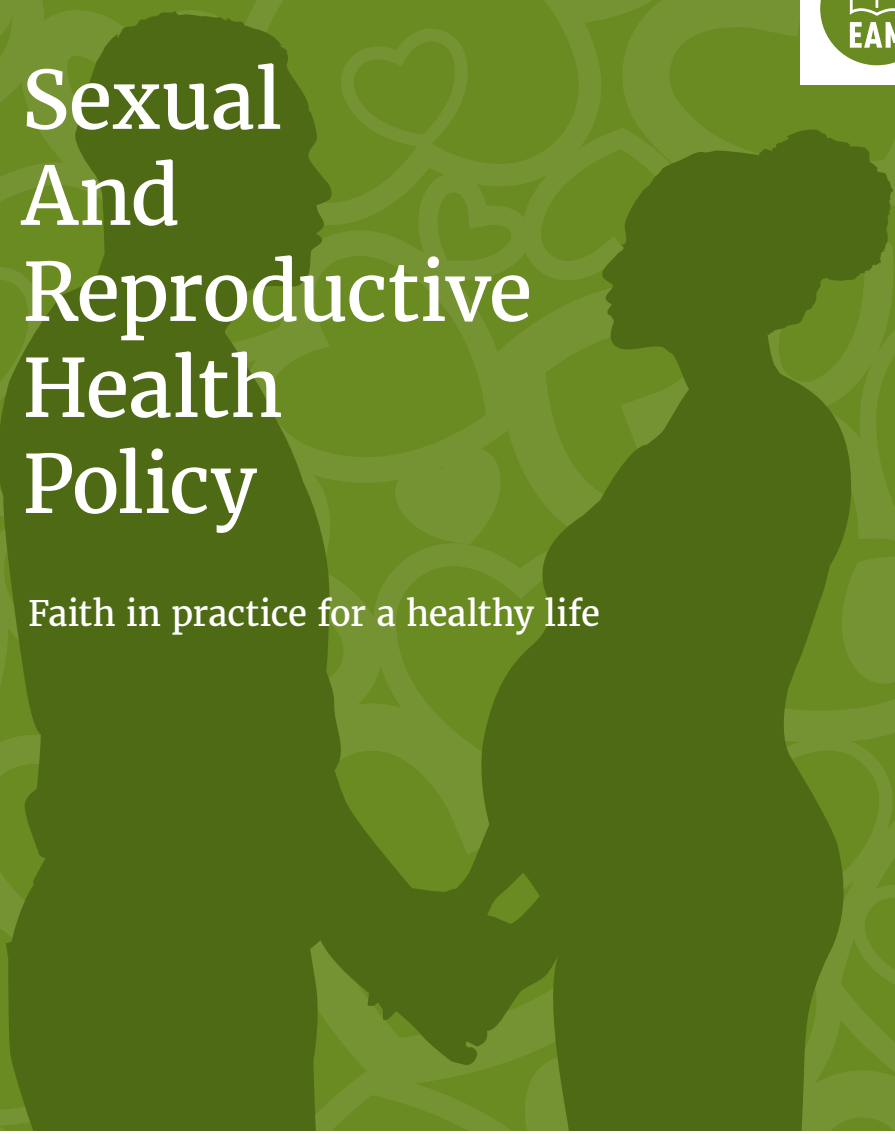
EAM

Sexual And Reproductive Health Policy

Faith in practice for a healthy life



USAID
FROM THE AMERICAN PEOPLE

psi
Healthy lives. Measurable results.

Government of Malawi
Ministry of Health

EVANGELICAL ASSOCIATION OF MALAWI

P.O. Box 30296
Lilongwe 3
Malawi

E-mail: eam@eamalawi.org
Web: www.eamalawi.org

FOREWORD

by Rev. Dr. Chatha Msangaambe, Chairperson of National Executive Board, Evangelical Association of Malawi

Over fifty years of independence have passed and yet Malawi's health indicators still remain unacceptably high. Rampant teenage and unplanned pregnancies, sexually transmitted infections including HIV, tuberculosis, malaria, cardiovascular and degenerative diseases are increasingly becoming the significant causes of maternal, child, infant and neonatal morbidity and mortality in Malawi. This therefore calls for concerted efforts of all sectors of the Government including the church to address the sexual and reproductive health and rights challenges faced by the citizens of Malawi to attain the Vision 2030, African Youth Charter (2006) and Post-2015 Development Agenda through Sustainable Development Goals (SDGs).

This Sexual and Reproductive Health (SRH) Policy has been developed in full acknowledgment that there are some church practices, beliefs, values and attitudes that deny its congregants from accessing related essential health care services thereby attributing to Malawi scoring below the expected health gains, more also in the area of sex, sexuality and reproductive health. The Association believes that health is a universal value held by all faiths and a universal right for human beings. As such, faith traditions, spiritual values and commitment to social justice must lead the church to believe passionately that human beings need not to suffer unnecessarily on the basis of faith so long as such does not compromise their absolute obligation to God. EAM also believes that promoting and sustaining health for humanity is a God given obligation to the church and His servants. EAM acknowledges the evidence that the health benefits of access to information and being educated to health issues and practices, in addition to accessing of health care services have the greatest potential to averting unintended health problems including those related to sex, sexuality and reproduction.

EAM takes this step of developing the SRH Policy to stand as a church guide in sexual and reproductive issues. This will contribute to the opening up of greater opportunities to the Malawian population for accessing of adequate and appropriate quality essential sexual and reproductive health services and thereby enabling Malawi to achieve greater health mile stones.

The Policy discusses the identified issues from an ethical and contextual perspective through the biblical lens. The Policy recognizes that a holistic fulfilment of human life can truly be achieved only when ethical views, norms and values are found in the practice of faith laid down on biblical

truths. Thus the slogan of this EAM SRH Policy is "**Faith in practice for a healthy life**." The Policy view should help to bring about a very clear understanding that the practice of that, which the church believes in, is built on a covenant of a holistic healthy life. The Policy should further help the church to clearly understand its godly mandated position on issues of holistic healthy life.

It is with this greatest expectation that all users and readers of this Policy shall appreciate that the most genuine intent of this Policy is not merely expressing what the church believes in and is founded on, but also demonstrating that practicing what the church believes has a direct bearing on a good health and well-being of humanity.

This Policy, which has been developed in tandem with biblical, cultural and value systems existing in this nation is meant to help and guide the church to contribute to the promotion of optimal sexual and reproductive health outcomes. This, the church, will do and practice with the guidance and blessings of the Almighty God for the highest good of all people in Malawi.

ACKNOWLEDGEMENTS

by Rev. Francis Mkandawire, General Secretary, Evangelical Association of Malaawi

The Evangelical Association of Malawi (EAM) extends its sincere thanks to the availability of the KfW funding through the N'zatonse project under which EAM accessed through ACT Alliance with DanChurchAid and Norwegian Church Aid.

The Evangelical Association of Malawi would like to extend further appreciation to all who contributed to the development of the EAM SRH Policy. The process of developing this Policy involved consultative meetings with various religious leaders from the EAM member churches and church organizations at national, regional and district levels with active participation of representatives of male, female and youth church groups. The product derived from the consultative meetings then went through a thoroughly and thoughtfully scrutiny by EAM Health Policy editorial board specifically recruited for this noble cause. They did a tremendous work, which culminated into this finished product. Sincere thanks go to Mr. Howard Kasiya, the EAM Health Commission National Coordinator for facilitating the process of developing the EAM Policy and taking it this far.

The Evangelical Association of Malawi would like to particularly acknowledge the valuable Policy validation comments and contributions from the following: all the EAM structures beginning with the members of the National Executive Committee, regional committees, member churches and organizations of EAM in general.

PREFACE

Human sexuality is a total significance viewed in the perspective of being male and female, roles, relationships, perceptions, expectations, values and attitudes as well as the general biological functioning of the person. It is important to appreciate the fact that humanity and sexuality exist together. It is critically important to realize that sexuality is a fundamental way in which human beings express themselves, for good or ill. In the creation, God created male and female as sexual beings characterized by bodily sexual features, possessing sexual feelings and as such obligated to express themselves as sexual beings.

The church is under a critical obligation to have a right understanding of various issues including those of human sexuality especially in this era where issues of morals are under scrutiny and seriously being threatened. The church needs to come to terms with the times the world is living in today, which poses one of the biggest challenges to both the family and human sexuality as ordained by God, the creator. This requires the church to look beyond just the defining of moral boundaries of sex, sexuality and reproduction. The church holds the total responsibility and duty to provide a sound and overarching biblical world view of sex, sexuality and reproductive issues over today's views so as to facilitate a sustainable right understanding of the human sexuality.

Evangelical Association of Malawi (EAM) is under such obligation to teach people to learn a positive attitude towards their bodies and themselves, and not merely be subjected to beliefs and behaviour that dictate their sexual desires. The Association, as an umbrella mother body, has to take the lead in guiding the member churches and the church at large in having a clear understanding of issues of sexuality, sex and reproduction from a church perspective in accordance with the teaching of faith and practice.

It is in the same spirit that EAM, as a Government's partner in social and spiritual development and transformation of the people of Malawi, is very committed in complementing the current Government's efforts in promoting sexual and reproductive health towards an attainment of maximum health milestones which are guided by God Almighty and in the best interest of the citizens of Malawi. The framework guiding such a partnership shall be informed by the biblical values and practices which undergird our faith as churches-values that promote life, family and sexual and reproductive health of people and this EAM shall definitely accomplish.

In an attempt to balance the two aspects, the secular and the biblical, the

thirteen issues isolated in this Policy that are related to sex, sexuality and reproduction have been discussed in the context of:

- Ethical view
- Biblical view
- Goal
- Objectives
- Policy inclination or statement
- Policy strategy

The Policy also stipulates how it is going to be implemented, monitored and evaluated to ensure that it achieves its overarching goal and the objectives.

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
CHAM	Christian Health Association of Malawi
CPR	Contraceptive prevalence rate
EAM	Evangelical Association of Malawi
EHP	Essential health package
HIV	Human immunodeficiency virus
HTC	HIV testing and counselling
ICPD	International Conference on Population and Development
IUCD	Intra-uterine contraceptive device
IEC	Information, education and communication
IMR	Infant mortality rate
MDGs	Millennium Development Goals
MDHS	Malawi Demographic and Health Survey
MGDS	Malawi Growth and Development Strategy
MMR	Maternal mortality ratio
MNH	Maternal and neonatal health
MoH	Ministry of Health
MTCT	Mother to child transmission
NAC	National AIDS Commission
NGO	Non-governmental organization
NMR	Neonatal mortality rate
PMTCT	Prevention of mother-to-child transmission
RTI	Reproductive tract infections
SRH	Sexual and reproductive health
STI	Sexually transmitted infections

1. INTRODUCTION

The Evangelical Association of Malawi (EAM) is an umbrella mother body of 122 church denominations and Christian organizations as of December 2016, with a mission of uniting, mobilizing and empowering churches and Christian organizations for effective and efficient social and spiritual transformation of the people of Malawi. The work of Evangelical Association of Malawi is mainly carried out through the Ethics, Peace and Justice, Development, Mission, and the Health Commissions.

The Health Commission, in particular, was set up in 2007 as a platform to govern and administer programmes in response to the deteriorating health indicators in the country especially affecting the poor and the marginalised. EAM's believes that if the church practiced health promoting and seeking behaviours, taught her subjects about health practices, and emphasized health practices as part of the Christian values as emphasised in the Scriptures, the well-being of the people of Malawi would have been positively different.

EAM was introduced by Christian missionaries in 1962 for the promotion of Christian mission and social service. EAM today works very closely with the church worldwide, relevant Government ministries and departments, non-governmental organizations and other faith based organizations who share this same mission. The Association is affiliated to a wider family of evangelicals worldwide through the Association of Evangelicals in Africa (AEA) and internationally to the World Evangelical Alliance. Membership is open to churches denominations and Christian organizations who subscribe to the Statement of Faith and Constitution of the Evangelical Association of Malawi.

EAM's mission is to make Malawi a better and safe place to live through effective and efficient gender sensitive and rights based discipleship, responses to emergencies and epidemics and delivery of social services.

The Association's goal is to contribute to the building of the kingdom of God in Malawi where people shall live and experience a true whole life with equal opportunities and adequate provision of spiritual, physical and psycho-social needs. EAM has defined its role as to:

- Build the capacity of member churches and organizations to actively and fully participate in the national development and social services with a view of alleviating human suffering.
- Promote sound biblical teaching in churches which seeks to address the needs of the whole man, spiritual, social, emotional and physical.
- Coordinate programmes imple-

mented by member churches and Christian organizations, and promote networking for an effective sharing resources and good practices.
- Promote programmes and organizations committed to the holistic proclamation of the gospel in our nation and beyond through word and deeds.
- Promote and provide technical and moral support for church participation in the alleviation of human suffering through the implementation of social programmes such as: peace and justice, relief and social development, nutrition and food security, HIV infection, AIDS and sexual and reproductive health.

