

# CARRYING MALAWI FORWARD: INVESTING IN SEXUAL AND REPRODUCTIVE HEALTH FOR YOUNG PEOPLE

PRESENTATION GUIDE



AN **ENGAGE** PRESENTATION

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## ACKNOWLEDGEMENTS

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# Presentation Guide

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## Supplemental Materials

These supplemental materials are designed to help users make the most of *Carrying Malawi Forward: Investing in Sexual and Reproductive Health for Young People* in conjunction with the user guide for all PRB ENGAGE presentations. After reviewing these supplemental materials, you will know how to:

- Identify opportunities to use this ENGAGE presentation with various audiences.
- Respond to frequently asked questions about the presentation.
- Foster dialogue with audiences about key messages in the presentation.

A Key Messages handout that includes visual “snapshots” from the ENGAGE presentation is also available. The handout is intended to be a succinct visual aid for the presentation as well as a readable document. We encourage you to use the handout when giving the presentation to an audience.

## Presentation Goals

The goal of *Carrying Malawi Forward: Investing in Sexual and Reproductive Health for Young People* is to improve individuals’ understanding of the importance of supporting youth sexual and reproductive health and rights in order to meet national development goals. Ultimately, the goal of the presentation is to make youth sexual and reproductive health a priority on Malawi’s policy agenda. This process includes mobilising political commitment and resources to strengthen youth-friendly health services, improve sexuality education, expand young people’s educational and employment opportunities, and increase involvement of young people throughout the policymaking process.

To achieve this goal, the presentation is designed to promote policy dialogue on the critical role of youth sexual and reproductive health and rights in achieving development goals. Target policy audiences include government policymakers, civic and religious leaders, health sector leaders, programme officials, youth advocates, journalists, and others.

Specific objectives of the presentation are to:

- Outline the unique sexual and reproductive health needs of young men and women, including both married and unmarried youth.
- Illustrate the individual, community and national-level benefits of investing in the sexual and reproductive health and rights of young people.
- Learn from success stories in other countries related to the benefits of slower population growth and youth-focused policies.
- Foster discussion among audience members about the need for increased investment in youth sexual and reproductive health, incorporation of youth issues in all sectors, and greater involvement of young people in the policy process.

## Opportunities to Give the Presentation

This ENGAGE presentation and supporting materials are tools for professionals involved in youth sexual and reproductive health and rights (youth SRHR) at all levels—in academic, policy, and community settings. The target audiences for this presentation are:

- **Primary:** Government ministries and policymakers at all levels, including parliamentarians, who are in a position to allocate resources and advance youth SRHR on the policy agenda.
- **Secondary:** All of those who influence high-level policymakers—news media, youth advocates, donors, traditional chiefs, civic and religious leaders, programme officials, and other community leaders.

### Using the Presentation With Different Audiences

This ENGAGE presentation is designed to be used in a variety of settings or environments. Some ideas to reach different audiences with the presentation are listed below.

#### Policymakers

- Educating policymakers about the importance of investing in youth SRHR to reach development goals, especially at the national level.
- Demonstrating the simple and effective strategies of investing in comprehensive sexuality education and youth-friendly health services.

#### Youth and / or SRH Advocates

- Educating advocates about the need to support sexual and reproductive health and rights to enable young people to take advantage of opportunities and achieve their full potential, and the role of youth SRHR in achieving development goals so those advocates can better inform high-level policymakers.
- Reaching individuals who attend community health days, conferences, or stakeholder meetings with information about youth SRHR.
- Highlighting strategies that work to protect and promote youth sexual and reproductive health and rights.

#### Civic and Religious Leaders

- Educating civic and religious leaders about the importance of creating positive environments, eliminating harmful practices, and promoting youth SRHR to produce beneficial results for individuals, families, and communities.
- Communicating better with civic and religious leaders, especially those uncomfortable with youth SRHR.
- Sustaining policy dialogue with local leaders, including civic and religious leaders at local seminars and events.

#### The Media

- Educating the news media on issues of youth sexual and reproductive health and rights in Malawi, and the link between youth SRHR and development, using the ENGAGE presentation as a teaching tool.
- Providing a basis for television and radio talk shows, accompanied by local exposure to discussions and questions about youth SRHR.

## ADDITIONAL CONSIDERATIONS

You can make this presentation more interesting to your audience by adding information about local experiences and practices, especially those that apply to your audience. Some areas to consider when analysing your audience:

- **Size of the Audience.** With smaller groups, you can provide more in-depth analysis based on real-life stories or experiences because you usually know more about the individuals in the group. In larger groups, you may have to take more time during the scripted presentation to define general concepts and ensure the presentation is relevant to all viewers.
- **Knowledge Level.** It is always safest to assume that the audience does not understand any technical terms you might use in the presentation. If you are giving a live presentation, we advise following the script and providing definitions for terms that may be unfamiliar to some audience members. The FAQ can help address questions that might arise.
- **Language:** *Carrying Malawi Forward: Investing in Sexual and Reproductive Health for Young People* is available in both Chichewa and English. The Key Messages handout is also available in both languages. Consider which language most members of the audience are most comfortable with, and select the presentation accordingly.

## Presentation Script

### **Carrying Malawi Forward: *Investing in Sexual and Reproductive Health for Young People***

#### **Slide 1**

*Title slide—When ready to begin, press the forward keyboard arrow.*

→ **Click Forward 2**

What happens when we invest in the health of our young people today?

→ **Click Forward 3**

There are over 15 million people in Malawi today.<sup>1</sup>

→ **Click Forward 4**

One out of three is between the ages of 10 and 24. That's over 5 million young people!<sup>2</sup>

→ **Click Forward 5**

Meeting the needs of this large population may seem like a challenge, but if we can provide our young women and men with the right resources and opportunities, their advanced skills, energy and innovation will drive economic growth and social development for all of Malawi.

→ **Click Forward 6**

One key investment is supporting young people's sexual and reproductive health and rights.

Research shows that investments in sexual and reproductive health...

→ **Click Forward 7**

Protect the health and happiness of young people...

→ **Click Forward 8**

Build their potential for healthy, productive lives...

→ **Click Forward 9**

And improve social and economic development.<sup>3</sup>

→ **Click Forward 10**

Investing in our young people is investing in our country. And just as our country is going through a period of great change...

→ **Click Forward 11**

...our young people are experiencing a time of transition that is full of challenges and important choices. With the right investments, we can help them make the successful journey through this critical period.

The right investments will...

