January 2020

Assessment of By-Laws Related to Maternal, Child, and Reproductive Health in Malawi

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HEALTH POLICY PLUS

JANUARY 2020

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Suggested citation: Stewart, C., A. Lipsky, and P. Mingkwan. 2020. *Assessment of By-Laws Related to Maternal, Child, and Reproductive Health in Malawi.* Washington, DC: Palladium, Health Policy Plus.

ISBN: 978-1-59560-237-4

Health Policy Plus (HP+) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, ThinkWell, and the White Ribbon Alliance for Safe Motherhood.

Acknowledgments

The authors would like to acknowledge the many individuals who contributed to this endeavor and without whom this study would not have been possible. We would like to express our gratitude to the individuals who participated in interviews and focus group discussions and gave so generously of their time and insights: our HP+ colleagues Olive Mtema, Sandra Mapemba, Erin McGinn, and Sarah Pennington for technical and logistical support; our RTI colleagues Meagan Meekins and Elizabeth Fitch for support with data analysis; USAID, specifically Premila Bartlett and Vandana Stapleton for their technical guidance and input; independent consultant Chifundo Makwakwa, who was an instrumental member of the research team; and David Phiri for safely transporting the research team over many miles.

Contents

Acronyms

ANC	antenatal care
ECD	early childhood development
HIV	human immunodeficiency virus
HP+	Health Policy Plus
MK	Malawian kwacha
NGO	nongovernmental organization
SRHR	sexual and reproductive health and rights
USAID	U.S. Agency for International Development

Executive Summary

The Government of Malawi has adopted several policies, guidelines, and pieces of legislation aimed at reducing maternal mortality and child marriage; improving access to sexual and reproductive health and family planning; and promoting human rights. This report provides an overview and analysis of community-level by-laws in Malawi's Karonga, Machinga, and Rumphi districts related to maternal and child health, family planning, sexual and reproductive health, and child marriage. It aims to provide clarity on the community by-laws that currently exist and the perceived consequences that have emerged as a result of by-law creation and enforcement. This report is based on an assessment conducted by the Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development (USAID).

The study revealed two types of health-related by-laws in the study districts: district-level and community-level. District-level by-laws are related to public health and rooted in the Local Government Act, which delegates the authority to create by-laws to District Assemblies and provides standard guidance on how to do so. The study team also found that chiefs and Traditional Authorities frequently use community-level by-laws—not created or enforced through the Local Government Act-mandated process—to improve health outcomes in specific localities.

The study team identified several community by-laws, categorized as follows:

- Antenatal care (ANC) by-laws prescribe sanctions—fines or denial of health services—if a woman does not obtain ANC during the first three months of pregnancy, does not bring her husband to ANC visits, and/or does not attend ANC visits at all.
- Facility-based delivery by-laws prescribe fines if a woman delivers her child outside of a health facility.
- Childbirth supplies by-laws prescribe that a woman be detained at a health facility if her husband does not provide the supplies needed for childbirth.
- Family planning by-laws prescribe fines if a woman conceives beyond age 35, has more than six children, and/or becomes pregnant when her youngest child is less than 18 months old.
- Child marriage by-laws prescribe sanctions for parties that facilitate or participate in child marriage.

Traditional Authorities, chiefs, community committee members, service providers, nongovernmental organizations, and some local government officials see community by-laws as a tool to reach health objectives in specific localities and support national policies. However, the study team identified several key challenges to fully achieving these objectives:

- Traditional leaders develop community by-laws outside of the Local Government Act-mandated process
- Traditional leaders develop and implement community by-laws that do not align with national-level health policies and objectives
- Unintended consequences of community by-laws exacerbate existing health inequities
- The use of revenue from fines lacks transparency

- Cultural practices, lack of knowledge regarding the legal marriageable age, and false reporting of children's ages contribute to child marriage

The report concludes with several recommendations to strengthen community by-laws in Malawi. The relevant ministries should work with traditional leaders to harmonize community by-laws with national laws, policies, and strategies by providing guidelines for creation and enforcement. The ministries can also explore an incentive-based system to promote health-seeking behavior. Local governments can work with traditional leaders to establish transparency and accountability mechanisms for community by-laws. Ministries and other key stakeholders can also widely disseminate existing laws and policies related to protections for children.

Introduction

The Government of Malawi has adopted several policies, guidelines, and pieces of legislation aimed at reducing maternal mortality and child marriage; improving access to sexual and reproductive health and family planning; and promoting human rights. Of these, the commitments laid out in *Family Planning 2020*, the *National Youth Policy*, the *National Sexual and Reproductive Health and Rights (SRHR) Policy for 2017-2022,* and the *Health Sector Strategic Plan II 2017-2022* provide the most comprehensive overview of the goals that the country is working to achieve (GOM, 2017a; MOYS, 2013; MOH, 2017). Some notable commitments include the following:

- Reduce teenage pregnancy by 5 percent per annum until 2030 (*Family Planning 2020* updated 2017 commitment)
- Ensure universal access to and coverage of sexual and reproductive health and rights information and services with a focus on youth (*Family Planning 2020* updated 2017 commitment and *National SRHR Policy*)
- Reduce unmet need for family planning services and promote wider family planning method choice, including long-acting reversible contraceptives (*Family Planning 2020* updated 2017 commitment and *National SRHR Policy*)
- Introduce regulations and enforcement of laws that advance youth reproductive health (*National Youth Policy*)
- Support the enactment of appropriate legislation with respect to SRHR, including increasing the minimum age of marriage (*National Youth Policy* and *National SRHR Policy*)
- Accelerate the reduction of maternal and neonatal morbidity and mortality (*Health Sector Strategic Plan II 2017-2022*)

Malawi has made progress toward achieving these commitments, including reducing maternal mortality (from 675/100,000 live births in 2010 to 439/100,000 live births in 2016) and increasing the contraceptive prevalence rate (from 42 percent in 2010 to 58 percent in 2016) (National Statistical Office, 2017). In addition, in February of 2017, Malawi's Parliament passed Constitutional Amendment Act No. 36, amending the Constitution to raise the minimum age of marriage to 18. However, despite recent progress, Malawi still faces significant challenges. The country's maternal mortality rate and neonatal mortality rate (27/1,000 live births in 2016) are among the highest in sub-Saharan Africa (NSO and ICF, 2017). Unmet need for family planning remains high, at 19 percent. Additionally, Malawi is among the top 10 countries with the highest rates of child marriage in Africa (Mwambene and Mawodza, 2017). The proportion of women ages 20-24 who were married or in a union by age 15 is 9 percent and those who were married or in a union by age 18 is 42 percent (WHO, n.d.). To see these national-level priorities implemented at the local level, government and nongovernmental organizations (NGOs), both local and affiliates of international NGOs, have encouraged community leaders across Malawi to use by-laws to both encourage and discourage specific behaviors at the community level.

This report provides an overview and analysis of community-level by-laws in Malawi's Karonga, Machinga, and Rumphi districts related to maternal and child health, family planning, sexual and reproductive health, and child marriage. This report aims to provide clarity on the community by-laws that exist and the perceived consequences that have emerged as a result of by-law creation and enforcement. This report is based on a study

conducted by the Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development (USAID).