EAM envisions a united evangelical body of Christ with a holistic approach to spiritual, physical, psychosocial and economic needs of people in Malawi. EAM believes in holistic approach to the designing and implementation of all its programmes and delivery of services. The Association does this through the local churches at national, regional, district and community levels including the hardest to reach areas. The Secretariat of the Association has some projects/programmes in some districts in all regions which serve as either pilot or model sites to ensure development of best practice.

The Association has since 1997 coordinated the integration, planning, implementation, monitoring and evaluation of health related programmes that have included HIV infection and AIDS, immunization and sexual and reproductive health. The overall objective of this SRH Policy is to guide EAM members in the efforts of promoting sexual and reproductive health through informed choices and a good family and life practices. The Sexual and Reproductive Health Policy for the Evangelical Association of Malawi focuses on thirteen issues related to sex, sexuality and reproduction. These include:

- Marriage and family
- Child bearing and parenting
- Abortion
- Infertility
- Maternal and child health
- Family planning and contraceptives
- Rapid population growth
- Youth and sexual and reproductive health
- Reproductive tract infections (RTIs), HIV and AIDS
- Fistula
- Cancer associated with reproductive organs
- Sexual and gender based violence
- Male involvement in SRH

The identified issues of the EAM Sexual and Reproductive Health Policy have been discussed in six different Policy areas which are:

- Ethical parameters and context
- Biblical view
- Policy goal
- Policy objective
- Policy inclination/statement
- Policy strategies

THE RATIONALE TO THE DEVELOPMENT OF THE POLICY

SITUATIONAL ANALYSIS

Malawi is a landlocked country in south-eastern Africa. Administratively it is divided into three regions, and 28 districts, out of which 13 are in the Southern Region, 9 in the Central Region and 6 in the Northern Region. Malawi has an estimated population of 18,769,992 (MDHS 2015-16) comprising of 50.1 % males and 49.9 % females of which 43.75 % is within the reproductive age of 15-49 years. The Malawi population is young, with 45 % below the age of 15. Life expectancy at birth is 42.8 years for men and 46.53 for females. About 83 % of the population live in the rural areas. Educational attainment is higher for men than women, 20 % of men have never been to school as compared to 30 % of the women (MDHS, 2015-16). The country has a population growth rate of 2.8 % and a fertility rate of close to 6 children per a woman. It is estimated that each year Malawi adds to its population over 400,000 people making it as one of the fastest growing populations in the world. If this population growth continues at the current rate Malawi may arrive at 60 million people by 2050 which will be four times the current country population size in just four decades (NSO, 2016). Such scenario pose more challenges to the country and will continue to strain the already dwindling natural resources and increase demands for more social services like schools, health care, food and livestock produce just to mention a few.

In 2010, more than a quarter of married Malawian women of reproductive age (26 %) had an unmet need for family planning. And the modern contraceptive prevalence rate among married women (age 15-49) was at 59.2 % (MDHS 2015-16). According to the same Malawi DHS (2015-16), 29 % of adolescents aged 15-19 in Malawi have begun childbearing. 22 % of women aged 15-19 have given birth, and another 7 % were pregnant with their first child at the time of interview. As expected, the proportion of women aged 15-19 who has begun childbearing rises rapidly with age, from 5 % among women aged 15 to 27 % among women aged 17 and 59 % at age 19. Early childbearing among teenagers is more common in rural than in urban areas (31 versus 21 %, respectively) and among women in the Northern and Southern Regions (32 % each) compared with Central Region (25 %). The proportion of teenagers who have started childbearing decreases with increasing level of education: more than half of teenagers aged 15-19 with no education (54 %) have begun childbearing compared with 32 % of teenagers who have attained primary education and 19 % of those who have attained the secondary education. Teenagers in the lowest wealth quintile tend to start childbearing earlier than those in the highest

quintile (44 versus 15 %, respectively).

The discourse of HIV and AIDS has evolved. The HIV and AIDS awareness is estimated at above 90 % and the national prevalence has generally stabilized at 10.4 % in 2010 (NSP 2011-2016) with more people living with HIV accessing ART. The high level of knowledge on methods of acquiring the infection does not co-relate to the new infections, hence suggesting a need for further prevention interventions. Although the national prevalence rate has stabilized, it is still high at 12 % in the 15 to 24 years reproductive age group (HSSP 2011-2016). Prevention interventions need to be sustained in order to support the drive of reducing new HIV infections to zero. Milestones in accessing ART have been registered but the unmet need at 250,000 people receiving ART compared to 1 million PLHIV is still worrisome (NSP 2011-2016). The high poverty levels and stigma which is refusing to die down are driving delay in enrolling treatment and/or perpetuating ART default which further complicates the HIV/AIDS disease burden. This demands a multi-faceted approach to the response which integrates economic empowerment and nutrition. EAM has been reflecting on a process of establishing micro-credit schemes in its current areas of operations and also challenging its member churches to do the same, to assist alleviate poverty and uplift standards of living for the poor people, mostly women and those infected by HIV. Key to this reflection is the strategizing of thorough integration of the themes/issues to ensure that the gains of the nutrition and economic empowerment projects directly benefit the HIV/AIDS response and not running the risk of implementing isolated projects.

KEY OBSTACLES IN MANAGEMENT AND ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Evangelical Association of Malawi recognizes the efforts of the Government of Malawi, partners and stakeholders in their tremendous commitment to improving the sexual and reproductive health of all people in Malawi especially women of the reproductive age, the youth, and men. However, the Association also acknowledges the many challenges, obstacles and gaps that are facing the country in achieving greater milestones in the component of sexual and reproductive health and these include:

Hostile environment

Sexual and reproductive health services are failing to yield the expected maximum results because of hostile environment to issues of sex, sexuality and reproduction. For married women some husbands fail to support or refuse their wives from accessing any family planning methods for various reasons. Based on some religious and cultural beliefs, teachings, practices and values some communities also do

not approve of sexual and reproductive health services including Family planning (FP) methods.

Ignorance of the variety of SRH services and where to access the services

There are some people both urban and rural that are ignorant of the effective sexual and reproductive health services including modern planning methods. This is a hindrance from accessing the services. In some areas some people still do not know where to access the sexual and reproductive health and family planning services.

Poor infrastructure

Malawi still has infrastructure barriers to accessing sexual and reproductive health services including family planning methods. These include poor roads, poor structures accommodating movement during rain seasons like bridges. In most areas, people have to travel not less than 10 kilometres to access sexual and reproductive health and family planning services, while other places still remain hard-to-reach areas with any kind of social services including SRH and family planning.

Geographical remote locations

Access to SRH services is worse in rural areas as there is inequitable deployment of qualified health personnel in the secondary and tertiary levels of care.

Poor service delivery

In the institutions where sexual and reproductive health and family planning services are meant to be available and accessible to all, sometimes are hampered because of various factors. These include attitudes of service providers, lack of privacy, frequent stockouts of drugs and supplies, inadequate service providers and frequent close down of services due to unavailability of service providers that are assigned to attend to other duties.

Although the Government has recently revamped and updated training guidelines and service provision standards for SRH and FP services, many health facilities do not have providers who are trained and equipped to offer the full range of modern contraceptive methods and youth friendly services.

Many health facilities are not adequately equipped to provide comprehensive SRH services and there is uneven distribution.

Communication and transport systems remain inadequately developed.

Supply of essential drugs and equipment is also a major challenge.

2. BROAD POLICY DIRECTIONS

2.1 VISION

Health and productive Malawians are free from all sexual and reproductive health related diseases, infections and problems.

2.2 MISSION

The Evangelical Association of Malawi is committed to ensure a favourable and enabling environment that will facilitate universal access to quality, acceptable and effective sexual and reproductive health services to all Malawians.

2.3 POLICY SRH DEFINITIONS

SEXUAL HEALTH

Sexual health is a state of physical, emotional, mental, social and spiritual well-being related to sexuality and not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. Sexuality is an important part of being human, whether or not a person chooses to be sexually active. Being healthy and able to express one's sexuality freely is central to every person being able to develop and participate in the economic, social, cultural and political arenas.

REPRODUCTIVE HEALTH

Reproductive health is a state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes.

2.4 OVERALL POLICY GOAL

To provide a guidance to evangelical churches and faith based organizations in Malawi for active, and full participation in the teachings, designs and implementation of issues and programmes of sex, sexuality and reproduction that would accelerate the improvement of sexual and reproductive health outcomes based on doctrinal principles.

2.5 BROAD POLICY OBJECTIVES

The broad objectives of the EAM Sexual and Reproductive Health Policy are to:

2.5.1
Enhance accurate knowledge and skills among religious and church lay leaders at various levels on issues of sex, sexuality and reproductive health.

2.5.2
Facilitate relevant, effective and efficient decision making among religious decision makers and programme managers in addressing issues of sexual and reproductive health in areas of teaching, programming and service delivery.

2.5.3
Provide guidance in responding to issues of sexual and reproductive health that would demonstrate the relevance of practicing what the church believes regarding the promotion of a health living for this life.

2.6 POLICY CORE VALUES

The Evangelical Association of Malawi has developed this Sexual and Reproductive Health Policy based on the following core values: Bible based, Christ centred, health oriented, and eternal life focused.

2.7 GUIDING PRINCIPLES

The guiding principles for EAM's Sexual and Reproductive Health Policy are inspired by its mandate of mobilizing, uniting and empowering the church in Malawi for a holistic sustainable development. These principles are:

2.7.1 COMMUNITY PARTICIPATION
Actively involving beneficiaries including community, religious, political and traditional leaders in planning, implementation, monitoring and evaluation of programmes and activities to ensure ownership and sustainability.

2.7.2 COMPLEMENTARITY
Building on and not substituting the existing national instruments for the provision of health services and health system strengthening, as long as EAM doctrinal values are not undermined.

2.7.3 COORDINATION
Promoting partnership, collaboration and joint programming among stakeholders as well as a clear definition of roles, recognizing the comparative advantage of key players to avoid duplication and enhance synergies.

2.7.4 APPROPRIATENESS
Building on a clear understanding of local and religious values, knowledge, practices, perceptions and behaviour in relation to SRH, including gender sensitivity, confidentiality, and responsiveness.

2.7.5 GENDER SENSITIVE
Recognizing the need for respecting the dignity and rights of all sexes that

is male and female, in decision making and providing females valued opportunities to making their voices heard in all issues of service delivery and implementation of sexual and reproductive health programmes.

2.7.6 SUSTAINABILITY

Recognizing the need for optimal allocation of resources for appropriate interventions, as well as strengthened managerial capacity where the church and all other stakeholders play their roles efficiently and effectively that will ensure cost-effectiveness and sustainability of SRH programmes.

2.7.7 STEWARDSHIP

Ensuring church-driven leadership for effective interventions that are planned and implemented according to national priorities and the specific needs of the population.

2.7.8 TRANSPARENCY AND ACCOUNTABILITY

Promoting a sense of responsibility and good governance at all levels in the implementation of the Policy.

3. POLICY PRIORITIES

3.1 MARRIAGE AND FAMILY

3.1.1 ETHICAL PARAMETERS AND CONTEXT

Marriage is a state of being united to a person of the opposite sex as a husband or wife in a coessential and contractual relationship recognized by God. This is based on biblical principles and understood within the context of the current legal framework in Malawi which recognizes marriage as being founded on the absolute truth that sex is naturally between one man and one woman [within the scope of marriage].[1] The 2015 Marriage, Divorce and Family Relations Act[2] recognizes marriage as involving 2 adults of opposite sex.[3] Marriage is the first cell of society as it provides the healthiest environment for raising the next generation of citizens.

The family is the pre-eminent, most favourable and irreplaceable place for the recognition and development of a personal being on its way to complete dignity. In this family and formational context, the process of education and promotion of a human being begins. Often a person who does not receive this initial promotion in the family will be greatly hampered in achieving the human fullness to which he/she is called as a person. Malawi laws, in pursuit of protecting and preserving the family as a fundamental, natural and basic unit of a society [refer Malawi Constitution, section 22(1), 13, 33], criminalize homosexuality acts and unions [Penal Code: Chapter 7:01, section 153, section 156, and section 137A]. In fact, section 33 states that every child has the right to be raised by his parents, clearly rejecting any idea of homosexual couples adopting and raising children.

The values essential to the family can only be achieved when a man and a woman give themselves to one another totally in marriage, a community of love and life, and are willing to fully accept the gift of new life in procreation and in education. Parents give that new life a home in which the child can grow and develop. All the rights that are necessary by nature for the development of the person in his/her wholeness become real in the family in the most effective way. The family, by its very nature, is a subject of rights, the foundational element of human society, and the most necessary force in the full development of the human person. The importance of the family's social mediation is undeniable. This is something that maintains all its value, despite the changes that have affected

1 Laws of Malawi: the Penal Code, chapter 7:01, sections 153 (a) 154, (b) 156 (c), and the 2010 amended section 137A.

2 In spite of its numerous shortfalls such as endorsing permanent cohabitation as marriage.

3 Laws of Malawi: Section 14 of the Act further defined sex of a person as "determined at birth." Similarly, the Special Law Commission Report #16 on the Review of the Laws of Marriage and Divorce (2006).

the family over the course of history.

