



BLANTYRE SYNOD HEALTH AND DEVELOPMENT COMMISSION UPDATING THE SRHR POLICY OF THE CHURCH OF CENTRAL AFRICAN PRESBYTERIAN, BLANTYRE SYNOD



THE ADOLESCENT AND YOUTH SRHR POLICY IS A PROACTIVE STEP TAKEN BY THE BLANTYRE SYNOD THAT WILL HELP TO REDUCE INCIDENCES OF TEENAGE PREGNANCY, EARLY MARRIAGES AND SEXUALLY TRANSMITTED DISEASES

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INTRODUCTION

In 2019, the Blantyre Synod Health and Development Commission (BSHDC) co-created interfaith briefs on sexual and reproductive health and rights (SRHR), gender-based violence (GBV) and teenage pregnancies. These interfaith briefs were to be used to initiate conversations within the church and communities.

Sexual and Reproductive Health and Rights (SRHR) is an important intervention that the Church of Central African Presbyterian (CCAP) Blantyre Synod provides to its members within the framework of the pastoral work, health services in health institutions, education in primary and secondary schools and HIV and AIDS interventions through the development arm of the Blantyre Synod Health and Development Commission (BSHDC).

The BSHDC engaged in a process of reflection and analysis on their response to adolescent and youth health needs within their communities. One of the main weaknesses was cited as being a weak Synod SRHR policy. While there was a SRHR policy in place, the BSHDC identified gaps and loopholes that prevented their effective response to SRHR themes, particularly teenage pregnancies.

The Blantyre Synod Health and Development Commission (BSHDC) is the Health and Development arm of the Church of Central Africa Presbyterian (CCAP) Blantyre Synod, serving the Southern Region of Malawi and part of Ntcheu. The BSHDC works in four thematic areas: Health, Livelihoods, Orphans and other Vulnerable Children (OVC) and Governance. The BSHDC is a member of the ACT Alliance Malawi Forum.

MALAWI BACKGROUND AND STATISTICS



Although Malawi has been making progress in addressing the challenges of SRHR, there are nonetheless ongoing challenges that need attention. Early pregnancy is common, with statistics showing that 49.9% of girls between the ages of 15 and 19 are already married.¹ In many cases, early pregnancy results in child marriage, which has negative outcomes for the girl child as it

is often accompanied by dropping out of school and possible complications with the birth of the child. Furthermore, 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.² The lack of comprehensive sexuality education and information about sexual and reproductive health and rights (SRHR) makes it extremely challenging for young people to access their rights to reproductive health services, and achieve gender equality. Young people must also contend with harmful social norms that control female sexuality, negative attitudes from health workers and taboos preventing them from easily discussing their sexual health.



Teenage pregnancies cost the economy an estimated \$57 million, which presents serious challenges for poverty reduction and development. Some determining factors are that adults in the community, including parents and health workers, feel uncomfortable discussing sex and reproductive health issues with young people. Young women lack adequate SRH/HIV information and/or the ability to communicate with peers, potential sex partners and adults on their needs and often do not realise the extent to which they are at risk.³

In Malawi, 98% of girls aged 15 to 19 are aware of modern methods of contraception, yet only about one-third of sexually active unmarried girls aged 15 to 19 use them. Reasons given for lack of uptake include religious and/or cultural beliefs, negative attitude of clinic staff, inability to negotiate use with partners, and misconceptions including that contraceptives cause cancer or infertility. It is therefore critical for religious leaders, parents, faith-based organizations and other actors to be actively involved in addressing these factors in order to promote greater uptake of SRHR services in Malawi.

In addition, many religious leaders, parents and health workers struggle to communicate with adolescents and youth regarding SRHR issues. This is because they have been brought up to regard SRHR as worldly. They

THE BLANTYRE SYNOD SEES A GAP

A Gap Analysis was instituted by the Blantyre Synod to identify existing gaps in addressing adolescents and young people's sexual and reproductive health issues. The gap analysis was conducted through focus group discussions with key people in the CCAP Blantyre Synod. Participants included reverends, church elders, counsellors, youth leaders and youths (both boys and girls). It highlighted the need for the Church to empower parents with SRHR information.

It is in this respect that the ACT Alliance Malawi Forum also saw the need to develop a specific policy on SRHR for adolescents and youths for the CCAP Blantyre Synod. The policy development included several consultation processes and a rigorous gap analysis. Thereafter the policy was fully developed and vetted by faith leaders within the Blantyre Synod, ACT Alliance Malawi Forum and the Ministry of Youth. Due to the COVID-19 pandemic, the policy launch only took place on 21st March 2021 after postponement and was popularized using Blantyre Synod radio, church meetings and the CCAP Blantyre Synod Facebook page. It is envisaged that the policy will change the lives of about 1.2 million youths under the Church of Central African Blantyre Synod.

CONCLUSION

The Blantyre Synod has engaged in positive steps to influence the SRHR context in Malawi. Through playing a co-ordinating role, it has mobilised the Alliance to contribute towards addressing the pressing societal challenge of early and child marriages. This is an important contribution to development as child marriages present a threat to progress and social transformation. Going forward, the Blantyre Synod will continue to prioritise SRHR, particularly for adolescents and youth, since this is critical for prosperity now and into the future.

REFERENCES

1. https://reliefweb.int/sites/reliefweb.int/files/resources/Country_Assessment_SRMNCH-MALAWI.pdf, 21.
2. https://www.rutgers.international/sites/rutgersorg/files/PDF/Advocacy_Malawi_0.pdf
3. https://pdf.usaid.gov/pdf_docs/PA00M2HC.pdf

The Blantyre Synod participated in a series of interfaith dialogues on women's rights and gender equality facilitated by the Faith to Action Network and ACT Ubumbano. On that occasion, 12 faith organizations from seven countries in Southern Africa declared, "We can no longer be silent as we are called to uphold human dignity for all creation." Coming from Bahai, Christian, Muslim and Traditionalist faiths, they developed

three Interfaith briefs on sexual and reproductive health and rights, gender-based violence and teenage pregnancy. They also identified opportunities for engaging more effectively within their faith communities. Faith to Action Network and ACT Ubumbano supported their action plans through micro-grants and technical assistance, contributing to many inspiring results like the ones mentioned in this case study.

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