Research Questions and Methodology

To understand the landscape, impact, and consequences of community by-laws related to maternal and child health, family planning, sexual and reproductive health, and child marriage, the study explored the following research questions:

1. What are the community-level by-laws related to health—particularly maternal and child health, family planning, and sexual and reproductive health—and child marriage in Machinga, Rumphi, and Karonga districts?
2. How are these community-level by-laws created, applied, and enforced?
3. What is the perceived effect of these community-level by-laws on maternal and child health, family planning, sexual and reproductive health, and child marriage, and do they support Malawi's rights-based approach?
4. Who are the important stakeholders and influential political actors with respect to the creation and enforcement of community-level by-laws?

The study consisted of two components: 1) a desk review to catalogue and categorize existing documentation on by-laws, and 2) in-country research involving interviews and focus group discussions. The desk review included official Government of Malawi documents, relevant academic journal articles, in-country project reports, and local- and national-level media reports and publications. The study team attempted to identify data that could verify the impact of the community by-laws through in-country and desk research but was unable to do so.

The study team undertook fieldwork in Malawi over a three-week period in August of 2018, conducting key informant interviews and focus group discussions with 70 individuals, including representatives from national and local government, traditional authorities, village committees, police, service providers, advocacy groups, donors, and NGOs. The team conducted interviews and focus group discussions with national-level stakeholders in Lilongwe and local stakeholders in the study districts of Karonga, Rumphi, and Machinga. The team selected these three districts because anecdotal evidence of existing community by-laws in these districts existed. Interviews and focus group discussions were conducted in English when possible. For non-English interviewees, the study team hired a local translator to translate the interview guides and a consultant conducted the interviews in the local dialect.

Palladium's Internal Research Review Committee determined that the study was exempt from review by an institutional review board because it did not constitute research with human subjects. The study team did not interview patients, pregnant women, mothers, or adolescents, including girls released from marriages or their parents. Therefore, interviewees' descriptions of the consequences of community by-laws are based on their own perceptions and were not corroborated by these groups.

Malawi's Rights-Based Approach

Malawi's rights-based approach to health aims to ensure that all people—including vulnerable populations and residents of hard-to-reach areas—receive the same high-quality healthcare without discrimination based on gender, age, socioeconomic status, sociocultural condition, geographical location, or other factors (GOM, 2017a; MOH, 2017). Among the guiding principles of Malawi's *National SRHR Policy 2017-2022* and *Health Sector Strategic Plan II 2017-2022* are a human rights- and equity-based approach, gender sensitivity, accountability, and community participation. These principles were developed in line with those of national and international policies, protocols, and agreements to which the country is committed (MPDE, 2006; MEPD, 2012; MOH, 2012; GOM, 2015; GOM, 2014; AUC, unpublished; African Union, 2016; AUC, 2006; UN, 2015; UNFPA, 2014). The Government of Malawi is a signatory to the International Conference on Population and Development Programme of Action, the Sustainable Development Goals, the Maputo Protocol, and Family Planning 2020. These agreements call on Malawi to guarantee the rights of individuals, especially women and girls, by 1) prioritizing universal access to maternal and child health, sexual and reproductive health, and family planning services, 2) providing the information and means for individuals and couples to decide freely and responsibly the number, spacing, and timing of children, and 3) and ending child marriage.

By-Laws as a Tool for Policy Implementation

In Malawi, by-laws are a component of the country's decentralized system. At the sub-national level, Malawi is divided into 28 districts, each administered by a District Assembly. A District Assembly consists of a combination of democratically elected councilors and members of parliament, together with non-voting members, including five members appointed by elected councilors to represent special interest groups and Traditional Authorities from within the local government area (Basurto et al., 2017). The official local government structure exists alongside a chieftaincy hierarchy that consists of four ranks: Paramount Chief, Traditional Authority, Group Village Headman, and Village Headman (also known as Village Chief) (Basurto et al., 2017). Because of the co-existence of district-level governance and traditional chieftaincy, the introduction of regulatory by-laws often occurs at both district and sub-district community levels.

Although chiefs have very little official power, they are responsible for customary procedures and hold traditional respect and power within communities. One of the tools that chiefs and Traditional Authorities use to promote certain objectives are by-laws, though limited data exists with regard to the effectiveness of using by-laws to achieve positive health impacts. Previous development efforts have leveraged the power of traditional leaders and community by-laws to improve outcomes in areas such as child marriage and natural resource management (Mowo et al., 2016; UN Women, 2015).

The use of by-laws in the health sector is controversial. Community by-laws have been promoted by the Government of Malawi and NGOs to improve maternal and child health outcomes and increase male involvement in maternal and child health. In 2012, then-President Joyce Banda initiated the Presidential Initiative for Maternal Health and Safe Motherhood, which promoted community mobilization as a key pillar to reduce maternal mortality. The program proposed a strategy, led by the Ministry of Local Government and Rural Development, to train traditional leaders on maternal and child health issues and then encourage the leaders to train their committees in turn. As part of this process, chiefs

developed community by-laws prescribing fines and penalties for pregnant women who do not give birth in a health facility (Butrick et al., 2014). NGOs in Malawi have also led processes to develop community by-laws promoting facility-based deliveries and male involvement in specific localities (*Nyasa Times*, 2014; Pot et al., 2018). However, some NGOs, including the White Ribbon Alliance for Safe Motherhood and the Centre for Community and Youth Development, have publicly criticized the community by-laws, citing adverse effects (Chavula, 2018; Khonje, 2018). Their arguments support previous research conducted in Malawi, Burkina Faso, and Zambia that found that by-laws meant to promote facility-based deliveries and male involvement led to harmful, unintended consequences, including avoidance of care, denial of services, increased cost for health services, and social stigma (Melberg et al., 2016; Greeson et al., 2016; Besada et al., 2016).

Types of By-Laws

This study revealed two types of health-related by-laws: district-level and community-level (Table 1). District-level by-laws are related to public health and rooted in the 1998 Local Government Act, which delegates the authority to create by-laws to District Assemblies and provides standard guidance on how to do so. The Local Government Act further states that District Assemblies retain full authority for creating by-laws for the "good governance of the whole or any part of the local government area" and that this authority cannot be delegated (pg. 6). However, the study team found that traditional leaders, often with support or encouragement from local NGOs or international development partners with a local presence (herein just referred to as NGOs), develop and implement community-level by-laws—not created or enforced through the Local Government Act-mandated process—with the objective of improving health outcomes in specific localities.

Respondents' opinions regarding the validity of community-level by-laws varied. Some stakeholders from local government agencies and nearly all stakeholders working in ministries, commissions, and NGOs at the national level were adamant that community-level by-laws, which are not approved through the official channels and often do not meet the requirements outlined in the Local Government Act, are unlawful and should be called "community norms" instead of by-laws. Other stakeholders, including chiefs, local NGOs, local government officials, health providers, and community committee members, consistently used the term "by-laws" in interviews and official documents to refer to the same "community norms." For the purposes of this report, HP+ uses the term "community by-laws" to refer to any rules created and implemented at the community level outside of Local Government Act guidelines.

Table 1. Types of By-Laws Identified in Study Districts

Type of By-Law	Description	Jurisdiction	District	Topic**
District-level	Created by the District Assembly following guidance outlined in the Local Government Act	Standard for entire district	Rumphi	Public health (e.g., waste management and sanitation, water, hairdressing and beauty services, accommodation establishments, dry-cleaning and laundry establishments, swimming pools, and keeping of animals)

Type of By-Law	Description	Jurisdiction	District	Topic**
Community-level*	Created by traditional leaders outside of guidance outlined in the Local Government Act	Specific localities/ communities	Karonga, Rumphi, and Machinga	Maternal and child health, family planning, sexual and reproductive health, child marriage, and other health-related by-laws

*In Karonga, community by-laws were endorsed by the District Assembly. Conversely, in Machinga, respondents reported that the District Assembly refused to endorse proposed community by-laws, claiming that there should be standardized, district-wide by-laws instead of community-specific by-laws.
**The focus of this report is community by-laws related to maternal and child health, family planning, sexual and reproductive health, and child marriage. However, the study team also identified other health- and education-related community by-laws (Appendix A).