- **Click Forward 12**  
Keep young people, especially our girls, in school.
- **Click Forward 13**  
Help young people begin productive working lives, by giving them the information and skills they need to get jobs...
- **Click Forward 14**  
And prepare them for their responsibilities as citizens to build more democratic societies.
- **Click Forward 15**  
The right investments will increase the age of marriage, and encourage healthy relationships.
- **Click Forward 16**  
And by increasing young people's access to information and services for contraception, they can delay childbearing until they are ready to make decisions together about the timing and spacing of pregnancies and the number of children they have.<sup>4</sup>
- **Click Forward 17**  
With the right investments, including investments in sexual and reproductive health and rights, we can support our young people as they grow into adults.
- **Click Forward 18**  
Supporting their safe transition to adulthood means ensuring that young people have access to relevant information, services, and support. For example...
- **Click Forward 19**  
We know that comprehensive sexual and reproductive health education empowers young people to make healthy choices about their behaviour.
- **Click Forward 20**  
Evidence shows that these programmes help young people abstain from or delay sex and...
- **Click Forward 21**  
...reduce the frequency of unprotected sex and the number of sexual partners, which helps reduce the spread of HIV and other STIs.
- **Click Forward 22**  
Comprehensive sex education increases the use of contraception to prevent unintended pregnancies...
- **Click Forward 23**  
And it helps delay that first birth to ensure a healthier mother and a safer pregnancy.<sup>5</sup> In addition to education...
- **Click Forward 24**  
Access to youth-friendly health services that recognise the rights of young people and are tailored for their specific needs are critical.



- **Click Forward 25**  
Malawi's National Youth Friendly Health Services Standards, introduced in 2007, state that...
  - **Click Forward 26**  
All young people should be able to obtain health services appropriate to their needs.
  - **Click Forward 27**  
That all young people should be able to obtain health information, including information on sexual and reproductive health and HIV.
  - **Click Forward 28**  
And that service providers in all delivery points must have the required knowledge, skills and positive attitudes to provide youth-friendly health services.<sup>6</sup>
  - **Click Forward 29**  
If we provide youth-friendly health services according to these standards, we can help young people feel comfortable seeking sexual and reproductive health care without fear of stigma or discrimination.
  - **Click Forward 30**  
Youth-friendly health services are important for both young women and young men, and can improve health across a broad range of outcomes, like contraceptive use.
  - **Click Forward 31**  
This is important because although rates of modern contraceptive use have increased in Malawi in general, they remain low among young people.
  - **Click Forward 32**  
Among sexually active 15-to-19-year-old boys, less than half are using modern contraception.
  - **Click Forward 33**  
The numbers among young women are even lower: Less than one-third of unmarried sexually active 15-to-19-year-old girls and only one-quarter of married girls use modern contraception.<sup>7</sup>
  - **Click Forward 34**  
Increasing contraceptive use among young people, unmarried as well as married, could help reduce Malawi's high numbers of unintended adolescent pregnancy...
  - **Click Forward 35**  
...and needless maternal deaths.
- Because although adolescence is considered the healthiest time in a person's life, adolescent pregnancy contributes to 20 to 30 percent of maternal deaths in Malawi.<sup>8</sup>

→ **Click Forward 36**

The risk of death and disability is aggravated by unsafe abortion. In Malawi, half of all women seeking postabortion care are under the age of 25.<sup>9</sup> Increasing young people's access to the full range of contraceptive methods is critical to reduce the number of abortions.

→ **Click Forward 37**

Improving young people's access to sexual and reproductive health information and services can also help reduce the spread of HIV and other sexually transmitted infections. Although rates of HIV are decreasing in Malawi overall...

→ **Click Forward 38**

...rates have actually increased among young people ages 15 to 17 years old.<sup>10</sup>

→ **Click Forward 39**

Even with the progress we have made, young people remain vulnerable to HIV, and we must do more. We must reach young people early with information and services so they can make healthy decisions now and in the future.

→ **Click Forward 40**

One healthy decision is condom use, a key strategy for preventing HIV.

Encouraging condom use is one way to engage young men in sexual and reproductive health, but there are many other opportunities.

→ **Click Forward 41**

Young men can also be supportive partners for contraceptive use and, when they do become fathers, for maternal and child health.

Engaging young men in sexual and reproductive health is one strategy for combatting harmful gender norms and improving gender equality broadly, which benefits both boys and girls and supports the achievement of national development goals.<sup>11</sup>

→ **Click Forward 42**

Ensuring that both boys and girls are able to take advantage of opportunities throughout their lives means addressing the risk and protective factors that influence sexual and reproductive health behaviour early in life.

→ **Click Forward 43**

Risk factors include things like discrimination...

→ **Click Forward 44**

A negative peer environment in which young people are pressured to accept risky sexual behaviour...

→ **Click Forward 45**

And harmful practices like early marriage.

- **Click Forward 46**  
Even though some risk factors may always be present in a young person’s life, adults, communities, and young people can work together to nurture protective factors.
- **Click Forward 47**  
Protective factors include things like teaching life skills to young people...
- **Click Forward 48**  
...promoting youth participation and positive relationships with peers...
- **Click Forward 49**  
...and helping young people feel connected to their families and communities.
- **Click Forward 50**  
Ultimately, we want the protective factors to outweigh the risk factors so young people can stay healthy and take advantage of education and employment opportunities throughout their lives.<sup>12</sup>
- **Click Forward 51**  
Investing in sexual and reproductive health and rights is good for our young people... and good for our nation.
- **Click Forward 52**  
For example, a study from two districts in Malawi found that early marriage and childbearing were among the main reasons girls dropped out of school.<sup>13</sup>
- **Click Forward 53**  
So, in addition to protecting the human rights of young girls, preventing early marriage and childbearing also supports investments in schooling, by...
- **Click Forward 54**  
Increasing the likelihood that a girl will complete her education.<sup>14</sup> This has a positive impact on lifetime earnings, since research shows...
- **Click Forward 55**  
That each year of secondary education can increase her future wages by up to 25 percent. And the more educated a girl is, the more likely she is to use contraception and avoid unintended pregnancy. To realise those benefits, we must invest now.
- **Click Forward 56**  
Even though it has decreased in recent years, Malawi has one of the highest adolescent fertility rates in the region, with over 106,000 adolescent pregnancies every year.
- **Click Forward 57**  
This costs the economy an estimated \$57 million.<sup>15</sup> It also contributes to high fertility and rapid population growth, since women are more likely to have many children throughout their lives when they start childbearing at a young age.

→ **Click Forward 58**

Investing in adolescent sexual and reproductive health and rights is an effective strategy for managing rapid population growth, which is a key step to achieving economic growth.

Countries around the world have shown us that by managing population growth and investing in young people, it is possible to experience rapid and transformative economic growth.

→ **Click Forward 59**

Let's take a closer look at how one country, Thailand, experienced the "demographic dividend."

We are looking at Thailand's population pyramid in 1960. This graph shows the age distribution of the population. Each layer of the diagram is an age group and the width of each layer is the proportion of the population.

→ **Click Forward 60**

It forms the shape of a triangle when the population is growing rapidly because there are more people in the younger age groups at the base of the pyramid than in the older groups at the top of the pyramid.

→ **Click Forward 61**

Looking at Thailand's population pyramid from 1960 we see that the majority of the population is under age 25.

→ **Click Forward 62**

During the 1960s and the decades that followed, mortality rates declined. Investments in family planning led to rapid declines in fertility, so the population growth slowed down.

With fewer births, Thailand was able to invest more resources per child, leading to more secondary school completion, especially among girls, as well as delayed marriage, and delayed childbearing.

→ **Click Forward 63**

By 2010, we see Thailand's age structure has changed, with fewer children and a smaller population of young people.

