

IGNIT3

Increase Gains in Nutrition
by Integration, Education,
Evaluation & Empowerment



SUMMARY REPORT | MALAWI

Gender and human rights analysis

SickKids | Centre for
Global Child Health

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BACKGROUND AND RATIONALE

In Malawi, gender disparities persist, with women and girls facing systemic challenges, including limited access to education, healthcare and economic opportunities. The World Economic Forum's 2023 Global Gender Gap Report paints a concerning picture for Malawi, ranking it 110th out of 146 countries.¹ Early marriage is prevalent, with 7% of girls married by age 15 increasing to 38% before the age of 18.² Additionally, a UNICEF survey conducted in 2020 indicated 42% of women experienced physical violence from a partner.³

High rates of child malnutrition (36%) are driven by poverty and food insecurity exacerbated by climate change.⁴ Severe droughts, exacerbated by El Niño conditions and subsequent flooding, have severely impacted Malawi, leading to widespread crop failures and reduced harvests. These climate-related disasters led to a 13% increase in severe acute malnutrition (SAM) admissions in January 2024 compared to the same month in 2023.⁵ Consequently, from October 2023 to March 2024, 4.4 million Malawians — representing 22% of the population — faced acute food insecurity.⁶ With most of Malawi's agricultural activities reliant on rainfall, the country remains highly susceptible to such shocks.

Food insecurity is compounded by poverty, high HIV prevalence, low primary school completion rates and high stunting levels. Women, who are primarily responsible for domestic and reproductive roles, including cooking, cleaning and caring for children and the sick, are particularly affected. Improving access to safe water, sanitation and hygiene (WASH) services is crucial to alleviate the domestic burden on women.

Increase Gains in Nutrition by Integration, Education, Evaluation & Empowerment (IGNIT3) is a five-year project that aims to address nutritional challenges to improve nutrition for underserved and marginalized populations, including women, adolescent girls and children in Malawi. To inform IGNIT3's gender strategy, a gender and human rights analysis (GHRA) was undertaken. This analysis assessed the capacity of the healthcare system and health workers to address gender-related barriers affecting the delivery and uptake of positive nutrition, health and WASH practices, as well as access to healthcare for women, adolescent girls and caregivers of children.

The GHRA was coordinated and conducted by a lead analyst recruited internationally, with support from a local consultant to conduct field work in the Mangochi and Blantyre districts of Malawi. The GHRA collected data through ten key informant interviews (KII) with male and female representatives from non-profits, government officials, and community leaders, and four focus group discussions (FGD) with health workers, university lecturers and non-governmental organization (NGO) staff. Data collection occurred between December 2023 and February 2024. The targeted sample size was intentional to align with project catchment and to complement further planned research.

Based on the challenges and enabling factors highlighted by various key informants and FGD participants, some of the recommendations from the GHRA can be generalized to the wider Malawi context while others are specifically tailored for IGNIT3. These recommendations are designed not only to guide IGNIT3 project efforts, but also to serve as a blueprint for other interventions, focusing on strategies to empower marginalized communities, challenge discriminatory practices and ensure equitable access to essential services. Using these insights, IGNIT3 aims to support efforts that will enable a positive shift in gender dynamics, socio-economic norms and systemic barriers that impact the uptake of nutrition, health and WASH practices among women and adolescent girls in Malawi.

1 WEF [Global Gender Gap Report 2023](#)

2 [Child Marriage Atlas – Girls Not Brides](#). (Accessed on 24 April 2024)

3 World Bank Blog 2023: Malawi: [Addressing the heightened risk of gender-based violence \(GBV\) amidst disasters](#)

4 Save the Children Study: [Male Nutrition in Malawi 2024](#)

5 [UNICEF Malawi Humanitarian Situation Report No. 1 - January-March 2024 - Malawi | ReliefWeb](#)

6 [WFP Malawi Country Brief, February 2024 - Malawi | ReliefWeb](#)

KEY FINDINGS

Gender roles and inequities in access to healthcare, nutrition and WASH services

Barriers

In Malawi, systemic gender discrimination, poverty and lack of access to quality education impact the ability of women and girls to access essential health, nutrition and WASH services. The agricultural context exacerbates these issues by influencing food allocation and healthcare access. Cultural and societal norms often necessitate male permission for women to access services, with geographic and infrastructural challenges further limiting accessibility.



Some men go up to an extent of telling their wives that they are not supposed to use modern contraceptives because it is woman's responsibility to give birth.