Interview Findings: Perspectives on Community By-Laws in Machinga, Karonga, and Rumphi Districts

Below are the study team's findings from interviews with national and local government officials, traditional leaders, community committee members, service providers, national and local civil society organizations, and police. Discussion covers by-law formulation, respondents' knowledge of by-law provisions, fines for enforcement of by-laws, the extent to which transparency exists around by-law enforcement, intended and unintended consequences of health-related by-laws, and challenges for implementing child marriage by-laws.

Formulation process

Respondents reported that processes for community by-law initiation and formulation, including the level of community engagement, vary by community. In multiple instances, respondents reported that NGOs initiated the development of community by-laws that align with their organization's health objectives. In other cases, respondents stated that chiefs initiated the development of by-laws in response to poor health outcomes in their communities. Most respondents in all three districts were unable to detail a distinct process for formulation but named individuals and entities involved in the process, including some combination of the following: local NGOs, chiefs, Village Development Committees, Area Development Committees, Health Advisory Committees, health providers, community members, magistrates, social welfare officers, and police.

Given that community by-laws are developed and implemented at the lowest level of government, with potential direct impacts on citizens' lives, one key component for consideration is the extent to which by-law formulation processes include or do not include citizens. In some cases, respondents reported that traditional leaders held meetings in which community members could provide feedback on the community by-laws. In other cases, respondents reported a lack of community engagement during the formulation process, resulting in resistance from community members following dissemination of the by-laws. "The chiefs formulated them without proper knowledge,"

> "The community themselves came up with the by-laws through a committee made up of the Village Development Committee, influential people in the community, the Area Development Committee, and chiefs. The chiefs take the by-laws to their communities and call a meeting with their people and the people can give feedback, add, or remove by-laws."
>
> —Village Development Committee member

according to one social welfare officer. The study team obtained a historical account of by-laws from one Traditional Authority in Karonga that states that local NGOs encouraged chiefs to include community members in the community by-law formulation. However, the document does not detail the process for community engagement or validate that communities were ultimately engaged in the process.

Knowledge of by-law provisions

The study team found that many respondents did not know the community by-law provisions. Discrepancies were found between the documented by-laws and those described by respondents. In Machinga and Karonga, more health-related by-laws were listed in official documents than were named in interviews. Additionally, respondents in all three districts described by-laws related to antenatal care but none were listed in official documentation. Finally, discrepancies were found between the fines and sanctions reported in interviews and those listed in official documentation (Table 2).

The study team identified two potential factors that could be contributing to these discrepancies: first, physical copies of by-laws were simply not available; second, by-laws are not well-disseminated within communities nor among district-level officials. The study team obtained physical copies of community by-laws in only two of the three study districts—Machinga and Karonga. While a lack of physical copies of by-laws is expected in rural areas due to scarcity of resources, the study team found that no clear repository for finalized by-laws exists and that community leaders could not readily access them. One Traditional Authority stated that he previously had a physical copy of the by-laws but it was misplaced when he moved his office to a new location. Not all the traditional leaders interviewed in Machinga and Karonga had physical copies of the by-laws; those who said they did had trouble locating them upon request. In Karonga, a chief stepped away from the interview to look for a physical copy in his house but after twenty minutes of searching, he had to call the Traditional Authority to bring a copy instead.

Additionally, while respondents said that by-laws are disseminated in chief-led community-wide meetings, one respondent reported that no clear information exists regarding who attends the meetings. Other respondents stated that no formal process for dissemination exists and reported a need for "sensitization meetings" to explain the provisions of the by-laws and their intended purposes to community members.

Table 2 summarizes the maternal and child health, family planning, sexual and reproductive health, and child marriage community by-laws in Machinga, Karonga, and Rumphi districts. For Machinga and Karonga, the table includes the by-laws documented in the physical copies that the study team was able to obtain from Traditional Authorities in each district as well as the by-laws reported by respondents in interviews. For Rumphi, the study team was not able to obtain a physical copy of the community by-laws; therefore, Table 2 includes only the by-laws reported by respondents. Tables 1, 2, and 3 in Appendix A list additional health- and education-related community by-laws in the three districts.

Table 2. Summary of Maternal and Child Health, Family Planning, Sexual and Reproductive Health, and Child Marriage Community By-Laws in Machinga, Karonga, and Rumphi Districts[1]

Category	Community By-Law	Machinga		Karonga		Rumphi[2]
		Reported by Respondents[3]	Recorded in Physical Copy	Reported by Respondents[3]	Recorded in Physical Copy	Reported by Respondents[3]
Antenatal Care (ANC)	Woman who comes to ANC visit without husband	Denied services unless she presents an exemption letter from the chief	No by-law listed	Fined 10,000 Malawian kwacha (MK)/(~US$13) and denied services unless she presents an exemption letter from the chief	No by-law listed	-Denied services unless parents attend in place of husband or she presents an exemption letter from the chief -Husband is fined -Not denied services, but husband's absence is noted in woman's medical file
	Woman who comes to first ANC visit more than three months pregnant	After 20 weeks is fined MK1,000 (~US$1)	No by-law listed	-Fined MK5,000 (~US$7) -Fined MK2,000 (~US$3)	-Fined MK5,000 (~US$7)	If a woman is not attending ANC in the first three months of pregnancy, she is forced to start attending
	Woman who does not attend ANC visit	Fined MK3,000 (~US$4)	No by-law listed	Fined MK4,000 (~US$5)	Fined MK5,000 (~US$7)	Fined MK5,000 (~US$7)
	Any woman who conceals pregnancy	No by-law reported	No by-law listed	No by-law reported	Fined MK2,000 (~US$3)	No by-law reported

[1] By-laws detailed in this table include only those that were reported by respondents and/or recorded in physical documents; other by-laws that exist may be excluded from this table if not mentioned by interviewees or recorded in physical copies.
[2] No physical copies of by-laws were obtained in Rumphi.
[3] Responses from interviewees were not consistent within districts; table cells that display more than one response reflect this variation.

