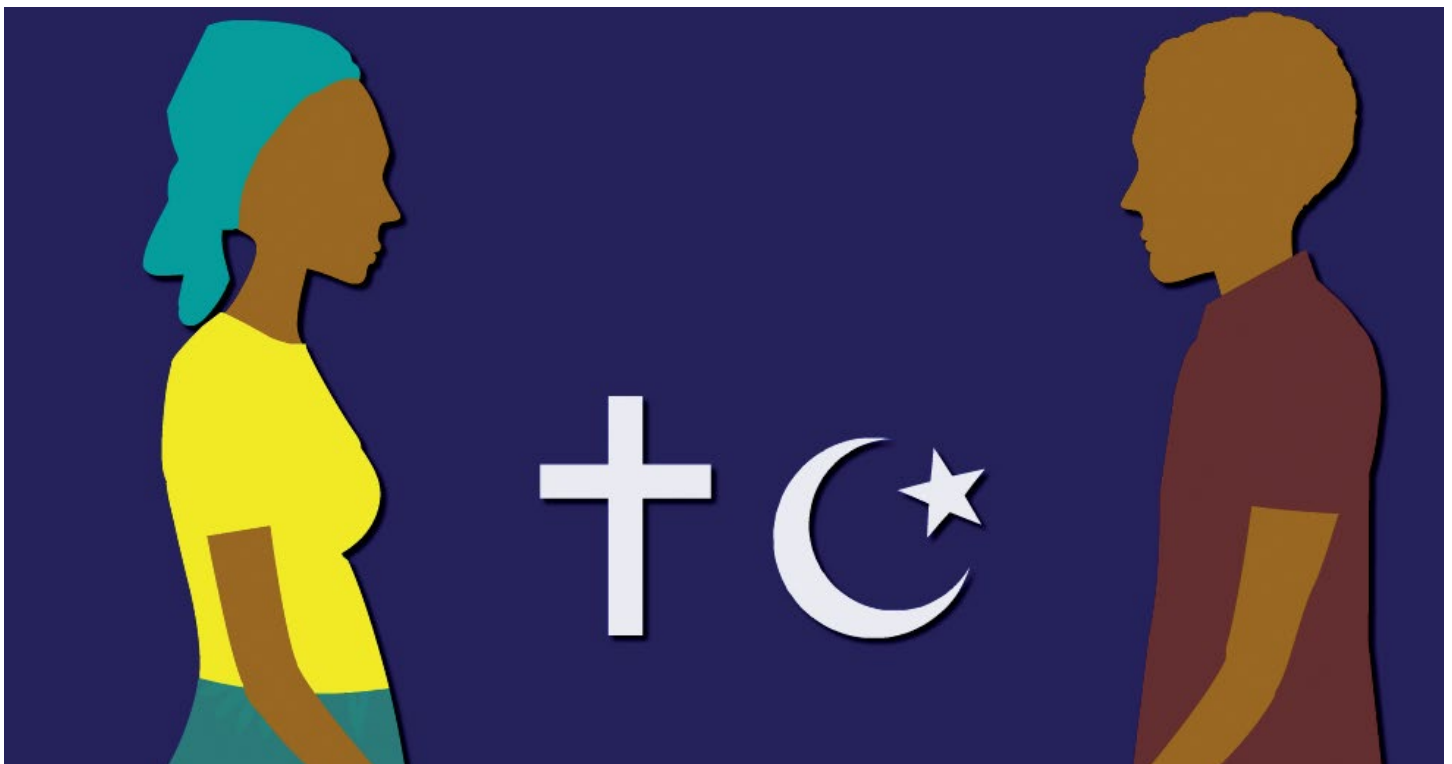


MALAWIANS TOGETHER: FAITH, POPULATION, AND DEVELOPMENT

PRESENTATION GUIDE



AN **ENGAGE** PRESENTATION

ACKNOWLEDGEMENTS

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National Faith ENGAGE Task Force Member Organizations

Episcopal Conference of Malawi

Evangelical Association of Malawi

Healthy Policy Project of USAID, The Futures Group

Malawi Council of Churches

Malawi Interfaith AIDS Association

Muslim Association of Malawi

Quadria Muslim Association of Malawi

Seventh Day Adventist Church

Ulama Council of Malawi

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Presentation Guide

**MALAWIANS TOGETHER:
FAITH, POPULATION,
AND DEVELOPMENT**



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Supplemental Materials

These supplemental materials are designed to help users make the most of *Malawians Together: Faith, Population, and Development* 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.
- Foster dialogue with audiences about key messages in the presentation.
- Respond to frequently asked questions about the presentation.

Presentation Goals

The goal of *Malawians Together: Faith, Population, and Development* is to align reproductive health issues with faith-based frameworks and beliefs. To achieve this goal, the presentation uses music, videos, and animation to deliver positive, compelling, evidence-based messages.

The *Malawians Together: Faith, Population, and Development* presentation will be used as a tool by Malawi's advocates and experts to promote advocacy and dialogue about healthy planning and spacing of pregnancies among faith-based communities at the county and national levels. Examples of target policy audiences include government officials and policymakers, faith-based leaders, donors, health and education sector leaders, civic and community leaders, and journalists.

Specific objectives of the presentation are to:

- Explain how reproductive health and healthy planning and spacing of pregnancies lays the groundwork to improve the health of mothers and children, strengthen families, and achieve national development goals.
- Learn from success stories in other countries related to the involvement of faith-based leaders in promoting reproductive health and healthy planning and spacing of pregnancies.
- Show that faith-based leaders can disseminate accurate information about reproductive health and healthy planning and spacing of pregnancies that reinforces healthy behaviour and complements faith-based values and beliefs.
- Foster discussion among audience members about the need for increased involvement of faith-based leaders and faith communities in healthy planning and spacing of pregnancies and reproductive health.

Opportunities to Give the Presentation

Using the Presentation With Different Audiences

The ENGAGE presentation is designed to be used in a variety of settings. The presentation can be delivered at advocacy conferences or meetings, used to enhance trainings and course curriculums, or delivered at press briefings for the media.

Some ideas to reach different audiences with the presentation are listed below.

