

# YES I DO. Report on the midline study in Liwonde, Malawi

by

Alister C. Munthali, Centre for Social Research, Zomba

&

Maryse C. Kok, Royal Tropical Institute, Amsterdam



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## Table of contents

Table of contents.....	2
Acknowledgements .....	5
List of acronyms .....	6
Executive summary .....	8
1. Introduction.....	13
1.1 Short summary of sexual and reproductive health and rights, child marriage and teenage pregnancy in Malawi .....	13
1.2 Short summary of the YES I DO programme .....	14
1.3 Theory of change.....	14
1.4 Short summary of YES I DO intervention area and activities so far .....	15
1.5 Summary of baseline study .....	16
1.6 Objectives of the midline study.....	16
2. Methodology .....	18
2.1 Type of study, overview of methods and study participants.....	18
2.2 Study area and period .....	18
2.3 Selection and recruitment of study participants .....	18
2.4 Training and data collection .....	18
2.5 Data quality assurance and management .....	18
2.6 Data analysis.....	19
2.7 Ethical considerations .....	19
3. Results .....	20
3.1 Characteristics of the study population.....	20
3.2 Community context.....	20
3.2.1 Sources of income .....	20
3.2.2 Cultural expectations around gender roles and marriage .....	21
3.2.3 Characteristics of a good boy and a good girl.....	23
3.2.4 Decision making and gender .....	24
3.3 Engagement of youth in clubs.....	25
3.4 Role of different stakeholders .....	27
3.4.1 Non-governmental, faith-based and community-based organisations .....	27
3.4.2 Teachers and schools .....	30
3.4.3 Community members.....	33
3.4.4 Health workers .....	33
3.4.5 Mother groups .....	35
3.4.6 Police .....	36
3.4.7 Religious leaders.....	38
3.4.8 Traditional leaders.....	39
3.4.9 Social welfare .....	41

3.5	Education in TA Liwonde .....	42
3.5.1	Accessibility of education .....	42
3.5.2	Quality of education .....	44
3.5.3	Safety in schools .....	45
3.5.4	Readmission of girls in school.....	45
3.6	Sexual and reproductive health practices, information and service utilization .....	46
3.6.1	Peer pressure to have sex or marry.....	46
3.6.2	Other reasons for having sex.....	47
3.6.3	Sexual debut.....	50
3.6.4	Sexual and reproductive health issues that adolescents face .....	51
3.6.4.1	Sexual transmitted infections including HIV .....	51
3.6.4.2	Unplanned or unwanted pregnancies .....	52
3.6.4.3	Child marriage .....	52
3.6.4.4	Cases of sexual abuse.....	52
3.6.5	Sexual and reproductive health and rights information and education .....	52
3.6.5.1	Parents and other adults.....	53
3.6.5.2	Health facilities and health workers .....	53
3.6.5.3	Selected community structures .....	53
3.6.5.4	Schools and teachers .....	54
3.6.5.5	Mobile phones .....	54
3.6.5.6	Initiation ceremonies .....	54
3.6.5.7	Youth clubs.....	55
3.6.5.8	Radio or TV .....	55
3.6.5.9	Non-governmental organisations .....	55
3.6.5.10	Other sources of information .....	55
3.6.6	Sexual and reproductive health services, including youth friendly health services.....	56
3.7	Teenage pregnancy .....	58
3.7.1	Causes and circumstances.....	58
3.7.2	Disclosure of pregnancy .....	58
3.7.3	Consequences for the girl.....	59
3.7.3.1	Abortion .....	60
3.7.4	Consequences for the boy.....	61
3.7.5	Activities to prevent teenage pregnancy.....	62
3.7.6	Activities to help teenage mothers.....	64
3.8	Child marriage .....	67
3.8.1	Preferred age at marriage and the prevalence of child marriage.....	67
3.8.2	Reasons for child marriage .....	68
3.8.2.1	Poverty .....	68
3.8.2.2	Pregnancy.....	69

3.8.2.3 Being mistreated in the home .....	69
3.8.2.4 Peer pressure .....	70
3.8.2.5 Young people want sex .....	70
3.8.2.6 The desire for children and grandchildren.....	71
3.8.2.7 Failure in school .....	71
3.8.2.8 Marriage as human right.....	71
3.8.3 Refusing child marriage .....	71
3.8.4 Decision making around child marriage .....	73
3.8.5 Negative consequences of child marriage.....	75
3.8.5.1 Worsening of poverty .....	75
3.8.5.2 Stealing and other immoral behaviours .....	76
3.8.5.3 Dropping out of school .....	76
3.8.5.4 Physical and emotional abuse.....	76
3.8.5.5 Pregnancy and related complications and expenses.....	77
3.8.6 Benefits of child marriage.....	77
3.8.7 Activities to prevent child marriage.....	78
3.9 Economic empowerment .....	80
3.9.1 Employment opportunities.....	80
3.9.2 Skills development.....	82
3.10 Strategies to ensure a brighter future for youth: a focus on education and jobs .....	83
3.11 Policy and legal issues .....	85
3.11.1 Legislation and policies.....	85
3.11.2 The development and implementation of community bylaws.....	87
4. Discussion.....	91
4.1 Summary and discussion .....	91
4.1.1 Teenage pregnancy .....	91
4.1.2 Child marriage .....	92
4.1.3 Abortion .....	92
4.1.4 Meaningful youth engagement.....	92
4.1.5 Male involvement.....	93
4.1.6 Gender transformative programming and girls' empowerment .....	93
4.2 Comparison of midline and baseline findings: a summary .....	94
4.3 Limitations of the study.....	95
5. Conclusions and recommendations .....	97
5.1 Conclusions .....	97
5.2 Recommendations for YES I DO.....	98
5.3 Suggestions for further studies.....	99
6. References.....	100
Annex 1: YES I DO programme's theory of change.....	102

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## List of acronyms

ADC	Area Development Committee
ANC	Antenatal Clinic
ART	Anti Retroviral Treatment
CAMFED	Campaign for Female Education
CBDA	Community Based Distribution Agent
CBO	Community Based Organisation
CCPJA	Child Care Protection and Justice Act
CHRR	Centre for Human Rights and Rehabilitation
CHW	Community Health worker
CPC	Child Protection Committee
CYESE	Centre for Youth Empowerment and Social Enhancement
DHO	District Health Office(r)
DPD	Director of Planning
DSWO	District Social Welfare Office(r)
FBO	Faith Based Organisation
FGD	Focus Group Discussion
FHI	Family Health International
FPAM	Family Planning Association of Malawi
GVH	Group Village Headman
HSA	Health Surveillance Assistant
IDI	In-depth Interview
JPAG	Joint Programme on Adolescent Girls
KI	Key Informant
KII	Key Informant Interview
KIT	Royal Tropical Institute
LSE	Life Skills Education
MoEST	Ministry of Education, Science and Technology
MoGCDSW	Ministry of Gender, Children, Disability and Social Welfare
MSCE	Malawi School Education Certificate
MSCTP	Malawi Social Cash Transfer Programme
MWK	Malawi Kwacha
NGO	Non-Governmental Organisation
NSO	National Statistics Office
OHCHR	Office of the UN High Commissioner for Human Rights
PSI	Population Services International
PTA	Parents and Teachers Association
SCTP	Social Cash Transfer Programme
SMC	School Management Committee
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TA	Traditional Authority
UN	United Nations

UNDP	United Nations Development Programme
VDC	Village Development Committee
VH	Village Head
VSL	Village Savings and Loans
VSLA	Village Savings and Loans Association
YFHS	Youth Friendly Health Services
YONECO	Youth Net and Counselling

## Executive summary

### Introduction

This report presents the findings of the YES I DO (YID) midline study, conducted in April 2018, in Group Village Head (GHV) Mangamba, Traditional Authority (TA) Liwonde, Machinga District in Malawi. The study aimed to provide insight into the (interrelated) causes and effects of child marriage and teenage pregnancy and the extent to which these causes and effects, and the three problems themselves, were present in TA Liwonde. The study also aimed to provide insight into why and how the YID intervention strategies do or do not contribute towards improved outcomes in sexual and reproductive health and rights (SRHR) for young people, including prevention of child marriage and teenage pregnancy. After two years of implementation, insights from this study are useful to further shape the programme, which will run till 2020.

### Methodology

This was a qualitative study. Focus group discussions (FGDs), semi structured in-depth interviews and key informant interviews were conducted with young females and males (15-24 years), parents and caregivers, grandmothers, traditional and religious leaders, teachers, health and social workers, staff of non-governmental organisations (NGOs) and youth organizations, and policy makers. These FGDs and interviews covered teenage pregnancy and child marriage, their causes and effects and interventions being implemented by YES I DO Alliance and other stakeholders. They focused on experiences, opinions and feelings about social and cultural norms and values, community and youth participation in decision making, SRHR, opportunities for schooling and economic empowerment and SRHR-related policies and laws.

### Results

**Community context:** In TA Liwonde, most people are involved in small scale farming, business and casual work as sources of income. Many young men migrate to South Africa for work. The community is generally poor, however, village saving and loans are assisting people in getting a living. Although in TA Liwonde, there are strong gender roles and norms, some study participants noted change: girls and boys were treated more equally, where boys could assist cooking and girls could go to school or do technical jobs. However, the latter was not supported throughout the community. Decision making was said to still be in the hands of males. TA Liwonde is a matrilineal society, where the maternal uncle has most power. Therefore, decisions around cases of teenage pregnancy or child marriage depend on the maternal uncle, who is the owner of the clan, without much say from the biological father.

**Roles of stakeholders:** There are a number of stakeholders based in TA Liwonde and at Machinga District headquarters who play important roles in the fight against teenage pregnancy and child marriage.

- Many NGOs are working in TA Liwonde. Besides the YES I DO Alliance partners, the Campaign for Female Education (CAMFED), Youth Net and Counselling (YONECO) and Save the Children were mentioned. Many study participants knew some of the activities of these NGOs: awareness raising around prevention of teenage pregnancy and child marriage, the initiation of village saving loan associations, vocational training and support of girls to go to school, and working with schools and youth clubs, including Champions of Change. Some participants felt that some of the activities were too much targeted at girls, leaving out the boys.
- Teachers were reported to be an important source of information on sexual and reproductive health and rights (SRHR) for the youth. They were also involved in reporting (possible) cases of teenage pregnancy and/ or child marriage to parents or authorities. However, some young study participants reported that teachers were problematic: they were sometimes involved in sex with school pupils, leading to teenage pregnancy. The school re-admission policy seemed to work out



well: many participants recognized that after pregnancy, girls were welcomed back in school, and sometimes supported to do so by various NGOs and mother groups.