3.1.1.1 Dignity and humanity

Man has been created in the image and likeness of God (Genesis 1:27) and thus endowed with an absolute value. The human creature is wanted and loved by God as an end in itself. Therefore, man is not an instrument, a means or something that can be manipulated.

The Universal Declaration begins by affirming that it recognizes the innate dignity of all the members of the human family as well as the equality and inalienability of their rights. It thereby records that this dignity is a reality that emanates from man's essence, i.e. from his nature. Therefore, this is a reflection of the substantial and spiritual reality of the human person and not a creation of the human will; a concession by public authorities, or a product of cultures or historical circumstances.

In the Universal Declaration, the dignity of the human being is put in relation to the reason and conscience with which the human being is endowed[4] and thus to his free will. The Encyclical Pacem in Terris (1963) also expressly emphasizes this. In this way, it is made clear that dignity is not a generic, a merely formal or an empty concept but a meaningful one, as the subsequent articles of the Universal Declaration specify: that is, the dignity and the possibility of every real person to achieve his/her own personality and rights, not in an abstract way but concretely, as a woman or man, wife or husband, child or parent.

The Universal Declaration affirms and recognizes the full equality of every person[5] and hence prohibits all forms of discrimination or limitations of one's rights on the basis of "race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status."[6] This equality is also shown clearly by recognizing that every person is entitled to rights at every stage of his/her development and at every moment of his/her existence.

Everything that is stated about the dignity, rights and duties of the human being holds equally for men and for women. The common dignity of men and women and their reciprocity is the authentic basis for affirming their complete dignity. Reciprocity implies that there is neither a static and undifferentiated equality between men and women, nor an inexorable and irreconcilable conflictual distinction.

The specific contribution that a father and a mother offer through their work to society should be recognized. What a mother contributes to the family and through it to society deserves greater attention. Moreover, this has attracted the attention of some of the most distinguished thinkers of our times. This particular maternal contribution can be seen more obviously

4 Cf. Universal Declaration of Human Rights, art. 1.

5 Cf. Universal Declaration of Human Rights, art. 1.

6 Cf. Universal Declaration of Human Rights, art. 2

in the area of up-bringing children, health, education, religious formation and all the activities that affect the well-being of the family and its members. Naturally, emphasis on the mother's contribution should not overshadow the importance of the father's specific contribution because their contributions are complementary.

Concretely, in a family, a man and a woman complement one another's work and cooperate with one another for the full realization of their conjugal life and the upbringing and well-being of their children. Keeping in mind that motherhood – together with fatherhood – is part of the most excellent gift from the Creator to humankind, namely, the transmission of life, the organization of society and the laws of the States should make it possible for the structure and the remuneration of work to aid women in fulfilling their vocation as mothers, and in the gestation and up-bringing of their children.[7]

3.1.1.2 Solidarity between men and women

As the first natural community, the family is the exemplary place for solidarity. In the family human beings gradually become aware of their dignity, acquire a sense of responsibility, and learn to give attention to others. In the family, solidarity develops beyond the spouses' love relation and extends to the relations between parents and children, siblings, and inter-generational relations.

The true communion of solidarity incorporates and is built on the reciprocity of the genders. Men and women share the benefits and burdens of solidarity equally. They are complementary: "God created man in his image; in the divine image he created him; male and female he created them" (Genesis 1:27). In order to manifest that human beings are the image of the triune God, they must unfold their existence according to two complementary modes: the masculine and the feminine. Human existence is thus sharing in the existence of a God who is a communion of love.

As persons, men and women share fundamental common dimensions and values. In each of them, however, the values are different in strength, interest and emphasis. Such diversity becomes a source of enrichment. Therefore, solidarity is fully achieved when women and men cooperate with one another in reciprocal and complementary relations.

3.1.2 BIBLICAL VIEW

Marriage is the integrity of human sexuality and the dimensions therein contained (procreative, relational, and erotic) demanding the right context in honouring duties of sexuality. In the marriage institution, conjugal union is realized in a truly human way only as an integral part of love by which a man and a woman commit themselves totally to one another until death. God con-

7 Cf. Holy See, Charter of the Rights of the Family, 241183, articles 9 and 10.

stituted marriage between a man and a woman as read from (Genesis 2:23-25) and demands the total self-giving between a man and a woman. In God's design, marriage stands as covenant that signifies a conjugal love by which man and a woman freely unite their bodies and lives into an intimate community of life and love willed by God Himself. In this biblical context the confinement of sexual activity to marriage is not an unreasonable or arbitrary imposition on people's freedom but an interior requirement of the covenant of conjugal love. A married couple (man and woman) are united to each other and form one flesh. So they are no longer two, but one. Therefore what God has joined together, let man not separate (Matthew 19:6). As such sexual and reproductive health has to be understood in light of God's design for marriage.

3.1.2.1 Sexual orientation

Sexual orientation is an enduring pattern of emotional, romantic, and/or sexual attractions primarily or exclusively to people of the opposite sex. Along with heterosexuality there are some categories of sexual orientation within the sexual continuum. It must be emphasised here that there is no consensus among scientists about why a person develops a particular sexual orientation towards same sex apart from the opposite sex. Many scientists think that a combination of genetic, hormonal and environmental influences factor into the cause of or same sex sexual orientation. Scientists favour biologically-based theories which point to genetic factors, the early uterine environment, or the inclusion of genetic and social factors.

The creation of God for the humanity precisely describes the beings as a man and a woman and mandates them for sexual attraction, marriage and conjugal union. Anything outside such irrespective of its nature, scientific backing and human opinion does not make the wrong to be right and justify such behaviour (Leviticus 16:22, 20:12; 1 Corinthians 7:1-4; 6: 9-10; Romans 1:26-27).

3.1.2.2 Masturbation as a means of sexual satisfaction

Masturbation is the self-stimulation of the sexual organs to achieve sexual arousal and pleasure, usually to the point of orgasm (sexual climax). In addition to feeling good, people engage themselves in masturbation as a way of relieving the sexual tension that can build up over time, especially those that are not married or whose partners are not willing or available for sex.

Masturbation has always been regarded as a perversion and a sign of a mental and spiritual disorder. Conjugal union has other spiritual, psychological and physical obligations to be fulfilled on oneself and the other partner. Masturbation has the potential of inhibiting sexual activity with a partner, and cause significant distress to the person if done

compulsively and interferes with daily life and activities. In addition to the development of technologies and toys that facilitate this behaviour, this practice has seen an increased cases of injuries and traumas which have included cuts, bruises, oedema, phimosis and foreign bodies of the used toys and instruments.

Sexuality is a fundamental way in which we express our sexual relationships with other people of the opposite sex, and when married with our sexual partner and thus male and female. God created us male and female (Genesis 1:27) in order to express ourselves as sexual beings. Through our sexual faculties, we come in touch with the very mystery of procreation-humanity which touches on divinity. Together, even sometimes independent of the procreative function, the sexual act serves this purpose. The bodily and sense (erotic) dimension of human sexuality is an equally important aspect of conjugal union. The sexual urge, attraction between the sexes, conjugal union, sexual pleasure and satisfaction are all connected together. The fulfilment that one gets from the act of sexual love will essentially depend on its correspondence with the deeper, genuine meaning of sexuality from the other partner.

Conjugal union is made complete, meaningful and truthful with the involvement of the other part of sex. It is like a coin whose function is made complete by the other side of the coin. To ensure the critical roles of each partner in making conjugal union complete, God, in His creation, has given each partner specific organs that facilitate the fulfilment of the conjugal union. In Proverbs 5:18-19, King Solomon drives this fact home by saying, "May your fountain be blessed, and may you rejoice in the wife of your youth. A loving doe, a graceful deer – may her breasts satisfy you always, may you ever be intoxicated with her love." Apostle Paul, in the same sentiments, says in 1 Corinthians 7:3, "The husband should fulfil his marital duty to his wife, and likewise the wife to her husband." The act of imagination and bringing the image of an opposite sex closer to reality for satisfaction of masturbation makes the act itself a sin before God as Jesus said in the book of Matthew 5:28, "But I say to you that everyone who looks at a woman with lustful intent has already committed adultery with her in his heart."

3.1.3 POLICY GOAL

Uphold and sustain the concept of marriage and family as a covenant between man and woman as instituted by God.

3.1.4 POLICY OBJECTIVES

3.1.4.1

Provide the right understanding of marriage and family as instituted by God for a healthy society.

3.1.4.2

Promote a healthy marriage and family

life for husband, wife and children.

3.1.4.3
Provide guidance on a healthy marriage and family standards and behaviours.

3.1.4.4
Provide guidance and build a society with good and health sexual practices and behaviours.

3.1.5 POLICY INCLINATION/STATEMENTS

3.1.5.1
Matrimonial covenant between a man and a woman shall be conducted in an accepted, godly and natural definition and description of a marriage.

3.1.5.2
The church abides by the legal minimum age of entry point for a marriage hence officiating and/or registration of a matrimonial covenant shall be done only between a man and a woman that qualifies the stipulated legal minimum age.

3.1.5.3
Men and women desiring to undertake a matrimonial covenant shall be encouraged to seek proper and appropriate counsel and guidance from parents, concerned parties and the church as part of the process to taking up of the covenant.

3.1.5.4
Parental and/or guardian consent to the taking of matrimonial covenant is valid in all circumstances where the rights, benefits and minimum entry age to marriage of the child or ward are not violated.

3.1.5.5
All forms of extramarital sex are gravely wrong and unhealthy and therefore unacceptable from all context of sexual relationships, marriage and family.

3.1.5.6
All forms and styles of conjugal union that are contrary to the God given sexual route are gravely unacceptable and unhealthy from all contexts of sexual relationships, marriage and family.

3.1.5.7
The church stands strongly against all practices and behaviours of sexual orientation towards own or same sex. The church will therefore not support efforts of promoting and/or legalizing practices and behaviours of any own or same sex orientation in Malawi and globally.

3.1.6 POLICY STRATEGIES

3.1.6.1
Integrate and strengthen programmes of pre-marital and marriage counselling, seminars and workshops as an integral part of church and faith based organizations' missions.

3.1.6.2
Build the capacity of the clergy and

other church leaders at various levels in knowledge and skills in areas of pre-marital and marriage counselling, seminars and workshops both as programmes and services.

3.1.6.3
Engage the Government on establishing and enforcing legislation and policies that state out the minimum qualifications and procedures of the clergy eligible to officiate marriages in Malawi.

3.1.6.4
Strengthen networking, collaboration and linkages with other stakeholders of like-minded in areas of pre-marital and marriage counselling, seminars and workshops both as programmes and services.

3.1.6.5
Engage Government on legislations and policies that promote morals, good behaviours and practices as regards issues of sex, sexuality and marriage.

3.1.6.6
Engage and work with the Local Government in sensitizing traditional leaders on national laws and policies that regard marriages and divorce in Malawi.

3.1.6.7
Provide direction and counselling to all people involved in the acts of own or same sex practices and behaviours as part of a process of rehabilitation and reconciliation.

3.1.6.8
Actively promote high positive morals in the society and good behaviour and where necessary engage or work with key stakeholders accordingly.

3.2 CHILD BEARING AND PARENTING

3.2.1 ETHICAL PARAMETERS AND CONTEXT

The process of child bearing has its origin from the fertilization of a sperm and an ovum which takes place in the fallopian tubes of the woman in a natural way. An embryo which is the product of the fertilization implants itself in the uterus and grows to a full term foetus with all structures of a human being. As the foetus develops, the breast of the mother also undergoes a process of producing milk in preparation for feeding the baby after delivery. At about nine months, the foetus is expelled from the uterus in a process of maternal labour to start a new life outside the mother's body. The milk is best and only food for the baby in the first six months which provides both nutritious and immunity elements for the growth and development of the baby before supplementary feeding is introduced. After eighteen to twenty four months, the baby is weaned from breast feeding.

Abstaining from conjugal union after delivery, as it is during menstruation, is both hygienic and as an exclusive expression of love between the

couples. There are variations of the period of time at which women bleed and experience the postnatal pains after giving birth. Bleeding after delivery provides the highest media and opportunities for various types of infections that are likely to bring about fatal postnatal complications to the mother including maternal deaths. Conjugal union during this period can facilitate transmission of infections and endanger the life of the mother. It is also of the highest responsibility to prevent discomfort, and promote healing of the uterus and the entire body after delivery by supporting the mother in all various ways of need including refraining from conjugal union.

