

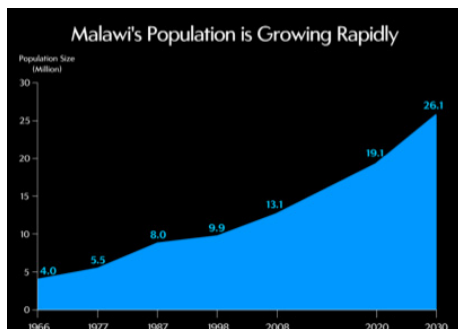
Malawians Together: Faith, Population, and Development



Chimango is a faith leader who is on a mission to improve people's lives. He has seen a lot of mothers and children die in his village during childbirth, and he knows these deaths could be prevented if people planned their family size and spaced the births of their children.

When they were young, Chimango and his wife Eliza chose to space the births of their children in accordance with their faith, which made it easier for them to plan their pregnancies, to be healthy, achieve their education and career goals, and to provide for their family.

Today, Chimango and Eliza reach out to their neighbours to talk about the links between faith and planning family size. They want everyone to have access to life-saving health care and the opportunities it can provide for families, the community, and the nation.

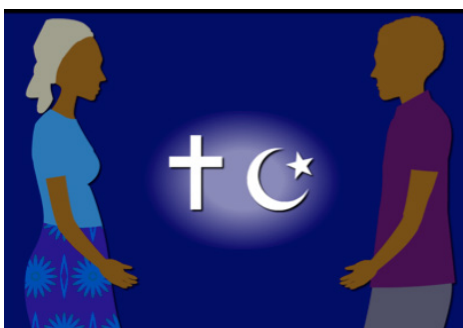


Today we have the largest number of people in history in need of reproductive health services because our population is the largest it has ever been.

Malawi's population has grown rapidly from 4 million people in 1966 to over 15 million people today. 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 2030.¹



The vast majority of Malawi's population is religious. The most common religions are Christianity and Islam.²



Our marriages, gender roles and relationships, education, where we seek health care, and the timing and spacing of childbearing are often influenced by faith-based beliefs.

Deeply rooted in the communities they serve, faith-based leaders provide moral guidance to their followers, and can disseminate messages that reinforce healthy behaviour and resonate with faith-based beliefs for both women and men.



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

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



There have been many great improvements in recent decades to improve access to reproductive health services in Malawi. But there are still many challenges.

For example, nearly one out of six children is born less than two years after a previous birth, increasing their risk of health complications or death.³

The healthy timing and spacing of pregnancies lays the groundwork to:

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

Research demonstrates that healthy timing and spacing of pregnancies lays the groundwork to:

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

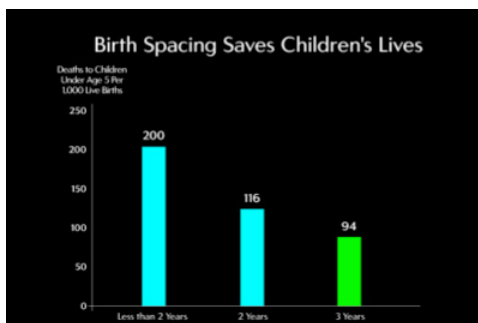
These outcomes are also aligned with the goals of faith-based leaders and communities.

The Healthy Timing and Spacing of Pregnancies Benefits Mothers

- ↓ Death and disability
- ↓ HIV transmission
- ↑ Health and nutrition

Planning family size has numerous benefits for families.

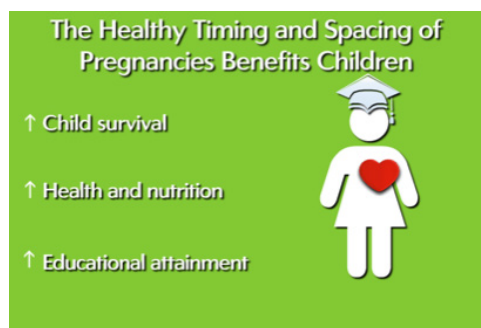
For mothers, it reduces death and disability through healthy timing and spacing of pregnancy. It also reduces mother-to-child transmission of HIV by preventing unintended pregnancies, and it improves health and nutrition status.