There were only two secondary schools in TA Liwonde and access was problematic because of fees and long distances. Long walking distances or 'self-boarding' were said to contribute to teenage pregnancy. Inadequate teachers, shortage of school blocks, absence of laboratories and not well-resourced libraries constitute some of the factors that contribute to poor quality of education.

- Health workers' responsibility was found to be focused on creating awareness about the disadvantages of child marriage and teenage pregnancy and ensuring the availability of contraceptives including promoting their use and providing these services to young people. When teenage girls are pregnant, some participants pointed to the problem of discrimination at health facilities when accessing antenatal care (ANC) services, where the girls or her parents are shouted at, and where she could be refused assistance if she did not bring the boy or man 'responsible' for the marriage, or alternatively, a letter from the chief about the matter. YES I DO is supporting the District Health Office in conducting outreach services, which include provision of contraceptives to youth, and with the assistance of the YES I DO programme, health workers received training in provision of youth friendly health services. In addition, community based distribution agents, who are young people linked to health surveillance assistants, have been trained to provide services in the communities. It needs to be seen how these measures contribute to contraceptive use as this seems still low, partly because of stigma and misconceptions around contraceptive use among young people.
- Mother groups seem to play an important role in TA Liwonde: they are involved in awareness raising on prevention of pregnancy and child marriage, but they also assist pregnant teenager in accessing care and schooling after delivery.
- The police were said to play an important role in managing (reported) child marriage cases, including the creation of awareness among community members about the existing legislation on child marriage. When a girl under the age of 18 gets pregnant and the one who made her pregnant is 18 years or above, this is automatically handled as a case of rape. Therefore, pregnant girls could be forced to reveal the name of the one who made her pregnant, by the community or by the police. Some study participants indicated that in some cases, the police is bribed to release the man, which demotivated the community in terms of prevention of teenage pregnancy and child marriage.
- While sensitization of religious leaders has taken place as part of the YES I DO programme, study participants had varying opinions about their role in the prevention of teenage pregnancy and child marriage. Some said they include prevention messages (mainly focusing on abstinence) in their preaching and checked the ages of people to be married, others said they did not notice any action, or said that some religious leaders are even involved in sex with young women.
- The traditional leaders were said to play an important role in the reduction of child marriage and teenage pregnancy: they (i) sensitise community members including boys and girls about the disadvantages of child marriage and teenage pregnancy; (ii) terminate child marriages; and (iii) prevent child marriages. Bylaws have been established in TA Liwonde and are being implemented. However, in some areas, participants reported challenges with implementation, when the traditional leader did not react to cases in an appropriate way, because of his own family or village being involved.
- The study found that there are many different types of in-school and out-of-school youth clubs in TA Liwonde. These clubs are involved in raising awareness about SRHR and preventing teenage pregnancy and child marriage and seem to have gained strength over the past two years.
- The District Social Welfare Office was said to also play an important role, amongst others in provision of psychological support to pregnant or defiled girls in the One Stop Centre established at Machinga District Hospital. Community child protection workers work together with chiefs and other stakeholders in preventing and responding to cases of child marriage.

**Sexual debut and reasons for sex:** Sexual debut occurs at a young age (for girls earlier than for boys), according to many study participants, and the reasons for having sex at a young age include peer pressure, poverty (resulting in transactional sex), initiation ceremonies, but also proving that one can have sex, love, wanting to please or wanting to experiment after seeing movies or parents having sex. While the YES I DO programme is working with initiators to address the influence of initiation ceremonies on young people's sexual behaviour, the cultural practice has not changed yet everywhere.

**Sources of SRHR information:** Young people mentioned various sources of SRHR information, such as (youth friendly) health services, schools, radio, friends and phones (pornographic videos). Parents were not mentioned as the preferred source of information. Given the presence of NGOs in TA Liwonde, including those involved in YES I DO, NGOs were also considered as important sources of information.

**Teenage pregnancy:** Teenage pregnancy is still prevalent in TA Liwonde, mainly because of a low contraceptive use and poverty, but a change has been observed: they do not automatically result in (child) marriage anymore. Girls are facilitated to go back to school. In some cases, the boy who made a girl pregnant also drops out of school, to come back after delivery as well. Consequences of teenage pregnancies are well known by the community, and it seems that there are more activities taking place to assist pregnant girls and teenage mothers. However, although improvements are observed, the challenges are still numerous: discrimination when accessing ANC and not being able to go back to school because of lack of money, care of the baby or mocking. The study also found that (illegal) abortion is taking place in TA Liwonde, which puts girls in danger.

**Child marriage:** This study generally found that child marriage is reducing and only marriages of persons aged 18 years and above are permitted in TA Liwonde as per prevailing bylaws and the national law. Various study participants mentioned the positive influence of the work of NGOs and government organisations in the fight against child marriage.

People were aware of the possible reasons for child marriage: poverty, pregnancy, peer pressure, being mistreated at home (especially in the case of orphans), wanting to have (regular) sex (without chance to get diseases), the wish for having children or grandchildren, failure in school and the assumption of marriage being a human right, also under the age of 18. Most study participants did not see many benefits of child marriage.

When child marriage still happened, this was sometimes related to a failure of traditional leadership to enforce bylaws, or people not feeling the right to tell parents or the maternal uncle that this should not happen. This study has also shown that the children themselves sometimes make the decision to marry under the age of 18. In case of force, children can revert to various organisations, the traditional leader or the police. Some of these cases were reported by study participants, although it also became clear that some children do not report, because they fear their parents will get arrested.

**Economic empowerment:** As there are not a lot of companies in TA Liwonde, economic empowerment interventions focus on skills development and setting up small businesses and the establishment of village saving loan associations. Plan Malawi was in the process of starting the vocational training programme when the data collection of the study took place. Save the Children already had a programme running, focused on girls. Some participants felt that this was not fair to boys, who are mostly forced to go to South Africa to look for jobs. The same was felt for the projects that support girls to stay in school. It is evident from this study that in order to ensure a better future for youth, study participants emphasised on creating awareness about the disadvantages of child marriage and teenage pregnancy, promoting the education of girls, implementing vocational skills training programmes and the provision of capital for the trainees to start their own businesses and promoting gender equality.

**Bylaws and political will:** The community bylaws, focussing at ending child marriage, promoting education and preventing (sexual violence) have been established with the involvement of a broad spectrum of community members, led by the traditional leadership. A Plan Malawi official reported that

the bylaws were at an advanced stage and would be approved by the council, after which they will also be launched in the other TAs of Machinga District. While this is the case, the bylaws were already being used at GVH and village head levels in TA Liwonde. Many study participants referred to the bylaws, and indicated that they helped the number of cases of child marriage to go down. However, they also indicated that teenage pregnancy is still a raising problem in the community.

GVH Mangamba, where this study took place, provides a good example of how bylaws could contribute to community development, as the fines that were collected from perpetrators are used to send poor children to school. Despite this, some study participants indicated that the implementation of bylaws needs improvement, as some traditional leaders were not active in their enforcement.

While the Government of Malawi has demonstrated political will by passing the Marriage, Divorce and Family Relations Bill, which raised the age at marriage to 18, the lack of financial resources to effectively implement this legislation was reported to be a major challenge, especially at the district level. While YES I DO always works together with the government at the ditrict level to ensure sustainable programming, constraints in human and financial resources within the government need to be continuously taken into account.

### **Discussion, conclusion and recommendations**

While cases of child marriage seem to descrease, teenage pregnancy is still high in TA Liwonde. Most study participants were knowledgeable about the negative consequences of child marriage and teenage pregnancy, and more community members as compared to the baseline situation were actively involved in the prevention of the two problems. Bylaws have contributed to the change, however, their implementation needs continuous monitoring, as participants mentioned cases in which they were not followed. There are many different types of youth clubs in TA Liwonde, and young people are enagaged in the YES I DO programme. Their decision making power at the community level could still be improved. One of the positive changes observed includes that many girls go back to school after delivery. However, the existence of teenage pregnancy is caused by limited use of contraceptives and early sexual debut. It seems that sexuality education provided in initiation ceremonies has changed, but it is clear this is not yet the case in all areas. Furthermore, access to comprehenisve SRHR information and youth friendly SRH services needs expansion. Misconceptions about side effects of contraceptives are still there, and some study participants reported about cases of unsafe abortion. Access to education and vocational training seems to have increased in TA Liwonde. However, study participants stressed that these interventions should not only be targeting young women, but also young men.

The following recommendations, categorized per pathway of the YES I DO theory of change (Annex 1), are made to ensure that by 2020 child marriage should be ended and there should be a significant reduction in teenage pregnancy:

#### *Pathway 1*

- There is a need for continued creation of awareness about the risks of child marriage and teenage pregnancy in TA Liwonde. This should include maintaining the awareness about readmission policies of the Ministry of Education, Science and Technology.
- There are people who are supposed to be supporting girls in the fight against child marriage and teenage pregnancy by creating awareness about the risks associated with these conditions. However, some teachers and religious leaders are in the forefront having sexual relationships with the girls; hence they should be punished accordingly and should not be shielded. Cases of abuse of girls (by step-fathers) have also been reported and the programme should encourage girls to report such cases to relevant authorities.
- There is a need to ensure that bylaws are effectively implemented at community level, including the traditional leaders being able to punish offenders from their own families and villages. Good practices, for example the use of money from penalties for poor children's schooling, should be

expanded. Practices that could lead to stigma and discrimination, for example the need for letter from the chief to be able to access ANC services for unmarried pregnant girls, should be changed, in coordination with the traditional leadership.

#### *Pathway 2*

- Youth engagement should be strengthened at the community level, by facilitating more interactions between youth clubs and adults.
- The YES I DO programme should consider working with local role models, to motivate youth in TA Liwonde to finish school or set up a business.