Government Officials and Policymakers

The ENGAGE presentation can be delivered at advocacy conferences, events, and committee meetings at the national and county levels to:

- Educate government officials and policymakers about the way that reproductive health and the healthy planning and spacing of pregnancies issues are aligned with faith-based frameworks and beliefs.
- Inform government officials and policymakers about the value of involving faith-based leaders in promoting reproductive health in order to achieve shared goals of improved health and well-being.
- Encourage government officials and policymakers to increase support and leadership for healthy timing and spacing of pregnancies.

Faith-Based Leaders

The ENGAGE presentation can be delivered at forums and trainings for faith-based leaders, as a tool to:

- Educate faith-based leaders about evidence-based benefits of reproductive health.
- Validate the importance of faith-based leaders' involvement in reproductive health and programs that support the healthy timing and spacing of pregnancies.
- Open dialogue on reproductive health among faith-based communities.

Health and Education Sector Leaders

The ENGAGE presentation can be used to enhance trainings or course curriculums with messages that:

- Educate health sector leaders about the importance of providing services that support the healthy timing and spacing of pregnancies, which are still sensitive to diverse faith-based beliefs.
- Ensure that education sector leaders, including teachers, are providing reproductive health information in schools that is age and faith appropriate.

Leaders at All Levels: Civic Leaders, Elders, Parents, and Young People

Community events or forums can be enhanced by the ENGAGE presentation because it will:

- Educate leaders on the benefits of planning and spacing pregnancies and how this is aligned with faith-based values, and the importance of relaying accurate information about reproductive health to faith communities.

Journalists

Inviting journalists to events where the ENGAGE presentation will be shown, or delivering the ENGAGE presentation at press briefings will help journalists report more accurately and:

- Educate the news media about the opportunity for faith-based leaders to be advocates for the healthy timing and spacing of pregnancies in order to improve community health and well-being, manage rapid population growth, and achieve development goals.

Additional Considerations

You can make this presentation more interesting for 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.

Presentation Script (English)

Malawians Together: Faith, Population, and Development

→ **Click Forward to Slide 1**

Chimango is a faith leader who was born and raised in his village. He has lived a long time, and he has seen a lot of difficult life experiences.

He is on a mission to improve people's lives, and this is the reason.

→ **Click Forward to Slide 2**

Chimango has known many women who died during childbirth because their pregnancy was unplanned and they didn't have prenatal care. He has known many infants who died because they were born too soon after a previous birth. And he's seen the health and financial impact of these deaths on families.

He knows that these deaths and hardship could be prevented if people planned their family size and spaced the births of their children.

→ **Click Forward to Slide 3**

And that healthy timing and spacing of pregnancies can be practiced in accordance with faith-based values.

→ **Click Forward to Slide 4**

This is why when they were young, Chimango and his wife Eliza discussed the number of children they would have.

Healthy timing and spacing of their pregnancies made it easier for them to plan their family size, to be healthy, to achieve their education and career goals, and to provide for their family.

→ **Click Forward to Slide 5**

Chimango and Eliza have ensured their children are educated about the importance of planning their family size and spacing their children so they too can be healthy and equipped with more opportunities in life.

→ **Click Forward to Slide 6**

This is why today Chimango and Eliza talk with their neighbours about the links between faith and healthy timing and spacing of pregnancies.

They want everyone to have access to this life-saving information and the opportunities it can provide for families, the faith community, and the nation ...

→ **Click Forward to Slide 7**

Reproductive health is important for each of us throughout our lives.

→ **Click Forward to Slide 8**

A central component of reproductive health is healthy timing and spacing of pregnancies.

This refers to the planning of when to have children, and efforts to regulate healthy timing and spacing of pregnancies using a variety of medical and natural methods.

→ **Click Forward to Slide 9**

Today Malawi has the largest number of people in history in need of reproductive health care because our population is the largest it has ever been.

→ **Click Forward to Slide 10**

Malawi's population has grown rapidly from 4 million people in 1966 to over 15 million people today.

Rapid population growth is the result of high fertility and lack of services for healthy timing and spacing of pregnancies. Today the average couple continues to have between five and six children.

→ **Click Forward to Slide 11**

And our population size is continuing to grow. Even if fertility declines to just above four children per woman, the population of Malawi is still expected to grow to over 26 million people by 2030!!

A larger population will increase demands for social services and natural resources.

→ **Click Forward to Slide 12**

The people of Malawi are extremely diverse, but one thing that many people have in common is faith. Ninety-seven percent of the population is religious. The most common religions are Christianity and Islam.

→ **Click Forward to Slide 13**

Faith-based beliefs influence many parts of our lives that are important for our reproductive health.

→ **Click Forward to Slide 14**

Our marriage, gender roles and relationships, education, health care decisions, and the timing and spacing of childbearing are often influenced by faith-based beliefs.

Faith leaders provide moral guidance and shape opinions of their followers.

→ **Click Forward to Slide 15**

Faith-based leadership is essential for providing accurate information for reproductive health and pre-marital counselling.

Deeply rooted in the communities they serve, faith-based leaders can share messages that reinforce healthy behaviour and resonate with values and beliefs for both women and men.

→ **Click Forward to Slide 16**

For many people, decisions on when to have children are guided by faith teachings.

→ **Click Forward to Slide 17**

Families can choose natural or medical methods to plan their families. These natural and medical methods are widely researched and safe for both women and men.

→ **Click Forward to Slide 18**

Healthy timing and spacing of pregnancies saves lives by preventing unintended pregnancies, which can increase the risk of death and disability for mothers and children, especially when the pregnancies are categorized as:

→ **Click Forward to Slide 19**

- Too early, meaning the mother is under age 18;
- Too many, because the mother has had many previous pregnancies;
- Too late, meaning the mother is older than age 35, or
- Too frequent, because the pregnancies are spaced too close together.

→ **Click Forward to Slide 20**

There have been many great improvements in recent decades to improve access to reproductive health services in Malawi.

The use of reproductive health services has increased from less than one out of 10 married women in 1992 ...

→ **Click Forward to Slide 21**

... to more than four out of 10 married women in 2010.

→ **Click Forward to Slide 22**

Some faith-based leaders, including Christian and Muslim clerics, have helped foster a supportive environment for healthy timing and spacing of pregnancies.

→ **Click Forward to Slide 23**

And some faith-based health facilities provide information about methods, including community-based sensitization in rural areas.

→ **Click Forward to Slide 24**

But there are still many challenges.