Category	Community By-Law	Machinga		Karonga		Rumphi[2]
		Reported by Respondents[3]	Recorded in Physical Copy	Reported by Respondents[3]	Recorded in Physical Copy	Reported by Respondents[3]
Antenatal Care (ANC)	Woman who does not give birth at facility	-Fined MK2,000–5,000 depending on reason (~US$3–7) -Fined MK2,000 (~US$3), given to chief to be used for the under-five clinic; fined additional MK2,000 (~US$3), given directly to hospital -Fined MK3,000 (~US$4) -If delivery occurred at home for a valid reason, the woman can present an exemption letter from the chief	No by-law listed	Fined MK10,000 (~US$13)	Family fined a goat or MK10,000 (~US$13). In addition, the following by-laws were recorded: -Woman who delivers at a traditional birth attendant clinic: fined MK10,000 (~US$13) -Woman who delivers at home and does not bring the newborn to a hospital: fined MK6,000 (~US$8) -Woman who fails to report for labor when she is due: fined MK10,000 (~US$13) or a goat -Any traditional birth attendant who facilitates delivery: fined MK10,000 (~US$13)	-Fined MK30,000 (~US$4) -Fined a goat and MK15,000 (~US$21) -Fined a goat and MK25,000 (~US$34) -Fined five chickens -Fined MK15,000 and those who assisted her are each fined MK15,000 (~US$21)

Category	Community By-Law	Machinga		Karonga		Rumphi[2]
		Reported by Respondents[3]	Recorded in Physical Copy	Reported by Respondents[3]	Recorded in Physical Copy	Reported by Respondents[3]
Prevention of Mother-to-Child Transmission	Any couple who refuses to get tested for HIV when the woman is pregnant	No by-law reported	No by-law listed	No by-law reported	Each individual fined MK10,000 (~US$13)	No by-law reported
	Woman who is aware that she is HIV-positive but does not undergo prevention of mother-to-child transmission counseling	No by-law reported	No by-law listed	No by-law reported	Fined MK5,000 (~US$7)	No by-law reported
Childbirth Supplies	Husband who fails to provide supplies needed for childbirth (cloths [*zitenje*], basin, baby blanket, paper, soap, razor blade, thread, candle, matches, etc.)	No by-law reported	No by-law listed	Woman detained following birth until husband brings supplies	Fined MK10,000 (~US$13)	Woman will not be denied services, but she will be detained until husband brings supplies

Category	Community By-Law	Machinga		Karonga		Rumphi[2]
		Reported by Respondents[3]	Recorded in Physical Copy	Reported by Respondents[3]	Recorded in Physical Copy	Reported by Respondents[3]
Child Marriage	A child who gets married prematurely (before 18 years of age)	-Parents/guardians fined 3–5 goats or MK10,000 (~US$13) -Parents arrested and jailed for six months -Girl withdrawn from marriage and sent back to school -If both parties are under age 18, they drop out of school, are sent to community police, and return to school the next year[4]	-Fined a goat and the child must return to school	-Husband sent to police and fined MK50,000 (~US$65) -If parents agreed to the marriage, each is fined MK50,000 (~US$65) -If the girl is under 16, the case is sent to court -Girl withdrawn from marriage and sent back to school	-Both parents fined MK25,000 (~US$34) -If parents agreed to the marriage, each is fined MK50,000 (~US$65) -If a third party was involved, they are fined MK50,000 (~US$65) -If the girl is under 16, it should be reported to police	-Husband jailed and fined two goats -Parents jailed if they consented to the marriage and are fined MK20,000 (~US$27) -Girl withdrawn from marriage and returned to school -If a third party was involved, they are fined MK30,000 (~US$41) and a goat

[4] Respondents described community police as volunteers who help to identify and resolve issues within their community. They are reportedly supported by community policing officers from the Malawi Police Service but receive no training.

Category	Community By-Law	Machinga		Karonga		Rumphi[2]
		Reported by Respondents[3]	Recorded in Physical Copy	Reported by Respondents[3]	Recorded in Physical Copy	Reported by Respondents[3]
Child Marriage	Anyone found to be facilitating or initiating child marriages (third party)	No by-law reported	-Summoned to appear before the senior chief and liable to a fine of no less than one goat -If chiefs are found to be facilitating the marriage, they will be fined two goats because they are supposed to be custodians of the law	Fined MK50,000 (~US$65)	Fined MK50,000 (~US$65)	Fined MK30,000 (~US$41) and a goat
	Anyone who impregnates a girl under the age of 18	Referred to police and arrested	Punished according to the laws of Malawi in a court of law (not at the chief's house)	No by-law reported	No by-law listed	No by-law reported
	Anyone who defiles a child under the age of 16	Charged with 8–14 years in prison	No by-law listed	No by-law reported	No by-law listed	Handled by police, minimum 14 years in prison
Family Planning	Woman who gives birth to more than six children	No by-law reported	No by-law listed	Reported existence of by-law but did not specify amount of fine	Fined MK5,000 (~US$7)	No by-law reported
	Family that has not practiced proper family planning or child spacing[5]	No by-law reported	No by-law listed	Reported existence of by-law but did not specify amount of fine	Fined MK20,000 or a goat (~US$27)	No by-law reported

[5] In Karonga's recorded by-laws, improper family planning was defined as a woman who gets pregnant before her youngest child is six months old; improper child spacing was defined as a woman who gets pregnant when her child is more than six months old but less than 18 months old.

Category	Community By-Law	Machinga		Karonga		Rumphi[2]
		Reported by Respondents[3]	Recorded in Physical Copy	Reported by Respondents[3]	Recorded in Physical Copy	Reported by Respondents[3]
Family Planning	Woman who conceives beyond the age of 35	No by-law reported	No by-law listed	No by-law reported	Fined MK6,000 (~US$8)	No by-law reported
Youth Sexual and Reproductive Health	Parent/guardian of child/ward who gets pregnant by or impregnates a fellow student	No by-law reported	Fined a goat or MK5,000 (~US$7)	No by-law reported	No by-law listed	No by-law reported
	Child/ward who gets pregnant by or impregnates fellow student	No by-law reported	-Both parties are expelled and not permitted to marry each other -Both parties can return to school after the girl has given birth	No by-law reported	Both parties fined MK25,000 (~US$34)	No by-law reported
	A child/ward who is found to be in a love affair with a fellow student	No by-law reported	Parents/guardians are called to a meeting to be briefed on the child's behavior; if the child does not terminate the relationship, the child will be punished by the school head	No by-law reported	No by-law listed	No by-law reported

Category	Community By-Law	Machinga		Karonga		Rumphi[2]
		Reported by Respondents[3]	Recorded in Physical Copy	Reported by Respondents[3]	Recorded in Physical Copy	Reported by Respondents[3]
Other Sexual and Reproductive Health By-Laws	Anyone found sending a woman to the woods who gave birth to twins (a former cultural practice)	No by-law reported	No by-law listed	No by-law reported	No by-law listed	Fined a goat
	Anyone who does not allow a girl to go to school due to menstruation	No by-law reported	No by-law listed	No by-law reported	No by-law listed	Fined a goat or a chicken
	Husband who has sex with his wife postpartum before the onset of menses	No by-law reported	No by-law listed	No by-law reported	No by-law listed	Fine/sanction not specified

Fines

As shown in Table 2 and in the Appendix, fines are routinely used to enforce community by-laws across the three districts. The fines range in type and amount significantly—some are livestock fines, others are monetary, and several are a combination of the two. The monetary fines in all three districts range from MK500 (~US$0.65) to MK50,000 (~US$65). These fines are impactful for families in a country with a gross domestic product per capita of only MK251,495, or US$349 (IMF, 2018). While these particular community by-laws are developed outside of the Local Government Act-mandated process, the act states, "By-laws shall be liable on conviction to a fine not exceeding the sum of MK2,000, and in the case of a continuing offence a further fine not exceeding MK200 for each day during which the offence continues after conviction" (pg. 32). Only half a dozen of the fines for community by-laws in Karonga, Rumphi, and Machinga fall below the threshold of MK2,000 (~US$3).

The use of fines to influence health-seeking behavior is controversial and not unique to Malawi (Greeson et al., 2016; Melberg et al., 2016; McMahon et al., 2014). The study team found that using fines in this way often leads to unintended consequences—such as avoidance of care—that undermine the by-laws' objectives. Respondents reported that women who discover pregnancy late, do not have a partner to attend antenatal care (ANC) visits with them, or give birth at home may choose not to access care at all rather than risk the consequences of violating the respective by-laws. One health provider described how women avoid ANC services altogether if they are unable to adhere to the associated by-laws.