#### *Pathway 3*

- The utilisation of contraceptives among young people is still low; the YES I DO Alliance should work with other NGOs and stakeholders to ensure exposure of boys and girls to comprehensive sexuality education programmes and availability of contraceptives, also in hard to reach areas. The training of CBDAs and facility-based health workers should be expanded. This is of utmost importance to reduce teenage pregnancy.
- Young people and other community members should be informed about the negative consequences of unsafe abortion, and the YES I DO programme should stress the importance of counselling in case of unwanted pregnancy.

#### *Pathway 4*

- The provision of financial and other forms of support for girls who have returned to school after they withdrew due to pregnancy should be continued, but vulnerable boys should also be targeted.
- Some girls fail to go back to school after they have delivered because their parents and guardians are not prepared to take care of the babies. The YES I DO programme should explore encouraging young women with children to leave their babies at community-based child care centres which are located in their communities.
- The practice of self-boarded by young people in secondary schools has proved to contribute to teenage pregnancy. Other programmes have constructed hostels where the girls are staying. The recommendation is that some hostels should be constructed in community day secondary schools to address this problem.
- The training of young people in vocational skills programmes and entrepreneurship should not only target girls but boys as well, as they also lack a source of reliable income and face hardship when migrating to South Africa.

#### *Pathway 5*

- Government structures such as the police, health and social welfare partly fail to implement interventions aimed at addressing the problems of teenage pregnancy and child marriage due to shortage of funding. There is a need therefore for NGOs and traditional leaders to advocate for more funding to these government departments.
- There is a need for the YES I DO Alliance to effectively work with stakeholders to prevent corruption of officials.

# 1. Introduction

## 1.1 Short summary of sexual and reproductive health and rights, child marriage and teenage pregnancy in Malawi

There are several sexual and reproductive health and rights (SRHR) issues that young people experience in Malawi. First, studies have shown that, in general, youth start having sex in their teenage: the median age at first sex for women aged 25-49 is at 16.8 years with 19% of these women having sex before the age of 15 years. Among men aged 25-49, the median age at first sex is at 18.5 years and 11% of these had their first sex at the age of less than 15 years. The median age increases the higher the educational level as well as the higher the wealth quintile (National Statistical Office, 2017). As is the case with adults, youth engaging in sex are at risk of contracting HIV and other sexually transmitted infections (STIs). It is estimated that 2.3% of the female youth aged 15-24 reported having an STI 12 months prior to the study and it was higher among those aged 20-24 at 2.7%. Among men aged 15-24, 1.8% reported having had an STI 12 months prior to the study and again it was higher among older youth aged 20-24 at 2%. More females reported having ever had an STI over the 12 months period than males. HIV prevalence among young women aged 15-24 is also higher among females at 4.9% compared to males of the same age group at 1% (National Statistical Office, 2017).

The transmission of STIs including HIV can be prevented using condoms. However, condom use among women is still low: among females aged 15-19, 3.7% reported currently using condoms while it was 2.9% among those aged 20-24. Among married women aged 15-19, 2.2% were currently using condoms and this was higher than among those aged 20-24 at 1.7%. The use of condoms among sexually active unmarried women was much higher than among married women: 21.3% of the sexually active unmarried women were currently using condoms compared to 15.7% among married women. The use of other modern contraceptive methods is quite low among young women aged 15-24 with an exception of injectables: 9.1% of the women aged 15-19 and 29.7% of those aged 20-24 reported currently using injectables.

One other consequence of non-use of contraceptive methods is that young women become pregnant. In 2013/14, 24.3% of the women aged 15-19 reported they had had a live birth while 6.1% were pregnant with their first child. In total 30.4% of the women aged 15-19 had, therefore, begun child bearing (National Statistical Office, 2017). Between 2013/2014 and 2015/2016, there was no major change in the proportion of women aged 15-19 who had begun childbearing as in 2015/2016 29% of the women in this age group had reported this. It is evident that the prevalence of teenage pregnancy in Malawi is high and studies have found that this is linked to the high prevalence of child marriage: a girl who is found pregnant is married off (Human Rights Watch, 2014).

Child marriage is defined as any legal or customary union involving a boy or girl below the age of 18. The Malawi parliament passed the Marriage, Family Relations and Divorce Bill into law in 2015 that put the legal age at marriage at 18 years. National surveys have generally found that the prevalence of child marriage in Malawi is quite high. In 2013/2014, 10% of the women aged 15-49 were married before the age of 15 years and that 49.9% of the women aged 20-49 were married before the age of 18. Twenty-eight percent (28%) of the women aged 15-19 were married at the time of the survey (National Statistical Office, 2015). In 2015/2016, 47% of the women aged 25-49 were married before age 18 and only 8% of the men aged 25-49 reported being married at this age. Child marriage persists in Malawi and a number of studies have shown that the prevailing cultural practices in Malawi significantly contribute towards early marriages. For example, in some cases girls aged less than 18 years are married off to much older men to replace their deceased wives (National Youth Council of Malawi, 2009). In Karonga District, studies have shown that daughters as young as nine years are offered for marriage as a form of payment of debt which has been incurred by parents (Malawi Human Rights Commission, 2006). There are also other factors that make young girls to get married and these

include peer pressure, lack of information on the disadvantages of child marriage and the general lack of role models (Panos Southern Africa, 2015). The YES I DO programme baseline study also found that, in addition to peer pressure, girls would get married early due to prevailing poverty in their households: they believe that once they get married their husbands will take care of them (Munthali & Kok, 2016).

Both child marriage and teenage pregnancy have negative impacts on the girl child: these girls may have trouble during delivery that may result into health conditions such as fistula, or they or the baby may die. In terms of education, pregnant girls drop out of school and they lose opportunities to build up their potential to earn an income. They may experience many problems taking care of the pregnancy especially if the man or boy responsible refuses responsibility. These problems should be addressed in order for women and girls to realise their potential and fully enjoy their rights.

## 1.2 Short summary of the YES I DO programme

Section 1.1 shows that young people experience a number of SRHR problems and these include HIV and other STIs, child marriage and teenage pregnancy. These problems need to be effectively addressed to ensure that young people, in particular girls and women, enjoy their rights. In order to achieve this goal, the prevailing social and cultural norms that significantly contribute to these SRHR and related problems should be addressed. The implementation of interventions that empower young people, increase their access to SRHR information and services, improve access to education and ensure that there is a conducive legal and policy environment would create a society where girls and boys and women and men are treated equally. In Malawi the above issues are aimed for by the YES I DO Alliance, consisting of Plan Malawi, Amref Health Africa, the Family Planning Association of Malawi, the Centre for Youth Empowerment and Civic Education (CYESE) and the Centre for Human Rights and Rehabilitation. The YES I DO programme is implemented in Traditional Authority (TA) Liwonde in Machinga District, from 2016 till 2020.

## 1.3 Theory of change

The YES I DO programme aims to contribute to a world in which adolescent girls can decide if, when and with whom to marry and have children. This requires innovative intervention strategies that address child marriage and teenage pregnancy in a combined and holistic manner in Malawi. The programme's theory of change is presented in Annex 1. The programme has five strategic goals:

1. Community members and gatekeepers have changed attitudes and take action to prevent child marriage and teenage pregnancy.
2. Adolescent girls and boys are meaningfully engaged to claim their SRHR rights.
3. Adolescent girls and boys take informed action on their sexual health.
4. Girls have alternatives beyond child marriage and teenage pregnancy through education and economic empowerment.
5. Policy makers and duty bearers develop and implement laws and policies on child marriage and teenage pregnancy.

The five goals are related to five intervention strategies, illustrated by the interrelated boxes in Annex 1. The intervention strategies focus on forming a social movement, empowering and meaningfully engaging young people, improving access to information and services, stimulating education and economic empowerment for girls and enhancing evidence-based lobby and advocacy for improved legal and policy frameworks. These intervention strategies follow experiences of Alliance partners and global evidence available on what works in trying to reduce child marriage and teenage pregnancy (OHCHR and UNDP, 2008 and Maholtra, Warner, McGonagle & Lee-Rife, 2011).

With regard to strategy 1, several interventions aim to build social movements that influence social norms in communities on SRHR, child marriage and teenage pregnancy. Strategy 2 involves empowering and meaningfully engaging young people. In relation to this, multiple interventions focus on the role of local government institutions, non-governmental organizations (NGOs) and community-based organizations (CBOs) in meaningfully engaging adolescent girls and boys in their policy making and programming. As a result, it is hoped that an increased number of girls and boys effectively raise their voice and make informed choices. In addition, government institutions', NGOs' and CBOs' policies and programmes would increasingly reflect the needs of young people in the field of SRHR.

Strategy 3, on improving access to information and services, focuses on increased access to quality and affordable youth-friendly sexual and reproductive health (SRH) and child protection information and services. Strategy 4, on education and economic empowerment for girls, aims to increase the number of years in primary and secondary education for girls, and that girls have increased access to productive assets and economic opportunities. Finally, strategy 5 involves enhancing evidence-based lobby and advocacy for improved legal and policy frameworks. The target here is that policy makers and duty bearers develop and implement legislation and policies that are directed to eliminating child marriage and preventing teenage pregnancy. As indicated in Annex 1 at the bottom, the following core strategies are employed: promotion of gender transformative thinking, girls' empowerment, men and boys' engagement and meaningful youth participation.

#### 1.4 Short summary of YES I DO intervention area and activities so far

The YES I DO programme is implemented in Traditional Authority (TA) Liwonde in Machinga District in southern Malawi. This district has a population of 686,233 persons: 48.3% are males while the rest (51.7%) are females. There are ten TAs in Machinga and these are TAs Liwonde, Sitola, Kawinga, Chamba, Mposa, Mlomba, Chikweo, Ngokwe, Chiwalo and Nyambi. The interventions for the programme are implemented in TA Liwonde that had a population of 81,583 in 2008. This district was selected for the programme because it did not have any major interventions by NGOs targeting issues around child marriage and teenage pregnancy at the time. Most people in Liwonde are Yaos. While some of the people in TA Liwonde are Christians, most of them are Muslims. This is a matrilineal society and at marriage, the husband moves from his natal village to stay in his wife's village and among her kin. Polygyny is acceptable in this community.

In terms of social services, there are three health facilities in this TA which are providing a wide range of health services including SRH services. Child marriage and teenage pregnancy are common in this community. All teenage pregnancies are, however, referred to Machinga District Hospital for delivery. The YES I DO programme has supported the introduction and delivery of youth friendly health services (YFHS) in all the health facilities in TA Liwonde as well as in Machinga District Hospital. There are two secondary schools namely Namandanje and Masanje Secondary schools. There are 20 primary schools in TA Liwonde. A police unit has also been established in TA Liwonde.