– Female NGO worker, Blantyre district

Stakeholder responses reveal varying degrees of autonomy among women in Malawi in decisions about marriage, childbirth and contraceptive, with patriarchal norms influencing reproductive matters. Traditional and religious constraints further limit progress towards female autonomy. Although men are often the primary decision-makers, discussions highlight a significant gap in nutrition education and health awareness among men, who are rarely the focus of community programs. Additionally, the migration of men to South Africa for work has left a gap in many households, with female heads often delaying essential decision-making processes and access to services due to the absence of their male partners or due to financial constraints.

Traditional gender roles in the division of labour prevent men from participating in tasks like cooking, fetching water and managing domestic hygiene, placing the responsibility on women. This imbalance not only increases the time burden for women, but also heightens men's risk of poor personal hygiene practices. This insight underscores the gendered nature of WASH issues and highlights the need for gender-responsive strategies to alleviate these burdens and reduce exposure to health risks.

While men and boys experience less exclusion compared to women, they still encounter barriers rooted in notions of masculinity that value male strength, as well as economic challenges and limited awareness due to the structuring of health services. Respondents shed light on the lack of male-friendly environments in health facilities, which deter men and boys from seeking sexual and reproductive health (SRH) services, and cultural norms that dissuade men from acknowledging their health needs. These responses highlight a systemic issue where cultural perceptions of masculinity directly impact men's health-seeking behaviors.



Men do not seek medical services due to beliefs that they are strong, and they are poor to manage good nutrition, yet they feel shy to seek help from the health facility.

– Female NGO worker, Blantyre district

Enablers

Discussions with various stakeholders found that husbands — and, in some cases, mothers-in-law — play a significant role in decision-making about health, antenatal care and nutrition, even in cases where husbands have migrated. The insights also emphasize the importance of addressing men's specific needs in health, nutrition and WASH services. Engaging husbands and mothers-in-law through community health workers is crucial and can be strengthened by building on successful best practices, such as the Government of Malawi's National Male Engagement Strategy (NMES 2023-2030) and initiatives by international NGOs. Ensuring that services are responsive to these stakeholders' specific needs in the provision of services will support improved health outcomes.



Photo credit: SickKids | The Hospital for Sick Children



Photo credit: Nutrition International

Gender-based violence and uptake of health, WASH and nutrition services

Barriers

There is a stigmatization associated with gender-based violence (GBV) and intimate partner violence (IPV), a normalization and underreporting of violence due to fear of societal backlash, financial repercussions and a lack of effective support and referral systems in Malawi. Malawi's health workers identify a failure to recognize or screen for GBV issues, with specific challenges in providing appropriate counselling to minors.

An official from the Ministry of Gender detailed the existing referral mechanisms, such as police victim units and social welfare offices. However, the ministry official shared that the demand side is weakened by high levels of illiteracy, long distances and a pervasive culture of silence.



Lack of trained personnel and proper handling of cases at the community level exacerbates the issue, with stigma and delayed justice serving as significant barriers.

—Former official at the Ministry of Gender

In Malawi, 8% marry before the age of 15, while 38% are married before reaching 18 years of age.⁷ Child marriage is primarily driven by poverty, peer pressure, lack of education and cultural norms, with legal frameworks often undermined by socio-economic realities. The Ministry of Gender highlights that economic incentives, cultural practices and peer influence significantly impact child marriage trends.

Additional factors include poor parenting behaviors, lack of access to reproductive health services, and harmful cultural beliefs, such as the notion that once a girl reaches puberty, she should be responsible for her own household.

Enablers

To address these gaps, systematic engagement with both mothers and fathers, including through health workers, is essential to challenge negative beliefs and promote positive cultural practices. These sessions can promote positive parenting behaviors and ways to challenge harmful cultural practices, influence the impact/effects of GBV on overall psychological wellbeing of a family, and build capacity to support their children to counter peer pressure and economic motives.

Health workers in Mangochi district acknowledge the presence of GBV corners in medical facilities for reporting and referring victims but note a gap in addressing financial and psychological trauma. There is an opportunity for the government to document and scale up best practices from offices of the District Social Welfare and Gender offices who are already capacitated to handle GBV cases, to train health care workers on handling GBV cases. Currently, the National Sexual and Gender Based Violence (SGBV) Dashboard presents data from seven districts on cases of SGBV, SRH and harmful practices (HP). Increasing evidence about the prevalence of GBV builds a case for greater commitment to respond.