→ **Click Forward to Slide 25**

For example, today one out of four married couples wish to delay childbearing, but are not using any methods to avoid unintended pregnancies. These couples have an unmet need for services that will allow them to time and space their pregnancies.

→ **Click Forward to Slide 26**

Nearly one out of six children is born less than two years after a previous birth, increasing their risk of health complications or death.

→ **Click Forward to Slide 27**

In addition to the health concerns, unplanned or risky pregnancies may have long-term social and economic implications because they can contribute to:

- Loss to a family and community if a mother or child dies;
- Challenges for families to achieve education or career goals;
- Increased medical and household expenses;
- More demands for social services such as schools and health care; and
- More demands for natural resources like water and farmland.

→ **Click Forward to Slide 28**

Research demonstrates that planning one's family size and spacing pregnancies lays the foundation to:

- Improve the health of mothers and children;
- Strengthen families; and
- Achieve national development.

→ **Click Forward to Slide 29**

These outcomes are aligned with the goals of our faith-based leaders and communities, meaning healthy timing and spacing of pregnancies and faith-based initiatives go hand-in-hand.

Faith-based leaders and communities can use the following evidence-based information to advocate for the healthy timing and spacing of pregnancies.

→ **Click Forward to Slide 30**

Healthy timing and spacing of pregnancies has numerous benefits for families.

→ **Click Forward to Slide 31**

For mothers, this means ...

→ **Click Forward to Slide 32**

... reducing death and disability,

→ **Click Forward to Slide 33**

Reducing mother-to-child transmission of HIV by preventing unintended pregnancies;

→ **Click Forward to Slide 34**

... and improving health and nutrition.

→ **Click Forward to Slide 35**

Healthy timing and spacing of pregnancies also has many benefits for children. In fact, it saves children's lives.

In this bar chart, we see an example of the relationship between birth spacing and child survival.

On the left axis, we have deaths of children under age 5 per 1,000 live births. On the bottom axis we have the interval between the mother's last two births ranging from less than two years to three years.

→ **Click Forward to Slide 36**

We see that children born less than two years after a previous birth are more than twice as likely to die before age 5 as children born after birth intervals of three years.

→ **Click Forward to Slide 37**

So by enabling parents to wait three years after giving birth before trying to become pregnant again, healthy timing and spacing of pregnancies ...

→ **Click Forward to Slide 38**

... increases child survival. It also lays the foundation

→ **Click Forward to Slide 39**

... for improved child health and nutrition,

→ **Click Forward to Slide 40**

And educational attainment, and well-being.

→ **Click Forward to Slide 41**

For both fathers and mothers, planning their family size and spacing pregnancies can make it easier to ...

→ **Click Forward to Slide 42**

... achieve education and career goals through healthy timing and spacing of pregnancies

→ **Click Forward to Slide 43**

The resulting higher household income enables parents to have ...

→ **Click Forward to Slide 44**

... more resources for each child. Planning their family size also helps to strengthen marriages ...

→ **Click Forward to Slide 45**

... by engaging both men and women in childbearing decisions and increasing opportunities for women.

→ **Click Forward to Slide 46**

The benefits of planning families are felt throughout the nation.

→ **Click Forward to Slide 47**

By helping families prevent death and illness, achieve higher levels of education and employment, and accumulate more savings, planning one's family size leads to healthier and wealthier communities.

→ **Click Forward to Slide 48**

With these improvements, healthy timing and spacing of pregnancies allows governments to save money and invest in social services and natural resources ...

→ **Click Forward to Slide 49**

... And the infrastructure needed to achieve development goals.

→ **Click Forward to Slide 50**

Faith leaders around the world have contributed to increases in reproductive health awareness. Let's look at Egypt as an example of where faith-based leaders have been actively engaged in initiatives which support the healthy timing and spacing of pregnancies.

Here in Egypt, in 1988, fewer than four out of ten married women were using methods to time and space their pregnancies, and the government was becoming increasingly concerned about the development challenges caused by poor reproductive health and rapid population growth.

→ **Click Forward to Slide 51**

During the 1990's, the government increased support for methods that promoted healthy timing and spacing of pregnancies in line with faith-based teachings ...

→ **Click Forward to Slide 52**

... as part of its development initiative to strengthen maternal and child health.

→ **Click Forward to Slide 53**

Political leaders spoke out in support of planning family size and spacing pregnancies, and the number of clinics providing services increased.

→ **Click Forward to Slide 54**

In recognition of the strong influence of religion in the country, the government engaged faith-based leaders in campaigns which supported healthy timing and spacing of pregnancies.

→ **Click Forward to Slide 55**

Large religious centres dispatched faith-based rulings in favour of planning family size and spacing pregnancies which were also aligned with their mission to improve health and well-being.

→ **Click Forward to Slide 56**

In the years that followed, some faith-based leaders—including Christian and Muslim leaders—were provided with tools and skills to promote healthy timing and spacing of pregnancies in their communities.

→ **Click Forward to Slide 57**

At the same time, the government invested more in education, health, and job creation.

→ **Click Forward to Slide 58**

By 2008—20 years later—methods used for healthy timing and spacing of pregnancies were widely available, and *more than half* of married women—nearly six out of 10—were using these methods to plan and space their pregnancies.

→ **Click Forward to Slide 59**

During this same time period—from 1988 to 2008—unplanned pregnancy, maternal death, and child death declined ...

→ **Click Forward to Slide 60**

... while educational attainment among women increased, and the gross national income of Egypt also increased.

→ **Click Forward to Slide 61**

The experience of Egypt demonstrates how engaging faith-based leaders can make healthy timing and spacing of pregnancies more acceptable, especially when combined with strong political commitment, and investments in health, education, and employment.

→ **Click Forward to Slide 62**

So how can we engage Malawi's leaders to ensure people of all faiths understand the value of planning family size and spacing pregnancies?

→ **Click Forward to Slide 63**

Faith-based leaders should integrate information about the benefits of healthy timing and spacing of pregnancies with faith-based messages and values.

→ **Click Forward to Slide 64**

Faith-based leaders should advocate for an increased age at first marriage, and for the healthy timing and spacing of pregnancies to protect health and well-being.

→ **Click Forward to Slide 65**

Government officials and political leaders should increase support and leadership for the healthy timing and spacing of pregnancies. This includes partnering with faith-based leaders on reproductive health initiatives, and allocating reproductive health resources for faith-based communities.