There are a number of interventions that are being implemented in TA Liwonde by YES I DO and these can be summarized as follows:

1. Orientation of parents, teachers, traditional leaders (including religious leaders) and other community members on negative consequences of child marriage and teenage pregnancy as well as consequences of gender inequality.
2. Providing young people with adequate information on SRHR.
3. Training of health workers and social workers to provide YFHS.
4. Promoting girls' education including the readmission of girls who dropped out of school due to pregnancy after they delivered.
5. The programme is working with traditional leaders and the police to dissolve cases of child marriage.

## 6. Improving access to jobs, credit and providing entrepreneurship training.

### 1.5 Summary of baseline study

The mixed-methods baseline study found that the prevalence of child marriage and teenage pregnancy in TA Liwonde is high. A third of the respondents 15-24 (30%) were married with more females (44.5%) than males (16%) reporting this. Sixteen percent (16%) of the females aged 15-24 years were married or in union before the age of 18 years while 5% were married by the age of 15 years. Only 1.5% of the males aged 15-24 were married or in union before the age of 18 years. Only 0.5% of the males reported being married by age 15. Most respondents reported that there were no advantages of child marriage. About a quarter of the married respondents aged 15-24 reported someone made a choice for them to get married (Munthali & Kok, 2016).

A number of reasons were mentioned as to why young people marry and these included the onset of pregnancy, poverty, and peer pressure. Most respondents were aware of the disadvantages of child marriage (e.g. dropping out of school and deepening poverty). Despite respondents knowing the minimum legal age of marriage and the disadvantages of child marriage, child marriage was still common in TA Liwonde. In some places, bylaws on child marriage existed at baseline, but the challenge was that they were not effectively implemented (Munthali & Kok, 2016).

At baseline, 43% of the respondents aged 15-24 reported that they had ever had children with more females (51%) reporting this than males (18%). Twelve percent (12%) of the girls reported having their first child by age 15 and the corresponding proportion among males was 7%. Fifty six percent (56%) of the respondents reported they desired to become parents at the time. Most respondents (87%) reported that they would turn to family members/relatives if they fell pregnant or their partner/boy/girlfriend with 2% saying they would hide the pregnancy. One of the consequences of teenage pregnancy was that a girl drops out of school once she falls pregnant but may go back to school after delivery. Other consequences included experiencing emotional stress and having trouble during delivery. Some study participants also reported that men and boys might deny responsibility of making girls pregnant, hence such girls have the difficult responsibility of raising the children on their own (Munthali & Kok, 2016).

Most respondents (76%) reported having ever received SRH education, with the radio (58.1%) and phones (30.8%) being major sources. Other sources of SRHR information included initiation ceremonies, schools and teachers, NGOs, youth clubs, video shows and health facilities. Young people preferred health facilities (53.7%) and schools (31.3%) as sources of SRHR information. In terms of contraceptives, the most well-known methods for preventing pregnancy were abstinence (69%) and condoms (69.5%) followed by injectables (41.2%) and use of IUD (19.8%). The most widely used method of contraception among young people were injectables (56.9%) (Munthali & Kok, 2016).

### 1.6 Objectives of the midline study

The overall goal of the midline study was to provide insight into the (interrelated) causes and effects of child marriage and teenage pregnancy and the extent to which these causes and effects, and the three problems themselves, were present in the intervention areas of the YES I DO programme. The study also aimed to provide insight into different pathways of change, thereby testing the theory of change, and unravelling why and how the YES I DO intervention strategies do or do not contribute towards improved outcomes related to the five strategic goals, and ultimately a decrease in child marriage and teenage pregnancy. The specific objectives of the mid-line study were as follows.



1. To explore (changes in) attitudes of community members and gate keepers<sup>1</sup> around child marriage and teenage pregnancy, whether and to what extent they take action to prevent child marriage and teenage pregnancy and which factors influence this and how.
2. To determine (changes in) the level of meaningful engagement of adolescent girls and boys in community activities, programmes and policies – thereby claiming their rights – and which factors influence this and how.
3. To explore and analyse whether and to what extent adolescents take informed action on their sexual and reproductive health and which factors influence this and how.
4. To explore and analyse whether and to what extent education and economic empowerment of girls provides them with alternatives beyond child marriage and teenage pregnancy.
5. To provide insight into (changes in) developed and implemented laws and policies on child marriage and teenage pregnancy.
6. To contribute to the evidence on effective and context specific intervention strategies to eliminate child marriage and reduce teenage pregnancy

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<sup>1</sup> Gatekeepers: caretakers; family members such as grandmothers, mothers in-law; health and social workers; teachers; traditional and religious leaders and peers, who influence girls' situation in relation to child marriage and teenage pregnancy.

## 2. Methodology

### 2.1 Type of study, overview of methods and study participants

This was a qualitative study. Focus group discussions (FGDs), semi structured in-depth interviews (IDIs) and key informant interviews (KIs) were conducted in TA Liwonde in Machinga District. These FGDs and interviews covered teenage pregnancy and child marriage, their causes and effects and interventions being implemented by YES I DO Alliance and other stakeholders. They focused on experiences, opinions and feelings about social and cultural norms and values, community and youth participation in decision making, SRHR, opportunities for schooling and economic empowerment and SRHR-related policies and laws. The study participants included young females and males (15-24 years), parents and caregivers, grandmothers, traditional and religious leaders, teachers, health and social workers, staff of NGOs and youth organizations, and policy makers (Table 1).

### 2.2 Study area and period

Data collection took place in Liwonde from 17<sup>th</sup> April 2018 to 28<sup>th</sup> April 2018. Members of the YES I DO Alliance guided the research team that the midline should be done in Group Village Head (GHV) Mangamba, which is a specific area in TA Liwonde.

### 2.3 Selection and recruitment of study participants

The research team purposefully selected study participants. Local people such as traditional leaders and community health workers (CHWs) helped in the recruitment of participants. Regarding the youth, participants were direct or indirect beneficiaries of the YES I DO interventions and the aim was to have a maximum variation sampling based on age, sex, and marital status. Regarding health personnel, health surveillance assistant (HSAs) working in the area and attached to the health facilities in TA Liwonde were recruited. Other study participants (religious and traditional leaders, teachers, social workers, representatives of youth associations and CBOs and policy makers at local and district levels) were selected based on their (active) role at different levels and were identified in consultation with local partners.

### 2.4 Training and data collection

Five research assistants were recruited: two were females and three were males. These research assistants were trained on 12<sup>th</sup> and 13<sup>th</sup> April 2018 at Annies' Lodge in Zomba and this training covered the midline study objectives and protocol, the methodology and going through the topic guides and ensuring that the translations were correct. All the tools were pretested in an area around TA Liwonde, and only slight adjustments needed to be made. The team met every night to discuss findings and plan the work.

### 2.5 Data quality assurance and management

The research assistants were all experienced in collecting qualitative data. In order to ensure that data were of good quality, the research assistants were comprehensively trained by the researchers. In addition to this, a pretest was conducted and transcripts from this pretest were written up by the research assistants. These were read through by the researchers and feedback was provided to the team. During fieldwork, the researchers met the field team and went through some of the transcripts and listened to the audios in order to ensure that the interviews were transcribed properly. All transcripts and audios were submitted to the national researcher who kept them on his password protected laptop. As part of quality control interviewers did not transcribe their own interviews: research assistants were transcribing interviews done by their colleagues.

**Table 1. Overview methods midline**

Method	Participants	Number of participants	Total number of participants
FGDs	Girls aged between 15-19 unmarried Girls aged between 15-19 married Young women aged between 20-24 years unmarried Young women between 20-24 years married Boys aged between 15-19 unmarried Boys aged between 15-19 married Young men aged between 20-24 years unmarried Young men aged between 20-24 years married Female caregivers Male caregivers	8 (1 group) 8 (1 group) 8 (1 group) 8 (1 group) 6 (1 group) 6 (1 group) 6 (1 group) 6 (1 group) 8 (1 group) 6 (1 group)	70
IDIs	Girls aged between 15-19 Young women aged between 20-24 years Boys aged between 15-19 Young men aged between 20-24 years Parents or caregivers Grandmothers or elderly women Religious and traditional leaders Teachers Health and social workers CBO and youth organization staff	2 2 2 2 2 2 2 2 2 2	20
KIIs	NGO staff Policy makers	5 3	8

## 2.6 Data analysis

Content analysis of all transcripts was carried out using a comprehensive thematic matrix, based on the topic guides and the Malawi's YES I DO theory of change. Emerging themes were added to this matrix and the matrix was imported in Nvivo 11. All transcripts were coded and summaries were written per theme and subtheme. A data analysis workshop in which all the research assistants and researchers participated took place from 18<sup>th</sup> to 20<sup>th</sup> June 2018.

## 2.7 Ethical considerations

The approval to conduct this study was obtained from the National Commission for Science and Technology. Informed consent was obtained from all study participants before they participated in FGDs, IDIs and KIIs. For study participants who were aged less than 18 years consent was obtained from their parents or guardians while assent was obtained from the children themselves. All study participants signed consent/assent forms and were given copies of these forms for their records.

## 3. Results

### 3.1 Characteristics of the study population

As can be seen in Table 1, eight interviews were conducted with key informants (KIs): five with representatives of NGOs and three with policy makers at Machinga District Council. The ages of these KIs ranged from 31 to 47 and all had degrees with an exception of one who had a Malawi School Education Certificate (MSCE). Out of the KIs, three were females while the rest (five) were males. Seventy (70) people participated in FGDs: 43% (30) were males while the rest (57%, 40) were females. Most of FGD participants (87%, 61) had primary school of education, only 5.7% had gone to secondary school and 5 (7.1%) reported they never went to school. Most participants in FGDs were Muslims. A total of 20 IDIs were conducted: most participants had a primary school level of education, were Muslims and reported that they were engaged in farming as a source of livelihood.

### 3.2 Community context

#### 3.2.1 Sources of income

During most FGDs and IDIs, study participants reported three main sources of income for people in TA Liwonde and these were farming, doing businesses and doing *ganyu* (casual work).