> "They fail to come in here because when they come, they don't have money … Women come once, maybe twice, because they fear the rules."
>
> —Health provider

The use of fines to promote health-seeking behavior also raises the issue of equity. For example, some community by-laws require women who deliver at home to pay a fine. Women of lower income or those who live in remote areas are more likely to deliver at home (due to financial constraints and/or lack of transportation) and may face additional financial hardship due to the fines, thus exacerbating health inequities.

Transparency

While processes are in place for the collection of by-law fines in each district, respondents reported issues with accountability and lack of transparency with how the fines are used. Fines are reportedly used to provide supplies and/or improve conditions at health facilities, pay school fees in the case of child marriage by-laws, and support development (such as to maintain boreholes) at the community level. However, several respondents expressed doubt that the fines were actually used for these purposes and believed that local chiefs were benefiting from the fines. Similarly, some respondents reported that health providers were collecting and keeping fine payments, or being paid personally by the chiefs rather than using the money to improve health facilities. Since community members have no way of knowing how much money is

> "Transparency's really becoming an issue … There is no transparency on how the money has been used … people [are] saying, 'well, what is the point of punishing the woman'—yet they suggest the local chief [is] benefitting from that."
>
> —Staff member, Safe Motherhood

collected, how the money is used, or by whom, it is difficult for them to hold traditional leaders, community committees, and health providers accountable.

Health-related community by-laws and reported consequences

The study team identified community by-laws used to promote health-seeking behaviors related to family planning, reproductive health, and maternal and child health (Table 2). This section discusses the most commonly reported health-related by-laws by category:

1. Antenatal care by-laws prescribe sanctions—fines or denial of health services—if a woman does not obtain ANC during the first three months of pregnancy, does not bring her husband to ANC visits, and/or does not attend ANC visits at all.
2. Facility-based delivery by-laws prescribe fines if a woman delivers her child outside of a health facility.
3. Childbirth supplies by-laws prescribe that a woman be detained at a health facility if her husband does not provide the supplies needed for childbirth (e.g., cloths [*zitenje*], basin, baby blanket, paper, soap, razor blade, thread, candle, or matches).
4. Family planning by-laws prescribe fines if a woman conceives beyond age 35, has more than six children, and/or becomes pregnant when her youngest child is less than 18 months old.

Respondents reported both unintended and intended consequences for these categories of health-related community by-laws.

Unintended consequences of common health-related by-laws

According to respondents, enforcement of community by-laws results in unintended consequences that contravene Malawi's rights-based approach and have negative implications for maternal and neonatal health, undermining the very goals that the by-laws are intended to achieve. The most frequently cited unintended consequences of the community by-laws include denial of care, increased cost, avoidance of care, and overcrowding at facilities (Table 3).

Table 3. Categories of Common Health-Related Community By-Laws and Their Reported Unintended Consequences

Categories of by-laws	Reported unintended consequences			
	Denial of care	Increased cost	Avoidance of care	Overcrowded facilities
ANC	X	X	X	
Facility-based delivery		X	X	X
Childbirth supplies		X	X	X
Family planning		X	X	

Denial of care

In all three districts, respondents reported the existence of by-laws that require women to bring their husbands with them in order to receive ANC services unless they provide an exemption letter from the chief. (This sanction is not codified in any of the recorded by-laws that the study team obtained.) According to respondents, in some cases, provision or denial of care is left up to the discretion of the provider. However, a nurse at one health facility said members of the Health Advisory Committee stand outside of the consultation rooms and turn away women who are not accompanied by their husbands and do not produce a letter from the chief.

> "It is difficult [to bypass committee representatives] because they are outside … It's sad because I know everyone needs the services, but because of the by-laws, we fail to provide them at the right time.
>
> —Health facility nurse

Respondents reported several reasons that men often refuse to attend ANC appointments: 1) they view reproductive health as a woman's issue, 2) they are embarrassed to participate in the group dancing and singing component of the appointments, and/or 3) they are avoiding mandatory HIV testing.[6] Yet ANC by-laws place the responsibility for male involvement on women. These by-laws sanction women for the absence of their husbands and do not recognize the responsibility of health workers to provide acceptable services. For instance, while the *National SRHR Policy* calls for provision of participatory services that meet the needs of men, women, and young people, and are culturally acceptable, singing and dancing (which are not culturally acceptable for men in Malawi) remain major components of ANC appointments.

While by-laws requiring men to attend ANC visits are meant to encourage male involvement, the unintended consequence is that women are unable to access ANC services, violating the *National SRHR Policy*, which states that "focused antenatal care (eight contacts with skilled personnel) shall be available to all pregnant women" (MOH, 2017, pg. 26).

Increased cost

> "What happens is the women pick another person to escort them to the hospital so that they are supported … [this can be] any other person, even the motorcycle driver." (English translation)
>
> —Traditional Authority

Increased cost to access healthcare was stated as another unintended consequence of several community by-laws. For example, to avoid the fines and/or denial of care associated with the absence of husbands at ANC visits, respondents in all three districts reported that it is common practice to hire a "ghost husband"—a man who attends ANC visits with a woman and pretends to be her husband—so that she can receive services without her actual husband or partner present. This practice is an expensive workaround that enables women to access the services they need but may not be feasible for lower-income women who cannot afford the additional cost to access care.

Another example of increased cost to access care is the reported practice of women delivering at home and instead of using their closest health facility for postnatal care, traveling to the district hospital because the district hospital does not levy fines for non-facility-based births. As a result, these women have to travel farther from home to receive

[6] A Karonga by-law imposes a fine of MK10,000 (~US$14) per person for a couple that refuses HIV testing if the woman is pregnant (Table 2).

services, thereby increasing their financial burden and reducing access to care if they are not able to travel to the district hospital.

Avoidance of care

As discussed in the "Fines" section previously, respondents reported that some women who were unable to comply with community by-laws chose not to seek care at all rather than risk the consequences of violating the respective by-laws. While community by-laws prescribing fines for pregnant women who do not obtain ANC during the first three months of pregnancy are meant to promote timely initiation of ANC, an unintended consequence is that some women, including those who find out about their pregnancies late, avoid seeking ANC altogether.

Karonga district prescribes fines for women who do not comply with family planning by-laws (i.e., conceive beyond the age of 35, give birth to more than six children, or become pregnant when their youngest child is less than 18 months old). These by-laws violate the *National SRHR Policy,* which states, "individuals and couples shall be empowered to decide freely and responsibly the number, spacing, and timing of children, and shall be provided with the means to do so without coercion" (MOH, 2017, pg. 24). Respondents reported knowing of instances in which women who did not comply with these family planning by-laws concealed their pregnancies and did not access ANC due to fear of incurring fines.[7] Avoidance of care was also reported among women who did not have a partner to attend ANC visits and those who delivered at home.

The enforcement of ANC, family planning, and facility-based delivery by-laws is meant to increase the use of maternal and child health and family planning services, but often leads to avoidance of care due to fear of fines. This contravenes the goals outlined in the *National SRHR Policy*—to make focused ANC available to all pregnant women and improve availability and access to maternal and neonatal care. When women are unable or choose not to access ANC or postnatal services, or deliver at home, they are increasing their risk of pregnancy- and childbirth-related complications (WHO, 2016).

