender or more than one gender.

Sexually transmitted infections are infections that spread from one person to another mostly through unprotected sexual intercourse.

Social Media refers to the means of interactions among people in which they create, share, and/or exchange information and ideas in virtual communities and networks.

Stigma Is when someone negatively sees you because of a particular characteristic or attribute (such as skin colour, cultural background, a disability or mental illness.

Vulnerability: The extent of exposure to ill-health stemming from social contextual factors that are largely beyond the individual's control or agency.

Young people: All persons from age 10 to 35 years regardless of their sex, ethnicity, gender identity, education, culture, religion, economic, marital, and physical status.

Youth-friendly health services: High-quality services that are relevant, accessible, attractive, affordable, appropriate and acceptable to young people. The services are provided in line with the minimum health package and aim to increase the acceptability and use of health services by young people.

Adolescents are individuals in the 10-19 years age group

ANNEXE 1. CHART FOR MODERN CONTRACEPTIVES

METHOD	DESCRIPTION	EFFECTIVENESS IN PREVENTING PREGNANCY	WHETHER IT PROTECTS HIV/STIs	ADVANTAGES	DISADVANTAGES	WHERE TO FIND THEM
Implant	A small flexible rod that is inserted right under the skin of the inner upper arm.)	99.9%	No	• Do not require the user to do anything once they are inserted • Prevent pregnancy very effectively • Are both long-lasting and reversible • Provide long-term pregnancy protection. Lasts up to 5 years	• May cause irregular bleeding. (infrequent bleeding, prolonged bleeding, or no monthly bleeding) • Less common side effects include weight gain, headaches, and acne. • Does not prevent sexually transmitted infections including HIV.	Available at a health facility
Intrauterine Device (IUD)	A small, flexible, T-shaped birth control device. It is inserted into the uterus by an experienced provider	99.9% hormonal 99.2% non-hormonal	No	• Provides safe, long-term birth control. • Don't have to remember to do anything every day, week, or month to stay protected from	• Pelvic examination is required and screening GTIs are recommended before insertion • Requires trained provider for insertion and removal	Available at a health facility

				unintended pregnancy. • May have less cramping and lighter periods with the levonorgestrel IUD. Many adolescents stop having periods over time.	• Needs to be checked for strings after a menstrual period if cramping, spotting, or occurs • pain Women cannot stop using whenever they want (provider-dependent) • Increased menstrual bleeding and cramping during the first few months of use • May increase the risk of PID and subsequent infertility in women at risk for GTIs and other STIs	
Depo Provera	A shot containing a hormone that prevents the ovaries from releasing an egg.	96%	No	• Only requires visits to the clinic every 3 months. • The injection also protects against endometrial cancer and iron deficiency anaemia. • May have less cramping and lighter periods. (Many teens stop having periods after several doses).	• Prolonged use by adolescents may lead to the loss of bone density that predisposes them to osteoporosis hence not recommended for young people. • Irregular and prolonged bleeding at first, then no bleeding or infrequent bleeding.	Available at a health facility

				• Birth control effects begin as soon as the first injection • Reversible. Most women can get pregnant within 12-18 months of the last injection. • Can be used while breastfeeding		
Oral Contraceptives ("The Pill")	Pills that contain low doses of hormones like the natural hormones progesterone and estrogen in a woman's body.	99%	No	• Makes menstrual periods more regular and lighter • Decreases menstrual cramps and acne • Increased appetite • Are controlled by the woman • Can be stopped at any time without a provider's help • Are easy to use • Easy to obtain, for example, in drug shops or pharmacies	• Must be taken every day at the same time • Can't be used by women with certain medical problems or with certain medications • Mood changes • Can occasionally cause side effects such as nausea, headaches, and, very rarely, blood clots.	• Available at the health facility • Available at CBDA
Emergency Contraception ("Morning-after pill" or ECP)	Work by preventing or delaying the release of eggs from the ovaries (ovulation). They do not	89%	No	• ECPs help to prevent pregnancy when taken up to 5 days after unprotected sex. • Available over the counter to women	• Slight irregular bleeding for 1–2 days after taking ECPs • Can cause Nausea, Abdominal pain, Fatigue, Headaches, Breast tenderness,	• Available at the health facility

	work if a woman is already pregnant.			aged 15 years and older • Must be taken as soon as possible after unprotected intercourse	Dizziness, and Vomiting.	
Sterilizations	Permanent surgical Contra ception for women and men who will not want more children	99.5%	No	• Highly effective • Effective immediately • Permanent • Does not affect breastfeeding • Does not interfere with intercourse or sexual function • Good for the client if pregnancy would pose a serious health risk • Simple surgery, usually done under local anaesthesia • No long-term side effects	• Not reversible • The client may regret it later • Small risk of complications (increased if general anaesthesia is used) • Short-term discomfort/pain following the procedure • Requires trained physician • Does not protect against STDs (e.g., HBV, HIV/AIDS)	Available at a health facility
Male Condoms		98%	Yes	• Effective immediately • Does not affect breastfeeding • Can be used as a backup to other methods • No method-related health risks • No systemic side effects	• Moderately effective • User-dependent (requires continued motivation and use with each act of intercourse) • May reduce the sensitivity of the penis, making maintenance of	• Available over the counter • Available at the health facility • Available at the CBDA • Available in some public places

				• Widely available (pharmacies and community shops) • No prescription or medical assessment is necessary • Inexpensive (short-term) • Enables man to take responsibility for family planning • Prevents STIs including HIV	erection more difficult • Disposal of used condoms may be a problem. • Adequate storage must be available at the client's home • Supplies must be readily available before intercourse begins • Re-supply must be available • Occasional allergy • Slippage and breakage during sex	
Female Condoms	A female condom is a long plastic pouch with flexible rings at both ends that hold it in place	98%	Yes	• Female-controlled • More comfortable to men, less decrease in sensation than with the male condom • Offers protection against STIs (covers both internal and external genitalia) • Can be inserted before sex • Stronger than latex	• Not appealingly pleasing • Can slip into the vagina or anus during sex • Difficulties in insertion/removal • Not easy to find in drug stores or other common sources of condoms • Higher cost than male condoms	• Available over the counter • Available at health facilities