“... the main job here is farming. We farm, we harvest and we eat. If we have surplus harvest we do sell and buy clothes for ourselves”, (P1, FGD with married women 20-24).

“Males they make sure they have something to do each day like they do a little business so that the house should not lack relish and tablets of soap. They go to the lake and they bring fresh fish and sell in the community. [They are near Lake Malombe]. They feed the family”, (P8, FGD with married women 20-24).

A number of crops are grown on the farms and these include maize, cotton, tobacco and vegetables. A Sheikh added that in this area, in addition to rain-fed agriculture, people are also involved irrigation farming.

“Farming, for example like during this season, irrigation farming, they do cultivate cabbage, cultivating turnips, they do plant a lot of different crops”, (Sheikh).

In terms of *ganyu*, in most cases this is done on the farm or it is agricultural-related. People also conduct a variety of businesses such as selling fish, charging and repairing phones, selling tomatoes and running grocery shops. Women, especially, as mentioned for example by a married boy (15-19 years), do small scale businesses such as making fritters (*mandazi/zitumbuwa*) and selling them in the community.

Many young people in TA Liwonde go to South Africa to work. These young men send money to their parents and wives: remittances from South Africa constitute an important source of income for some households. Village Savings and Loans Associations (VSLAs) have been established in TA Liwonde with support from Plan Malawi and this constitutes an important source of income for households.

“As for me, I work with many programmes, teach children in nursery school, I make them pay very little but also I’m in a group of *kusunga komanso kupeleka* (VSLA) where I keep and give out money to group members. But I’m also an adviser at village banks... so I don’t fail to make a little wage”, (Female youth facilitator).

“Most of the parents depend on village saving loans (VSLs) because the community encourages people to do VSL as one way of saving their money. They also borrow money from VSL and most of

the people do business and others they do farming where they grow crops like tobacco, maize and they earn money which helps them to support their families”, (District Social Welfare Officer (DSWO)).

Machinga is one of the districts where the Malawi Social Cash Transfer Programme (MSCTP) is implemented. An official from the District Council explained that some money is given to ultra-poor households to support the education of their children and address specific problems they experience. Other KIs at district level mentioned the MSCTP as well. Machinga is also known as a district where many young men migrate to South Africa for work.

### 3.2.2 Cultural expectations around gender roles and marriage

There are tasks that are culturally expected to be done by boys and others by girls. Previously, boys for example, could not accept to do what was perceived to be a girl’s task.

“In the past, when you tell a boy to do a task that was meant for a girl, he was refusing but nowadays, they seem to understand and when you tell them to assist their sisters cook *nsima* [stable food in Malawi made of maize flour], they do it”, (P7, FGD with female caregivers).

In a number of FGDs and IDIs, people said that things are changing and more boys are increasingly taking up the roles of girls and this is being encouraged by parents who do not look at the sex of the child when assigning responsibilities. A participant in an FGD with male caregivers gave an example of his first-born son who takes care of his siblings whenever parents are not around: he cooks, draws water, cleans the house; and he is not shy to do any type of work. Some male caregivers reported that now they are able to cook even when women are around and they are not shy and, previously, they could not do this. In a number of FGDs and IDIs study participants reported that things are changing and there is no difference between boys and girls in terms of roles and tasks.

“There should not be any difference in tasks between males and females these days because things have changed. In the past roles and tasks were divided according to how a person is, roles of males were not roles of the females but now things have changed and should regard each other on the same level”, (FGD with unmarried men 20-24).

There was also an argument that while men can cook, in some cases it is because women cannot multi-task; hence, there is a need to help them as narrated during an FGD with married boys 15-19.

P4: Let’s say my wife is busy cooking and the child is crying, I can tell my wife to attend to the child while I cook.

P2: Let’s say if there is no problem with the child, I would not take a bucket to draw water. I will look stupid.

P5: We only help when there is a problem like she is sick or the baby is crying and she cannot multi-task. However, if she is OK, there is no gender there.

The above shows that young men still refuse to perform the tasks that are culturally expected to be done by females. However, initiatives are ongoing to change such perceptions.

“...\_Some boys get discouraged because when they are with their fellow boys, they tend to mock or laugh at them... they say that they do chores / tasks that are meant for females. We try our best to teach them for they have to change their attitudes relating to the tasks and roles for the females and males”, (P4, FGD with female caregivers).

Girls in TA Liwonde are also taking up technical jobs: Save the Children and Plan Malawi are training young women in vocational skills. One unmarried woman 20-24 who attended vocational training offered by Save the Children reported that initially the community reacted negatively to this intervention and some couples actually divorced.

“They were saying that the ones who will be involved in this they will enrol them into technical colleges. Therefore, families were ending. The husband says ‘if you go to the college, marriage will end’ ‘if you go and start business marriage will be no more’; others were understanding but few of them. The one who started business the husband was not buying relish at home. The wife was buying alone. Therefore, she complained to the Save the Children staff and then they intervened. They helped her positively”, (Unmarried woman 20-24).

Despite these problems, many women are interested to join this intervention. One DSWO reported that there are now many women doing businesses.

“There is a great change in terms of gender equality because you will find that nowadays women are also doing business unlike what was happening in the past where only men were doing business. Both men and women are doing similar tasks, like fishing”, (DSWO).

While most informants said that gender equality seems to be taking shape, there were others, however, who said that there are some barriers to the achievement of gender equality.

“Gender equality is everywhere in the country only that it is not practiced in our area because most married men are jealous so they do not allow their wives to do businesses, but it is really good to allow women to do business or something that could bring money in the family. Some few men allow their wives to do businesses and they are able to support each other”, (P5, FGD with married men 20-24).

There are some tasks that some participants reported are still being done by men, for example, digging a latrine or building a house that a woman may not be able to do.

“In this community, we do not have a girl who can be seen building a house. If a girl does this, she will be told that ‘this is for males’”, (Unmarried woman 20-24).

It is also culturally expected that boys and girls are not supposed to ‘sit together and chat’ and girls who do this were perceived as prostitutes.

“... They say that if a girl is chatting with a boy – two of them alone ... they say that the girl is a prostitute. So this is contrary to gender principles”, (FGD with unmarried boys 15-19).

Some KIs also said that one of the cultural expectations is that most youth in the district get married while still young and parents and *eni mbumba* (owners/ heads of clans) encourage child marriages. Another cultural expectation, as explained by a Plan Malawi official, is that in most cases, education is not valued.

“Very few families expect that if their children are educated they will be able to support them along the way. So the expectation has been that if a girl gets married the *mwini mbumba* who happens to be the uncle will have more children along the way [and] they will retain chieftainship or any other leadership position in the community because they have a lot of children coming from their sisters. The more children your sisters are having the more chances of you becoming a leader one day in that community”, (Plan Malawi official).

Even when it comes to education, as narrated by an official from the Centre for Human Rights and Rehabilitation (CHRR), households are more likely to provide education support to boys than girls. This is

because girls are expected to get married and will be supported by their husbands once they are married. The expectation is that once these girls get married they will be better off economically. However, in some cases when girls are pregnant, the boys who are responsible for the pregnancy run away, hence, pressure mounts for the girl's parents to cater for her. Gender inequality was one of the biggest challenges in TA Liwonde but as reported by a Plan Malawi official and other informants, there have been awareness campaigns and this has contributed to women standing up and having a voice.

### 3.2.3 Characteristics of a good boy and a good girl

In this study, participants were asked about the characteristics of a good boy and a good girl. One of the main issues raised by study participants was that a good girl dresses properly. By dressing properly, participants meant that she should not put on tight trousers but wear long dresses.

"A good girl dresses properly by wearing long clothes or dresses. For instance, if my sister puts on a mini skirt, I cannot say that she is a good girl", (P4, FGD with married men 20-24).

A good girl, therefore, does not expose her body. There was a perception that when girls put on short clothes or tight trousers, they are actually prostitutes.

"Dressing clothes that do not go beyond here and showing this out, (*he means clothing that do not go beyond her thigh and showing them out*), putting on tight pair of trousers, clothing that will make people think she is a prostitute while she is not... To protect her image she has to put on a nice skirt, a wrapper on top so she should be known that this is a good girl", (FGD with unmarried men 20-24).

While most people perceived girls wearing short dresses as bad girls, one issue raised during an FGD with married women 20-24 was that it does not really matter as those wearing long clothes in some cases can equally be bad girls.

"If a person puts on miniskirts, it does not mean that she is not a good girl. It is in the heart. Others they put on long dressing and yet in their heart they are arrogant. Others they put on miniskirts and then they obey", (P6, FGD with married women 20-24).

Dressing properly is not something that only girls are expected to do: communities also expect that boys should also dress properly.

"Other boys dress well and also in a respectable manner while bad boys when they want to dress, they put on / wear boxers and show the boxers to other people (*kukhwefula*). Good boys dress properly and go to school", (P7, FGD with female caregivers).

For boys, bad dressing involves *kukhwefula* that results into exposure of undergarments. In addition to avoiding *kukhwefula*, good boys tend to have good haircuts and do not leave their hair unattended: bad boys shave on the sides of their heads and leave the hair in the middle of the head uncut. In some FGDs one issue that was highlighted was that good girls and good boys would also go to school and not just stay in the community. After school, these boys and girls spend some time studying. Good girls will also be able to help their parents with a variety of household chores.

"A girl with good qualities is a girl who maybe has failed to continue with school but is not rushing into marriage. She waits until it is her proper time. She is not rushing into sexual relationships, not meeting up with the boys, staying at home and help with the household chores, we say this is a good girl", (Unmarried boy 15-19).

“Some girls prefer to chat and do not do household chores and when you tell her to do something for you, they do not do it and when you tell her to go to school, she refuses and does not go to school and these are what we call disobedient girls, but when she listens to you and do whatever you tell her to do, we say that she is obedient or she has good manners”, (P4, FGD with female caregivers).

The household chores that girls are supposed to do include cleaning plates, sweeping around the compound, cooking and fetching water. The boys who are characterized as good also perform household chores including going to the farm with parents and sweeping around the compound. Some participants also said that good boys do not smoke or drink beer or go around with other people who are ‘evil’. It was also emphasized in some FGDs for example with married girls 15-19 and married boys 15-19 that a good boy is not supposed to be a thief.