→ **Click Forward to Slide 66**

Health sector leaders should work with service providers to ensure healthy timing and spacing of pregnancies and services are available for both women and men and sensitive to diverse faith-based beliefs.

→ **Click Forward to Slide 67**

Leaders in education, including teachers, should ensure that reproductive health information is provided in schools, and is appropriate for students of all faiths.

→ **Click Forward to Slide 68**

Leaders at all levels, including civic leaders, elders, parents, and youth leaders—women and men—should talk about the role of faith and planning family size for healthy families and a healthy Malawi.

→ **Click Forward to Slide 69**

When we invest in planning families and spacing pregnancies—while also investing in health, education, and employment—the impact is felt throughout the nation.

Health is improved, the family is strengthened, the economy is stronger, and national development is in place.

→ **Click Forward to Slide 70—Let Play Automatically Until the End**

Presentation Script (Chichewa)

Amalawi Ogwirizana: Chikhulupiriro, Chiwerengero cha anthu, ndi Chitukuko

→ **Click Forward to Slide 1**

Chimango ndi mkulu wa mpingo amene adabadwila ndikukulira m'mudzi wakwawo. Iye ndiwamkulu ndipo wakumana ndi zovuta zambiri m'moyo mwake.

→ **Click Forward to Slide 2**

Chimango akudziwa amayi ambiri omwe adamwalira pa nthawi imene amabereka kamba koti mimba yawo idali yosakonzekera kotero kuti sanakhale ndi chisamaliro chokwanira ... akudziwanso ana ambiri amene adamwalira kamba koti adabadwa pasanapite nthawi yokwanira kuchokera pomwe mayi wawo adaberekera mwana wina ndipo waona m'mene imfa zimenezi zimakhudzira thanzi la umoyo wa mabanjawa, ndinso mmene zimakhudzira chuma chawo.

Kamaba ka izi, iye tsopano wadzilemba ntchito yotukula miyoyo ya anthu.

Iye akudziwa kuti imfa zamtunduwu zikanatha kupewedwa achikhala kuti anthu amakonzeratu dongosolo la kukula kwa banja lawo, komanso amabereka ana motalikanitsa.

→ **Click Forward to Slide 3**

Komanso kuti kubereka mopereka mpata woyenera pakati pa mimba ina ndi inzake ndikotheka komanso kovomerezeka ndi chipembedzo.

→ **Click Forward to Slide 4**

N'chifukwa chake pamene anali achinyamata, Chimango ndi mkazi wake, Eliza, adasankha kutsata njira za kulera motsogozedwa ndi chiphunzitso cha chikhulupiriro chao

Kubereka mopereka mpata woyenera pakati pa mimba ina ndi inzake kunawathandiza kukhala ndi dongosolo la ubereki wawo wabwino kuti choncho akhale ndi moyo wathanzi, aphunzitse bwino ana awo, akwaniritse zolinga za pa moyo wawo, ndiponso kuti adzitha kupeza zosoweka zawo zonse pa banja lao.

→ **Click Forward to Slide 5**

Chimango ndi Eliza akuonetsetsanso kuti ana awo, aphunzitsidwa za ubwino okonzekeratu kukula kwa banja lomwe akufuna kukhala nalo komanso za maberekwede apatalipatali.

→ **Click Forward to Slide 6**

Ndichifukwa chake lero Chimango ndi Eliza amafotokozera anthu akudera lawo, mgwirizano omwe ulipo pakati pa chipembedzo, mchitidwe wa amayi kutengako nthawi asanaberekenso ndinso kubereka mopereka mpata woyenera pakati pa mimba ina ndi inzake.

Iwo akufuna kuti aliyense akhale ndi mpata odziwa zinthu zimenezi zingathe kupulumutsa moyo wawo, ndinso mwayi omwe m'chitidwe wa kulerawu ungapereka ku mabanja, achipembedzo, ndinso fuko lathu ...

→ **Click Forward to Slide 7**

Umoyo wa ubereki wa bwino ndi ofunika kwa wina aliyense mu umoyo wake onse.

→ **Click Forward to Slide 8**

Pa chimake penipeni pa umoyo wa ubereki wabwino ndi m'chitidwe wa amayi kubereka mopereka mpata woyenera pakati pa mimba ina ndi inzake.

Izi zikutanthauza kukonzekeratu nthawi yomwe munthu akufuna kudzabereka komanso kuyesetsa kuti wakwanilitsa kubereka mopereka mpata woyenera pakati pa mimba ina ndi inzake pogwiritsa ntchito njira zosiyana siyana za kuchipatala ngakhaleenso za makolo (zachilengedwe).

→ **Click Forward to Slide 9**

Pakadali pano, dziko la Malawi liri ndi chiwerengero chochuluka zedi cha anthu ofunika chithandizo ndi chisamaliro pa umoyo wa ubereki wabwino chifukwa chakuti chiwerengero cha anthu chakwera zedi kuposa kale lonse.

→ **Click Forward to Slide 10**

Chiwerengero cha anthu ku Malawi chakwera mwachangu kuchokera pa anthu ma million anayi mu 1996, kufikira anthu ma million khumi ndi asanu lero.

Chiwerengerochi chikukwera mwachangu chifukwa chokuti amayi ambiri ali ndi kuthekera kobereka, ndinso kusowa kwa zipangizo zogwiritsa ntchito kuthandizira kubereka mopereka mpata woyenera pakati pa mimba ina ndi inzakekwa. Masiku ano, mabanja ambiri akumakhala ndi ana asanu kapena asanu ndi m'modzi.

→ **Click Forward to Slide 11**

Ndipo chiwerengero chathu chikukwelerabe. Ngakhale kuthekera kobereka kungatsike kufikira ana anayi kwa mzimayi aliyense, chiwerengero cha Malawi chikuyembekezeka kukula mpakana ma miliyoni 26 mu m'chaka cha 2030!!

Chiwerengero chachikulu chichulukitsa mlingo wofuna zinthu zofunika pa moyo wamunthu ndi zachilengedwe.

→ **Click Forward to Slide 12**

Anthu a fuko la Malawi ndi osiyanasiyana, koma chinthu chimodzi chomwe ambiri ali nacho ndiye chipembedzo. Anthu 97 mu 100 aliwonse mu dzikoli ali ndi chipembedzo. Zipembedzo zotchuka zedi ndi chiKhristu ndi chiSilamu.