⁷ [Child marriage atlas - Girls Not Brides](#)

Intersectionality and barriers to health, WASH and nutrition services

Barriers

Malawi's diverse ethnic landscape includes the Chewa, Tumbuka, Lomwe, Ngoni, and Yao tribes, where women and girls face complex barriers to essential health, WASH and nutrition services. Challenges include financial constraints, cultural norms, poverty, illiteracy, geographical remoteness and lack of awareness. Restrictive practices grounded in religious beliefs were cited as a significant influence. They further hinder access with some women forgoing family planning for faith-based reasons. Recognizing and addressing these norms is essential to ensure that women, adolescents and children can benefit from health, WASH and nutrition programs.



Regarding access to nutrition, women headed households, widows, women with disabilities, single mothers, lactating mothers, and adolescent girls are at risk of not accessing adequate nutrition, as well as WASH and health services. However, men and boys are the ones who face lower access to WASH services.

– Ministry of Gender Official

In hard-to-reach areas, models like community clinics, door-to-door activities by health surveillance assistants (HSAs) and mobile health (mHealth) are in place, but more coordinated and consistent efforts are required for the effective delivery of health services. The provision of these services is hindered by inadequate infrastructure, lack of continuous and sustainable government support, and insufficient training and resources for community health workers.

Enablers

The importance of training health workers to offer non-judgmental and confidential services is recognized by various stakeholders.



When minors seek SRH services like family planning, understanding their rights and not dismissing them is crucial.

– Senior Lecturer at the Kamuzu University of Health Sciences, Blantyre district

The recognition of the specific needs of adolescents through addressing unconscious biases based on age or any other factor is also already established among various stakeholders. From the discussion, it is also evident that the significance of an intersectional lens is acknowledged by policymakers, non-governmental organizations and health workers in Malawi.

The utilization of community clinics and door-to-door activities by HSAs, mHealth, collaboration with traditional and religious leaders, and participation of community-based organizations are highlighted as key enabling factors in improving health outcomes and accessibility for the communities in hard-to-reach areas.



My duty is to ensure food security in my community. Therefore, I urge community members to adopt irrigation and vegetable farming alongside rain-fed agriculture. We also promote good sanitation practices in every household, such as having bathrooms and pit latrines, aiming for a healthy community.

– Male Traditional Leader, Mangochi district

Additionally, women's rights organizations and youth groups offer crucial platforms for engagement and leadership, nurturing an inclusive environment.



Photo credit: WaterAid



Photo credit: Nutrition International

Women's meaningful participation

Barriers

The overall acceptance of women in leadership roles varies greatly across different regions. While there are successful female leaders in the central and southern regions, UN Women in Malawi notes resistance, particularly in northern areas with deeply rooted patriarchal cultures. This disparity in women's representation in leadership roles, suggests that cultural transformation is gradual and ongoing. It was highlighted that sectors such as agriculture and health have higher levels of participation among women with the caveat that it is mostly restricted to supplying labour.



In sectors like agriculture and health, women still face resistance when trying to participate, but they are increasingly determined to challenge traditional norms.

— Female NGO worker, Blantyre district

While some areas have seen notable successes, the journey towards gender equality in leadership is complex and requires a multifaceted, culturally sensitive approach that includes both men and women in the process of change.

Enablers

In Malawi, NGO representatives mention the use of Societies Tackling AIDS through Rights (STAR) circles⁸ and women's groups employing the Regenerated Freirean Literacy through Empowering Community Techniques (REFLECT)⁹ approach as entry points to involve women and girls in health programs to identify community gaps and engage duty bearers.



We collaborate with women's structures and establish women's groups. Our approach focuses on empowering women to identify community gaps and engage authorities to address them. These gaps may relate to WASH, nutrition, and health concerns.

— Female NGO worker, Blantyre district

The engagement of men in programming that puts women in decision-making roles is acknowledged as a successful strategy for tackling resistance to women's leadership, particularly in areas with a patriarchal cultural background. Additionally, the engagement of religious and traditional leaders through training and advocacy plays a crucial role in reshaping gender roles and garnering community support. These multifaceted approaches, which include skill development, advocacy, enhancing Malawi's existing community mobilization efforts and creating platforms for women's voices, demonstrate the importance of community-driven initiatives and male support in overcoming resistance and promoting gender equality in leadership.