The affirmation of the dignity of every human being has as its immediate and major consequence the fundamental right to life which is recognized in article 3 of the Declaration: "Everyone has the right to life, liberty and the security of person." Human beings have this right from the very moment their existence begins, i.e. from the moment of conception and not only from birth. First of all, man has the right to life, the fundamental key to all the other rights as an inviolable right that is guaranteed and protected in every situation, not only by State laws and policies, but also through a real culture of life, "for no offense against the right to life, against the dignity of any single person, is ever unimportant."[8]

3.2.1.1 Protection before and after birth

Article 3 of the 1948 Declaration states that, "everyone has the right to life." This principle was developed by the Declaration on the Rights of the Child, adopted by the United Nations General Assembly on November 20, 1959, whereby "a child, because of its lack of physical and mental maturity, requires special protection and care, including due legal protection both before and after birth." This same statement was later incorporated into the Preamble of the Convention on the Rights of the Child, approved by the United Nations General Assembly on November 20, 1989. This should be considered a fundamental principle of the system of international protection of human rights (ius cogens[9]) since it is undoubtedly incorporated into the common conscience of the subjects of the international community. International Law therefore affirms a principle of the Roman-canonical juridical tradition whereby the unborn human individual exists as a person.

Any legislative attempt that presumes to encourage the "right" to abortion or other forms of negating unborn life clashes with what has matured in international legislation. Such legislation is called upon to coherently "guarantee to the unborn the right to come into the world, in the same way to protect the newly born, especially girls, from the crime of infanticide; ...

8 Cf. Pope John Paul II, Respect for human rights: The Secret of true peace, art. 4.

9 Cf. Vienna Declaration and Program of Action.

to assure the handicapped that they can fully develop their capacities, and ensure adequate care for the sick and the elderly."[10] Like all, disabled children are all the more entitled to the protection and assistance required by their condition. Therefore, the State should help the family to accept the disabled, favour their integration into society, and to let them benefit from the special provisions for their condition so that they can fully enjoy all their fundamental rights.[11]

3.2.1.2 The rights of the unborn child

The family is the primary institution for the protection of children's rights. For this reason the gift of human life must be actualized in marriage through the specific and exclusive acts of husband and wife, in accordance with the laws inscribed in their persons and in their union. The bond between the mother and the conceived child, and the irreplaceable function of the father make it necessary for the unborn child to be welcomed into a family which assures, as far as possible and in accordance with natural law, the presence of its mother and its father. The father and the mother, as a couple, with the characteristics proper to them, procreate and raise the child. The child thus has the right to be welcomed, loved and recognized in a family. In this sense, the Convention on the Rights of the Child represents a very significant step forward which must be applied.

It is important to realize that from the first moment of his existence through the fertilization of the ovule, a human being is endowed with his own innate, special dignity and enjoys the rights that correspond to him according to the stage of his development. From the beginning of his prenatal life, a human being is an individual who has the right to life and personal safety. From the beginning of his life, a human being has the right to recognition of his juridical personality, with all the consequences derived from such recognition. The unborn person is a "child" in the sense of, and with the attributes set down in the Convention on the Rights of the Child. The unborn child has a right to legislation that guarantees its survival and development to the greatest degree possible. The concrete population planning policies or measures that include or imply threats to the survival or health of the unborn child should be considered contrary to the right to life and human dignity. The unborn child has a right to legislation that protects it from any experimentation on its person, or from being subjected to medical procedures that do not have the protection or improvement of its health as their direct object. Moreover, the cloning of humans must be prohibited, as well as any other procedure that threatens the dignity of the unborn child: Life can never be downgraded to the level of a thing. The un-

10 Cf. Pontifical Council for the Family, The family and human rights, 4. The right to life, 4.2 Protection before and after birth, art. 34

11 Cf. Convention on the Rights of the Child, art. 23.

born child has a right to be identified by its parents' name, to its heritage, and thus entitled to protection of its identity.[12] The unborn child has a right to a standard of life sufficient for its full psycho-physical, spiritual, moral and social development, even in the event that its parents' marriage bond is broken.[13] As such parents have the primary responsibility of raising and educating their children in order to ensure their integral development and an adequate level of social, spiritual, moral, physical and mental well-being is attained. For this purpose, both the laws and the services of the State are called on to cooperate in giving the family adequate support.[14]

In conformity with the principle of subsidiarity, only when the family is not in a position to protect the interests of the unborn child to a sufficient degree shall the State have the duty to provide special measures for its protection, in particular: assistance to the mother before and after delivery, the cura ventris, prenatal adoption and guardianship. Similarly, the State can only intervene in family life when the dignity of the child and its fundamental rights are seriously endangered, taking solely into consideration "the child's higher interest," without any form of discrimination.[15] The task of deepening the meaning of the right to adoption is very topical, while always keeping in mind that "the best interests of the child shall be the paramount consideration,"[16] without mixing this with other kinds of consideration, as noble as they may seem. In the light of this higher interest, the categorical rejection must be confirmed of the alleged right to adoption by "de facto unions," and especially by same sex unions. In such cases, the child's integral formation would be seriously jeopardized.

3.2.1.3 Rights of the family and subsidiarity

The Universal Declaration recognizes the right of a man and a woman to marry[17] and to found a family. In line with the teaching of the Second Vatican Council, Pope John Paul II recalled that the family is the "first and living cell of society." The Declaration emphasizes that this "natural and fundamental"[18] cell requires the protection not only of the State but also of society. Therefore, the Declaration promotes the development of the family in the midst of other communities, while stressing the unique character of this natural institution.

3.2.1.4 The family, the first educator

The Declaration further recognizes the right to private property not only as individuals but also in association

12 Cf. Convention on the Rights of the Child, art. 8.
13 Cf. Convention on the Rights of the Child, art. 27.
14 Cf. Convention on the Rights of the Child, art. 17 and 18.
15 Cf. Convention on the Rights of the Child, art. 20.
16 Cf. Convention on the Rights of the Child, art. 21.
17 Cf. Universal Declaration of Human Rights, art. 16, 1.
18 Cf. Universal Declaration of Human Rights, art. 16.

with others.[19] It recognizes the right to religious freedom, including the right of believers to associate with others in worship and education.[20] Lastly, the Declaration emphasizes the fact that parents have the right to choose and guide their children's education.[21] In this regard, it is good to recall that the family's educational mission has its normal complement in the educational institutions. Parents "share their educational mission with other individuals or institutions, such as the Church and the State. But the mission of education must always be carried out in accordance with a proper application of the principle of subsidiarity."[22] It should not be forgotten that "all other participants in the process of education are only able to carry out their responsibilities in the name of the parents, with their consent and, to a certain degree, with their authorization."[23]

Naturally, as many psycho-pedagogical studies indicate, a child's early years are decisive in the subsequent formation of its personality. Therefore, the fact that parents can entrust their children to educational institutions of their choice is not only of interest to the children but also to society. Nonetheless, as the example of many countries indicates, including developed countries, an effective means of destroying the family consists in depriving it of its educational function under the false pretext of giving all children equal opportunities. In this case, the "rights of children" are invoked against the rights of the family. The State often invades areas proper to the family in the name of democracy which ought to respect the principle of subsidiarity. We find ourselves before an omnipresent and arbitrary political power. The State or other institutions appropriate the right to speak on behalf of the children and remove them from the context of the family. As so many unfortunate past and present experiences reveal, the ideal for a dictatorship would be to have children without families. All attempts to substitute the family have failed.

3.2.1.5 Defend the sovereignty of the family

Today the family needs special protection by the public authorities. While the family has been oppressed by the State at times, now the family also finds itself exposed to attacks by private groups of non-governmental organizations, transnational bodies and public organizations. The State has the responsibility to defend the sovereignty of the family because it constitutes the fundamental nucleus of the social fabric. Moreover, to defend the sovereignty of the family is to contribute to the sovereignty of nations.

Today, in the name of ideologies of Malthusian, hedonist and utilitarian inspiration, the family is the victim of forms of aggression that go as far as to

19 Cf. Universal Declaration of Human Rights, art. 17, 1.
20 Cf. Universal Declaration of Human Rights, art. 26, 3.
21 Cf. Universal Declaration of Human Rights, art. 26, 3.
22 Cf. Letter to families from Pope John Paul II. Gratissimam Sane, I. The civilization of love, art. 16.
23 Cf. Letter to families from Pope John Paul II. Gratissimam Sane, I. The civilization of love, art. 16.

question its existence. Various social groups propagate the total separation of the unitive and procreative purposes of the conjugal union and trivialize multiple pre and para-marital sexual experiences, thereby weakening the family institution. In various countries, the average age at marriage has increased significantly as well as the age when women have their first child. The number of marriages that end in divorce has reached alarming proportions.[24] The "broken and recomposed" families, for which children suffer very much, generate poverty and marginalization. There is a contrast between the recognized primary and decisive role of the family (very significant in many surveys), and the neglect and hostility to which the family institution is subjected and the erosion the family is suffering in some regions and nations.

3.2.2 BIBLICAL VIEW

In Genesis 1:28 God blessed them and said to them, "Be fruitful and increase in number; fill the earth and subdue it. Rule over the fish in the sea and the birds in the sky and over every living creature that moves on the ground."

"Behold, children are a heritage from the Lord. The fruit of the womb is a reward" (Psalm 127:3).

The baby is expected to be weaned from breastfeeding after 24 months thereafter consecrated to the service of God. As the child grows, it is the absolute obligation of both parents to continue with nurturing, caring, teaching and providing nutrition, guidance and psychosocial support for his/her proper growth and development (Deuteronomy 6:7, Proverbs 22:6, Ephesians 6:13).

3.2.3 POLICY GOAL

Build healthy families with a greater responsibility over children and entire family in collaboration with the Creator in the mandated procreation and parenthood.

3.2.4 POLICY OBJECTIVES

3.2.4.1

Enhance a godly and responsible child bearing and parenthood in all families and societies in Malawi.

3.2.4.2

Provide a clear guidance and the rightful understanding of health status associated with child bearing and parenting.

3.2.5 POLICY INCLINATION/STATEMENTS

3.2.5.1

Proper and adequate care for pregnant women during antenatal and postnatal periods shall be mandated for all families.

3.2.5.2

The church shall promote the practice and behaviour of seeking for a proper and adequate care and support dur-

24 In some countries, this proportion reaches one-third.

ing the antenatal period from the first trimester through the pregnancy and postnatal period.

3.2.5.3
The church respects and shall advocate for 6 months exclusive breast feeding, and a minimum of 18 months breast feeding period which, in the absence of any risks to the baby or the mother may continue up to 24 months.

3.2.5.4
The church shall teach and advocate all HIV and AIDS related policies including that of breast feeding by a lactating HIV infected mother.

3.2.5.5
Spouses shall not abstain from sex, unless on health grounds or risks to the mother and/or the husband, and the unborn child.

3.2.5.6
6 months of exclusive breast feeding and 18 months of continued breast feeding where there are no risks and contraindications to the baby and/or the mother, with a supplement of appropriate nutritious food is the best for the baby's growth and development.

3.2.5.7
The church shall advocate and promote antenatal care, delivery and postnatal care to be provided by skilled midwives and other professional health care cadres who are skilled in the same.

3.2.5.8
A small size of a family with a maximum of 4 children shall be advocated for, as one of the strategies of providing, caring and supporting for children including teaching, education, nutrition, shelter and all other basic needs for their proper growth, development and survival.

3.2.5.9
All forms of charms applied to babies like applications on the fontanelle, umbilical cord or smeared on the body, ties on ankles, necks and legs are gravely, hygienically and spiritually wrong and condemned.

3.2.6 POLICY STRATEGIES

3.2.6.1
Build the capacity of the clergy and other church leaders on issues of child bearing and parenting.

3.2.6.2
Engage the Government and other stakeholders on the improved health service delivery systems and structures that reach out to all Malawians including those in hard to reach areas.

3.3 ABORTION

3.3.1 ETHICAL PARAMETERS AND CONTEXT

Abortion is the ending of a pregnancy by the removal or forcing out of an em-

bryo or a foetus from the uterus before it is able to survive on its own. This can occur spontaneously known as miscarriage or purposely done known as induced abortion. When a similar procedure is done at a time when a foetus is able to survive on its own it is known as a late termination of pregnancy. Modern medicine has developed to the extent of enabling the use of medications or surgical methods for inducing abortion. The medications are as effective as a surgical method in the first trimester though can produce similar results in the second trimester with some or no physical problems. The World Health Organization recommends that this same level of safe and legal abortions be available to all women globally. Unsafe abortions however, result in approximately 47,000 maternal deaths and 5 million hospital admissions per year globally. An estimated 44 million abortions have been performed globally each year with half of those performed unsafely. Induced abortion are performed through various methods, including herbal medicines, use of sharpened tools, physical trauma, other traditional methods etc. In some contexts, abortion is done based on specific conditions, such as rape, problems with the foetus, socioeconomic factors and the risk to a mother's health or incest.