→ **Click Forward to Slide 13**

Mbali zambiri za moyo wathu zomwe zili zofunika mu umoyo wa ubereki wabwino zimakhudzidwa ndi zikhulupiliro zakudza ndi chipembedzo.

→ **Click Forward to Slide 14**

Nthawi zambiri ma banja athu, ntchito zogwira abambo kapena amayi, maphunziro, ziganizo za umoyo wa thanzi lathu, ndinso nthawi yobereka ana ndi nthawi zosiyantsa kaberekedwe kwa mwana ndi mzake, zimakhudzika ndi zikhulupiliro zakudza ndi chipembedzo.

Atsogoleri a zipembedzo amapereka uphungu ndi upangiri ndi kuthandiza anthu owatsatira kupanga ziganizo pa umoyo wawo.

→ **Click Forward to Slide 15**

Utsogoleri wa chipembedzo ndi ofunika pakupereka ulangizi wa chindunji wa uchembere wa bwino ndi chilangizi cha pafupi ndi nthawi ya ukwati.

Popeza kuti atsogoleri a zipembedzo amakhala nzika za madera omwe iwo akugwirira ntchito, iwowa akhonza kufalitsa uthenga ndi kukhazikitsa makhalidwe abwino omwe ali ogwirizana ndi zikhulupiliro za amayi ndi abambo.

→ **Click Forward to Slide 16**

Anthu ambiri amapanga chiganizo cha nthawi yokhala ndi ana motsogozedwaa ndi ziphunzitso za chipembedzo.

→ **Click Forward to Slide 17**

Mabanja akhonza kusankha njira za kulera za chilengedwe, kapena za chipatala, kuti akonzekeretse banja lawo. Njira zolera za chilengedwe ndi chipatalazi zinachitidwa kafukufuku woyenera ndipo zinapezedwa kuti ndi zabwinobwino kugwiritsidwa ntchito ndi abambo ndi amayi.

→ **Click Forward to Slide 18**

Kubereka mopereka mpata woyenera pakati pa mimba ina ndi inzake kapena kutenga mimba mu nthawi yoyenera ndinso patatha nthawiko kuchokera pa mimba ina, kumapulumutsa moyo pakuletsa kutenga mimba mosakonzekera, komwe kungathe kuchulukitsa chiopsezo cha imfa ndi kulumala kwa ana ndi amayi awo, makamaka mimba ikakhala m'magulu awa:

→ **Click Forward to Slide 19**

- Ya msanga, kutanthauza kuti amayiwo ali ndi zaka zochepera 18 za kubadwa;
- Zochulukitsa, chifukwa chakuti amayiwo akhalapo kale ndi mimba zina zambiri;
- Yochedwa, kutanthauza kuti amayi ali ndi zaka zopitilira 35, kapena
- Ya pafupipafupi, chifukwa chakuti mimba'zo zimatengedwa mu nyengo yo fupikirana zedi.

→ **Click Forward to Slide 20**

Mu zaka zangopitazi, kwakhala kukuchitika zinthu zambiri kuti anthu zipangizo za uchembere wabwino zizipezeka mosavuta kuno ku Malawi.

Kagwiritsidwe ntchito ka zipangizo za kuchipatala za uchembere wabwino kwakwera kuchokera pa amayi amodzi mu amayi 10 alionse okwatiwa mu 1992 ...

→ **Click Forward to Slide 21**

...kufikira pa amayi 4 mu amayi 10 aliwonse okwatiwa mu 2010.

→ **Click Forward to Slide 22**

Atsogoleri a chipembedzo ena, aKhristu ndi aSilamu omwe, athandiza kudzetsa mtima othandizana ndi okuza mchitidwe wa amayi kutengako nthawi asanaberekenso ndi kubereka kwa patali patali.

→ **Click Forward to Slide 23**

Kuwonjezera apo, zipatala zina za chipembedzo zimapereka uphungu okhudza njira za kulera, ndinso kufalitsa uthenga m'madera akumudzi.

→ **Click Forward to Slide 24**

Koma pakadali zopsinja zina.

→ **Click Forward to Slide 25**

Mwa chitsanzo, masiku ano, banja limodzi mu mabanja anayi limafuna kuchedwetsa kubereka ana, koma iwowa sakugwiritsa ntchito njira ina iliyonse yopewera mimba yosakonzekera. Banja lotere liri ndi chikhumbokhumbo cha njira ya kulera yomwe ingawathandize kutenga mimba mu nthawi yakakonzedwe kawo.

→ **Click Forward to Slide 26**

Pafupifupi mwanu m'modzi mu ana 6 aliwonse amabadwa pasanathe zaka ziwiri kuchokera pa mimba yangothayi, kuchulukitsa chiopsezo cha zovuta zina pobereka, ngakhalenso imfa.

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Kuwonjezera kuika moyo pa chiopsezo, mimba zosakonzekera kapena zomwe zmaika moyo pa chiopsezo zimatha kukhala ndi zotsatira zanyengo yaitali pa maubwenzi ndi chuma, chifukwa chakuti akhonza kudzetsa:

- Kuchepekedwa kwa mudzi kapena banja, ngati mayi kapena mwana amwalira;
- Zipsinjo kwa mabanja pamene anali kufuna kupambana ndi kukwera m'maphunziro kapenanso ntchito;
- Kuchuluka kwa ndalama zofunika kupereka ku chipatala ndi kuyang'anira zofunika pa khomo;
- Anthu ambiri afuna zipangizo zofunikira ngati ma sukulu ndi zipatala; ndinso
- Anthu ambiri afuna zachilengedwe monga madzi ndi malo a minda.

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Kafukufuka waonetsa kuti kukonza kachulukidwe ka anthu pa banja ndi nthawi yotengera mimba kumamanga maziko a zinthu izi:

- Kukonza umoyo wathanzi wa amayi ndi ana;
- Kulimbikitsa mabanja; ndinso
- Kudzetsa chitukuko cha dziko.

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Zinthu zimenezi zimogwirizana ndi masomphenya a atsogoleri a chipembedzo ndi a m'madera, kutanthauza kuti m'chitidwe wa amayi kutengako nthawi asanaberekenso ndi kubereka kwa patali patali, kumayenda limodzi ndi zichitochito za a chipembedzo.