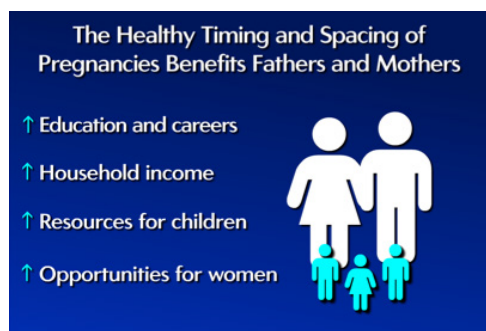
Birth spacing saves children's lives.

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

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.⁴



By enabling parents to wait three years after giving birth before becoming pregnant again, healthy timing and spacing of pregnancies increases child survival. It also lays the groundwork for improved child health and nutrition, educational attainment, and well-being.



For fathers and mothers, planning family size can make it easier to achieve education and career goals through healthy timing and spacing of pregnancies. The resulting higher household income enables parents to have more resources for each child.

Healthy timing and spacing of pregnancies also helps to strengthen marriages by engaging both parents in childbearing decisions and increasing opportunities for women.



The benefits of planning family size and spacing births are felt throughout Malawi. By helping families prevent death and illness, achieve higher levels of education and employment, and accumulate more savings, healthy timing and spacing of pregnancies leads to healthier and wealthier communities.

These improvements allows governments to save money and invest in social services and natural resources, and the infrastructure needed for Malawi to achieve its development goals.



Egypt is an example of a country where faith-based leaders have been actively engaged in initiatives that support the healthy timing and spacing of pregnancies.

In 1988, only 36 percent of married women were using methods to time and space their pregnancies. Throughout the 1990's, the government increased support for methods that promoted healthy timing and spacing of pregnancies in line with their faith-based teachings.

Recognizing the strong influence of religion in the country, the government chose to engage faith-based leaders. Large religious centres made rulings in favour of planning family size and spacing pregnancies.



At the same time, the government invested in health, education, and employment. 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. Maternal and child deaths declined while women’s educational attainment and gross national income increased.

Faith-based Leaders

Integrate information about the benefits of healthy timing and spacing of pregnancies with faith-based messages and values

In Malawi, faith-based leaders should integrate information about the benefits of planning family size with faith-based messages and values. They should also advocate for increased age at marriage, and healthy timing and spacing of pregnancies to protect health and well-being.

Government Leaders

Partner with faith-based leaders, and allocate reproductive health resources to faith-based communities

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

Health Leaders

Ensure reproductive health services are sensitive to diverse faith-based beliefs

Health sector leaders should work with service providers to ensure reproductive health services are available for both women and men, and sensitive to diverse faith-based beliefs.

Education Leaders

Ensure reproductive health information is provided in schools and is appropriate for all faiths

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

All Leaders

Talk about the role of faith
and planning family size
for healthy families and a
healthy Malawi

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



When we invest in planning family size 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.

References

- 1 Malawi National Statistical Office, *2008 Population and Housing Census* (Zomba, Malawi: National Statistical Office, 2008); and 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).
- 2 Malawi National Statistical Office, “2008 Population and Housing Census Results,” accessed at www.nsomalawi.mw/index.php/2008-population-and-housing-census/107-2008-population-and-housing-census-results.html, on Dec. 2, 2014.
- 3 Malawi National Statistical Office and ICF Macro, *2010 Malawi Demographic and Health Survey* (Calverton, MD: ICF Macro, 2011).
- 4 Malawi National Statistical Office and ICF Macro, *2010 Malawi Demographic and Health Survey*.
- 5 Fatma El-Zanaty, Ann Way, and Macro International Inc., *2008 Egypt Demographic and Health Survey* (Calverton, MD: Macro International Inc., 2009); and Farzaneh Roudi-Fahimi, *Islam and Family Planning* (Washington, DC: Population Reference Bureau, 2004).

Acknowledgements

Malawians Together: Faith and Family Planning for Development is a multimedia advocacy tool developed in 2014 by the Malawi Faith ENGAGE task force chaired by the Ministry of Finance, Economic Planning, and Development in collaboration with the Population Reference Bureau. This tool was made possible by the support of the American people through the United States Agency for International Development (USAID) under the terms of the IDEA project (No. AID-OAA-A-10-00009). The contents are the responsibility of the Malawi Faith ENGAGE task force and the Population Reference Bureau and do not necessarily reflect the views of USAID or the United States Government.