Overcrowding at facilities

According to respondents, facility-based delivery by-laws have contributed to overcrowding at health facilities by drawing more women to the facilities for childbirth. Additionally, respondents reported that women who do not comply with childbirth supplies by-laws are often detained at the health facility until their husband brings the required supplies, contributing to already overcrowded conditions. Due to overcrowding, women and babies who are detained must lie on the floor. Studies have shown that detention in overcrowded and unsanitary conditions puts mothers and babies at greater risk of hospital-acquired infections (Devakumar and Yates, 2016).

Intended benefits of common health-related by-laws

Despite the challenges that result from unintended consequences of community by-laws, many respondents perceived that the by-laws have positive impacts at the community level. By category, these were described as follows:

[7] Although delaying ANC was reported by respondents, the study team was not able to verify if this practice was a result of the community by-laws as keeping pregnancies secret until late in pregnancy is common in Malawi.

1. *ANC.* Respondents stated that due to the existence of ANC by-laws, more women are coming to ANC appointments and bringing their husbands or partners with them. Informants attributed this to a fear of incurring fines and/or having to discuss with the chief the reason(s) that the husband or partner did not attend the appointment. Informants in Machinga also stated that improvements in prevention of mother-to-child transmission of HIV are due to ANC by-laws. One respondent from Rumphi noted that ANC by-laws increased family planning use among teenagers because teenage girls worry about being denied ANC services if their partner "runs away."
2. *Facility-based delivery.* Interviewees stated that most women give birth in health facilities. Several reported that traditional birth attendants are no longer practicing because people fear paying the fines associated with home deliveries. Respondents believe that this has resulted in significant reductions in maternal and infant mortality.
3. *Childbirth supplies.* A few participants from Karonga and Rumphi noted that by-laws requiring men to provide supplies for childbirth have increased the use of family planning methods and desire for limiting children among men. They added that prior to implementation of the by-laws, men simply did not understand how arduous the process of labor and delivery was; having gained this knowledge, they do not want their wives to have to endure the process multiple times.

The study did not collect quantitative data to validate these claims. However, these claims demonstrate that by-laws are generally accepted among traditional leaders, community committee members, providers, NGOs, and some local government officials as a tool to reach health objectives.

Child marriage by-laws

In addition to community by-laws that directly influence health-seeking behavior, communities are also using by-laws that discourage child marriage to support Malawi's commitments related to maternal and child health, reproductive health, and advancing the rights of the girl child. In all three districts, most respondents reported positive consequences from child marriage by-laws, including a reduction in child marriage and successful reenrollment of girls in schools. They discussed how harsh penalties for men have lowered interest in dating or interacting with young girls and that men fear the jail time associated with child marriage.

Respondents also reported successful efforts by teachers' and mothers' groups to reduce stigma toward girls who are reenrolled in school after child marriage. In Rumphi, respondents reported that girls are no longer teased when they return to school because of a new school policy (not a by-law) that requires students who laugh at these girls to be dismissed from class.

Despite these reported successes, respondents discussed challenges that make enforcement of

> "Older men going out with adolescents has really improved. It's not that everyone was marrying adolescents, but they were going out with them. Now, when men see young girls, they say … 'If you go with that one, the magistrate will be on you,' so this has really helped with [reducing] men going out with young girls."
>
> —Staff member, Safe Motherhood

child marriage by-laws especially difficult.[8] Social welfare workers, local nonprofit organizations, community police, and mothers' groups support enforcement of the child marriage by-laws and help to reenroll children in school after they are removed from marriages. Representatives of these entities reported challenges to these efforts as lack of support from police, cultural beliefs and practices, lack of knowledge regarding the legal marriageable age, and false reporting of children's ages.

Role of police

Respondents reported that a lack of support from police makes enforcement of community child marriage by-laws difficult. According to a member of the Malawi Police Service in Machinga, police only handle cases of defilement. This includes cases of defilement that happen within child marriages, but the police are not responsible for removing a child from the marriage or sanctioning parties because of the marriage.

> "Social welfare has handled many cases of early marriage, but the men are not taken to court because early marriage cases should be handled as a criminal offense by the police, but the police don't see it this way. Social welfare counsels the husband and tells him he will be arrested—but he won't be, because the police don't believe that early marriage is a criminal offense. The police will take a long time to investigate the case and eventually the police will come to an agreement with the victim to drop the case."
>
> —Social welfare worker

Cultural beliefs and practices

Cultural beliefs and practices are seen by respondents as major barriers to enforcing child marriage by-laws. The practice of child marriage is deeply rooted in Malawi's culture, resulting in resistance from both husbands and parents when a marriage is forcibly ended (Mwambene and Mawodza, 2017). Respondents reported cases of parents returning girls to marriages after they were forcibly removed because they felt that they had the right to decide if/when their children are married. Respondents also reported that husbands sometimes assault the women from mothers' groups who try to remove children from marriages.

According to respondents, cultural practices, including payment of dowries and sexual initiation ceremonies, contribute to child marriages. Parents sometimes resist the removal of their children from marriages because they cannot pay back a dowry. Respondents in Machinga noted that, despite the introduction of child marriage by-laws, child marriage cases are increasing because the cultural practice of sexual initiation ceremonies is common in the district. One respondent said that children between the ages of 6 and 17 years are

[8] Respondents often used the terms "defilement" and "child marriage" interchangeably, making it difficult for the study team to identify whether separate by-laws with distinct processes and sanctions exist for each. Malawi's national laws distinguish between defilement, which applies to girls under 16 years of age, and child marriage, which applies to girls under 18 years of age. Section 138 (1) of the Malawi Penal Code states, "Any person who unlawfully and carnally knows any girl under the age of sixteen years shall be guilty of a felony and shall be liable to imprisonment for life, with or without corporal punishment," whereas the Malawi Constitution and the Marriage, Divorce, and Family Relations Act prescribe the marriageable age of 18.

regarded as "old people" after they complete the initiation process and thus are able to fulfill the sexual roles expected in marriage. Malawi's 2010 Child Care, Protection, and Justice Act prohibits child marriage and related cultural practices, stating, "No person shall subject a child to a social or customary practice that is harmful to the health or general development of the child" (pg. 31). However, respondents in all three districts confirmed that cultural beliefs and practices still contribute to child marriages.

> "There was one case when we had to return a girl to her family from a marriage. We had to take the girl's family to court and the parents were furious because they said she was their child and they had the right to decide who she would marry. I had to bring in the police to help enforce the law and bring the child back from the marriage. In the end, the family realized they were wrong, and it was good that their child was back in school."
>
> —Traditional Authority

Legal marriageable age

Inconsistencies regarding the legal marriageable age set at the national level complicate the enforcement of by-laws related to child marriage. The Marriage, Divorce, and Family Relations Act prescribes the marriageable age as 18 years while the Child Care, Protection, and Justice Act defines a child as "any person below sixteen" and implies that the marriageable age is 16 years. Although Malawi's Parliament passed Constitutional Amendment Act No. 36 in February 2017, which set the minimum age of marriage as 18, multiple respondents cited the Constitution as a barrier to enforcing child marriage by-laws, particularly when parents are involved. Respondents were not aware that the Constitution, which previously allowed persons between 15 and 18 years of age to enter into a marriage if they obtained parental consent, had been amended. One respondent cited the Constitution as the reason that "a child is only withdrawn from a marriage if one or both of the parents doesn't agree with the marriage."