Capacity assessment of health workers and health training systems

Barriers

The health workers curriculum primarily focuses on clinical case management, leaving a significant gap in their knowledge of non-clinical nutrition issues such as advocacy, social determinants of health and holistic care. Responses from Blantyre District generally suggest an absence of core/mandatory gender training or refresher courses, indicating that health workers rely on general education and are left to apply gender responsive concepts as best as they can in their practices. Though some programs have gender and human rights as a supplementary topic, their incorporation lacks uniformity across healthcare training institutions.

The Ministries of Health and Gender both highlight the existence of national nutrition policies and strategies, such as the male engagement strategy, which emphasizes the importance of inclusive approaches. However, the implementation of these gender policies is inconsistent, with many institutions failing to fully adopt the guidelines. Furthermore, the absence of clear guidelines at the ward and unit levels suggests an implementation gap at the ground level, undermining the effectiveness of these policies in practice.

Enablers

The Ministry of Gender developed and supported several strategic documents to strengthen and standardize gender mainstreaming practices in different sectors. The Ministry of Gender and the Ministry of Health developed gender policies for health training institutions aimed at promoting a structured approach to curriculum development. Moreover, there are positive examples where gender aspects are effectively included in community-based training, showing a growing awareness among various stakeholders.

8 Societies Tackling AIDS through Rights (STAR): <https://www.comminit.com/hiv-aids/content/societies-tackling-aids-through-rights-star>

9 REFLECT: A new approach to literacy and social change: <https://www.tandfonline.com/doi/epdf/10.1080/09614529754666?needAccess=true>

SELECTED RECOMMENDATIONS FOR THE IGNIT3 PROJECT

- Develop and revise training modules for health workers that promote and centre their roles not only as clinicians, but also as educators, advocates and community liaisons through the integration of gender, trauma-response, non-clinical nutrition and human rights education in Malawi's healthcare training curricula.
- Train health workers on gender-focused curricula at both the degree granting/pre-service level and through refresher training. This dual approach will prepare them to address diverse challenges in improving health outcomes and support the cascading of information on gender within their workplaces.
- Enhance the capacity of health workers to provide gender-responsive care so they engage both men and women in projected targeted districts to emphasize on shared responsibility in family planning and to enhance the awareness of men in nutrition, WASH and health.
- Support universities and all health training institutions in the effective and consistent implementation of already existing gender policies to achieve the desired outcomes.
- Encourage multisector collaboration to support policy implementation, ensuring that health, nutrition and WASH services are inclusive and responsive to all genders and ages.
- Work with local community and religious leaders to champion the uptake of health, nutrition and WASH services, leveraging their influence to drive behavior change and increase service utilization.
- Promote the use of evidence-based practices and regular monitoring and evaluation to adapt programs to the changing dynamics of gender and human rights issues.
- Apply the National Male Engagement Strategy (NMES) 2023–2030 in activities and share the learnings from implementation with the government.
- Integrate and advocate for inclusivity by considering Malawi's diverse ethnic landscape, gender dynamics, and the accessibility of healthcare services for individuals with disabilities across all project activities.

OVERALL RECOMMENDATIONS FOR OTHER STAKEHOLDERS IN MALAWI

- Align Malawi's health interventions with current agricultural and health policies, ensuring women's active participation and leadership in these sectors.
- Partner with local NGOs and women's rights organizations to tailor health, nutrition and WASH programs to address the specific needs and barriers and ensure that women are provided with platforms to amplify their voices in community decision-making processes, particularly related to the health, nutrition and WASH sectors.
- Advocate with policymakers to prioritize establishing safe, accessible channels for reporting GBV, ensuring survivors have access to necessary resources and support.
- Mobilize resources to include districts like Mangochi and Blantyre in the National SGBV Dashboard.
- Utilize the established network of HSAs to launch awareness campaigns and build their capacity to deliver health education, including information on immunization, the significance of women's empowerment, and preventing GBV and child marriage directly to families through community clinics and door-to-door activities.
- Develop and implement targeted training programs for men and boys that focus on gender equality, non-violent behavior and the critical roles men play in advocating for and sustaining these changes. These training sessions should cover key areas such as WASH, nutrition, and health, highlighting how gender equality benefits everyone.
- Incorporate and build on innovative solutions such as mHealth, along with supportive policies for health workers to promote a comprehensive approach to health service delivery particularly in hard-to-reach areas.



Photo credit: Nutrition International

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