

Using family-based models to enhance women's agency

Papua New Guinea Ending Violence Against Women Enhancing Agency

January 4, 2020

*This Story of Change was originally published in the [Pacific Women Annual Progress Report 2017–2018](#). All values are consistent with that reporting period.

Project name: Mamayo

Project partner: CARE International in Papua New Guinea

Total funding: \$4,120,000

Funding timeframe: April 2018–June 2022

Project name: Kisim Femili Plenin Strongim Komuniti

Project partner: FHI 360

Total funding: \$753,500

Funding timeframe: April 2018–March 2021

A number of projects funded by Pacific Women are using innovative, family-based approaches to help communities and families make decisions about issues such as family size, financial planning and sexual, reproductive and maternal health. These projects are strengthening the enabling environment for change at individual, family and community levels to support women's agency.

In rural Papua New Guinea, one in 25 women dies of pregnancy-related causes and 52 babies in every 1,000 die before their first birthday. Nearly 50 per cent of women give birth outside a health centre. Cultural norms generally restrict women's autonomy and lead to delays in, or sometimes prevent, women seeking health care.



Highlands Sexual Reproductive Maternal Health/Mamayo. Photo Credit: Patrick McCloskey, CARE.

CARE implemented the Highlands Sexual, Reproductive and Maternal Health Project with remote communities between 2015–2017. The project found that health outcomes could be improved with better community understanding of sexual, reproductive and maternal health issues and availability and use of quality health services. The project developed a series of participatory, human rights-based workshops that helped communities challenge negative gender norms and behaviours related to poor health and take ownership of their own health care.

Over half of the stories shared by project participants indicated that families were discussing family planning and sharing household workloads more equitably after the workshops. A quarter of participants indicated that instances of forced sex were declining.

‘This is very significant to me,’ said a woman, 50, from Yamaya. ‘The respect I am experiencing in the bedroom. My husband’s respect for me when I refuse sex.’

Lessons from that project are informing CARE’s new project, Mamayo, which applies lessons learned and focuses on improving family decision making about sexual and maternal health and improving women’s economic empowerment. The project uses tested family business management tools to improve gender relations, especially in decision making and distribution of workloads within the family. These are accompanied by proven community leadership methodologies that have reduced the social and cultural barriers to women’s access to health services.

FHI 360 is also trialling community interventions using interpersonal communication to strengthen family planning in its Kisim Femili Plenin Strongim Komuniti project. It leverages existing community knowledge and project infrastructure of FHI 360’s Komuniti Lukautim Ol Meri project that has operated since 2015.

Community mobilisers educate the community, family and individuals in family planning services and use of modern contraceptives in a culturally-acceptable manner. The project focuses on adolescent girls, unmarried women and newly-married couples. It uses behaviour change communication strategies to inform project activities including advocacy, interpersonal communication, community mobilisation, mass communications and the strategic use of data.