Another characteristic of good boys and girls is that they need to respect their parents, other adults and chiefs. During an FGD with married women 20-24 participants added that girl’s respect to elders is demonstrated by kneeling and not responding with bad words when talking to adults and not quarrelling with people. Good girls also obey their parents. Lastly, a good girl is not involved in prostitution, ‘does not sleep around’ and ‘should not do boys’.

“We have sexually transmitted infections and what have you. So we say that ‘this girl has reached this age without losing her virginity’ [and] we regard this one as a good girl”, (P5, FGD with married boys 15-19).

It was only in one IDI with unmarried girls 15-19 during which participants said that a good boy should not involve himself with girls. A good boy is also supposed to be prayerful as narrated during an interview with a youth organization staff member. Most characteristics of good boys and girls as mentioned by participants were similar.

### 3.2.4 Decision making and gender

Previously, for example as reported during an FGD with unmarried men 20-24, men were solely responsible for making decisions in TA Liwonde. Nowadays, however, women also take part in making decisions as men and women are working together.

“Yes, it is happens that women are also able to make decisions because husband and wife sometimes can do their things together and women are also able to voice out their views and men get to understand and accept their (women) ideas”, (P1, FGD with female caregivers).

While people at community level reported that men have the decision-making power, one KI at the District Council said that Machinga is a matrilineal society and females actually have a say in decision-making processes.

“No. It is not similar. In this community, it is quite interesting: women have a lot of say than males because of the matrilineal system where males stay at the wife’s place, so the woman’s side is taken as the owners of the clan. For example, if the husband wants the child to be educated but the wife wants the child to get married, the child will get married because the father doesn’t have much influence on the child. This is not just a mere observation, people from the community even said that the males don’t have a say”, (DHO staff).

This KI’s perception was that women are more powerful than men because they are in their natal villages. An official from Plan Malawi added that at marriage the man moves to the woman’s village in what is referred to as *chikamwini* and the uncle is the one who decides the affairs of the children including



marriage; hence, in such a context the power lies slightly with the woman because of her brother. The father, who is the biological owner of these children, has little power over them. A Sheikh also felt that women in his community are more powerful than men, because there are many organisations defending the rights of women and once one violates these rights he is taken to the courts.

While things are changing and some participants said that women are playing key roles in decision-making, some KIs felt that men are still the decision makers.

“Boys or men are more empowered than women or girls. Even in terms of decision making, men or boys are more responsible for making the decisions than women or girls in this community”, (Married girl 15-19).

A KI at Machinga District Council, for example, said that men marry more than one wife in this district and they will do this without any consultations with their wives. A Plan Malawi official added that religion actually allows men in this community to marry more than one wife. For men who are polygynously married, most of them leave household responsibilities, as explained by an official from Plan Malawi, to their wives.

### 3.3 Engagement of youth in clubs

Youth clubs have been established in TA Liwonde and they play an important role in the community. One secondary school teacher mentioned the various youth clubs that are existing in TA Liwonde and these include Youth Friendly Health Services Clubs, Life Skills Clubs and AIDs Total Clubs. One KI categorized youth clubs into two namely in-school youth clubs for example the human rights clubs which are found in each and every school in TA Liwonde, and then there are out-of-school youth clubs that are for those who finished school or dropped out of school. Various NGOs work with these clubs. For example, CHRR mostly works with in-school youth clubs: it trains club members to be agents of change with regard to human rights.

“... We train them to serve as change agents, they are trained in human rights, responsibilities... sexuality, leadership and advocacy. In fact that’s the training we are doing right now here”, (CHRR official).

The members of the youth clubs, once they have been trained by CHRR, go to their respective communities and schools and they talk to their fellow youth on issues to do with child marriage, teenage pregnancy and child rights. In addition, they also have the responsibility to reach out to their fellow youth who have dropped out of school and encourage them to go back to school.

The YES I DO programme has facilitated the establishment of most youth clubs in TA Liwonde. Members of these clubs agree on the days of the week when they are supposed to meet. An official from Plan Malawi reported that these youth clubs are properly structured, are registered with Machinga District Youth Office, and have a youth network whereby different members come together from various youth clubs in the communities to discuss child marriage, teenage pregnancy and SRHR among other issues.

There are some young people, however, who do not attend youth club activities: this was due to being unaware about the existence of such clubs or that membership of such youth clubs is restricted to a certain age group.

“They have an age limit that each person has to be 16 years or above”, (P2, FGD with unmarried girls 15-19).

A few informants did not know the roles of youth clubs. One unmarried man 20-24 said that he was not aware of the roles of the youth clubs and he never attended the club's meetings because he was busy fending for himself.

“... I am busy most of the times searching for *ganyu* as far as Mozambique. [I] am out there doing farming piece works to fend for myself and when I am back I do not stay long, I am also out, I move up and down so much”, (Unmarried man 20-24).

A female caregiver reported that there are some areas in TA Liwonde that do not have youth clubs.

Existing youth clubs were to be involved in a number of activities including the dissemination of information on child marriage, teenage pregnancy and other SRHR and related issues.

“Most of the youth clubs are working towards providing knowledge to young people on how they can prevent unwanted pregnancies, how a youth can work hard in school, and also how a youth can be independent in everyday life, how youth can be happy in everyday life”, (Unmarried man 20-24).

“It helps us how we can manage our daily lives. Some teach us how to use protective materials when having sex in order to prevent contracting HIV or other STIs”, (Married girl 15-19).

“At the youth clubs, youth meet girls/boys only and discuss problems of child marriage and teenage pregnancy. At Life Skills Club, we also discuss issues that arise due to STIs (like HIV/AIDS) and how they can protect themselves from STIs. Sometimes, we even tell the youth about the problems or effects of syphilis that it can result in barrenness or infertility. In addition, we encourage pupils and help them in subjects on which they are not performing very well”, (Secondary school teacher).

In terms of creating awareness, various study participants reported that clubs do this through meetings, performing drama and plays. In some cases, youth clubs also do poetry as a way of sensitising communities. In some cases, football matches are arranged during which messages on SRHR and other issues are communicated to youth and the wider community.

“Okay we also have football matches and then we also tell fellow youth during the match. We go to play with a certain team and then we also tell others there about this”, (Unmarried woman 20-24).

At these matches, megaphones are used to ensure that young people and others hear the messages. Youth clubs also provide space where young people can discuss various issues including sensitive issues.

“Yes, they have clubs and groups where they talk about sensitive topics freely. They also go around sharing information about the importance of school, dangers of teenage pregnancies and child marriages. They also share information about sexual reproductive health”, (GVH Mangamba).

A male initiator also mentioned that members of youth clubs go around the villages teaching people about SRHR issues.

“I forgot about that, we together with the youth in the groups go round in the villages for example we can go to Mwepweta village, and talk to the people about sexual and reproductive health”, (Male initiator).

An official from Plan Malawi added that through the Champions of Change programme girls and boys have space where they are free to discuss issues without any interference in that space.

“Within the trainings of Champions of Change we have also the structure where girls themselves do have forums where they discuss issues to do with girls so that they should be free to discuss. This is also done according to the age ranges like 12 to 15 can discuss issues within their age group. Those that are older can also share experiences within their age group. They have forums and space where they can discuss. Maybe what is needed is to improve those spaces. I am happy to mention that they are provided with recreational materials like football, netball so that when they are meeting they should not only talk about issues to do with their lives but can also have time to interact with one another as they play games”, (Plan Malawi official).

In the Champions of Change, there are facilitators of Champions of Change who have been trained and these went ahead and formed groups of young people and they meet once a week to discuss various issues including SRHR.

Youth clubs also encourage young people not to get married early, including not to get pregnant, but instead they should concentrate on their education. Clubs also follow up on cases of child marriage.

“I would say youth clubs are active. Once they hear a girl is pregnant, they go to her home to understand the cause of her state. They get to find out that maybe she was missing the appropriate care so she is told that after delivering she should go back to school. At school, the peers keep her safe from bullying and discrimination. Thereafter the organisations pay school fees for her”, (P5, FGD with unmarried girls 15-19).

These youth clubs do not only talk about SRHR issues: they also discuss other issues such as forestry, agriculture and other issues as narrated by FPAM and DHO officials. While youth clubs can discuss these issues in groups, during an FGD with female caregivers, participants also said that in some cases young individuals can also arrange meetings with leaders of youth clubs to discuss specific problems they are experiencing. One of the issues mentioned during an FGD with married girls aged 15-19 was that at youth clubs young people also discuss gender issues: issues to do with there being “no difference in the roles of men and women”. While most people appreciate the roles of the youth clubs, there are some parents, as narrated by a KI, who say that the clubs are actually the ones that are spoiling the youth.

### 3.4 Role of different stakeholders

A number of stakeholders in TA Liwonde as well as at district level play important roles in engaging young people and addressing child marriage, teenage pregnancy and other SRHR issues. A one-stop centre has been established at Machinga District Hospital as reported by an informant from Plan Malawi. This centre provides services to people, including girls, who have been sexually abused. Comprehensive treatment is offered: officers from the police, hospital and the DSWO all provide services at this centre. The girl is examined to determine if she has contracted any STIs and the police follows up the case. A social welfare worker provides psychosocial support and counselling. This section summarises what study participants said were the roles of various stakeholders.

#### 3.4.1 Non-governmental, faith-based and community-based organisations

During the IDIs and FGDs, a number of NGOs, FBOs and CBOs working in TA Liwonde were mentioned and these included all the members of the YES I DO Alliance and other organisations such as Campaign for Female Education (CAMFED), Youth Net and Counselling (YONECO) and Save the Children. These NGOs, according to informants, are sensitizing various groups of people including the youth about the disadvantages of child marriage and teenage pregnancy and they also create awareness about other SRHR issues. The NGOs also encourage children, both boys and girls, to go to school and some of them are helping the needy school pupils.

“CAMFED also supports the girls with school fees, school uniforms, shoes and school bags. We request that such kinds of interventions should consider both sides, boys and girls, and not only concentrating on girls”, (DSWO).

Some NGOs such as Plan Malawi and CAMFED were said to only target girls, while other organisations such as Family Health International (FHI) target both boys and girls. In general, people were against the idea of NGOs providing school support to girls only. Some participants felt that this is one of the factors that encourage boys to ‘impregnate’ girls.