False reporting of children's ages

Informants revealed that parents who consent to child marriages sometimes falsely report that their children are 18 years old so that the marriage will be considered legal. Respondents reported that cases are usually appealed when men are jailed for child marriage, and the decision reversed, because parents and/or the child lies about her age. More than 90 percent of Malawians lack a birth certificate, making it difficult to confirm a child's age (Bostic, 2017). However, respondents anticipated that false reporting of children's ages will become more difficult in the future since the National Registration Act of 2010, operationalized in 2015, requires registration of all births, deaths, marriages, and adults (defined as age 16 and above) (UNICEF, n.d.).

Findings and Recommendations

Traditional Authorities, chiefs, community committee members, providers, local NGOs, and some local government officials see community by-laws as a tool to reach health objectives in specific localities and support national policies. However, the study team identified several key challenges to fully achieving these objectives in the spirit in which the by-laws were developed. Given these challenges, one possible conclusion is that community by-laws should be eliminated altogether—but the study team recognizes that this path may not be feasible given the level of stakeholder support that exists for the by-laws. Therefore, this section offers recommendations on how to strengthen the existing community by-laws system to better support national priorities. The use of community by-laws for influencing maternal and child health, sexual and reproductive health, and family planning behaviors is

politically infused and sensitive. Recommendations to change the status quo would require a participatory process that engages stakeholders at all levels and builds a constituency for reform.

Finding: Traditional leaders develop and implement community by-laws that do not align with national laws, policies, and objectives.

Recommendation: Harmonize community by-laws with national laws, policies, and objectives by providing guidelines for creation and enforcement.

The Local Government Act states that District Assemblies retain full authority for creating by-laws and requires that the Minister of Local Government and Rural Development approve all by-laws. However, traditional leaders (often with support or encouragement from local NGOs) develop and implement community by-laws outside of the Local Government Act-mandated process, bypassing important technical review processes that ensure that the community by-laws align with national-level policies such as the *National Sexual and Reproductive Health and Rights (SRHR) Policy 2017-2022*.

To address these issues, the Ministry of Health and Population and the Ministry of Local Government and Rural Development should partner with local government and traditional leaders to create a revised approach for developing community by-laws that will meet the needs of traditional leaders and communities while also maintaining the integrity of the technical review process. The Ministries should provide clear, standard guidance to traditional leaders on how to develop and implement community by-laws that are aligned with national laws, policies, and strategies. Guidance should cover processes for community engagement, formulation, documentation, and dissemination, and guidelines for assessing fines and other sanctions or incentives. Efforts to develop guidelines for community by-laws could build on lessons learned from an effort led by the Joint United Nations Programme on HIV/AIDS to create a framework for gender-related by-laws in Malawi (United Nations Malawi, n.d.). As part of this process, a consultative meeting in 2016 was held and a framework drafted, although it has not yet been finalized.

Finding: Unintended consequences of community by-laws exacerbate existing health inequities.

Recommendation: Explore an incentive-based system to promote health-seeking behavior.

Many of the community health-related by-laws and their required sanctions, while well-intentioned, have unintended consequences including denial of care, increased cost, avoidance of care, and overcrowding at facilities. These consequences violate Malawi's sexual and reproductive health objectives and undermine the very goals the by-laws seek to achieve. Community health-related by-laws and their unintended consequences may disproportionately affect unmarried women, women who live in remote areas, and women of low socioeconomic status (Allen and Sesti, 2018). Studies have shown that these categories of women, who already experience poor health outcomes compared to the general population, can experience additional financial burdens—barriers to health caused by enforcement of community by-laws—and stigma (Ravi and Kulasekaran, 2014; Ogolla, 2015; Mazalale et al., 2015; Tegegne et al., 2018; Lodenstein et al., 2018). Enforcement of community by-laws using a fine- or sanction-based system can exacerbate existing health inequities based on social status, geographical location, and socioeconomic status.

Some case studies suggest that using a fine-based system is more affordable than an incentive-based one and is therefore more appropriate for low-income countries such a

Malawi. However, several studies have warned against potential unintended effects of using penalties to influence health-seeking behavior, supporting the findings of this study (Lodenstein et al., 2018). Therefore, the study team proposes that the Ministry of Health and Population and the Ministry of Local Government and Rural Development explore an incentive-based system for promotion of health-seeking behavior for family planning, reproductive health, and maternal and child health. Potential exploration or a pilot program could build on work undertaken through the Results-Based Financing for Maternal and Neonatal Health Initiative, which provided conditional cash transfers to women for facility-based deliveries in Malawi (TRAction, 2016). The Ministries should seek to determine what the advantages and challenges are with using an incentive-based system versus a sanction-based system, whether an incentive-based system is feasible, and what range of options are possible (politically, financially, ethically, etc.). The study team recognizes that advantages and challenges exist with both systems, requiring careful design and implementation to reduce potential adverse effects.

Finding: Use of revenue from fines lacks transparency.

Recommendation: Establish transparency and accountability mechanisms for community by-laws.

The study team found that most traditional leaders enforce community by-laws by collecting fines, yet many respondents did not know how the fines were used. Since community members have no way of knowing how much money is collected, how the money is used, or by whom, it is difficult for them to hold traditional leaders, community committees, and health providers accountable.

If fines continue to be used as the primary enforcement mechanism for community by-laws, local governments should work with traditional leaders to improve transparency mechanisms to ensure that the fines are used for their intended purpose (e.g., for facility improvements, school fees, or community development). Traditional leaders can clearly delegate fee collection authority to specific individuals and require those individuals to post the amounts of fines collected in public places on a regular basis. These individuals could also be required to present this information at community forums and discuss the specific use(s) of collected fines. Further, communities should develop enforceable and appropriate sanctions for those who do not use fines for intended purposes, such as removal from positions of authority, and/or repayment.

Finding: Cultural practices, lack of knowledge regarding the legal marriageable age, and false reporting of children's ages contribute to child marriage.

Recommendation: Disseminate existing policies related to protections for children in the context of cultural practices, legal age of marriage, and birth registration.

More dissemination of existing laws and policies, along with purposeful discussions on their implementation, are needed at the district and community level. Relevant policies include the Child Care, Protection, and Justice Act, which prohibits child marriage and related cultural practices; Constitutional Amendment Act No. 36, which sets the legal age of marriage at 18; and the National Registration Act of 2010, which requires registration of all births, deaths, marriages, and adults (defined as age 16 and above). Key messages from these documents, including legal marriageable age, information on harmful cultural practices, and the established processes for birth, death, and marriage registration, should be disseminated using messaging that is digestible and accessible to a variety of stakeholders. Examples of dissemination channels include radio, mobile messaging and calls, and community meetings.

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Appendix A: Additional Health- and Education-Related Community By-Laws

The following are additional community by-laws related to health and education, but not specifically related to family planning, sexual and reproductive health, maternal and child health, or child marriage, for reference.

