# **Presentation Narrative**

#### Title

Malawians Together: Faith, Population, and Development\

Amalawi Ogwirizana: Chikhulupiriro, Chiwerengero cha anthu, ndi Chitukuko

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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.

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

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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. 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.

He is on a mission to improve people's lives, and this is the reason. Kamaba ka izi, iye tsopano wadzilemba ntchito yotukula miyoyo ya anthu.

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

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

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

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

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

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

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. 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.

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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.

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

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

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.

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...

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...

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

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

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A central component of reproductive health is healthy timing and spacing of pregnancies. Pa chimake penipeni pa umoyo wa ubereki wabwino ndi m'chitidwe wa amayi kubereka mopereka mpata woyenera pakati pa mimba ina ndi inzake

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.

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 ngakhalenso za makolo (zachilengedwe)

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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.

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.

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Malawi's population has grown rapidly from 4 million people in 1966 to over 15 million people today. Chiwerengero cha anthu ku Malawi chakwera mwachangu kuchokera pa anthu ma million anayi mu 1996, kufikira anthu ma million khumi ndi asanu lero.

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. 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.

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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!! 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!!

A larger population will increase demands for social services and natural resources. Chiwerengero chachikulu chichulukitsa mlingo wofuna zinthu zofunika pa moyo wamunthu ndi zachilengedwe.

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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.

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.

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Faith-based beliefs influence many parts of our lives that are important for our reproductive health. Mbali zambiri za moyo wathu zomwe zili zofunika mu umoyo wa ubereki wabwino zimakhudzidwa ndi zikhulupiliro zakudza ndi chipembedzo

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

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

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

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

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

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

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.

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.

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For many people, decisions on when to have children are guided by faith teachings. Anthu ambiri amapanga chiganizo cha nthawi yokhala ndi ana motsogozedwaa ndi ziphunzitso za chipembedzo.

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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.

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.

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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:

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:

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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.

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.

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

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

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

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

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

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

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

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.

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

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

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But there are still many challenges.

Koma pakadali zopsinja zina.

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

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.

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

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

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:

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 farm land.

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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Research demonstrates that planning one's family size and spacing pregnancies lays the foundation to: Kafukufuka waonetsa kuti kukonza kachulukidwe ka anthu pa banja ndi nthawi yotengera mimba kumamanga maziko a zinthu izi:

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

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

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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.

Zinthu zimenezi zimagwirizana 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.

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

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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Healthy timing and spacing of pregnancies has numerous benefits for families. kubereka mopereka mpata woyenera pakati pa mimba ina ndi inzake kuli ndi ubwino wambiri zedi kwa mabanja.

For mothers, this means......

Kwa amayi, izi zimatanthauza.....

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...... reducing death and disability ...... kuchepetsa imfa ndi kulumala

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Reducing mother-to-child transmission of HIV by preventing unintended pregnancies; Kuchepetsa chiopsezo cha amayi kupatsira mwana HIV, pakuletsa mimba zosakonzekera;

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....and improving health and nutrition. ....ndinso kuwonjezera thanzi.

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

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

In this bar chart, we see an example of the relationship between birth spacing and child survival. Mu chithunzichi, tikuwona chitsanzo cha m'gwirizano omwe ulipo pakati pa kubereka kwa patali patali, ndi kupulumuka kwa mwana ku imfa.

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.

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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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.

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.

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

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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- ..... increases child survival. It also lays the foundation
- ..... Kumaonjezera mwayi okhala moyo wamwana... Kumaikanso maziko

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- .....for improved child health and nutrition,
- ....a moyo wabwino ndi wathanzi wamwana

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And educational attainment, and well-being. Komanso a maphunziro ndi moyo wangwiro

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For both fathers and mothers, planning their family size and spacing pregnancies can make it easier to... Kwa abambo ndi amayi, kukonza dongosolo la kukula kwa banja lawo komanso katalikitsidwe ka maberekedwe kukhonza kuphweketsa...

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.....achieve education and career goals through healthy timing and spacing of pregnancies .... kukwaniritsa zolinga za pa maphunziro komanso pa ntchito podzera mukubereka kopereka mpata wokwaira pakati pa mimba.

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

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

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.... more resources for each child. Planning their family size also helps to strengthen marriages..... ....zinthu ndi chisamaliro choyenerera chokwanila pa ana awo. Kukonzeratu kukula kwa banja kumathandizira kumanga banja....

.....by engaging both men and women in childbearing decisions and increasing opportunities for women. ....kudzera mukukambirna komwe kumakhalapo pakati pa abambo ndi amayi mu ziganizo za kaberekedwe komanso kuonjezera mwayi ochita zinthu wa amayi.

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The benefits of planning families are felt throughout the nation. Ubwino okonza dongosolo la banja umafikilanso ku dziko lonse

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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. 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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This reproductive health allows governments to save money and invest in social services and natural resources.....

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

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

..... ngakhalenso zomangamanga zofunika pokwanilitsa chitukuko cha dziko

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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 that support the healthy timing and spacing of pregnancies.

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

.

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.

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

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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- .... as part of its development initiative to strengthen maternal and child health.
- ... ngati mbali imodzi yachitukuko yomwe ndi kulimbikitsa umoyo wabwino wa amayi ndi ana

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

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

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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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.

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

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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.

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

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At the same time, the government invested more in education, health, and job creation. Mu zaka zomwezi, boma linaonjezeranso ndalama zolowetsa ku maphunziro, za umoyo ndi ntchito yochulukitsa mwayi ntchito.

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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.

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 zikupezeka ponseponse, ndipo amayi pafupifupi asanu ndi mmodzi mwa khumi alionse anali akugwiritsa ntchito njirazi.

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

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

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

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

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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.

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

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

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

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.

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

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Government officials and political leaders should increase support and leadership for 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.

Ogwira ntchito m'boma ndi atsogoleri a ndale aonjezere chithandizo ndi utsogoleri pa kubereka mopereka mpata oyenera pakati pa mimba ina ndi inzake Izi zikutanthauzanso kugwira ntchto 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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Health sector leaders should work with service providers to ensure healthy timing and spacing of pregnancies services are available for both women and men, and sensitive to diverse faith-based beliefs.

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

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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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.

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

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.

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

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

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