“In Machinga, the NGOs tend to favour girls unlike boys and this encourages boys to impregnate the girls because they are getting more support while the boys are getting nothing from the NGOs. For example when withdrawing children from marriage, let's say the boy is 17 [years old] and the girl is 14. We will encourage both of them to go back to school, so there is need to have interventions that favour both the boys and the girls”, (DSWO).

This was also echoed by a health worker who emphasised that some parents are poor and they cannot manage to pay school fees for their sons hence they drop out of school. NGOs such as Plan Malawi also ensure that girls who withdrew from school due to pregnancy return to school after they have delivered and they closely work with chiefs in order to achieve this goal.

One challenge that girls experience in terms of accessing education is the long distances to schools. Some NGOs have provided bicycles to girls who live far from schools in order to improve access.

“... If we take the [CDSS] secondary school, we have in this community a certain organization came in and gave out bicycles to the girls who walk long distances to school. Therefore, I see that this is a motivation to the girl child saying ‘I was walking all the way and now I am cycling’. I believe that a person cannot be at home without any reason of not going to school. She knows that ‘if I take a bath and I cycle I will be at school shortly’. Yeah so the change I can say that a girl child is focusing on school because of the organizations that are there helping them with materials here and there”, (Health surveillance assistant (HSA)).

The provision of bicycles to school going girls has been supported by FHI and such an intervention has helped to address transport problems that were being experienced by these girls. NGOs, for example Plan Malawi, are also providing sanitary pads to girls.

“The organizations are really doing a very good job. Let's say Plan Malawi... It is helping our girls with the sanitary materials... and the program of YES I DO is also helping in terms of fees.”, (P6, FGD with male caregivers).

Plan Malawi has trained mother groups on how to make sanitary pads using local materials. This intervention is helping girls during menstruation to remain in school. Plan Malawi also provides materials such as soap, school bags and books so that girls' families should not give reasons such as lack of these materials for not going to school. Because of the work being implemented by the NGOs in collaboration with chiefs and other stakeholders, participants indicated that there has been a decrease in the number of child marriages in TA Liwonde.

“There is a lot of change, we have witnessed child marriages being dissolved and we have seen people getting back to school who dropped out long ago, and also those who stopped school a long time ago and cannot go back to school are given things to do, equipping them with skills and giving them capital to start business”, (P5, FGD with unmarried men 20-24).

In this FGD with unmarried men (20-24 years), participants said that Plan Malawi is providing vocational

skills training to a group of young people as well as equipping them with skills on how to run small-scale businesses. As mentioned earlier, it is not only Plan Malawi that is providing vocational skills training to young people in TA Liwonde: other organisations such as Save the Children are also training youth in vocational skills such as tailoring, welding, mechanics and plumbing. These NGOs are responsible for the payment of the costs of training girls and young women.

“Save the Children have youth and they said that we should be trained over a period of three months. We learnt many things to do with HIV and gender. We trained in different angles what we can do to depend on our own like doing business and what have you. At the end, they said that we should be given capital to start business and others to do technical works. As I am saying some of them are in technical colleges and others are at Liwonde doing technical work”, (Married woman 20-24).

The vocational skills training programmes being offered by Save the Children and Plan Malawi only target girls. Table 2 summaries the roles of the different members of the YES I DO Alliance in TA Liwonde, as reported by the participants of this study.

**Table 2: Roles of the members of the YES I DO Alliance**

Organisation	Roles
<b>Plan Malawi</b>	<ul style="list-style-type: none"> <li>• Encourage youth to go back to school after dropping out due to pregnancy and related reasons.</li> <li>• Promote the prevention of pregnancy and child marriage.</li> <li>• Support the training of youth especially girls in vocational skills.</li> <li>• Support or facilitate the implementation of VSL.</li> <li>• Provide Champions of Change training.</li> <li>• Support training in entrepreneurship skills.</li> <li>• Work with health facilities to ensure that girls access SRHR information and services including ensuring that pregnant girls deliver successfully.</li> <li>• Provide sanitary pads to girls.</li> <li>• Create awareness about the disadvantages of child marriage and teenage pregnancy and the importance of school.</li> </ul>
<b>CYESE</b>	<ul style="list-style-type: none"> <li>• Build the capacity of the community including youth to address teenage pregnancy and child marriage.</li> <li>• Provide counselling services to youth.</li> <li>• Equip the youth with leadership skills including promoting youth participation in community development activities and encourages chiefs to involve youth in development activities.</li> <li>• Use role models to bring about positive impact among youth.</li> <li>• Create awareness about the disadvantages of child marriage and teenage pregnancy and the importance of school.</li> </ul>
<b>AMREF</b>	<ul style="list-style-type: none"> <li>• Support the provision of youth friendly health services including supporting the conduct of outreach clinics by ensuring that transport and other logical support are available.</li> <li>• Work with health service providers to ensure that communities access SRH services.</li> <li>• Work with the communities to modify the way initiation ceremonies are being conducted.</li> <li>• Create awareness about the disadvantages of child marriage and teenage pregnancy and the importance of school.</li> </ul>
<b>FPAM</b>	<ul style="list-style-type: none"> <li>• Provide family planning services including condoms to young people.</li> <li>• Train service providers.</li> <li>• Provide information, education and communication materials which health workers display in their workplaces.</li> </ul>
<b>CHRR</b>	<ul style="list-style-type: none"> <li>• Ensure that young people in TA Liwonde understand their rights: training of people on human</li> </ul>

	rights and their responsibilities. Such training does not only target youth but other groups as well, such as mother groups, community police forum, the Parents and Teachers Associations (PTAs), school management committees (SMCs), the Village Development Committees (VDCs), Area Development Committees (ADCs) and Child Protection Committees (CPCs).
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All members of the YES I DO Alliance are involved in sensitizing communities about the disadvantages of teenage pregnancy and child marriage and other SRHR issues. In terms of providing contraceptives to young people, the DSWO said that Population Services International (PSI) has also been working in TA Liwonde and this NGO has distributed condoms with the aim of preventing teenage pregnancy. Various NGOs, especially members of the YES I DO Alliance, are actively engaging young people in dealing with issues around SRHR, education and empowerment.

### 3.4.2 Teachers and schools

Many boys and girls spend a lot of time in school. In this study, participants were asked about the roles of schools and teachers in young people's SRHR. One of the issues that came out from most FGDs and IDIs was that as far as teenage pregnancy and child marriage and other SRHR issues are concerned, teachers play an important role: they teach these issues especially in two subjects, namely biology and life skills education (LSE).

“As a teacher, I am responsible for teaching youth issues relating to SRHR. Asking learners about their goals and help them to achieve their goals in the future. In Life Skills [Education] lessons, learners are taught typical issues regarding sexual relations and the disadvantages of child marriage and teenage pregnancy”, (Secondary school teacher).

One of the things teachers do is that they also advise youth against sexual relationships in schools and, if they are found, they ask the children to call their parents.

P1: They discourage relationships in school. If you are found, they ask you to call your parents. They give you warnings to say if that persists, you will be given transfer [to another school].

P2: They separate them; one of them gets a transfer to go learn somewhere else. If they want to be in a relationship, they will meet at home.

P(?): And at home, their parents are there (FGD with married boys 15-19).

One of the responsibilities of teachers is to monitor school pupils: if a girl, for example, is absent from school for a long time, the teacher can ask his or her friends about why she is absent. The teacher can even visit her home and ask her parents why their daughter has not been attending classes. Teachers can even report to NGOs if the girl is married to take action.

“Right now things have changed, the reason why I say it has changed is that if a school child is not present at school maybe for two days the teachers follow up with the parents to ask why the child is not coming to school. If they find that the child is married they do dissolve that marriage”, (Head teacher).

When teachers suspect that a girl is pregnant, it is also their responsibility to ensure that they alert her parents.

“When the head teacher suspects a girl could be pregnant, he calls her to his office and asks her and they call her parents and tell them that they are suspecting their child to be pregnant. The

headmaster tells the parents to find out the boy who is responsible for the pregnancy”, (P?, FGD with female caregivers).

Teachers are also the ones who make decisions on what should be done when a girl is pregnant: they communicate to the girl that since she is pregnant she should withdraw from school and then return once she has delivered. This is done together with the parents as reported by a female caregiver.

Female caregiver: Because the girl was in school and the boy was out of school, he would be arrested for impregnating a girl that was in school. When both are in school that is when the police are powerless.

Interviewer: That is when they suggest taking the matter to the headmaster of the school they belong to.

Female caregiver: So, they take the case to the headmaster and that’s when they discuss on how best the parents can help each other in this case since the boy and the girl belong to the same school and they both have parents.

Interviewer: What happens when for instance the boy that impregnated the girl is not in school but he is under 18, is he arrested?

Female caregiver: They still arrest him because if he is not going to school that should not allow him to stop those who are going to school.

Participants narrated that when head teachers observe a decrease in school attendance, they report to the Group Village Headman (GVH) who then calls for a meeting and tells people to send their children to school and not allow them to get married. If a girl is absent from school for a long time, the head teacher communicates to the chief who investigates and if he finds that she is married, he goes ahead and terminates the marriage and encourages the girl to go back to school. If the girl is pregnant, participants in an FGD with married women reported that even the boy could be told to quit school.

“If the girl is pregnant they tell the boy that he has to quit coming to school. He has to care for the pregnancy and when she delivers then they can both go back to school”, (P3, FGD with married women 20-24).

Teachers are also the ones who welcome back the girls who come back to school after delivery. A religious leader also emphasized this.

Interviewer: Let me take you back a little bit, once a girl has delivered and goes back to school, is she accepted well?

Religious leader: Yes, there are no problems, the teachers accept her back, there are a number of girls that went out of school and have returned and the teachers have accepted them with no problems. Some go in the morning and others attend school in the afternoon.

Interviewer: Do you have any examples?

Religious leader: There are so many girls that have gone back to school; they have left their children with their parents.

The GVH also reported that previously girls with children who returned to school were discriminated against and laughed at, but this does not happen anymore. This is because of an agreement between [traditional] leaders and the teachers. Despite this, some participants said that some girls who go back to

school after they have delivered are stigmatized and discriminated. While in most cases girls who have returned to school after delivery are not mocked, there are instances when they are mocked or talked about, as narrated by an unmarried woman (20-24 years).

Interviewer: Oh so the girls who were once pregnant and they are back to school. How is the situation then?