Atsogoleri a chipembedzo ndi a m'madera akhonza kugwiritsa ntchito zinthu zotsimikizika takhala tikukambazi, pakufuna kulimbikitsa mchitidwe wa amayi kubereka mopereka mpata woyenera pakati pa mimba ina ndi inzake.

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kubereka mopereka mpata woyenera pakati pa mimba ina ndi inzake kuli ndi ubwino wambiri zedi kwa mabanja.

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Kwa amayi, izi zimatanthauza ...

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... kuchepetsa imfa ndi kulumala.

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Kuchepetsa chiopsezo cha amayi kupatsira mwana HIV, pakuletsa mimba zosakonzekera;

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... ndinso kuwonjezera thanzi.

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Kubereka mopereka mpata woyenera pakati pa mimba ina ndi inzake kulinso ndi ubwino kwa ana. Kumathandiza kupewa imfa za ana.

Mu chithunzichi, tikuwona chitsanzo cha m'gwirizano omwe ulipo pakati pa kubereka kwa patali patali, ndi kupulumuka kwa mwana ku imfa.

Chakumanzere'ku, kuli nambala ya ana omwalira asanakwanitse zaka 5 mu ana 1,000 aliwonse obadwa amoyo. Kumunsiku tili ndi nthawi yomwe amayi anatenga asanakhalenso ndi mimba pakuyang'ana mimba ziwiri zapitazo, kuchokera pa zaka zochepera ziwiri, mpaka zaka zitatu.

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Apa tikuona kuti ana obadwa pasanathe zaka ziwiri kuchokera pomwe mayi wao anaberekeranso, amakhala pa chipopsezo kawiri pa kamodzi kalikonse komwe mwana yemwe adabadwa patatha zaka zitatu kuchoka pa mimba ina akhoza kukhalapo.

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Choncho pakuthadizira kuti makolo azidikila zaka zitatu chiberekereni asanayenselenso kutenga pathupi pena, kubereka kopereka mpata woyenera pakati pa mimba ina ndi inzake ...

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... Kumaonjezera mwayi okhala moyo wamwana ... Kumaikanso maziko

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... a moyo wabwino ndi wathanzi wamwana.

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Komanso a maphunziro ndi moyo wangwiro.

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Kwa abambo ndi amayi, kukonza dongosolo la kukula kwa banja lawo komanso katalikitsidwe ka maberekedwe kukhonza kuphweketsa ...

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... kukwaniritsa zolinga za pa maphunziro komanso pa ntchito podzera mukubereka kopereka mpata wokwaira pakati pa mimba.

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Kuchuluka kwa ndalama ndi zina zopezeka za pakhomu komwe kumadza kumathandizira makolo kukhala ndi ...

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... zinthu ndi chisamaliro choyenerera chokwanila pa ana awo. Kukonzeratu kukula kwa banja kumathandizira kumanga banja ...

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... kudzera mukukambirna komwe kumakhalapo pakati pa abambo ndi amayi mu ziganizo za kaberekedwe komanso kuonjezera mwayi ochita zinthu wa amayi.

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Ubwino okonza dongosolo la banja umafikilanso ku dziko lonse.

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Pothandiza mabanja kupewa imfa ndi matenda, kukwaniritsa zolinga zawo zapamwamba m'mpaphunziro ndi ntchito, komanso kukwaniritsa kusungira ndalama, kukonzekera makulidwe a banja lawo kumapangitsa ma banja kukhala a thanzi ndinso madera ochitika bwino pachuma.

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Uchembere wabwino umathandiza kupulumutsa ndalama za boma ndipo ndalamazi zimagwira ntchito zina zopindulira anthu komanso zachilengedwe ...

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... ngakhaleenso zomangamanga zofunika pokwanilitsa chitukuko cha dziko.

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Atsogoleri a mipingo pa dziko lapansi athandizirapo pa kufalitsidwa kwa uthenga wa uchembere wabwino. Tiyeni tione dziko la Egypt ngati chitsanzo cha dziko lomwe a tsogoleri a mipingo anatengapo gawo lalikulu pa kulimbikitsa kubereka mopereka mpata oyenera pakati pa mimba ina ndi inzake.

Ku Egypt, mu chaka cha 1988, amayi osapitilira anayi mwa amayi khumi aliwonse amagwiritsa ntchito zothandizila kubereka motalikitsa moyenera, ndipo boma linkakhudzika kwambiri ndi kuvuta kwa chitukuko kamba ka mavuto a uchembere komaso kukula kwa chiwerengelo mwansanga.

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Mu zaka za mma 1990, boma lidawonjezera chithandizo chopita ku njira zomwe zimalimbikitsa kubereka mopereka mpata oyenera pakati pa mimba ina ndi inzake mogwirizana ndi ziphunzintso za zipembedzo zawo ...

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... ngati mbali imodzi yachitukuko yomwe ndi kulimbikitsa umoyo wabwino wa amayi ndi ana.

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Atsogoleri a ndale, adayankhulapo pothandizila kuti anthu azikonzekeratu kukula kwa banja lomwe akufuna kukhala nalo komanso katalikitsidwe ka uchembere wawo ndipo izi zidachititsa kuti zipatala zothandiza anthu pankhaniyi zichulukilepo.

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Pozindikila kuchuluka kwa mphavu komwe mipingo ili nayo mu dziko lawo, boma lidagwira ntchito limodzi ndi atsogoleri a mipingo mu misonkhano yodziwitsa anthu za kubereka mopereka mpata wokwanira pakati pa mimba.

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Mabungwe a mipingo akuluakulu anapereka zigamulo zomwe zinali zokomera kukonzekeratu dongosolo la kakulidwe ka banja komanso matalikitsidwe a mimba zomwe zinali tayale ndi cholinga chawo cholimbikitsa umoyo wabwino ndi wathanzi.

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Mu zaka zomwe zinatsatira, atsogoleri ena a zipembedza monga za chikhristu ndi za chisilamu- anapatsidwa zinthu ndi luso lolimbikitsira Kubereka mopereka mpata oyenera pakati pa mimba ina ndi inzake.