3.3.2 BIBLICAL VIEW

In many parts of the world there is prominent public controversy over the moral, ethical, and legal issues of abortion. Those who are against abortion generally state that an embryo or foetus is a human being with the right to life and describes abortion as a murder. The life of a human being begins immediately after fertilization and in the entire process of human development God is fully involved and in control at each and every stage (Psalm 139:13-16, Jeremiah 1:5). The fusion of gametes from each parent produces a new biological individual, a cell with a completely new generic identity. From the beginning, the embryonic exists within a network of relationship; as the offspring of a mother and a father and as a gift of God the Creator. Each embryo is a living being, processing the dynamic potential to develop, in interaction with his or her mother, passing through many stages of development first inside the womb and then outside. In many different places and using many different images, the Scriptures bear witness to the involvement of God in the origin of each human being in the womb. God creates our inner most being, knits us together, weaves us in respect (Psalm 139:13-16), fashions like clay, pour us out like hot milk and curdles us like cheese, clothes us with skin and flesh (Job 10:8-11), gives us life and breathe, sets in order the elements within us, sends breath into the bones in the womb (Ecclesiastes 11:5), inspires us with an active soul. Before we were formed in our mother' wombs He knew us. Even before we were born

He set us apart (Jeremiah 1:5). The Scripture shows God's calling, naming and setting apart those he has chosen even while they are still in the womb.

The church does and shall always insist on the recognition of the value of life from its very beginning. "Respect for human life is called from the time the process of generation begins. From the time the ovum is fertilized, a new life begins, which is neither that of the father nor the mother; it is rather the life of a new human with his/her own growth. It would never be made human if it were not human already."[25] The New Testament confirms this in the joy of Elizabeth and Mary, and between the two children they were carrying in the womb. The child in the womb of Elizabeth leapt with joy because he had recognized the presence of the child Jesus in Mary. The embryo must be defended in its integrity, tended and cared for, and enjoying the right to life like any other human being. The church has God given obligation to speak on behalf of the voiceless including the unborn baby (Proverbs 31:8-9). For failure to do so the blood and the life lost by the unborn babies in the silence of the church results into the church being punished of disobedience to God.

All human beings therefore including the innocent unborn babies must be given all the opportunities to enjoy the right to life. It is against this biblical perspective that induced abortion is tantamount to shedding of innocent blood which is unacceptable as far as Scriptures are concerned. God's wrath has come upon nations because of such choices that nations or people and groups make.

25 Cf. Sacred Congregation for the Doctrine of the Faith, Declaration on procured abortion, art. 12.

3.3.3 POLICY GOAL

Sustain the right to life for all human beings including the voiceless like unborn babies.

3.3.4 POLICY OBJECTIVES

3.3.4.1

To protect and preserve the life of unborn children and sustain the right to life for all including the voiceless.

3.3.4.2

To build a society of consciousness for respecting right to life from its beginning and leave the right to the termination of life unto the Creator.

3.3.5 POLICY INCLINATION/STATEMENTS

3.3.5.1

The church stands strongly against and condemns any abortion procedure and/ or any other medical and surgical procedures with the direct and primary intent of removing an embryo or non-viable foetus from the uterus.

3.3.5.2

All acts of terminating life including induced abortion shall always be considered as an act of terminating life by the church.

3.3.5.3
All people involved in all acts of sexual abuses including rape and incest must be brought to and face justice accordingly.

3.3.5.4
Upholding morals that prevent sexual abuse being used as arguments justifying induced abortions shall be one of the prevention strategies to induced abortions.

3.3.5.5
Pregnancies that have resulted from sexual abuses such as rape and incest shall be allowed to take its course up to child delivery for respect to right to life of the innocent unborn child.

3.3.5.6
Appropriate care, support including psychosocial and love be accorded to all girls and women whose rights of all forms have been violated, later on resulting into a pregnancy.

3.3.5.7
The church embraces all efforts, strategies, teachings and ways of preventing unwanted and unplanned pregnancies as the best way of addressing issues of maternal deaths that are related to abortion.

3.3.6 POLICY STRATEGIES

3.3.6.1
Build the capacity of the clergy and all church leaders on facts about induced abortions including its complications.

3.3.6.2
Intensify awareness, teaching and preaching of morals to all people particularly at family level to prevent unwanted and unplanned pregnancies (Deuteronomy 6:4-7).

3.3.6.3
Pro-actively engage the Government of Malawi and other stakeholders including community and political leaders not to legalize abortion in Malawi.

3.4 INFERTILITY

3.4.1 ETHICAL PARAMETERS AND CONTEXT
Infertility is the inability of a person, animal or plant to reproduce by natural means. In humans, infertility may describe a woman who is unable to conceive as well as being unable to carry a pregnancy to full term or a man who fails to make a woman pregnant after a certain period of time which varies from society to society. There are many causes of infertility including genetic, biological, infections, trauma and many more where some can respond to medical intervention while others not. About 40 % of the issues involved with infertility are due to men, another 40 % due to the women, and 20 % result from complications with both partners. Infertility can be either primary or sec-

ondary infertility. Primary infertility is the inability to conceive for more than one full year in marriage while secondary infertility is when one or both members of the couple have previously conceived, but are unable to conceive again after a full year of trying without use of contraceptives. Recent advances in medical science have devised reproductive techniques commonly known as infertility therapies that replace in part or in totality the natural process of conception by disassociating conjugal union between a man and a woman from procreation. These include artificial insemination, In-vitro fertilization, embryo transplant and cloning which are directed towards obtaining a human conception using means other than the traditional sexual union between a man and a woman.

3.4.2 BIBLICAL VIEW

The church views total infertility, from a very wider scope as the will of God given to a family for a very specific purpose as found in the stories of Abraham and Sarah, and Jacob and Rachel. Against the view above, it is also true that infertility can come as a result of disobedience to God as in (Deuteronomy 28:18) and in some cases as an act of the Sovereign God as in Genesis 29:31 when He closed the womb of Rachel and opened that of Leah.

3.4.3 POLICY GOAL

To create a sense of hope, satisfaction and thanksgiving to God in all circumstances within the family unit, whether there is conception or not.

3.4.4 POLICY OBJECTIVES

3.4.4.1

To promote practices and behaviours that will prevent both primary and secondary infertility where possible.

3.4.4.2

To promote practices and positive behaviours towards infertility in families, having done all that is necessary.

3.4.5 POLICY INCLINATION/STATEMENTS

3.4.5.1

A new human being is born of the conjugal union of a man and a woman that brings the newborn person into the world a particular image and likeness of God Himself.

3.4.5.2

Couples experiencing infertility shall be encouraged to seek for medical screening, to identify any cause, and treatment if possible, and appropriate care and support where condition cannot be treated or reversed.

3.4.5.3

Responsible cooperation with God in the human sexuality arena shall never be reduced to the ideology of fertility at all cost and indiscriminate procreation of children.

3.4.5.4
While it may be lawful, for grave reasons, to take advantage of knowledge of the woman's fertility and forego intercourse in the fertile periods of humanity, recourse to scientific fertility therapies is unacceptable.

3.4.5.5
Conception and child bearing is God's blessings which shall be received with thanksgiving and praise unto the Lord.

3.4.5.6
The church shall provide every care and support required to all couples experiencing infertility so that the family is assured of unconditional acceptance in the church family.

3.4.5.7
Upholding all morals, practices and behaviours that address preventable causes of infertility shall be one of the prevention strategies to infertility.

3.4.6 POLICY STRATEGIES

3.4.6.1
Build the capacity of the clergy and other church leaders on issues of infertility.

3.4.6.2
Engage the Government and other stakeholders on legislations of infertility therapies and related treatments.

3.5 MATERNAL AND CHILD HEALTH

3.5.1 ETHICAL PARAMETERS AND CONTEXT
Malawi's maternal mortality ratio is estimated at 439 per 100,000 live births (Malawi DHS 2015-16). Poor health care service delivery in Malawi is the major contribution to such high and inconceivable maternal mortality rates. Such attributes lead to early child bearing, high fertility of an average of 4.4 children per woman, postpartum infection, postpartum haemorrhage and anaemia contributed by malaria and poor nutrition. Although antenatal coverage in Malawi is 95 %, only about 91 % of women deliver in a health institution, with the rest delivering either at home or at traditional birth attendants (TBA). While there is a strive to have all pregnant women be attended to by skilled health care workers only 90 % of deliveries in Malawi are attended by such skilled people. It is a fact that the presence of skilled birth attendants contributes significantly to the reduction of maternal mortality and morbidity rates. Infant birth complications in Malawi occur during the postnatal period attributed by low utilization of postnatal services and accounting to neonatal mortality rate of 42/1,000 births. Only 42 % of mothers in Malawi receive postnatal care within 48 hours of delivery (Malawi DHS 2015-16).

3.5.2 BIBLICAL VIEW
In Jeremiah 15:9 the Word of God says

a woman who has delivered more than seven times her day is already gone when it is noon time which emphasises the health of the woman as paramount in determining maternal health in relation to spacing and frequency of deliveries. In Exodus 1:16 God is looking at the care and support accorded to pregnant women that competent and skilled people be given the responsibility to attend to the pregnant women during delivery.

3.5.3 POLICY GOAL

Contribute to the reduction of maternal, neonatal and infant morbidity and mortality rates.

3.5.4 POLICY OBJECTIVES

3.5.4.1
To promote an active and full participation of the church in areas of improving maternal and child health in Malawi.

3.5.4.2
To enhance the improvement of service delivery in the area of maternal and child health by all players and stakeholders.

3.5.6 POLICY INCLINATION/STATEMENTS

3.5.6.1
Quality and professional antenatal and postnatal care and support is very vital and the best for the good health of the mother, the father and the child.

3.5.6.2
Registration for new births shall be advocated and encouraged as one of the strategies to follow up the birth of the child.

3.5.6.3
Parents must adequately and consistently access exclusive postnatal services as one way of ensuring good health of the mother, neonates, infants and children.

3.5.6.4
Hospital/health care unit deliveries shall be conducted by skilled midwives and the facility environment shall be the best for the health of the child, the mother and the father before, during and after delivery.

3.5.6.5
Delivery of essential obstetric care, well-equipped and adequately staffed maternal health care services with skilled attendance at childbirth very vital for the good health of the mother, the father and the child.

3.5.6.6
All charms and traditional medications provided during antenatal and, postnatal periods to mothers, neonates and infants are condemned and shall be advocated against.

3.5.6.7
Community maternal emergency preparedness shall be part of the church

service delivery and advocated.

3.5.6.8
A manageable family shall be as described in the book of 1 Timothy 5:8 where children are well cared for spiritually, physically, mentally and socially. Based on the consultations EAM has had with its member churches, manageable family has been defined as one with a maximum number of four children.

3.5.6.9
The church shall encourage all pregnant women to be screened of all pregnancy related infections and illnesses including HIV infection and other sexually transmitted infections and receive appropriate counselling, care, support and treatment.

3.5.7 POLICY STRATEGIES

3.5.7.1
Build the capacity of the clergy and other church leaders on issues of maternal and child health.

3.5.7.2
Engage the Government and other stakeholders on delivery of quality and adequate maternal and child health services.

3.5.7.3
Teach the church and community members on the need and benefits for screening pregnant women for pregnancy related infections and illnesses including HIV infection and other sexually transmitted infection and receiving appropriate counselling, care, support and treatment during antenatal, intra-natal and postnatal periods.

3.6 FAMILY PLANNING AND CONTRACEPTIVES

3.6.1 ETHICAL PARAMETERS AND CONTEXT

The need for family planning services arises from the risk of maternal, infant, and child morbidity and mortality, when pregnancies are too early, too frequent, too many, and too late. Despite efforts to make family planning services accessible to all Malawians, fertility rate remains high. According to the Malawi DHS report (2015-16), total fertility rate was estimated at 4.4 per woman. Although knowledge of family planning is high, the unmet need for family planning is at 19 % and total demand for family planning is at 69 %. Family planning prevents unnecessary deaths, by allowing women to delay, space, limit, and avoid pregnancies and abortions. Women who are younger than 18 years and older than 35 years are more vulnerable to serious birth complications than women between these ages. Women, regardless of age, who wait at least two years between pregnancies, are significantly less likely to bear children who die at birth, in infancy, or during childhood.

