

Advancing the access of deafblind women and girls to Sexual and Reproductive Health

→ Implemented by the Visual Hearing Impairment Membership Association (VIHEMA), Malawi

Background

The first census to ever collect information on disability in Malawi in 2008 stated that there were 498,122 persons with disabilities.ⁱ VIHEMA Deafblind Malawi was created 17 years ago to fill the gap in Disabled Person's Organizations in the country promoting the rights of deafblind people. The association brings together deafblind persons with all levels of impairments, from minor to acute, and adapts to the different means of communication used by the participants.

After repeatedly witnessing cases of unintended pregnancies among deafblind women, VIHEMA developed their Sexual and Reproductive Health and Rights (SRHR) practices including family planning. In most of the cases the pregnancies were the result of rape. One particular case was a trigger: a young deafblind woman in Kasungu district was referred to the organization by their focal point, having become pregnant following sexual abuse. The organization went on to seek funding to develop actions to address Gender-Based Violence (GBV) faced by deafblind women. The Malawi Demographic and Health Survey of 2015-2016 showed that 34% of women had experienced physical violence since the age of 15 – a number that is on the increase - and 21% have experienced

sexual violenceⁱⁱ.

What happened?

VIHEMA developed a set of activities to address GBV and access to sexual and reproductive health using the twin-track approach. Firstly, they delivered training for their deafblind members on their rights under the Convention on the Rights of Persons with Disabilities (CRPD). Training courses were also held for the relatives of deafblind women, giving advice on general care, as well as highlighting the importance of supporting their sexual and reproductive health choices and promoting family planning. Secondly, they trained health practitioners on how to communicate with deafblind women, and how to handle reports of physical or sexual abuse. VIHEMA also decided to tackle the issue of the forced sterilization of women with disabilities: they included content in their activities to debunk the myth that systematic sterilization protects women with disabilities. They also dispensed training for service providers, and awareness-raising sessions targeting family members, community members, and leaders.

The organization awareness-raising activities were covered by the national newspapers, including the *Malawi Times*, publicizing both their work and the challenges faced by deafblind women. The group's staff members organized roundtables which were broadcast on national radio. These programs were led by deafblind women and key stakeholders, who discussed access to sexual and reproductive health and deafblind women's rights in general.

Lastly, VIHEMA helped improve the livelihoods of deafblind women by

purchasing goats and fertilizer, providing vital support for their families' agricultural work and ensuring some level of financial independence.



“Before, the community thought I was useless, but now, they are much more inclusive. Disability is not inability”.

Katayeni Nkhoma, member of VIHEMA
Deafblind Malawi

What changed?

Deafblind women and their families had a better understanding of family planning methods and access to sexual and reproductive health services. A positive change in people's mindsets was observed, which has improved deafblind women's inclusion in their communities. The fact that the community chief took part in these training courses is proof of this change.

VIHEMA also encouraged peer-learning: some of the deafblind women trained took the initiative to train other women in neighboring communities, therefore multiplying the impact of the organization's work. It had consequences which were felt beyond the initial target groups, since women both with and without disabilities were equally interested in learning about family planning, leading to spontaneous discussions on the subject. It also helped improve the inclusion of deafblind women in their communities. There were also lasting effects in the medical sector since health practitioners took the initiative to train their successors. Health service providers are now far more aware of the rights of women with disabilities, as well

as the ways of communicating with deafblind women.

Although the project ended in October 2016, VIHEMA is still actively monitoring its effects through monthly visits and frequent reports and referrals from their on-site focal points.

What worked?

VIHEMA has deafblind men and women in leadership positions, despite the challenges owing to problems of communication. Twice a month, Catherine Uteka, a deafblind woman and board member, visits other deafblind women and advises them on SRHR or human rights. She expressed how this work represents an excellent opportunity for her, “*VIHEMA makes me feel part of the disability family; it makes me want to do things with my life, to not give up*”. VIHEMA based all their actions on the practical needs expressed directly by the deafblind women themselves and involved them as much as possible; informing past, present and future actions. VIHEMA closely followed the “nothing about us without us” principle when implementing their actions.

The Malawian association also built strong relationships with community leaders, including them in the training and thereby facilitating community members' commitment by encouraging them to act as role models. The knowledge shared in the training courses proved to be empowering at individual level, as well as at community level, by overcoming deafblind women's isolation.

For more information, please contact:

info.vihema.deafblindmalawi@globemw.net

ⁱ Where “disability was defined as having difficulties or problems in one or all of the following areas; seeing, hearing, speaking and walking/climbing.” National Statistical Office, 2008 Population and Housing Census Main Report, page 16

http://www.nsomalawi.mw/images/stories/data_on_line/demography/census_2008/Main%20Report/Census%20Main%20Report.pdf

ⁱⁱ National Statistical Office - Malawi Demographic and Health Survey 2015-2016 (February 2017), pp 279-289

http://www.nsomalawi.mw/images/stories/data_on_line/demography/mdhs2015_16/MDHS%202015-16%20Final%20Report.pdf