→ **Click Forward 64**

The pyramid is now dominated by adults who can be part of a productive labour force, and contribute to economic development.

And population growth has slowed to a more manageable pace for families, communities, and the nation.<sup>16</sup>

→ **Click Forward 65**

Today Malawi has a population structure similar to the pyramid of Thailand in 1960 with a...

→ **Click Forward 66**

...majority of the population under age 25. Investments in the sexual and reproductive health of young people will help to ensure a healthy transition to adulthood, lower birth rates, and create the conditions necessary for the demographic dividend.<sup>17</sup>

→ **Click Forward 67**

However, this kind of economic progress is not automatic. As we see from Thailand's experience, it requires a series of investments across sectors to ensure that young women and men are healthy, educated, and equipped with skills and opportunities to contribute to the country's economic growth.

Malawi can expand on its previous successes by making investments in the sexual and reproductive health of its young people a priority for national development. Those efforts should start with...

→ **Click Forward 68**

Implementing the National Youth Policy as a key strategy to increase funding and support across all sectors for young women and men in Malawi.

→ **Click Forward 69**

Standardise and rigorously implement comprehensive sexuality education and expand youth-friendly health services for all young people.

→ **Click Forward 70**

Leaders at all levels must actively involve young people at all stages of policy and programme development and implementation, and empower youth to be advocates for their own rights. Our investments are most effective when young people are included as stakeholders and active citizens.

→ **Click Forward 71**

If we recognise the rights of our young women and men, especially their right to sexual and reproductive health, and support them as they transition to adulthood, they will carry our nation forward, into a brighter future.

***This is the end of the presentation; let the presentation play through to the end.***

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## Kupititsa Malawi Patsogolo:

### ***Kukhazikitsa Maziko A Moyo Oyenera Okhudza Kugonana Ndi Uchembere Pakati Pa Achinyamata***

→ **Click Forward 1 (Title Slide)**

[Nyimbo]

→ **Click Forward 2**

Kodi pali phindu lanji tikaonetsetsa kuti achinyamata athu ali ndi moyo wathanzi?

→ **Click Forward 3**

Chiwerengero cha anthu mMalawi muno pakadali pano chapitilira 15 million.

→ **Click Forward 4**

Munthu mmodzi mwa anthu atatu aliwonse ali ndi zaka za pakati pa khumi (10) ndi makumi awiri ndi zinayi (24). Izi zikutanthauza kuti chiwerengero cha achinyamata chokha ndichokwana 5 million!

→ **Click Forward 5**

Kukwanilitsa zofunika mmoyo wa achinyamata ochuluka chonchi si chinthu chapafupi, koma ngati anyamata ndi atsikana amenewa apatsidwa zofunikila mmoyo wawo komanso mwayi woyenelera, akhoza kuthandiza kwambiri kupititsa potsogolo ntchito za chuma cha dziko la Malawi lino komanso umoyo wa anthu kudzera mu luso lawo ndi mphanvu zawo.

→ **Click Forward 6**

Njira imodzi yokhazikitsila maziko oyenela a moyo wa achinyamata ndi kuwathandiza achinyamatawa powononetse kuti ali ndi ufulu woyenera wokhudza nkhani zogonana komanso uchembele.

Kafukufuku akuonetsa kuti kukhazikitsa maziko oyenera okhudza nkhani zogonana komanso uchembele pakati pa achinyamata...

→ **Click Forward 7**

Kumateteza umoyo wabwino komanso wansangala wa achinyamata...

→ **Click Forward 8**

Tiyeni tiwathandize kutukula umoyo wawo, komanso tsogolo lawo...

→ **Click Forward 9**

Komanso kutukula ntchito zokhudza umoyo wa anthu wa tsiku ndi tsiku, ndi chuma cha dziko.

→ **Click Forward 10**

Kukhazikitsa maziko otukula dziko kumadza ngati tikhazikitsa maziko oyenera a moyo wa achinyamata. Ndipo pamene dziko lathu likusintha mu njira zosiyanasiyana...

→ **Click Forward 11**

...moyo wa achinyamata athu nawonso ukusintha ndipo akukumana ndi mavuto osiyanasiyana komanso kupanga zisankho zoyenela zokhudza moyo wawo. Ngati tithandiza achinyamata kukhazikitsa maziko oyenera a moyo wawo, tiwathandiza achinyamatawa kulimbana ndi mavuto ena aliwonse omwe angakumane nawo nthawi ino.

Kukhazikitsa maziko oyenera kuthandiza ...

→ **Click Forward 12**

Achinyamata athu makamaka atsikana kumaliza maphunziro awo moyenelera.

→ **Click Forward 13**

Kuthandiza achinyamata kuyamba moyo wawo wogwira ntchito powapatsa mauthenga komanso luso zoyenera kuti apeze mwayi wa ntchito...

→ **Click Forward 14**

Komanso kuwathandiza kukhala nzika zodalilika za dziko lino zothandiza kulimbikitsa ma ufulu osiyanasiyana a anthu.

→ **Click Forward 15**

Maziko oyenelera adzathinda achinyamata kuyamba moyo wa banja matupi awo atakhwima moyenera osati adakali ana, komanso kuwalimbikitsa kukhala ndi ma ubwenzi oyenera.

→ **Click Forward 16**

Ndipo achinyamata akathandizidwa ndi ma uthenga oyenera komanso njira zolelera, adzatha kubeleka ana pa nthawi yoyenelera, kusankha nthawi yoyenera yobelekera anawa komanso kusankha kuti akhale ndi ana angati.

→ **Click Forward 17**

Ngati tikhazikitsa maziko woyenela kuphatikizapo maziko a ufulu wokhudza nkhani zogonana komanso uchembere, tithandiza achinyamata athu pamene akukula mmoyo wawo.

→ **Click Forward 18**

Achinyamata athu tiwathandiza kukula bwino ngati tionenetsetsa kuti achinyamatawa ali ndi mwayi wopeza mauthenga komanso njira zolelera. Mwachitsanzo,

→ **Click Forward 19**

Tonse tikudziwa bwino kuti ngati achinyamata aphunzitsidwa mokwanira pa nkhani zogonana komanso uchembere, ndiye kuti tiwathandiza kupanga zisankho zoyenela zokhudza khalidwe lawo.

→ **Click Forward 20**

Kafukufuku akuonetsa kuti ntchito zothandiza achinyamatawa zimawathandiza kukhala odziletsa pa mchitidwe wogonana komanso amayamba zogonanazi atakula bwino.