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Mu zaka zomwezi, boma linaonjezeranso ndalama zolowetsa ku maphunziro, za umoyo ndi ntchito yochulukitsa mwayi ntchito.

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Pofika 2008-zomwe zili zaka makumi awiri kuchokera pamene izi zidayamba- njira zogwiritsa ntchito pothandizira Kubereka mopereka mpata oyenera pakati pa mimba ina ndi inzake zinali zikupezekaponse, ndipo amayi pafupifupi asanu ndi mmodzi mwa khumi alionse anali akugwiritsa ntchito njirazi.

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Mu zaka zomwezi- zaka za kuyambira 1988 mpaka 2008- mimba zosakonzekera, imfa za amayi komanso ana zidachepea ...

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... chomwecho amayi ambiri adapita patali ndi maphunziro awo ndipo chuma chadziko la Egypt chinakwera.

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Chitsanzo cha dziko la Egypt chikutionetsela bwino lomwe momwe kugwira ntchito ndi atsogoleri a zipembedzo kungathandizire kuti Kubereka mopereka mpata oyenera pakati pa mimba ina ndi inzake kovomerezeka komanso kuti kutsatiridwe makamaka ngati boma ndi atsogoleri a ndale aikapo chidwi ndikuonetsetsa kuti akulimbikitsa kuika chuma mu za umoyo, maphunziri ndi za ntchito.

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Kodi nanga tingagwire ntchito bwanji ndi atsogoleri m'Malawi kuti tionetsetse kuti anthu azipembedzo zonse akumvetsetsa kufunika kobereka mopereka mpata wokwanira pakati pa mimba ina ndi inzake.

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Atsogoleri a zipembedzo aonetsetse kuti akuphatikiza ma uthenga a ubwino wa Kubereka mopereka mpata oyenera pakati pa mimba ina ndi inzake mu ziphunzitso zawo.

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Atsogoleri amipingo alimbikitse ndi kumenyerera kuti zaka zovomerezeka za msinkhu okwatira kapena kukwatiwa zionjezedwe ndi za kubereka Kubereka mopereka mpata oyenera pakati pa mimba ina ndi inzake. Pofuna kuteteza miyoyo ndi moyo wathanzi.

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Ogwira ntchito m'boma ndi atsogoleri a ndale aonjezere chithandizo ndi utsogoleri pa kubereka mopereka mpata oyenera pakati pa mimba ina ndi inzake lzi zikutanthauzanso kugwira ntchito limodzi ndi atsogoleri a mipingo pa za uchembere wabwino komanso kupereka chithandizo chokwanira pa za uchembere wabwino ku ma bungwe a mipingo a kumadera (ma FBO).

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Atsogoleri pa za umoyo agwire ntchito limodzi ndi onse omwe amapereka chithandizo pa za kubereka mopereka mpata oyenera pakati pa mimba ina ndi inzake poonetsetsa kuti zikupezeka kwa abambo ndi amayi ndipo zikuganizira zipembedzo zonse.

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Atsogoleri pa za maphunziro kuonjezeraponso aphunzitsi aonetsetse kuti uthenga wa za umoyo ukuperekedwa mmasukulu ndipo kuti ndi oyenera kwa ana asukulu a zipembedzo zonse.

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Atsogoleri onse mma udindo awo osiyanasiyana, kuphatikizapo atsogoleri a mabungwe omwe si aboma, akuluakulu, makolo ndi atsogoleri a chinyamata, anyamata ndi asungwana akambirane za udindo wa zipembedzo pa kukonzeratu dongosolo la kukula kwa banja ndicholinga chofuna kulimbikitsa ma banja athanzi komanso Malawi wathanzi.

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Tikaika chuma chokwanira mu nkhani za kulera ndi kubereka kopereka mpata oyenera- tikulimbikitsanso za umoyo, maphunziro ndi za ntchito, phindu la zonsenzi lidzadikha bwino ndikukwanila dziko lathu.

Umoyo umakhala wathanzi, mabanja amalimba, chuma chimakhazikika ndipo chitukuko chadziko chimayenda bwino.

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Discussion Guide

After giving the ENGAGE presentation, you may have the opportunity to foster discussion among the audience members. We encourage you to share data specific to reproductive health, planning family size, and faith in Malawi, and make the discussion specific to addressing these issues within the local context. Sample discussion questions are listed below:

DISCUSSION ABOUT THE PRESENTATION

1. What did you learn from the presentation about the connections between the benefits of planning family size and faith-based values and beliefs?
2. How can an increased focus on planning family size lead to better development outcomes for your county or community?

DISCUSSION ABOUT REPRODUCTIVE HEALTH AND PLANNING FAMILY SIZE

1. Many people have diverse views about reproductive health and planning family size. Has this presentation affected the way you think about these issues?
2. How does planning family size make a difference for: (a) individuals and families, (b) communities, and (c) nations?
3. Why do some people say that faith-based beliefs are not supportive of planning family size?
4. Family planning availability and use has improved in Malawi, but many people still have an unmet need for family planning. Why do you think there is such a high unmet need for family planning services and information?
5. What are some strategies that can increase access to family planning in your community? Consider strategies that include faith-based leaders.

DISCUSSION ABOUT PLANNING FAMILY SIZE AND FAITH-BASED FRAMEWORKS

1. Did the presentation change the way you think about reproductive health and planning family size as it relates to faith-based values and beliefs? Was there anything you learned in the presentation that you think would be valuable for faith-based communities to know?
2. The presentation shows that planning family size lays the groundwork to improve the health of mothers and children, strengthen families, and achieve national development. How do you compare these family planning outcomes with the goals of faith-based communities? What are the similarities and what are some key differences?
3. What do you think are the barriers to engaging faith-based leaders in family planning advocacy and initiatives? What opportunities exist to engage faith-based leaders in family planning initiatives?

DISCUSSION ABOUT RECOMMENDATIONS

1. The presentation made several recommendations at the end. Which of these recommendations is most critical? What are additional, specific recommendations for your county? What can you do to help these recommendations become a reality?
2. What can be done to increase awareness about how the benefits of planning family size are aligned with faith-based frameworks and beliefs? What can be done to increase involvement of faith-based leaders in family planning efforts?
3. What are some ways to increase public dialogue about faith, reproductive health, and planning family size?

Frequently Asked Questions

Audience members often 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.