Table A1. Summary of Additional Health- and Education-Related Community By-Laws Sourced from Physical Copies Obtained by the Study Team in Karonga

Category	Community By-Law	Sanction
Under-Five Clinic	Any woman who neglects to take her child for vaccinations following birth	Fined MK6,000 (~US$8)
	Any woman who neglects to take her child to the under-five clinic following birth	Fined MK2,000 (~US$3)
	A husband who fails to take his wife to the under-five clinic	Fined MK6,000 (~US$8)
	Any woman who fails to produce the necessary documents at the under-five clinic	Fined MK2,000 (~US$3)
Malaria and the Correct Use of Mosquitos Nets	Any pregnant woman or child found sleeping without a mosquito net	Fined MK1,000 (~US$1)
	Anyone found to be willfully misusing government-donated nets	Fined MK10,000 (~US$13)
	Anyone found selling government-donated nets	Fined MK5,000 (~US$7)
Hygiene	Any household without a toilet, bathroom, drying rack, or rubbish pit	Fined MK5,000 (~US$7)
Distribution of Gender Roles	Anyone who fails to assist their partner with household chores	Fined MK2,000 (~US$3)
	Either spouse in a household who sells food from the home without the partner's knowledge	Fined MK50,000 (~US$65)
	Any husband who makes his pregnant wife do strenuous household chores	Fined MK5,000 (~US$7)
Caring for One's Health	Any pregnant woman who fails to rush to the hospital when she's feeling unwell	Fined MK7,000 (~US$9)
	Parents who fail to rush a sick child to the hospital	Fined MK5,000 (~US$7)
	Any pregnant woman who is anemic, develops a fever, has swollen legs/hands/face, is losing body fluids, and dies, or if a child who is showing life-threatening symptoms dies	-The husband fined a cow if the woman dies -The father fined a goat if the child dies
	In the event of the death of a woman or a child at the hands of a native doctor	The father and the native doctor fined a cow each
	Anyone who fails to seek medical attention at the hospital in favor of traditional medicine	Fined MK7,000 (~US$9)

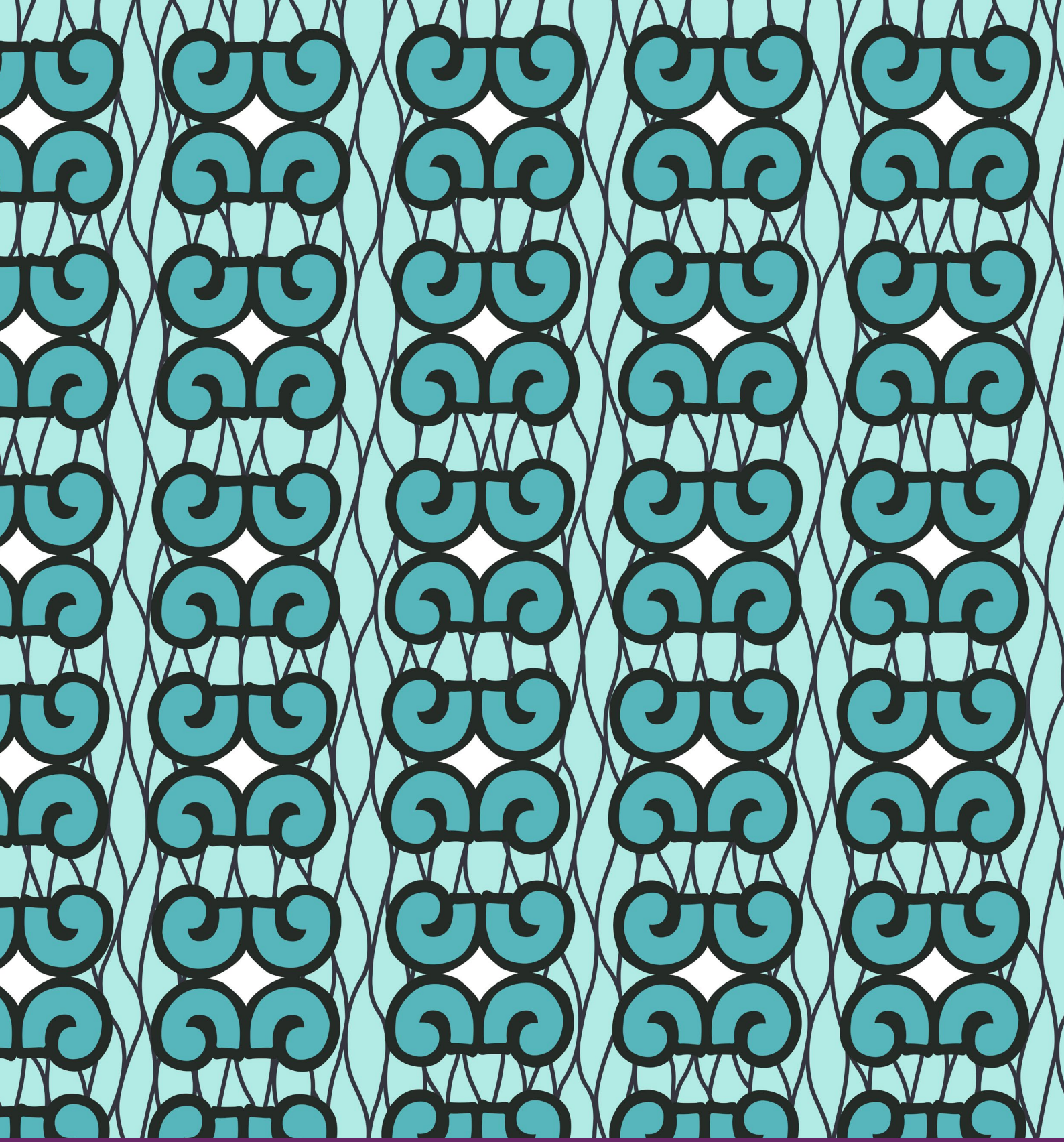
Category	Community By-Law	Sanction
Beliefs	Any pregnant woman found to be taking traditional medicine at the time of childbirth	Fined MK5,000 (~US$7)
Diet	Any husband who fails to provide a balanced diet for his pregnant wife	Fined MK5,000 (~US$7)

Table A2. Summary of Additional Health- and Education-Related Community By-Laws Sourced from Physical Copies Obtained by the Study Team in Machinga

Category	Community By-Law	Sanction
Early Childhood Development (ECD) Centers	Parents who do not enroll their children/wards in ECD centers	After three warnings, fined one chicken (given to chief) or MK2,000 (~US$3) (given to the ECD center)
	Village chiefs who do not encourage parents/guardians to enroll their children/wards in ECD centers	Fined three chickens (given to Senior Chief)
	Chiefs who do not establish ECD centers in their areas	After three warnings, fined a goat or MK10,000 (~US$13) (to be paid to the Senior Chief)
Primary Schools	Any parent who does not enroll their child/ward in primary school	After three warnings, fined MK10,000 (~US$13) and the child/ward is enrolled in school immediately
	Any child/ward who refuses to go to school	Sent to the Village Education Committee for punishment
	Children herding goats during school hours	Apprehended and returned to school; parents fined one chicken (given to the Group Village Head)
	Any woman who fails to produce all necessary documents at the under-five clinic	Fined MK2,000 (~US$3)

Table A3. Summary of Additional Health- and Education-Related Community By-Laws Described in Interviews in Machinga, Karonga, and Rumphi Districts

Community By-Law	Sanction		
	Machinga	Karonga	Rumphi
Child not in school	Fined MK2,000 (~US$3)	If it is because they are caring for siblings, parents fined MK10,000 (~US$13)	No by-law reported
A man who physically assaults a woman	No by-law reported	No by-law reported	Pays the woman (amount not specified)
Anyone who reports to a health facility with hyperglycemia resulting from drinking alcohol	No by-law reported	No by-law reported	Fined MK3,000 (~US$4)
Anyone who attempts suicide	No by-law reported	No by-law reported	Fined MK3,000 (~US$4)
Child selling goods in market	Fined MK500 (~US$0.65)	No by-law reported	No by-law reported



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