- **Click Forward 21**  
Amaonetsetsa kuti akudziteteza ngati akugonana komanso sakugonana ndi anzawo ambiri osiyanasiyana, ndipo izi zimathandiza kuchepetsa kufala kwa kachilombo ka HIV komanso matenda ena opatsilana kudzela mukugonana.
- **Click Forward 22**  
Maphunziro okwanira bwino okhudza kugonana amathandiza kuti anthu azitsata ndi kugwilitsa ntchito njira zolelera ndikupewa pathupi posayembekezela ndi posafunika....
- **Click Forward 23**  
..ndipo zimathandiza kuti akukhala ndi pathupi poyamba atakula bwino ndikuonetsetsa kuti umoyo wa mayi ndi wathanzi, ndipo ali ndi pathupi popanda chopsezo chilichonse. Kuwonjezera pa maphunziro,
- **Click Forward 24**  
Ndipofunika kwambiri kuti achinyamata akulandira chithandizo cha za umoyo wao chowayenela, chogwilizana ndi zofunika mmoyo mwao, ndipo cholemekeza ma ufulu awo ngati achinyamata.
- **Click Forward 25**  
Ndondomeko yowonetsetsa kuti achinyamata a mMalawi muno akulandira chithandizo cha za umoyo wawo choyenela, inakhazikitsidwa mchaka cha 2007, ndipo ndondomekoyi imati...
- **Click Forward 26**  
Achinyamata onse akuyenela kulandira chithandizo cha za umoyo mogwilizana ndi zofunika zawo mmoyo mwawo.
- **Click Forward 27**  
Achinyamata onse akuyenela kulandira ma uthenga a za umoyo, komanso ma uthenga okhudza kugonana ndi uchembere, komanso za kachilombo ka HIV.
- **Click Forward 28**  
Komanso kuti anthu onse ogwila ntchito yothandiza achinyamata mmalo onse a zaumoyo akuyenela kukhala ndi luso lokwanila, odziwa bwino ntchito yawo komanso azipeleka chithandizo kwa achinyamata chowayenela.
- **Click Forward 29**  
Ngati achinyamata azithandizidwa motsatila ndondomekozi, tiwathandiza kuti azikhala omasuka komanso opanda mantha kapena manyazi kulandira chithandizo chokhudza kugonana ndi uchembere.
- **Click Forward 30**  
Chithandizo cha za umoyo choyenelera achinyamata ndi chofunika kwambiri kwa anyamata ndi atsikana ndipo chikhoza kuthandiza moyo wawo kwambiri munjira zosiyanasiyana monga kugwilitsa ntchito njira zolera.

→ **Click Forward 31**

Izi ndi zofunika kwambiri chifukwa ngakhale chiwelengero cha anthu omwe akugwilitsa ntchito njira zolelera chikuchuluka mMalawi muno, ndi achinyama ochepa okha omwe akugwilitsa ntchito njira zolelerazi.

→ **Click Forward 32**

Mwa anyamata omwe anayamba kale mchitidwe wogonana a zaka zapakati pa 15 ndi 19, chiwelengero chosapitilira theka la anyamatawa ndi omwe amagwilitsa ntchito njira za makono zolelera.

→ **Click Forward 33**

Chiwelengero cha atsikana omwe amagwilitsa nchito njira zozlelera ndiye ndi chotsika kwambiri: Chiwelengero cha atsikana chosafika ndi theka lomwe omwe sanakwatire koma anayamba kale mchitidwe wogonana, komanso omwe ali pa banja ndi omwe amagwilitsa ntchito njira zolelera zamakono.

→ **Click Forward 34**

Kuonjezela chiwelengero cha achinyamata, apabanja komanso omwe sanakwatire, omwe amagwilitsa ntchito njira zolelera kukhoza kuchepetsa kwambiri pathupi posayembekezera pakati pa achinyamata mMalawi muno...

→ **Click Forward 35**

...komanso imfa zopeweka zokhudzana ndi uchembere.

Chifukwa ngakhale timakhulupilira kuti zaka za unyamata ndiye zaka zomwe munthu amakhala ndi moyo wa mphanvu komanso wathanzi, atsikana omwe ali ndi pathupi ndi amene amawonjezera kwambiri chiwelengero cha imfa zokudzana ndi uchembere. Mwa imfa makumi khumi (100) aliwonse zokudza chifukwa cha uchembere mMalawi muno, imfa za atsikana omwe ali ndi pathupi zimakhlapo makumi awiri (20) kapena amakumi atatu (30).

→ **Click Forward 36**

Chiopsezo cha imfa komanso zilema zosiyanasiyana zimakula chifukwa chochotsa pathupi pogwiritsa ntchito njira ndi zipangizo zosayenera. Mdziko la Malawi lino, azimayi opitilira theka omwe amalandira chithandizo akachotsa mimba/pathupi amakhala ochepera zaka makumi awiri ndi zisanu (25). Choncho ngati achinyamata apatsidwa mwayi wogwilitsa ntchito njira za kulera ndiye kuti chiwelengero cha amene azichotsa mimba/pathupi chitsika kwambiri.

→ **Click Forward 37**

Kufala kwa kachilombo ka HIV komanso matenda opatsilana kudzela mukugonana kukhoza kuchepa kwambiri ngati achinyamata athu athandizidwa kuti akhale ndi mwayi wocheza chithandizo cha njira zolelera komanso ma uthenga ofotokoza bwino nkhani zogonana ndi uchembele. Ngakhale kufala kwa kachilombo ka HIV kukutsika mMalawi muno...

→ **Click Forward 38**

...kufala kwa chilomboka kukuchulukirachulukira pakati pa achinyamata a zaka za pakati pa khumi ndi zisanu (15) ndi khumi ndi zisanu ndi ziwiri (17).

→ **Click Forward 39**

Ngakhale zinthu zasintha bwino chonchi, achinyamata adakalibe pa chiwopsezo chachikulu cha kachilimbo ka HIV ndipo ndipofunika kupitiliza kuchitapo kathu kwambiri. Tikuyenera kufikila achinyamata mwansanga ndi ma uthenga komanso njira zowathandizira kuti athe kupanga zisankho zoyenera za moyo wawo pa nthawi ino komanso mtsogolo.

→ **Click Forward 40**

Chisankho chimodzi choyenera ndi kugwiritsa ntchito ma kondomu, imene ili njira yofunikila kwambiri yodzitetezela ku ka chirombo ka HIV.

Kulimbikitsa achinyamata kugwiritsa ntchito ma kondomu ndi njira imodzi yowafikila ndi nkhanzi za umoyo wawo wokhudza kugonana ndi uchembere. Koma tidziwe kuti pali njira zina zambiri zowafikila achinyamatawa.

→ **Click Forward 41**

Achinyamata akhoza kuthandiza kwambiri kupititsa patsogolo kugwilitsa ntchito njira zolera, komanso akakula ndi kukhala abambo adzapitiliza kuonetsetsa kuti ana ndi mayi ali ndi umoyo wabwino.

Kulimbikitsa achinyamata kutengapo mbali pa za umoyo woyenera wokhudza kugonana ndi uchembere ndi njira imodzi yothetsela mchitidwe wa nkhanza kwa amayi kapena abambo, kulimbikitsa kufanana kwa amayi ndi abambo, zomwe zingapindulire anyamata ndi atsikana, komanso chitukuko cha dziko.

→ **Click Forward 42**

Kuonetsetsa kuti anyamata ndi atsikana akugwiritsa ntchito moyenera mwayi wawo mmoyo mwawo kukutanthauza kuthetsa chiwopsezo chimene achinyamata amakhala nacho chomwe chimapangitsa khwalidwe lawo lokhudzana ndi kugonana ndi uchembere pamene akukula.