Contraception is a strategy used to prevent pregnancy. Although different methods work in different ways, contraception generally prevents a sperm from reaching an ovum and initiating a process of fertilization and development of an offspring which is a baby. There are three family planning methods which are traditional, modern and permanent methods each with its own advantages and disadvantages. Contraceptives work in different ways which are:

- Contraceptives that prevent the production and/or maturation of ovum thereby creating an environment failure for the sperms to find any ovum to fertilize and start a process of conception. These are like pills, injectable and implants.
- Contraceptives that do not interfere with the production and/or maturity of ovum and sperms but act just as barriers from the two – ovum and sperms fertilizing each other and starting a process of conception. These are like tuba-ligation, vasectomy, condoms, and diaphragms, withdraw, natural and awareness methods.
- Contraceptives that provide a chance of the ovum and sperm meeting and start a process of conception but terminated in the process. Such as loop whose history of use dates back in the 17th centuries when Arabs used to insert special stones into camel's uteruses to prevent them from becoming pregnant as they crossed deserts like Sahara. Building on this concept medical science came up with loop and applied it as a contraceptive in human beings which works by preventing the implantation of an embryo in the woman's uterus and facilitate the embryo to be aborted.

3.6.2 BIBLICAL VIEW

The Scriptures says in 1 Timothy 5:8, "Anyone who does not provide for their relatives, and especially for their own household, has denied the faith and is worse than an unbeliever." Therefore when we have many children in our family it is likely that we may not adequately take care of them. It is therefore of great importance for couples to know when to have children, how many and how to responsibly keep them safe, healthy and adequately provide for them.

Family planning results in improved health of children and parents. This eventually helps in the reduction of child and maternal deaths. Within the family planning framework, appropriate timing between births also contributes to economic growth within the family and the nation as a whole. This is so, because as population grows more slowly, parents have the opportunity to invest more in the health, nutrition and education of their children.

3.6.3 POLICY GOAL

Contribute to improvement of family health and household, societal and national sustainable development.

3.6.4 POLICY OBJECTIVES

3.6.4.1
To enhance increased access to family planning services, increase contraceptive prevalence rate and reduce the national unmet need to family planning.

3.6.4.2
To provide guidance, proper and clear understanding of misconceptions, myths and wrong beliefs on issues of family planning concept, methods and practices.

3.6.4.3
To facilitate an active and full participation of the church in areas of family planning programmes and its services.

3.6.5 POLICY INCLINATION/STATEMENTS

3.6.5.1
The concept and ideology of family planning with the utilization of safe contraceptives and complete protection of the unborn baby shall rightfully be applied and acceptable to married couples only.

3.6.5.2
All people of the child bearing age shall have the right and adequate information on issues of family planning for proper informed choices and decision making.

3.6.5.3
The concept of planning for a family shall be part of the church teaching and counselling to be provided in pre-marriage and marriage process.

3.6.5.4
The church shall advocate for the availability and provision of a full range of contraceptive methods including long-term and emergency contraceptive methods at all certified health delivery facilities as long as they are not associated with the effect of inducing abortion like loop.

3.6.5.5
The church shall actively and fully participate in the provision of the right and adequate information on issues of family planning methods and practices in order to uphold the principle of the right to making informed choice for individual women, men and couples to determine their method of contraception, including long-term methods.

3.6.5.6
The church shall teach and emphasize the concepts of planned and desired pregnancies to all couples before and during marriage.

3.6.5.7
Abortion shall not be used and accepted as a method of family planning.

3.6.6 POLICY STRATEGIES

3.6.6.1
Build capacity of the clergy and other

church leaders in issues of family planning.

3.6.6.2
Raise awareness and involvement of men in SRH matters, including family planning.

3.6.6.3
Conduct church and community campaigns on family planning.

3.6.6.4
Conduct research on the safety of family planning methods and contraceptives.

3.6.6.5
Engage the Government on the provision of quality family planning services that are safer to both the mother and the unborn baby and men.

3.6.6.6
Formal education for all shall be aimed at as a priority.

3.7 RAPID POPULATION GROWTH

3.7.1 ETHICAL PARAMETERS AND CONTEXT
According to the latest UN population projections, the world population which was set to reach 7 billion in 2012 is now expected to exceed 9 billion by 2050 and to surpass 10 billion by the end of the century. The vast majority of this growth is expected to take place in developing countries, particularly in many of the poorest nations of the world, including Sub-Saharan African countries. The rate of population growth in these countries is so high that the population of the 58 nations classified as high fertility countries by the UN is set to be more than triple between now and 2100. With many of the countries already struggling to lift millions of their people out of poverty, such rapid population growth will place even greater constraints on development, delivery of essential services and building a sustainable economy.

In the past century Malawi's population has grown by 15 million people (from 737, 000 people in 1901) to just over 16 million in 2015 and quadrupled since independence. As earlier alluded to, although knowledge of family planning in Malawi is high, the unmet need for family planning is still at 19 % with a total demand for family planning at 69 % (MDHS, 2015-16), and an average of 4.4 children per woman. Each year Malawi adds to its population 400,000 people making it one of the fastest population growths in the world.

Rapid population growth is straining the limited natural resources that Malawi has, resulting into minor and major disasters. Extensive tree cutting leading to deforestation, farming in uplands, hills and mountains and many more practices for earning a living and survival which are negatively impacting on socialization, develop-

ment and at a certain degree climate and environmental changes.

3.7.2 BIBLICAL VIEW

In the beginning God created the heavens and the earth and all that is in it including human beings. God then gave the whole earth and all that is in it into the keeping of human kind. He made man and woman masters of the fish of the sea, the vegetation and entire environment, living things under and above the waters, all birds of the air, all domestic and wild animals, all creatures that are on and below the surface, God commanded man to take care of all of them (Genesis 1:28; 2:15).

All careful choices and actions of human beings that affect that which God saw as being very good after creation demonstrate good stewardship of God's creation. Decisions made that are meant to slowing down the growth of human population in relation to sustaining natural resources and promote sustainable development, strengthen the human obligation as keepers of God's creation. God expects human beings to live in harmony with the environment, nature, fellow human beings besides God Himself. Failure to do so, result into numerous hazardous things on the human life like diseases and infections, food insecurity, climate change and many more. The church has the greatest obligation to live by examples of being good stewards to God's creation and actively address factors that may jeopardize such a great responsibility like rapid population growth.

3.7.3 POLICY GOAL

Contribute to the reduction of and further development of negative impacts of rapid population growth for a sustainable development.

3.7.4 POLICY OBJECTIVES

3.7.4.1

To enhance a prudent management of population growth in Malawi.

3.7.4.2

To promote adequate care and conservation of natural resources in Malawi.

3.7.5 POLICY INCLINATION/STATEMENTS

3.7.5.1

The church has greater responsibilities of ensuring that there is harmony between human beings collectively, environment, and natural resources.

3.7.5.2

The church recognizes the closer links between rapid population growth and depletion of natural resources that results into various social and health problems on humanity leading to unsustainable development.

3.7.6 POLICY STRATEGIES

3.7.6.1

Create awareness both in and outside

the church of the negative impacts of rapid population growth and its impending disasters on the universe.

3.7.6.2
Advocate for smaller size of Malawian families of four children and a frequency reproduction of not less than three years apart manageable.

3.7.6.3
Build and strengthen the capacity of the church on knowledge and skills of responding to issues of rapid population growth, conservation of natural resources and climate change

3.7.6.4
Advocate for and teach the church and communities on responsible and wise utilization of natural resources and replenishing of the same.

3.7.6.5
Engage the Government, development partners and other stakeholders to formulate, design and implement policies and programmes that shall promote harmony between human beings, environment and natural resources including these of rapid population growth and climate change.

3.7.6.6
Encourage the church to teach and sensitize its members on alternative sources of energy and income generating activities instead of relying on charcoal selling and use.

3.8 YOUTH AND SEXUAL AND REPRODUCTIVE HEALTH

3.8.1 ETHICAL PARAMETERS AND CONTEXT

Youths in Malawi are facing a lot of challenges due to new patterns of sexual behaviour, harmful cultural and religious practices, premarital sex and lack of access to family planning education and services. These lead to early and unwanted pregnancies, induced abortions, STIs including HIV infections. They also face alcohol and drug abuse and mental health problems. Most young people start having sex at the age of 12, on average. High risk sexual behaviour is more common among of the youth aged between 15 and 24. In Malawi, young people get most information on sexuality issues from their peers, schools, and media.

Young people are generally underserved in the current health care delivery system contrary to the fact that they hold the largest percentage of Malawian population and that they are the major driving force of development. Where SRH services are available, often times they are not convenient, acceptable nor accessible to young people.

3.8.2 BIBLICAL VIEW

The Bible says it is possible for young people to live the life of purity if they live according to God's Word (Psalm 119:9). Young people are further encouraged to "love the Lord and always trust-

ing in the Lord with all their heart, mind and soul and lean not on their own understanding. This will bring health to their bodies and nourishment to their bones" (Proverbs 3:4-8). Apart from being an act of sin and disobedience before God, the Word of God is very clear on unhealthy implications of premarital and extra-marital sex. Church's stand on issues of the youth and sex has been grounded on such biblical teaching. But the church is very aware that because of secularization there have been conflicting messages to the youth which has in most instances is counteracting and contradicting with the teaching of the church. As a result, youths have made decisions on their own when situations come, without proper guidance.

The church believes that parenting involves the will and the ability of parents to respond to the needs and aspirations of the family and children and that is achieved through constructive decisions parents make to ensure the best possible life for the family and the community they subscribe to. Responsible parenting programmes have a positive impact on the socio-economic development of a family which in turn impacts on the society, community including the youth and hence the country.

3.8.3 POLICY GOAL

Contribute to the building of a healthy, productive and God fearing youth that will positively impact on modelling a healthy and productive nation.

3.8.4 POLICY OBJECTIVES

3.8.4.1

To promote in the youths a sense and spirit of being responsible enough as to enhance a continued sustainable development warrant for the nation.

3.8.4.2

To enhance an accessibility of comprehensive Christian value and sexual education that promotes abstinence, mutual faithfulness and informed decision making among the youth on issues of sex, sexuality and reproductive health including planning for a family.

3.8.5 POLICY INCLINATION/STATEMENTS

3.8.5.1

The Evangelical Association of Malawi defines a youth as any person, male or female, aged between 10 and 35. This social group is further divided into:

- Adolescents of ages between 10 and 19 years.
- Bridge builders of ages between 20 and 25 years.
- Adult youth of ages between 26 and 35 years.

3.8.5.2

The church shall teach and advocate for complete and strong marriages where children shall be raised, cared for and supported by both parents to

enhance proper development, better socialization and undisputable morals in the family, society and community.

3.8.5.3
The church shall promote positive behaviours among the youth grounded in morality regarding sex and sexuality.

3.8.5.4
The church shall discourage all cultural and religious beliefs and practices that promote the spread of STIs including HIV infection, early marriages and teenage pregnancies.

3.8.5.5
The church shall instil among the youth a spirit of purposeful healthy and developmental living.

3.8.5.6
The church shall promote an active and full involvement of the youth in and outside the church in identifying their reproductive and health needs and designing programmes that respond to these needs with special attention to vulnerable and disadvantaged youth.

3.8.6 POLICY STRATEGIES

3.8.6.1
Deliberate integration of programmes for the youth to access comprehensive counselling on issues of sexual and reproductive health including family planning, HIV testing and counselling, and accessing post exposure prophylaxis (PEP) related services.

3.8.6.2
Establishment of rehabilitation programmes and centres for youths involved in sexual abuse, addicted to drug and alcohol abuse and other social problems.

3.8.6.3
Promote youth-parent interactions on issues of sex and sexuality.

3.8.6.4
Reintroduce Bible knowledge and Bible teaching in all Christian primary and secondary schools as a way of promoting high moral integrity amongst our youths (Psalm 119:9).

3.9 REPRODUCTIVE TRACT INFECTIONS, HIV INFECTION AND AIDS

3.9.1 ETHICAL PARAMETERS AND CONTEXT

Reproductive tract system has a number of infections and diseases that have over time negatively impacted on human life, social and economic milestones of various countries including Malawi. Sexually transmitted infections that have arisen over the recent decades including HIV infection and AIDS which accounts for more than 95 % of RTIs. RTIs include endogenous and iatrogenic infections which may or may not be transmitted through sex.

RTIs are a tremendous health and economic burden and cause of morbidity in Malawi. These result into a variety of health problems including chronic pelvic inflammatory diseases in women, urethral strictures in men, septicemia, and eye infections in newborns which lead to blindness. These have also been the cause of infertility for both men and women. Moreover, the presence of STIs increases the likelihood of transmission and acquisition of human immunodeficiency virus (HIV).

3.9.2 BIBLICAL VIEW

While reproductive tract infections are caused by micro-organisms including bacteria and viruses, engaging in conjugal union with multiple partners, pre and extra-marital conjugal union is the fundamental basis of the escalation of such infections. Thousands of years before the birth of Jesus Christ, God provided a remedy to such infectious diseases. It is written in Exodus 15:26, "If you listen carefully to the voice of the Lord your God and do what is right in His eyes, if you pay attention to his commands and keep his decrees, I will not bring on you any of the diseases I brought on the Egyptians, for I am the Lord, who heals you." King Solomon, in testifying to the truths of these words provides his advice as recorded in Proverbs 5:15-20 where he encourages faithfulness to one partner alone as he says, "Drink water from your own cistern, running water from your own well. Let them be yours alone, never to be shared with strangers." Furthermore, Apostle Paul knowing that deprivation of married couples of sex from each other would cause unfaithfulness clearly states in 1 Corinthians 7:5, "Do not deprive each other except by mutual consent and for a time [...] Then come together again so that Satan will not tempt you because of your lack of self-control."

