Improving young people’s access to information on sexual and reproductive health

MALAWI
The need for improving young people's access to correct and comprehensive sexuality information

Many young people in Malawi are not able to make safe and informed decisions on their sexual and reproductive health and rights (SRHR). This makes them vulnerable to unintended pregnancies, sexual and gender-based violence, early and forced marriages, and sexually transmitted infections, including HIV. Improving access to correct and comprehensive information through sexuality education is vital to address this situation. Sexuality education helps young people in gaining a positive view of sexuality, provides them with knowledge on their sexual and reproductive health, and builds their skills for making responsible choices about their sexuality and relationships.

Advocacy for improving delivery of sexuality education in primary schools

The Malawi SRHR Alliance – a collaboration between five civil society organizations – is working to improve young people's SRHR in three districts in Malawi: Dedza, Mangochi and Chikhwawa. As part of this work, they have advocated for improving delivery of Malawi's life skills based education in primary schools. This is an important source of sexuality education for school-going youth in Malawi, as it is taught country-wide as a stand-alone subject in primary schools. There are however shortcomings in the actual delivery of life skills education in schools.

Challenges in the delivery of Life Skills Education

Research by the Centre for Social Research (2011) revealed that life skills education "is not consistently taught in some schools; not taught in others; and taught after classes in still others". Among the reasons were that some church-run schools believed the subject goes against the church's moral teaching, and overcrowded timetables. When life skills education is taught, there are also challenges. Among the challenges experienced by youth are the reluctance of some teachers to talk about topics that are considered culturally sensitive, such as sex and sexuality, and the attitude of some parents. [V]

To gain more insight into the specific situation in Dedza, Mangochi and Chikhwawa, the Malawi SRHR Alliance undertook a situation analysis in the first half of 2014 to establish the factors influencing the delivery of the curriculum, the main gaps, challenges and recommendations to improve the teaching of life skills education. As part of this analysis, they interviewed life skills teachers, members of School Management Committees and mother groups, as well as Primary Education Advisors in 11 primary schools. Furthermore, they visited five teacher training colleges to learn more about the Life Skills curriculum that is taught to student teachers.

The analysis underlined the importance of training teachers in life skills education, both during their studies in teacher training college, and through in-service or refresher training during the course of their employment. The latter is especially important for teachers who went to teacher training college at a time when life skills education was not yet part of the curriculum. These teachers often do not feel comfortable teaching the topic of human development and sexuality, as some words or language are seen as too explicit, sensitive or offensive, while those that have undergone training find it easier. The impact of refresher training for teachers was explained by a Primary Education Advisor as follows: "Before, they were not able to teach
because of limited knowledge and shyness, but now that is gone. The teaching is much better and the students are now getting the real content”. [VI]

Advocacy towards decision-makers at different levels
The Malawi SRHR Alliance contacted relevant decision-makers in the three districts, in particular School Management Committees and District Education Managers, as well as the Ministry of Education at national level, to share the findings of the analysis. The analysis proved to be a useful entry point for engaging these decision-makers, as illustrated by the following comment from one of the decision-makers: “The strength of the Alliance is that they try to back their information with evidence and data that they collect from the schools”. [VI]

The Alliance gave recommendations to the different decision-makers, tailored to their particular mandates, on what their contribution could be in improving delivery of the curriculum to primary school students. Some examples of the alliance recommendations include:

To schools
• To use part of the financial support schools receive – through the School Improvement Grants – for refresher or in-service training on Life Skills and by including Life Skills in the continuing professional development of teachers.

To districts
• To include refresher or in-service training on Life Skills in their District Implementation Plans.
• To increase supervision by Primary Education Advisors of lesson delivery on Life Skills.

Simultaneously, the Alliance entered into dialogue with the Ministry of Education. In addition, activities were undertaken at community level to create more local support for sexuality education, for example by organizing open days in schools in Dedza district.

Commitments expressed by decision-makers
School Management Committees of several schools have now decided to allocate a part of their School Improvement Grants to refresher training on Life Skills: 60 schools in Dedza District, 11 in Mangochi District and 3 schools in Chikhwawa District. The District Education Managers support these decisions and included trainings in their District Implementation Plans.

Continued efforts are needed
Good progress was made in increasing support among decision-makers for Life Skills Education, and in particular for the training of teachers. Continued advocacy is now needed to:
• Request allocation of adequate financial resources to realize the commitments expressed by decision-makers. This includes the Ministry of Education providing sufficient and consistently School Improvement Grants to schools.
• Change negative attitudes of parents and the wider communities towards sexuality education. Increase the quality and quantity of teachers’ and learners’ books, by making them more comprehensive.
“Kids in school” SWL study tour in Malawi, Kasungu, December 2011.
SRHR Alliance
What would your life look like if you had not received any comprehensive sexuality education, had no access to contraception, or if you, or your partner, had been pregnant or given birth without support? The Sexual and Reproductive Health and Rights Alliance, consisting of Rutgers, Amref Flying Doctors, CHOICE for Youth and Sexuality, dance4life and Simavi, works with 52 organizations in nine countries to address these issues.

The five-year international programme ‘Unite for Body Rights’ strengthens southern civil society organizations in the promotion of sexual and reproductive health and rights (SRHR) for all. The Dutch Ministry of Foreign Affairs made 44 million euro available for the period 2011–2015. The SRHR Alliance aims to reach 2.5 million people in nine countries in Africa and Asia, including Malawi. In each of these countries, organizations have joined forces in SRHR Alliances. The programme combines and strengthens three crucial aspects of SRHR: SRHR education, sexual and reproductive health services, and an enabling environment to seek health services. In order to work towards an improved enabling environment, advocacy is an important strategy. Capacity building of civil society organizations to advocate is therefore part and parcel of the UBR programme.

Rutgers in Malawi
Rutgers strengthens the capacity for advocacy of the SRHR Alliances in seven countries, including Malawi. Rutgers has provided technical support to the Malawi SRHR Alliance in the development and implementation of the advocacy strategy on improving delivery of Life Skills Education.
Rutgers’ advocacy mission

Everyone should have the opportunity to experience sexuality voluntarily, safely and pleasantly. And we pursue this aim with great passion. For several decades, the name Rutgers has been synonymous with open, candid and positive sexual education in the Netherlands. Nowadays we mainly support professionals in the care and education sectors in discussing sexuality with their target groups. We acquire knowledge and develop effective methods on the basis of research. Furthermore, we utilize our knowledge and expertise to influence policy-makers.

Rutgers’ success is also evident in other countries. This inspires us to cooperate with organizations throughout the world in improving sexual health and offering people freedom of choice in relationships, sexuality and the decision whether or not to have children.

References


[II] World Bank, Data on World Development Indicators: Women in Development (1.5), Accessed on the 13th of December 2015 from http://wdi.worldbank.org/table/1.5. Notes: Teenage mothers who have had children or are currently pregnant. Figure concerns 2007–2013.


[V] Centre for Social Research (2011), Life Skills Education and Reproductive Health Education. Preliminary Findings from the Non-biomedical Interventions into HIV and AIDS Study. Note: This research concerned Life Skills Education in both primary and secondary schools.

[VI] Personal communication, recorded during an interview in May 2015 as part of a consultancy to document results and lessons learned from advocacy and advocacy capacity building in the framework of the Malawi SRHR Alliance Unite for Body Rights Programme.