→ **Click Forward 43**

Zitsanzo za ziwopsezo za moyo wa achinyama ndi ngati kusolidwa...

→ **Click Forward 44**

Mmalo osayenera omwe achinyamata amakakamizidwa ndi anzawo kuchita mkhalidwe wogonana.

→ **Click Forward 45**

Chikhalidwe choyipa ngati kukamiza achinyamata kuyamba moyo wa banja adakali ana.

- **Click Forward 46**  
Ngakhale achinyamata ali pa chiopsezo cha moyo wawo nthawi zonse, mothandizidwa ndi anthu akuluakulu mmidzi ndi mmadela momwe amakhala, achinyamatawa akhoza kukhazikitsa njira zowatetezera.
- **Click Forward 47**  
Njira zina zowatetezera achinyamatawa ndi kuwaphunzitsa bwino zinthu zofunika kudziwa mmoyo mwawo.
- **Click Forward 48**  
...kuwalimbikitsa kutengapo mbali pa zochitika zosiyanasiyana komanso kukhazikitsa ubale wabwino ndi anzawo...
- **Click Forward 49**  
...komanso kuwathandiza achinyamata kugwirizana ndi kulumikizana ndi mabanja awo komanso anthu omwe amakhala nawo mmidzi ndi mmadela mwawo.
- **Click Forward 50**  
Chofunika kwambiri ndi chakuti tikufuna chitetezo chomwe achinyamata amalandira chizikhala chokwanila bwino kuwateteza ku chiopsezo chilichonse kuti athe kugwilitsa bwino ntchito mwayi wawo wa maphunziro komanso wogwira ntchito mmoyo wawo wonse.
- **Click Forward 51**  
Kukhazikitsa maziko abwino olimbikitsa ma ufulu a achinyamata pa nkhani zogonana ndi uchembere ndi zowapindulira kwambiri achinyamatawa komanso dziko lathu.
- **Click Forward 52**  
Mwachitsanzo, kafukufuku yemwe anachitika mmaboma awiri a mdziko la Malawi lino, anawonetsa kuti kukakamiza atsikana kukwatiwa komanso kuyamba kubeleka adakali ana ndi zimene zimapangitsa atsikanawa kusiyira panjira maphunziro awo.
- **Click Forward 53**  
Choncho, kuwonjezera kulimbikitsa ndi kuteteza ma ufulu a atsikana, kuthetsa mchitidwe wokakamiza atsikana kuyamba mabanja komanso kubeleka asanakhwime, zimathandiza kukhazikitsa maziko a mphanvu pa maphunziro...
- **Click Forward 54**  
Polimbikitsa kuthekela kwa atsikana kumaliza bwino maphunziro awo. Izi zimathandiza atsikana kukhala ndi tsogolo la bwino ndi kukhala ndi chuma chokwanila, poti kafukufuku akusonyeza kuti...
- **Click Forward 55**  
...kwa chaka chilichonse chomwe atsikana akhala pa sukulu ku sekondale akhoza kuchulukitsa kwambiri mwayi wawo wozeza ntchito ya malipilo abwino. Ndipo ngati mtsikana apita patali ndi maphunziro ake ndi pamene amanvetsa bwino kufunika kogwilitsa ntchito njira zolelera ndi kupewa pathupi posakonzekera. Kuti tipeze phindu limeneli, tikuyenera kukhazikitsa maziko amenewa nthawi ino.

→ **Click Forward 56**

Malawi ndi dziko limodzi ma maiko a ku mmwera kwa Africa kuno omwe atsikana ake ambiri amakhala ndi pathupi, ndipo chiwelengero cha atsikana chopitilira 106,000 amatenga pathupi chaka chilichonse.

→ **Click Forward 57**

Ndipo izi zimapangitsa chuma cha dziko chokwana 57 million ya ndalama za ku Amerika kusakazika. (Chaaban and Cunningham, 2011). Izi zimapangitsanso kuti mayi abeleke ana ambiri ndipo chiwelengeronso cha dziko chimakulirakulira msanga popeza amayi omwe ayamba kubeleka adakali ang'ono amabeleka ana ambiri mmoyo wawo.

→ **Click Forward 58**

Kukhazikitsa maziko amphanvu a umoyo ndi ufulu wa achinyamata wokhudzana ndi nkhani zogonana komanso uchembere ndi njira imodzi yowonetseta kuti chiwelengero cha dziko sichikukula mopitiliza, imene ili njira yofunika kwambiri potukula chuma cha dziko.

Maiko ambiri pa dziko lonse la pansi atiwonetsa kale kuti chuma cha dziko chimakwela msanga ngati chiwelengero cha anthu sichikukwela kwambiri komanso ngati maziko abwino akhazikitsidwa mwa achinyamata.

→ **Click Forward 59**

Tiyeni tione mmene dziko la Thailand linatukukila chifukwa chokhazikitsa maziko amphanvu mwa achinyamata adzikolo.

Tiyeni tiunike chiwelengero cha anthu a dziko la Thailand mchaka cha 1960. Chithunzithunzichi chikuonetsa chiwelengero cha dzikoli mogwilizana ndi zaka za anthu. Mzere uliwonse ukuyimira zaka za anthu ndipo kukula kwa mzerewo kukuyimila chiwelengero cha anthu.

→ **Click Forward 60**

Chithunzithunzichi chikuonetsa kuti chiwelengero cha anthu chikukula kwambiri chifukwa zikuoneka kuti chiwelengero cha anthu omwe ali ndi zaka zochepea ndi ambiri poyelekeza ndi chiwelengero cha anthu akukuakulu a zaka zhulukilapo.

→ **Click Forward 61**

Tikaonetsa chiwelengero cha anthu a dziko la Thailand mchaka cha 1960, zikuoneka kuti anthu ambiri ali ndi zaka zochepera makumi awiri ndi zisanu (25).

→ **Click Forward 62**

Kuchokela mzaka za mma 1960 ndi zaka zotsatila imfa za anthu zinachepa kwambiri. Maziko omwe dzikoli linakhazikitsa mu ntchito za kulera zinapangitsa kuti anthu achepetsa kubeleka ana ambiri ndipo chiwelengero cha dzikoli chinasiya kuchuluka kwambiri.

Pamene ana amabadwa ochepa, dziko la Thailand linakwanitsa kumapeleka chuma ndi zofukunikila zina zokwana bwino pa mwana aliyense, ndipo ana ambiri amamaliza maphunziro awo a ku sekondale makamaka atsikana, komanso atsikanawa amakwatiwa atakula bwino ndipo amayamba kubeleka mochedwelako atakhwima bwino matupi awo.

→ **Click Forward 63**

Pofika mchaka cha 2010, tukuona kuti dziko la Thailand lasintha kwambiri mmene zaka anthu zilili, anthu akukhala ndi ana ochepa ndipo chiwengero cha anthu a zaka zochepa chatsika.