Below are some frequently asked questions and answers:

QUESTIONS ABOUT THE PRESENTATION

Q. How accurate are your data?

A. The data in this presentation are the most accurate data available about family planning, reproductive health, and religion in Malawi. The data come from the 2008 Malawi Population and Housing Census, Malawi Demographic and Health Survey 2010, World Population Prospects: The 2012 Revision, and other recent research studies.

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

A. The photographs in this presentation are being used in accordance with legal rights and for illustrative purposes only. The photos do not imply any particular health status or behaviours of the people featured in this presentation.

Q. Is Chimango a real person?

A. Chimango is not a real person. His story is a compilation of the stories of several people who believe in the power of family planning and its connection to faith-based beliefs.

Q. Why are you using Egypt as a country example?

A. Egypt is an example of a country where faith-based leaders have been actively engaged in family planning initiatives. In 1988, only 36 percent of married women in Egypt were using modern family planning methods. Egypt's government increased support for family planning throughout the 1990's, and recognizing the strong influence of religion in the country, chose to engage faith-based leaders in family planning campaigns. Large religious centres made rulings in favour of family planning that were aligned with their mission to improve community health and well-being, and these rulings were used in the government's campaigns. Both Christian and Muslim leaders were trained to promote family planning in their communities. By 2008, family planning was widely available in Egypt and 58 percent of married women were using modern family planning.

Q. Why do you focus on reproductive health and family planning when there are so many other important issues to be addressed by faith-based leaders, such as education, poverty, access to health care, or food security?

A. Yes, there are many important issues in Malawi, and many of them are connected in some way to faith-based frameworks and teachings. Some of these issues are just as important as family planning but that does not diminish the fact that family planning is a cost-effective strategy to improve the lives of individuals, families, and communities, and help Malawi achieve development goals. Ideally, we could address all of these issues together, but this presentation is about raising awareness of the connections between reproductive health, family planning, and faith-based frameworks and beliefs.

QUESTIONS ABOUT FAITH-BASED FRAMEWORKS AND BELIEFS AND FAMILY PLANNING

Q. I'm a faith-based leader. What can I do to help?

A. Faith-based leaders around the world have become actively engaged in reproductive health and family planning initiatives. As a faith-based leader, people listen to you and value your opinion. One of the most important things you can do is share information with your community about the benefits of reproductive health and family planning, including how the benefits of family planning are aligned with faith-based frameworks and beliefs. Be sure that all information you share is scientifically accurate. Another way you can help is to reach out to reproductive health and family planning organizations in your area and offer to partner with them to spread the word.

Q. Some faith-based leaders do not support family planning. What can I do to change attitudes among faith-based leaders about family planning?

A. Throughout the world, faith-based leaders are looked to for guidance and advice on all aspects of life. When hoping to gain the support of a faith-based leader for family planning, it is helpful to frame the issues within the values and beliefs of the faith you are addressing. There are leaders within all major faith-based groups who do support family planning. Work with them to create messages that show where in the Qur'an or the Bible health is promoted and supported. It is important for programs to partner with these "champions" to design messages and community outreach strategies that support family planning within faith-based frameworks.

QUESTIONS ABOUT CONTRACEPTION

Q. You discussed family planning a lot in this presentation, but you didn't provide details about methods of family planning. What are the choices for family planning or contraception?

A. There are 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 sterilization and vasectomy are more effective. Some methods only work one time such as male condoms or female condoms, 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. And finally, there is the Lactational Amenorrhea Method, which is a method based on breastfeeding and provides pregnancy protection for the mother and nutrition for the baby during the first six months after childbirth.

Q. Are there any safety concerns or negative side effects when using family planning?

A. Family planning is safe for both women and men. It is one of the most researched medical interventions in history, and today there are many kinds of contraceptive methods for people with different needs and health conditions. Some contraceptive methods may have side effects that affect one family planning user while not affecting another. Clients need to be informed of possible side effects and how to manage them when receiving family planning counselling. If the side effects are bothering the client, the provider can suggest a different method of family planning.

QUESTIONS ABOUT CONTRACEPTIVE POLICIES AND INTERVENTIONS

Q. How can we make sure there is a sufficient budget to ensure all people have access to family planning information and services?

A. In the face of the global economic crisis, it may seem difficult to increase national budgets for family planning. However, the quality and availability of family planning 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 reproductive health is targeted and used efficiently. Also, integrating reproductive health into other key sectors like education, labour, and gender, can increase national funding streams for family planning commodities and services. In addition, budgeting for family planning requires a long-term perspective since using family planning services is not a one-time event for individuals and couples, but a need that lasts throughout an individual's reproductive life. Advocates and policymakers from the public and private sectors who articulate support for family planning can help put the issue on the national agenda and increase budget support for such services. With greater involvement of faith-based organizations and communities, countries can better provide family planning information and services to everyone.

Additional Resources

Christian Connections for International Health (CCIH), *Engaging Men in Family Planning* (Washington, DC: CCIH, 2013).

Christian Connections for International Health (CCIH), *Family Planning: Another Way Faith Groups Can Prevent HIV Infections* (Washington, DC: CCIH, 2011).

Christian Connections for International Health, Muhammadiyah, and DSW, *Interfaith Declaration to Improve Family Health and Well-Being* (Nairobi: Christian Connections for International Health, Muhammadiyah, and DSW, 2011).

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Institute for Reproductive Health, *Faith-Based Organizations As Partners in Family Planning* (Washington, DC: Institute for Reproductive Health, 2011).

Karin Ringheim and James Gribble, *Improving the Reproductive Health of Sub-Saharan Africa's Youth: A Route to Achieve the Millennium Development Goals* (Washington, DC: Population Reference Bureau, 2010).

Malawi National Statistical Office, *2008 Population and Housing Census* (Zomba, Malawi: National Statistical Office, 2008).

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Maura Graff and Jason Bremner, *A Practical Guide to Population and Development* (Washington, DC: Population Reference Bureau, 2014).

Population Action International (PAI), *The Key to Achieving the Millennium Development Goals: Universal Access to Family Planning and Reproductive Health* (Washington, DC: PAI, 2010).

Rhonda Smith et al., *Family Planning Saves Lives*, 4th ed. (Washington, DC: Population Reference Bureau, 2009).

United Nations Population Division, *World Population Prospects: The 2012 Revision* (New York: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, 2013).