3.9.3 POLICY GOAL

Contribute to the prevention of further spread and occurrence of new reproductive tract infections, HIV infection, and mitigate its impact.

3.9.4 POLICY OBJECTIVES

3.9.4.1

To create awareness of reproductive tract infections including HIV and AIDS.

3.9.4.2

To provide guidance and direction on programmes designed to respond to reproductive tract infections including HIV infection and AIDS.

3.9.5 POLICY INCLINATION/STATEMENTS

3.9.5.1

Abstinence, purity, fidelity and chastity are among the first line preventative measures to reproductive tract infections including the transmission of HIV.

3.9.5.2

Correct and consistent condom use during conjugal union reduces trans-

mission of reproductive tract infections including HIV infection.

3.9.5.3
Variation in incubation periods of RTIs including HIV infection is among other factors that necessitate getting tested for RTIs including HIV infection even when one is or looks healthy.

3.9.5.4
Antenatal testing, care and treatment to RTIs and HIV infection must be routinely done as part of antenatal services to be provided at each and every health care unit in Malawi, and be encouraged and promoted by the church.

3.9.5.5
All people with reproductive tract infections including HIV infection have health care rights like anybody else and must be provided with such opportunities to exercise and enjoy such rights like any other.

3.9.6 POLICY STRATEGIES

3.9.6.1
Develop, strengthen and apply various behaviour change communications at all levels of social groups and ages.

3.9.6.2
Strengthen youth focused and marriage counselling church programmes that promote abstinence, fidelity and chastity.

3.9.6.3
Mitigate the impact of reproductive tract infections, HIV infection and AIDS through various church related interventions.

3.9.6.4
Engage the Government and other stakeholders to provide exclusive testing for RTIs and HIV infection including during antenatal period.

3.10 OBSTETRIC FISTULA

3.10.1 ETHICAL PARAMETERS AND CONTEXT

A fistula is an unwanted and abnormal connection or opening between two organs most often caused by injury to the organs in question, either during surgery or through trauma. The most common type of fistula related to sexual and reproductive health is obstetric fistula (OF). Where the opening is either between the urinary tract and the female's sexual organ, is known as the vesico-vaginal fistula; between the urethra and the vagina is known as the uretero-vaginal fistula; between the bladder and the uterus is known as vesico-uterine fistula; and between the rectum and the vagina is known as rectovaginal fistula.

Obstetric fistula (OF) is very common in young mothers and occurs when a woman experiences a long and obstructed labour where the baby's head presses the soft tissue of the

vagina against the bones of the pelvis resulting into necrotic tissues of the vagina and bladder or the vagina and rectum causing the abnormal opening between the organs. Obstetric fistulas cause constant leaking of urine or faeces through the vagina. Despite the fact that the condition is preventable and treatable, it still affects many women in Malawi every year and yet it was eradicated in developed countries.

3.10.2 BIBLICAL VIEW

The process of maternal labour and child birth, painful and distressing as it may be, is meant to be a joyful moment with a happy ending. In the book of Exodus 1:15-21 God rewarded midwives with families of their own because they honoured and protected human life. These midwives provided care and support to pregnant women during their time of delivery, when pharaoh had given instructions that all Jewish boys born should be killed. This is clear testimony that God is interested in a happy ending of the whole child bearing process both for the mother and the child.

The occurrence of fistulas and all other unfavourable endings related to maternal labour and child birth can be minimized or be prevented if all those entrusted with the responsibility to assist during childbirth discharged their responsibilities with care and diligence, in the fear of God.

3.10.3 POLICY GOAL

Contribute to the reduction of incidences of obstetric fistula among women in Malawi.

3.10.4 POLICY OBJECTIVES

3.10.4.1

To create awareness of obstetric fistula, prevention of obstetric fistula and availability of repair services in Malawi.

3.10.4.2

To motivate and activate the church in Malawi to participate fully in the national road map of ensuring that incidences of obstetric fistulas are reduced and that those that have already been affected receive adequate and quality treatment, care and support.

3.10.5 POLICY INCLINATION/STATEMENTS

3.10.5.1

The church shall advocate for antenatal and postnatal services and hospital deliveries mandatory to all pregnant women in Malawi.

3.10.5.2

All antenatal and postnatal services and deliveries be provided and attended to by the appropriate, qualified, skilled, certified and professional health care workers.

3.10.6 POLICY STRATEGIES

3.10.6.1

Ensure strengthened capacity in line

with knowledge about obstetric fistulas, preventive ways and where repair services can be accessed.

3.10.6.2

The church and all other various communities put in place maternal emergency preparedness strategies.

3.10.6.3

Strengthen church counselling programmes for youths and married couples in relation to predisposing factors to fistulas e.g. on importance of early health care seeking behaviours for all pregnant mothers.

3.11 CANCER OF THE SEXUAL AND REPRODUCTIVE ORGANS

3.11.1 ETHICAL PARAMETERS AND CONTEXT

About 45 % of the diagnosed cancer cases in Malawi is cervical cancer. Cervical cancer occurs when abnormal cells of the cervix – the lower part of the uterus that opens into the vagina – grow out of control and it is one of the most common cancers in women worldwide. Mostly cervical cancer is caused by human papilloma virus (HPV) usually transmitted by having unprotected conjugal union with someone with the viruses. Cervical cancer is a deadly disease that can cause death fairly quickly, though if it is recognized in its early stages it can be easily treated and controlled. In Malawi, where on average 3,700 women are diagnosed with cervical cancer annually. About 1,600 of them die from the disease every year.

Endometrial cancer

Endometrial cancer is the cancer of the uterus which forms when there are errors in normal growth of the lining of the uterus known as endometrium. The build-up of extra cells often forms a mass of tissue called a growth or tumour. These abnormal cancerous cells have many genetic abnormalities that cause them to grow excessively.

Breast cancer

Breast cancer is an abnormal growth from breast that destroys a breast which affects both men and women as young as 20 years. Breast cancer is one of the commonest cancers worldwide and third commonest in Malawi among females if untreated. Treatment is usually with chemotherapy, mastectomy (removal of the breast) or radiotherapy, breast cancer spreads to other organs and causes death.

Prostate cancer

Prostate cancer is a type of cancer that starts in the prostate, a walnut-sized gland found right below the bladder in men and most common in older men over about 50 years of age. Prostate cancer is one of the most common forms of cancer in men around the world and bout 250 Malawian men are diagnosed with prostate can-

cer every year, and many more may have prostate cancer but not know about it. If it is not treated, prostate cancer follows a natural course, starting as a tiny group of cancerous cells that grow into a full-blown tumour and has the potential of spreading to other organs (metastasize) and cause death.

3.11.2 BIBLICAL VIEW

While the Bible does not say much specifically about disease of cancer, in many instances it does address the issue of diseases with various descriptions or references that march the description of cancer. King Hezekiah was sick from a "boil" (2 Kings 20:6-8), which could have in reality been cancer under a different name. When Jesus was on earth, He healed all the diseases that were brought to Him (obviously, that could include cancer) as a sign to the Jews that He was their Messiah. As a church, we view all diseases and illnesses not to be a direct punishment from God to the individuals. The diseases and illnesses are a result of living in a fallen world and upon a cursed earth. Believers and unbelievers alike develop cancer and other diseases that lead to death.

The wonderful thing is that, even though in this life on the cursed earth we are subject to diseases like cancer, we have hope. Psalm 103 is a wonderful passage that gives us assurance that there will be an end to the ills of this world. Psalm 103:1-4 says, "Praise the LORD, O my soul; all my inmost being, praise his holy name. Praise the LORD, O my soul, and forget not all his benefits – who forgives all your sins and heals all your diseases, who redeems your life from the pit and crowns you with love and compassion."

Finding out that an individual or a loved one has cancer can be overwhelming and distressing. As human beings we don't always know what God's purpose is in such devastating afflictions, but we can trust that God has a reason and a plan for all of them.

3.11.3 POLICY GOAL

Contribute to the reduction of the incidences, complications and impact of cancer of reproductive organs in all men and women.

3.11.4 POLICY OBJECTIVES

3.11.4.1

To create awareness of cancers of the sexual and reproductive organs, preventive measures and early health care seeking behaviours since cancer is treatable if diagnosed and treated early.

3.11.4.2

To motivate and activate the church in Malawi to participate actively and fully in the national road map of ensuring that cancer of the sexual and reproductive organs is and its complications are prevented and/or treated.

3.11.5 POLICY INCLINATION/STATEMENTS

3.11.5.1
The church shall advocate and lobby for routine cancer screening for all men and women from the ages of 15 years.

3.11.5.2
The church shall advocate for HPV vaccine for all girls of above the age 10 years.

3.11.5.3
The church shall advocate against myths/perceptions that cancer is not treatable even when it is diagnosed early.

3.11.6 POLICY STRATEGIES

3.11.6.1
Ensure strengthened capacity in line with knowledge about cancer of the sexual and reproductive organs, preventive ways and where screening and treatment services are available.

3.11.6.2
Engage the Government and health care service providers to make services of screening for cancer of the sexual and reproductive organs available in all health care units in Malawi.

3.11.6.3
Lobby the Government and health care service providers to build the capacity of and deploy health care service providers in screening, care and treatment for cancer of the sexual and reproductive organs in health care units in Malawi.

3.11.6.4
Supplement the efforts of the Government and health care service providers in mobilizing resources to build the capacity of and deploy health care service providers in screening, care and treatment for cancer of the sexual and reproductive organs and facilitate the availability of such services in health care units in Malawi.

3.11.6.5
Promote community awareness of cancers of the sexual and reproductive organs, its prevention and treatment in all areas through the church networks.

3.11.6.6
Lobby the Government and other private sectors/stakeholders to consider establishing cancer clinics to increase access to care, treatment and support of those already affected with cancer.

3.11.6.7
Advocate for the inclusion of basic information of cancer in school curriculum to increase access to information among the school going age groups.

3.12 SEXUAL AND GENDER BASED VIOLENCE

3.12.1 ETHICAL PARAMETERS AND CONTEXT

Sexual gender based violence is any practice or act perpetrated against a person's will be it male to female, male

to male, female to male, or female to female with regards to their sexual gender that result into or likely to result into physical, psychological, emotional, spiritual and sexual harm and/or trauma. These practices or acts include rape, defilement, sexual harassment, incest, sexual initiation, wife inheritance, polygamy, fisi (hiring of a man for sex and/or conception), any ritual act or practice (cultural or religious) where conjugal union is at its helm. It also includes: transactional sex, human trafficking for sex, use of traditional herbs and other instruments to induce labour and/or abortion, battery, genital mutilation, unprotected sex where one or both partners have a transmissible infection without the knowledge of the other, and any other form of sexual abuse.

Sexual violence is also described as any forced sexual act or attempt to obtain a sexual act or favour by force, unwanted sexual comments or advances directed to or against a person's sexuality and using coercion, forced marriage or cohabitation, deprivation of conjugal union in a marital union for no apparent reason, denial or being forced use of contraceptives, denial to adopt other measures to protect against STIs, by any person regardless of relationship or any setting. It has been observed and documented that a wide range of sexual gender based violence take place in different circumstances and settings like homes, communities, religious institutions, workplaces, schools, and is mostly perpetuated by people that are very close to the victim. These may include relatives, friends, husbands and wives, parents, teachers, service providers of different services, friends of parents or relatives and at times unfortunately even spiritual models.

In most cases this is a game of power that forces the powerful to doing anything to the powerless including acts of sex. The power can be in terms of strength, economic status, authority or employment positions and opportunities, status superiority, situational and contextual disadvantage of the victim etc. In many instances, cultural or religious values and beliefs have played a major role where followers have been brainwashed with either a reward or calamity. Malawian women and men, girls and boys and children experience these practices and acts at various levels although its magnitude cannot statistically be verified. There is strong evidence that females experience this more than their male counterparts.

3.12.2 BIBLICAL VIEW

Conjugal union is an issue of rights and responsibility of married man and woman where each one of them is valuable by virtue of being human. This means that the worth of a human being is natural and as such must be recognized and respected even as it comes to issues of conjugal union. We are all created in the image of God, both male and female (Genesis 1:26-31). All human beings regardless of sex, age, race, language, ethnicity, disability, religion,

status, education, and political or religious beliefs are equal in the eyes of God and that calls for unconditional respect from and to all.

Acts of violence including sexual gender based violence originates from disobedience to God's principles and godly practices of living in harmony with oneself and one's neighbour. The Bible commands human beings to love one another as one loves oneself. The Scriptures point out that though there are different parts, they all belong to one body and each one has its own role and responsibilities (John 13:34-35; 1 Corinthians 12:12-27). Disobedience to God's teachings makes people do anything to others as long as they get the benefits even if it hurts, traumatizes, harms and inflicts the others.