→ **Click Forward 64**

Chithunzithunzichi chikuonetsa kuti anthu akuluakulu achuluka ndipo ndi anthu amenewa omwe amagira ntchito, ndikupititsa patsogolo chuma cha dziko.

Kachulukidwe ka chiwengero cha anthu katsika ndipo mabanja ndi dziko lonse akukwanitsa kusamalira chiwengero cha anthuwa.

→ **Click Forward 65**

Lero, dziko la Malawi lili ndi chiwengero cha anthu chofana ndi cha dziko la Thailandi cha mchaka cha 1960 chomwe...

→ **Click Forward 66**

...anthu ambiri ali ndi zaka zochepera makumi a wiri ndi zisanu. Kukhazikitsa maziko amphanvu pa umoyo wa achinyamata wokhudza kugonana ndi uchembere zingathandize kuti achinyamata akule bwino, anthu akubeleka ana ochepa komanso kuonetsetsa kuti dziko lapindula chifukwa chokhazikitsa maziko amphanvu a moyo wa achinyamata.

→ **Click Forward 67**

Komabe, sikuti chuma cha dziko chimangokwela mosavuta chonchi. Monga momwe taonera chitsanzo cha dziko la Thailand, pakufunika kukhazikitsa maziko amphanvu mu nthambi zosiyasiyana za chuma cha dziko ndi kuonetsetsa kuti anyamata ndi atsikana ali ndi moyo wathanzi, alandira maphunziro okwanira, komanso apatsidwa maluso ndi mwayi wasiyanasiyana kuti athe kutengapo mbali potukula chuma cha dziko.

Dziko la Malawi likhoza kupitiliza ntchito zake zabwino lakhala likupanga mbuyomu poonetsetsa kuti ntchito zokhazikitsa maziko amphanvu othandiza achinyamata kukhala ndi moyo wabwino wokhudza nkhani za kugonana ndi uchembere zikuikidwa patsogolo ma ntchito za chitukuko cha dziko. Izi zikuyenera kuyamba ndi...

→ **Click Forward 68**

Kukwanilitsa ntchito ndi zolinga za mu ndondomeko ya achinyamata a dziko lino ndikuonetsetsa kuti ntchitozi zokhudza achinyamata zikupatsidwa ndalama ndi chithandizo zokwana komanso mu nthambi zonse za chuma cha dziko la Malawi.

→ **Click Forward 69**

Kukhazikitsa ndondomeko komanso kukwanilitsa maphunziro a za uchembere ndi kuonetsetsa kuti chithandizo chomwe amalindira achinyamata chikufikira achinyamata ambiri mdziko muno.

→ **Click Forward 70**

Atsogoleri onse aonetsetse kuti achinyamata akutenga nawo mbali pa ntchito zokwanilitsa ndondomekoyi, ndikuwalimbikitsa achinyamata kupititsa patsogolo ntchito zokhudza ufulu wawo. Maziko omwe tikhazikitsa adzakhala a phindu ngati achinyamata akutenga nawo mbali pa ntchito zosiyanasiyana ngati nzika zodalilika za dziko lino.

→ **Click Forward 71**

Ngati tizindikira ma ufulu a atsikana ndi anyamata, makamaka ufulu wopeza chithandizo chokhudza kugonana ndi uchembere, komanso kuthandiza kuti akule bwino, achinyamatawa adzakwanitsa kupititsa patsogolo dziko lathu lino ndi kulitengela ku tsogolo lowala bwino.

## Discussion Guide

After giving the ENGAGE presentation, you may have the opportunity to foster discussion among the audience members. We encourage you to make the discussion specific to addressing youth sexual and reproductive health and rights within the audience's context or community. Sample discussion questions are listed below:

### DISCUSSION ABOUT THE PRESENTATION

1. Were you aware of the connections between investing in young people and achieving Malawi's development goals? What did you learn today about these relationships?
2. How can an increased focus on the sexual and reproductive health of young people help them achieve their full potential and lead to better development outcomes for Malawi?

### DISCUSSION ABOUT YOUTH SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

3. Many people do not think of sexual and reproductive health and rights as youth issues. Has this presentation affected the way that you think about young people and their sexual and reproductive health needs? Why might it be important to address the reproductive health of young people?
4. People have diverse views about young people and contraception. Has this presentation affected the way that you think about the issue? Why is it that some people do not support access to contraceptives for young people?
5. How does contraception make a difference for: (a) individuals, (b) families, and (c) nations?
6. Use of modern contraception has increased in general in Malawi, but remains low among young people and many young people still have an unmet need for contraception. Why do you think contraceptive use is low among young people?
7. What are some common barriers for young people to access contraception or other sexual and reproductive health services? What are some strategies that can improve young people's access?

### DISCUSSION ABOUT YOUTH WELL-BEING

8. How does sexual and reproductive health affect young people's employment opportunities? What investments or policies could be introduced to increase meaningful employment prospects for young people?
9. What are the barriers to enrolling young people, especially girls, in school and keeping them in school through secondary? Consider all angles: family, society, school facilities, safety, and girls themselves.
10. Why is gender equality important for development generally and for young people specifically? What are some steps that can be taken to increase gender equality?
11. How do early marriage and childbearing impact young women and their families? What are some strategies to reduce early marriage and childbearing?



## **DISCUSSION ABOUT RECOMMENDATIONS**

12. The presentation made several recommendations at the end. Which of these recommendations is most critical for Malawi? What are additional, specific recommendations for your district or community?
13. What can be done to increase support and funding for youth sexual and reproductive health and rights?
14. What are some ways to increase public dialogue about the importance of young people, and specifically their sexual and reproductive health?
15. In what ways can young people be involved in policies and programmes that affect them?
16. The presentation discusses the impact on young people of risk and protective factors, and the ways in which parents, communities and decision-makers can increase protective factors. What do you think you or your community can do to help reduce risk factors and promote protective factors for youth? (Encourage people to be very specific and practical in the actions they suggest.)

## FAQs

Often, audience members have questions about the presentation. Some of these questions may be specific to the actual presentation (data, pictures, figures, sources of information), while other questions may be related to the content of the presentation. If you are unsure about any of the terms used in the presentation, you can find definitions in PRB's online Glossary: [www.prb.org/Educators/Resources/Glossary.aspx](http://www.prb.org/Educators/Resources/Glossary.aspx).

Below are some frequently asked questions and scripted answers:

### QUESTIONS ABOUT THE PRESENTATION

**Q.** How accurate are your data?

**A.** The data that we have shared in this presentation are the most accurate available on youth sexual and reproductive health for Malawi. The data comes from the 2010 Malawi Demographic and Health Survey, Malawi's National Statistical Office surveys, World Population Prospects: The 2010 Revision, as well as other recent research studies.

**Q.** Have the people in the photographs and videos in your presentation given their consent?

**A.** We have the legal right to use every photograph and video that was included in this presentation. The photographs in this presentation are for illustrative purposes only. They do not imply any particular health status or behaviours of the people featured in this presentation.

