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.1 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 violence.

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:
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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

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