3.12.3 POLICY GOAL

Envision the church in Malawi to take its rightful role and responsibility in eradicating all forms of violence including sexual gender based violence.

3.12.4 POLICY OBJECTIVES

3.12.4.1

To prevent the occurrence of all forms and acts of sexual gender based violence.

3.12.4.2

To restore and sustain the dignity of all sexes as designed by God in His creation and mandate to human beings.

3.12.4.3

To enhance the provision of quality care, support and treatment to all those that have fallen victims and survivors of sexual gender based violence.

3.12.5 POLICY INCLINATION/STATEMENTS

3.12.5.1

The church stands strongly against and condemns all forms of sexual gender based violence.

3.12.5.2

The church stands strongly against and condemns the acts and services of prenatal sex selection (choosing the sex of a child prior to conception) and all forms of genital mutilation.

3.12.5.3

All religious and cultural forms of harmful beliefs and practices that promote sexual gender based violence shall be eliminated.

3.12.5.4

God's designed process of human development including sexual development must take its course and be respected and not tampered for selfish motivated benefits.

3.12.6 POLICY STRATEGIES

3.12.6.1

Create and strengthen awareness in and outside the church of all beliefs, acts and practices of sexual gender

based violence.

3.12.6.2
Teach the church and communities, with major focus on high risk/vulnerable groups, the factors, situations and circumstances that contribute to and increase the vulnerability to sexual gender based violence.

3.12.6.3
Create awareness of the services, care, support and treatment available for those that have fallen victims to and survivors of sexual gender based violence.

3.12.6.4
Build and strengthen the capacity of the church to design and implement programmes of sexual gender based violence targeting vulnerable groups of the church and community including the development of case documenting and reporting systems, tools and procedures.

3.12.6.5
Incorporate and strengthen premarital and marriage counselling in church programme including teachings on sexual gender based violence and the programmes shall target the youths, church congregants and families.

3.12.6.6
Engage and collaborate with Government, and other stakeholders who are actively engaged in education to include teachings of sexual gender based violence in schools and colleges.

3.12.6.7
Conduct research on beliefs and practices of sexual gender based violence.

3.12.6.8
Conduct advocacy and social mobilization aimed at promoting human dignity for all sexes and elimination of all forms of sexual gender based violence.

3.13 MALE INVOLVEMENT IN ISSUES OF SEXUAL AND REPRODUCTIVE HEALTH

3.13.1 ETHICAL PARAMETERS AND CONTEXT

The male's attitude and mindset attributed from cultural, traditional and religious values that have left management and nurturing of pregnancy as females' responsibilities have had a negative impact on outcomes of process of reproduction, child bearing and parenting.

In Malawi, influenced by religious and cultural values, beliefs and practices, issues of sexual and reproductive health, child bearing and family planning are regarded as women's issues. Even though men may behave and pretend as if they have more information on family planning, sexual and reproductive health issues, their roles in family planning remain a challenge. Designs of national and stakeholders' programmes may have contributed

greatly to such a scenario where in most cases, women have remained the main targets on family planning and sexual reproductive health education, awareness and counselling programmes. This may have been justified with the fact that it is women who become pregnant, and face health risks associated with pregnancy and childbirth, and presumably have the greatest motivation to address various issues related to pregnancy and child bearing. Moreover, women are more likely to be in contact with the health care system because of their overall responsibility for family health, especially for the health and welfare of children.

However, it is evident that designing programmes and strategies that are gender sensitive, accommodating both sexes with equal focus brings about higher and better health outcomes. In sexual and reproductive health, it is shown that men's active participation in decision making about family planning and sexual and reproductive health promotes better health practices and status for families. Participation of men in health issues has increased the acceptance, correct usage and continuation of family planning services and subsequently improved pregnancy related health outcomes.

Men usually are the decision makers about sexual activities, and the desired number of children. They often know very little about the health benefits of planning and spacing pregnancies for mothers and children alike. Without accurate information on the benefits and various methods of family planning. Most men resist supporting family planning utilization, because of misinformation that some methods may harm the woman's health or because they believe that women using family planning are more likely to be promiscuous. As such, engaging and targeting men in addition to women in various health programmes including sexual and reproductive health programmes can foster a positive environment for the couple's broader sexual, physical, emotional and spiritual health.

3.13.2 BIBLICAL VIEW

The Bible unveils the fact that issues of sexuality and reproduction involve both men and women and more often has provided teachings with practical examples that leaving women with all roles and responsibilities that come after conjugal union leaves men with unfinished business.

In the first place God created man and woman and gave them responsibility to care for each other in all circumstances. In Ephesians 5:28 a Christian husband and wife has an obligation of loving and caring for each other at all times: "In this same way, husbands ought to love their wives as their own bodies. He who loves his wife loves himself." Bringing the man and the woman together, the Word of God says both the husband and wife shall leave their parents and be-

come one. In that biblical logical fact both have a responsibility to care for each other in times of need, in all areas including sexual and reproductive health matters.

The Bible does not only talk about involvement of men in issues of sexual and reproductive health focussing on pregnancies, childbirth and parental care, but also getting concerned and contributing to the health of a wife. In the book of Leviticus 19 and 20 God advises husbands when to have and not to have conjugal union with their wives as a means of preventing diseases and infections.

3.13.3 POLICY GOAL

Contribute to the achievement of greater outcomes and milestones in areas of sexual and reproductive health.

3.13.4 POLICY OBJECTIVES

3.13.4.1
Increase knowledge and skills among men on issues of sexual and reproductive health.

3.13.4.2
Enhance couple decision making and improve the roles and responsibilities of both men and women in issues of sexual and reproductive health.

3.13.5 POLICY INCLINATION/STATEMENTS

3.13.5.1
The church believes and teaches equal participation, working together and loving each other between husband and wife and strategies of empowerment shall be focused on both.

3.13.5.2
The church promotes and builds a family on the basis and foundation of love where the highest good of the other is the prime factor.

3.13.6 POLICY STRATEGIES

3.13.6.1
Create awareness of and advocate for the need of men's involvement in all issues of sexual and reproductive health.

3.13.6.2
Engage the Government and other stakeholders in health care service delivery to create conducive and men friendly facilities and environment for active involvement of men in sexual and reproductive health issues.

3.13.6.3
Build the capacity of men in and outside the church on issues of sexual and reproductive health.

— 4. IMPLEMENTATION PROCESS OF THE EAM POLICY —

The implementation process of this Policy will involve all levels of the EAM structures and membership to ensure that it achieves its goal. The implementation process will embrace capacity building through training and provision of technical support, facilitation of decision making, design, implementation and coordination of its related programmes, information sharing, adequate delivery of quality services, and enhancing adequate access to quality sexual and reproductive health services.

4.1 THE EAM SECRETARIAT

The Evangelical Association of Malawi Secretariat team at all level of National, Regional, District and Consortium offices will strive to ensure that EAM member churches and Christian organizations are able to reach out to the congregants, beneficiaries and served populations effectively and efficiently and bring about the intended impact of the Policy. EAM plans to achieve this through:

4.1.1 CAPACITY AND COMPETENCE BUILDING

There will be a process of building the capacity and competence of the EAM member churches and faith based organizations through tailor made trainings, workshops and seminars focusing on the issues identified and discussed in this Policy. The capacity and competence building will also involve the provision of any relevant technical support, any updated information and developments as related to sexual and reproductive health issues.

4.1.2 FACILITATION AND COORDINATION

The Secretariat will also be involved in the facilitation of designing and implementing of all sexual and reproductive health related programmes by consortiums, churches and faith based organizations. During the process of the implementation of such programmes the Secretariat will be actively involved in coordinating such programmes to ensure that there is a harmonized synergy among the various church players in the full Policy implementation.

The Secretariat will also ensure that there is adequate networking and collaboration among the players, and also with other stakeholders without compromising the foundations of our faith and values as the church. The Secretariat will also ensure that there is adequate forums that focus on various issues of sexual and reproductive health and all other related issues.

4.1.3 ADVOCACY

At higher levels, the Secretariat will

be involved in engaging various stakeholders, sectors and partners to advocate for areas of concern to the church as regards sexual and reproductive health as guided by this Policy.

4.1.4 PROMOTING PARTNERSHIPS

In the implementation of this Policy, it will be the duty and obligation of the EAM Secretariat to ensure that churches, faith based organizations and consortiums participating in various ways in the implementation of this Policy have adequate human, financial, material resources and other types of support from other partners. The Secretariat will take up the duty and responsibility of linking such players to other resource providers for partnership.

4.2 THE EAM POLICY STRUCTURE

The Evangelical Association of Malawi Policy Structure is composed of the General Assembly, National Executive Board, the Regional Executive Committee and the District Executive Committee. In the implementation of this Policy, it is the duty and responsibility of this structure to ensure that the Policy is being interpreted and applied as it is presented in accordance with the goals, objectives and aspirations of the Evangelical Association of Malawi.

4.3 ALL MEMBERS OF THE EVANGELICAL ASSOCIATION OF MALAWI

All churches and faith based organizations that are members of the Evangelical Association of Malawi shall strive to ensure that this Policy has trickled down to the grassroots levels. This will enable people to make right, appropriate and informed decisions and choices for adequate access to sexual and reproductive health essential packages and living a health life. It is the EAM members that will ensure the application of the Policy and demonstrate its effectiveness of improving health living and well-being of the people in areas of sex, sexuality and reproduction. In the process of implementing this Policy the members will be involved as follows:

4.3.1 PROMOTING POLICY BELIEFS, PRACTICES AND VALUES

The Policy expresses the church beliefs, practices and values necessary for the promotion of a health living and well-being in issues of sex, sexuality and reproduction. Through teaching, preaching and counselling, EAM members have the obligation, duty and responsibility of proving this right by implementing this Policy.

4.3.2 CREATING DEMAND

The Policy exposes right methods, behaviours and services that have the greatest impact on health living on is-

sues of sexual and reproductive health. In this view, it is the responsibility of the EAM members to teach, preach and advocate for these in an effort of creating demand.

4.3.3 MITIGATE SOCIAL IMPACT

The Policy provides a very clear enlightenment that failure to practice its advocated behaviours, use the advocated methods and services may result into a number of health and social problems which will need the EAM member churches and member organizations to respond to physically, socially and spiritually. In the implementation of this Policy, the EAM members will respond to such health and social hazards. This will include the designing and implementing of related programmes and providing services of the same. Such services will include care, support, treatment, rehabilitation and counselling. The members are also obligated by the Policy to design and implement programmes that will address attributes of sexual and reproductive health problems currently facing the Malawi.

4.4 MANAGEMENT OF SCHOOLS AND COLLEGES

Evangelical Association of Malawi and some of its members have schools and colleges. These will be challenged to implement this Policy. Their participation will be in the form of building the capacities of lecturers, teachers and students on all issues as discussed in the Policy. Mainstreaming such concepts as stipulated by the Policy in the various school and college curricula and activities will be just one of the ways of demonstrating their commitment to their participation in the implementation of the Policy.

5. MONITORING, EVALUATION AND RESEARCH

The Evangelical Association of Malawi through its monitoring and evaluation system and procedures has set monitoring and evaluation approaches, strategies and tools that focus on core programme impact, outcome, indicators, and targets. EAM will use these in the monitoring and evaluating the implementation, effectiveness, efficiency and impact of the Policy. In addition, EAM at various levels will conduct periodic surveys and research that will help measure the achievements and impact of the Policy, update and review the contents, perceptions and concepts as expressed and discussed in the Policy.

5.1 POLICY REVIEW

From time to time the Policy will be undergoing a review that will help to assess its performance, effectiveness, efficiency and relevance to the member churches and faith based organizations, or allow it to include other newly emerging issues of sexual and reproductive health, sex and sexuality.

6. CONCLUDING REMARKS

The church considers this Policy document a valuable instrument in her God given mandate to uphold human dignity and respect for human life. The church strongly contends that besides technical-professional competence in this area, there are also ethical considerations that take into account both the dignity and the fundamental and inalienable rights of every human being, including those in the initial stages of their existence. It further states explicitly the need for protection and respect which this dignity requires of everyone.

It is the hope of the Evangelical Association of Malawi, that this Policy document will be a rallying point for the commitment of the evangelical churches and all people of good will towards respect for human life and human dignity in issues of sexual and reproductive health and catalyst for greater awareness of the various responsibilities in this area. Thus, it is hoped that evangelicals and all people of goodwill shall commit themselves to promotion of new culture of life by positively embracing the contents of this Policy as truly advancing our God given mandate of upholding human dignity.

Yes, this we should teach, live and do for a healthy life!

EVANGELICAL ASSOCIATION OF MALAWI

I pray that they will all be one » John 17:21