**Q.** Why are you using Thailand as a country example?

**A.** Over the last 50 years, Thailand has emerged as an economic powerhouse in Southeast Asia. After a period of rapid population growth during the first half of the 20th century, Thailand increased access to and use of voluntary family planning in the 1960s and the decades that followed. Population growth slowed down, and with fewer births Thailand was able to invest more resources per child, leading to more secondary school completion, as well as delayed marriage, and delayed childbearing. By 2010, the age structure of the population had evolved to have fewer children and a productive adult labour force. As a result, Thailand has become one of the biggest family planning success stories in Asia, demonstrating how increased access to reproductive health care combined with investments in health, education, and more can help a country transform their demographic prospects.

**Q.** Why do you focus so much on sexual and reproductive health, when there are so many other important issues to be addressed for young people, such as education, poverty, access to health care, or food security?

**A.** Yes, there are many important issues that face young people in Malawi and other African nations. And some may be just as important as sexual and reproductive health. But that does not diminish the fact that sexual and reproductive health care is a cost-effective, proven strategy to improve the lives of young people, their families and communities, and to help Malawi achieve its development goals. Ideally, we could address all of these issues together, and we have tried to highlight the ways in which sexual and reproductive health impact other areas. But this presentation is about raising awareness of the importance of sexual and reproductive health and rights for young people in order to support development and describing some steps that can be taken to start to address this issue.

## QUESTIONS ABOUT YOUTH DEVELOPMENT

- Q.** You say that Malawi has the largest population of young people in its history. Isn't this demographic trend a challenge for leaders and policymakers? How is it an opportunity?
- A.** The well-being of the largest generation of youth in Malawi's history is of major significance to national development. Although young people are facing many challenges—early marriage, unintended pregnancy, sexually transmitted infections and HIV, as well as limited access to education, jobs, and meaningful political participation—there are unprecedented opportunities to capitalise on the power of our young people for improved national development. When Malawi invests in young people's sexual and reproductive health, young men and women are more empowered to make healthy decisions that can help them stay in school, get a job, and participate in civil society. And healthy young adults help Malawi achieve higher levels of economic and social development and improve outcomes in multiple sectors, including health, education, employment, and governance. Investing in young people today builds stronger nations tomorrow, with young men and women acting as positive agents of change, progress, and development.
- Q.** You talk about the demographic dividend in this presentation. Shouldn't Malawi focus on other components of the demographic dividend first, like reducing childbearing or creating jobs? Why focus on young people?
- A.** As death rates and fertility rates continue to decline in Malawi, there is an opportunity to capitalise on the demographic dividend. With more investments in family planning, Malawi's young population will grow smaller in relation to the working-age population. With fewer people to support, the working-age adults can then foster rapid economic growth. However, this rapid economic growth is not automatic; it depends on policy and programme investments in young people to ensure they can lead healthy, productive lives and contribute to national development efforts. The right policies need to be in place to ensure young people are educated and have the necessary skills to build a productive labour force. Investments in youth sexual and reproductive health is a key part of this—they ensure that more young people have a healthy transition into adulthood by preventing unintended pregnancies, reducing the spread of sexually transmitted infections, such as HIV, and helping young people take advantage of education and employment opportunities.
- Q.** Isn't it true that some of those large countries, like China, India, and Brazil, are doing so well economically because of their large population size? Isn't having a large youth population sufficient to drive economic growth?
- A.** While it is true that countries like China and Brazil have large economies and large populations, the fertility rates, or the number of children per woman, are very low, and have declined over time. When fertility declined in these countries and the right investments were in place, economic growth took off. At the same time, there are many examples of countries with very small populations who have also made the right investments and were able to spur strong economic growth, like South Korea, Singapore, and Rwanda. As we explain in this presentation, it is factors like the population age structure, health and education systems, economic policy, and governance that together play a much greater role in spurring economic growth than just the population size.
- Q.** Why do you focus so much on education for girls? What about education for boys?
- A.** We focus specifically on girls because research has shown that secondary school for girls yields unique outcomes; these include greater empowerment and agency for girls, as well as improved health outcomes for girls and their families. The benefits that secondary education for girls yields, outside of increases in knowledge and skills, extend beyond girls and affect their families and communities.

## QUESTIONS ABOUT YOUTH SEXUAL AND REPRODUCTIVE HEALTH

- Q.** Giving young people information about sexual health and family planning could confuse them. Are they too young to make these types of decisions?
- A.** Global evidence shows that comprehensive sexuality education empowers young people to make healthy choices about their behaviour. It reduces the frequency of unprotected sex, the number of sexual partners, and increases contraceptive use. Comprehensive sexuality education is critical if we want to reduce the number of unintended pregnancies, prevent the spread of HIV and AIDS, and ensure a healthier generation of Malawi's young people. In addition, comprehensive sexuality education equips our young people with the critical thinking and communication skills they will need throughout their lives to communicate with their partners about contraception and make healthy decisions together.
- Q.** If young people have access to reproductive health care and contraception, won't it just encourage promiscuity? Won't it encourage youth to have sex before marriage?
- A.** It is not uncommon for societies to disapprove of premarital sex and to worry that reproductive health education and services may be inappropriate and unnecessary for young people. However, with a third of Malawi's population between the ages of 10 and 24 and over half under age 25, investments in young people are vital to achieve Malawi's Growth and Development Strategy and improve social and economic outcomes. These investments include comprehensive sexuality education and youth-friendly health services so young people can avoid unintended pregnancy, protect themselves from HIV and sexually transmitted infections, and avoid reproductive health complications that often result in death. When effective, youth-friendly policies exist and are implemented, young women and men can make a healthy transition into adulthood and enjoy full participation in public life. Ultimately, if we want to give young people a good, healthy start on their lives, their right to sexual and reproductive health information and services is essential.
- Q.** You talked about youth-friendly services. What makes sexual and reproductive health services youth-friendly? Don't young people have the same needs as adults?
- A.** As they transition from children into adults, young people face a variety of challenges and have their own unique needs, especially when it comes to sexual and reproductive health. Essential elements of youth-friendly services include specially trained staff, accessibility, with space and hours specifically for young people, affordability, confidentiality and privacy, comprehensive services, and a range of sufficient supplies. Ideally, youth-friendly sexual and reproductive health services are offered as part of a broader set of support services, in a variety of settings, and with input from young people themselves. Ensuring access to youth-friendly services helps young people meet those needs and, ultimately, reach their full potential.
- Q.** You say young people need access to sexual and reproductive health information and services starting at a young age. Why?
- A.** Malawi cannot ignore the reproductive health needs of the largest generation of young people in history. Young people are at a stage in their lives when they are establishing values, attitudes, and beliefs that will shape their behaviours throughout their lives. If we reach individuals early in life, we can instill attitudes and behaviours that expand opportunities for our young people to lead healthy and productive lives. Investments in sexual and reproductive health programmes for young people will provide them with skills and competencies that are relevant for the age and stage in the life cycle, and encourage positive attitudes about relationships and healthy behaviours.

- Q.** Why is it so important to reach boys and young men with sexual and reproductive health information and services when girls are the ones who experience severe consequences like unintended pregnancy?
- A.** Although demographic data on adolescent boys and young men are limited, they have their own distinct reproductive health needs. Research and experience show that boys need information about reproductive health, opportunities to discuss reproductive health, access to reproductive health services and condoms, and exposure to messages and role models that reinforce more gender equitable ways of interacting with women. It is important to engage adolescent males as equal partners to improve gender equality and foster healthier lives for both young men and women.
- Q.** Is it true that as young women become more empowered, young men will lose status and power, and this will be a negative consequence for them?
- A.** Actually, research shows that gender inequities and power disparities harm men as well as women. For example, in many settings, gender norms for men mean being tough, brave, and aggressive. Consequently, young men are more likely to take risks which can lead to poor health, such as violent activity or unsafe sex. Everyone—boys and girls, men and women—is therefore made vulnerable by harmful gender norms and behaviours. At the same time, everyone can benefit from greater gender equality. This presentation highlighted that working with both young men and women can help prevent unintended pregnancies and reduce the spread of HIV and AIDS. At the same time, equipping young people with important life skills, like communication and decision-making skills, can strengthen protective factors that will improve reproductive health outcomes for both young men and women.

## **QUESTIONS ABOUT CONTRACEPTION**

- Q.** You discussed contraception in this presentation, but you didn't describe anything about contraception. What are the choices for contraception or family planning?
- A.** There is a wide range of contraceptive methods available for both men and women depending on the reproductive needs of each individual. Some methods are more effective than others. Methods such as withdrawal and spermicides have the lowest level of effectiveness while longer acting or permanent methods such as implants, IUDs, female sterilisation, and vasectomy are more effective. Some methods only work one time—male condoms, or female condoms, for example—while others may last longer but are not permanent, such as injectables, oral contraceptive pills, hormonal patches, and the vaginal ring. Additionally, there are Fertility Awareness Methods, such as the Standard Days Method, Basal Body Temperature, and the Two-Day Method. These methods require partners' cooperation as couples must be committed to abstaining or using another method on fertile days. These methods have no side effects or health risks. And finally, there is the Lactational Amenorrhea Method, a method based on exclusive breastfeeding, which provides pregnancy protection for the mother and nutrition for the baby during the first six months after childbirth.
- Q.** Are there any negative side effects of contraception?
- A.** Some contraceptive methods have known side effects that may affect one contraception user while not affecting another. Side effects such as irregular bleeding, headaches, dizziness, nausea, breast tenderness, weight change, mood change, and delay in returned fertility once the individual stops using the method are common with hormonal methods. These side effects are not life threatening and can be addressed by the medical provider. Usually, if the side effects are bothering the client, the provider will switch the contraceptive method to something more suitable. Clients need to be informed of possible side effects and how to manage them when receiving contraception counseling. But users should be aware that it may be more harmful to stop using a method because of the side effects and become pregnant than it is to continue to use the method and visit the nearest provider to address the side effects.

## QUESTIONS ABOUT REPRODUCTIVE HEALTH POLICIES AND INTERVENTIONS

**Q.** Access is not the only problem. How do we change norms about youth sexual and reproductive health? What about norms around using contraception?

**A.** Changing norms around youth sexual and reproductive health and around contraceptive use takes time, but it is possible. One essential step is to illustrate the ways in which meeting the sexual and reproductive health needs of young people can support their achievements in other areas, like education, and help them reach their full potential. Additionally, addressing gender norms can promote young women's ability to access and use contraception. In many places in Malawi, women—especially young women—do not have the power to make decisions about their reproductive health. Programmes must work with traditional decision-makers such as husbands and mothers-in-law to educate them on the economic, health, and social benefits of promoting SRHR and contraception. In addition, service providers and community-based institutions need to be trained to be sensitive to young peoples' needs and to overcome biases around contraception. Family planning interventions specifically must overcome the common exclusion of youth, men, people living with HIV/AIDS, and single women and men. Traditional and community leaders must be included in discussions about youth, sexual and reproductive health and family planning and, wherever possible, be encouraged to challenge gender norms.

**Q.** How can we realistically make youth sexual and reproductive health a part of these large, national economic development/poverty reduction programmes when there are so many competing agendas?

**A.** Youth sexual and reproductive health is an important component of youth well-being and a powerful tool in harnessing the potential of youth to combat poverty. Young people make up a substantial proportion of the population in Malawi, and helping them realise their full potential is essential to achieve national economic and social development goals. Comprehensive sexual and reproductive health education and services can help young people delay sex, prevent unwanted pregnancy, avoid HIV and other STIs, and delay their first birth to ensure healthier outcomes for mothers and babies. Contraceptive services and programmes create conditions that enable women to enter the labour force and families to devote more resources to each child, thereby improving family nutrition, education levels, and living standards. Slower population growth cuts the cost of social services and eases demand for water, food, education, health care, housing, transportation, and jobs. Effective reproductive health programmes, including contraception, targeted to meet the needs of young people can promote youth health and well-being, ultimately resulting in a healthier, more qualified labour force and progress towards poverty reduction and other national development goals.

**Q.** How can we make sure there is a sufficient budget to ensure all young people have access to sexual and reproductive health information and services, including contraceptives?

**A.** In the face of the global economic crisis, it may seem difficult to increase national budgets for comprehensive youth sexual and reproductive health services. However, the quality and availability of sexual and reproductive health services benefit from strong health systems and financing mechanisms. Using evidence-based research to advocate for increased resource allocation from the government and donors can help ensure funding for sexual and reproductive health is targeted and used efficiently. Also, integrating sexual and reproductive health for young people into other key sectors like education, labour, planning, and gender can increase national funding streams for sexual and reproductive health commodities and services. In addition, budgeting for contraception and sexual health services requires a long-term perspective since using contraceptive services is not a one-time event for individuals and couples, but a need that lasts throughout an individual's reproductive life. Finally, advocates and policymakers who articulate support for sexual and reproductive health can help put the issue on the national agenda and increase budget support for such services. With greater involvement of NGOs and the private sector, countries can better provide sexual and reproductive health information and services to all young men and women.

- Q.** Some religious leaders do not support family planning use, especially for young people. What can I do to change attitudes among religious leaders about family planning?
- A.** Throughout the world, religious leaders are looked to for guidance and advice on all aspects of life. Access to contraception and family planning is not just about child spacing but about maintaining optimal health at all stages of life and in all issues related to women's and men's reproductive health. In many religious communities, people are faced with reproductive health challenges such as the illness and death of women during childbirth; health problems associated with pregnancies that are too early in life or too close together; violence against women; and sexually transmitted infections, including HIV/AIDS. In order to win the support of a religious leader, it is helpful to frame the issues within the values, beliefs, and directives of the religion you are addressing. There are examples from around the world of leaders within all major religious groups who do support family planning. Work with them to create messages that show where in the Bible or the Qur'an child spacing is supported and promoted for the health of the mother and child. It is important for programmes to partner with these "champions" to design messages and community outreach strategies that support family planning within religious frameworks.

## Additional Resources

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Venkatraman Chandra-Mouli et al., "Contraception for Adolescents in Low- and Middle-Income Countries: Needs, Barriers, and Access," *Reproductive Health* 11, no. 1 (2014): 1-8.

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