Informant: They do have stress anyway because learners do talk 'she has a child' and she is forsaken. They do encourage them that 'do not worry all things are possible'. The learners are also told that they should not laugh at their friends.

Teachers also advise school pupils not to get married early and they advise them about the disadvantages of child marriages. While teachers interact and advise school pupils, they also invite organisations from outside the school to visit the school and talk to school pupils about child marriages and teenage pregnancies. Teachers work closely with other stakeholders. Teachers have also established many clubs where issues around SRHR including child marriage and teenage pregnancy are discussed.

"We established life skills clubs and so many other clubs that are related to such [issues] ... they can be helping [each other] to understand. They can ask whatever they want to know about sex freely", (Primary school teacher).

An official from Plan Malawi echoed that various clubs have been established in schools to discuss SRHR issues and teachers are the ones who are patrons or matrons of these clubs.

"Each and every school has got clubs: in some schools they call them YES I DO clubs, in some schools they call them child rights clubs, and others call them student council. All these are managed by teachers – matrons and patrons – who are specifically assigned this task to patronize the meetings of these learners... Many teachers have been trained on issues such as child rights, child protection, human rights. CHRR has done these trainings where they bring together learners including their teachers, matrons and patrons and [they] have been trained regarding all these... and how they can protect girls and even allow girls to access information easily", (Plan Malawi official).

In terms of dissolving marriages, teachers do not work alone: they work with other organisations to dissolve marriages and some examples of where this happened were given by informants.

"Like three days ago, a friend of mine moved to this village where he impregnated a certain girl and the girl terminated that pregnancy and she got sick up to a point of going to the district hospital in Liwonde. Right now she is back... and then afterwards the parents just decided that they should get married but the teachers and the organisation got in between and decided against this and said the girl should go to school. Right now the girl is in school", (Head teacher).

Teachers are members of the community, and as explained by an official from AMREF, they have also taken part in the formulation of bylaws in TA Liwonde. One of the challenges, as raised by informants in this study, is that in some cases teachers are the ones who make girls pregnant.

"Teachers are the ones who are impregnating the school girls. They tell [girls] to have sex with them in order for them to pass examinations...", (P5, FGD with married men 20-24).

In some cases girls, report to relevant authorities about some teachers who want to have sex with them and such teachers are fired, while some are just reprimanded or transferred to another school.

"We had a lot of teachers at this school who have been transferred because of sleeping with young girls, so most of them now fear doing that", (P6, FGD with married boys 15-19).



“Girls get to report cases where a teacher has persuaded them to the headmaster who later sits down with the teacher and reprimands him for the bad character displayed”, (P5, FGD with unmarried girls 15-19).

### 3.4.3 Community members

There are a number of ways in which community members help to address cases of child marriage and teenage pregnancy. For example, they can make a call to Plan Malawi and other NGOs such as YONECO and let them know about cases of child marriage and teenage pregnancy. They can also go to the police and let them know about such cases. Although action was taken by some, others did not report such cases.

“A lot of people in this area do not take any role in this kind of matters they just watch; my child is pregnant; I will take care of her but for them to take action to sort this or making a phone a call to YONECO, a lot of people do not know this. This is scarce in this area”, (P4, FGD with unmarried men 20-24).

YONECO is an organisation based in Zomba and has been involved in terminating child marriages for some time including in Machinga District. Most study participants including chiefs and KIs at district level reported that community members also took part in the formulation of the bylaws on child marriage and teenage pregnancy together with their traditional leaders.

### 3.4.4 Health workers

Health workers provide health services including conducting antenatal clinics (ANC) and HIV testing and counselling services. They also provide family planning methods to community members including young people. At community level, there are HSAs who are responsible for preventive and promotive health services. As far as ANC services are concerned, one HSA said that he is, among other things, responsible for monitoring the pregnancy and ensuring that the pregnant teenage girl has started going for ANC services.

“On this we do monitor if she has started antenatal clinics. If not, we tell her to start because she is risking her life. If you start antenatal clinic, the health workers are in charge of your body to the time you will deliver. If you go to antenatal clinic and then you have some complications, we will help you as health personnel to the point that you will live according to when God wants you to die”, (HSA).

The other responsibility of HSAs, as reported by an official from the District Health Office (DHO), is that they collect information on the number of youth in their catchment areas, whether they are going to school or not, the number of pregnant teenage girls and explaining to young people including girls the disadvantages of child marriage and teenage pregnancy. However, the HSA reported that the number of HSAs in the area is inadequate for them to effectively perform their functions. There are some HSAs who stay outside their catchment areas and HSAs generally have a big workload; hence, it is difficult for them to effectively discharge their responsibilities.

“... One HSA deals with family planning, the same HSA deals with nutrition, the same HSA deals with vaccinations, the same HSA deals with giving health messages in the villages. Therefore, it is usually one HSA and overloaded with work but also the same HSA has a huge role so for him to reach out to villages it is very difficult...” (An official from the DHO’s office).

In terms of provision of ANC services, some study participants reported that health facilities require that a pregnant girl should be accompanied by her husband when going for ANC services. If she goes alone for ANC services, she is sent back to collect her parents or husband.

“If the [pregnant] girl goes to the clinic alone or with her friend because the man maybe ran away she is sent back to collect her parents if she is underage. When the parents go there, they are shouted at”, (P1, FGD with married boys 15-19).

In this FGD with married boys aged 15-19, participants also mentioned that when pregnant teenage girls go alone, they are fined by the health workers. These girls are supposed to bring a letter from the chief. The girl pays the chief in order to get this letter. A female initiator mentioned that unmarried pregnant girls are not just treated as anyone else: they need to bring the boy/man who is responsible for the pregnancy.

“The health workers as well do have a role, a girl who is not married and pregnant is not treated anyhow: she is sent back, asked how she has gotten pregnant, she is told to come with whosoever has impregnated her, both are tested to see if they are infected (HIV) and if found infected they are given treatment”, (Female initiator).

Such girls are, therefore, denied services until they bring with them the person ‘responsible’ for the pregnancy. In some health facilities in TA Liwonde, some days have been set aside for providing ANC services to youth.

“They encourage the youth to join youth friend clubs as well as go to the antenatal clinic on Friday because this is day is for youths only, Mondays are for older women”, (P5, FGD with unmarried girls 15-19).

In terms of delivery, while there are a number of health facilities in TA Liwonde, none of the pregnant girls aged less than 18 years delivers at any of these facilities: all such cases are referred to Machinga District Hospital located in Liwonde.

“At our health centre, they do tell them [pregnant teenage girls] to go to Liwonde when time comes to deliver so that they should feel pain to go there... They will need transport and to survive [while they are] there. This is what they are doing”, (Youth Organisation staff).

The role of the health workers based in TA Liwonde is therefore to refer pregnant girls to Machinga District Hospital where they deliver and people including one GVH appreciated this intervention as it helps to prevent deaths of pregnant girls.

“We are working hand in hand with these health workers to help reduce deaths of these youths. They are a big help, indeed, because when they see that there is a serious case that cannot be handled here they transfer the girl to Machinga District Hospital so that we should not lose the young girl from giving birth. We are also happy with our nurse only that the workload for this nurse is very big. This community has many people that cannot be managed by just one nurse. My plea is that the government should hire more health workers to assist her. I feel sorry for her: she gets really tired”, (GVH).

The health workers are also responsible for initiating pregnant women and their partners on anti retroviral treatment (ART): some participants in this study said that if a girl is found HIV+, she is put on ART that helps to protect the infant from getting HIV. Health workers also provide treatment for STIs. They also create awareness about SRHR including the different family planning methods that are available.

“They are trying their best. They do remind us that ‘we do have different family planning methods... loop, injection... pills, you can use them.’ They do tell us...”, (P1, FGD with married women 20-24).

“They are encouraging youth to be using contraceptives because most of these youth end up in child marriages because they get pregnant. Therefore, if they use these methods they will not use the pregnancy excuse to get married”, (CYESE official).

Health workers were said to play an important role in the fight against child marriage and teenage pregnancy. For example, they visit schools with AMREF and conduct health education sessions where they discuss with school pupils various issues including sexuality, the consequences of engaging in sexual intercourse and how young people can protect themselves against teenage pregnancy and child marriage (e.g. through the use of contraceptives and demonstrating how condoms are used). These health workers also explain the consequences of child marriage including issues around fistula. The health workers were said to also work closely with the chiefs to arrange for community meetings where they create awareness about the disadvantages of child marriages.

“The health workers just connive with the chief saying ‘we are coming on such date and you have to arrange a community gathering’ so when they come they talk about this and a lot of youth learn from this. Yeah the health workers they move round the communities”, (P1, FGD with unmarried boys 15-19).

“As health workers, we go around the village sensitizing people on the same...”, (Health worker)

Lastly, youth friendly health services clubs have been established in TA Liwonde. The health workers have played an important role in facilitating the establishment of these clubs. These clubs are based at health facilities. Youth constitute members of these clubs and they meet once a week to deliberate on SRHR among other issues. These youth friendly health services clubs generally work with different youth from different youth clubs who access health services at the health facility.

“The health worker has introduced a club at the health facility which is helping the youth in this community. The youth do have meetings every Friday of the week and talk about issues they face in relation to sexual and reproductive health, they talk about the dangers of getting pregnant while young and the danger of having unprotected sex and sensitization messages”, (P1, FGD with unmarried men 20-24).

### 3.4.5 Mother groups

A DSWO defined a mother group as “a group of women within the community who are responsible for looking after the welfare of girls at schools”. Mother groups have been established in TA Liwonde and they play an important role in the lives of girls.

“A mother group is also responsible for issues relating to teenage pregnancies and they even encourage children to go to school, especially those children who like to abscond from classes”, (P8, FGD with female caregivers).

These mother groups encourage girls to go to school. If a girl drops out of school, mother groups visit her: if she experiences challenges in terms of continuing with her education mother groups will help her. In some FGDs participants mentioned that these mother groups in some cases have resources to help girls. They also advise girls not to get married early as they may experience various challenges during the course of pregnancy and during delivery. In an FGD with female caregivers, a participant said that these mother groups advise the girls to get married when they are matured at the age of 20 or 22. Mother groups, as narrated by a participant in an FGD with unmarried men 20-24, also help to address issues of forced marriages at community level. A youth facilitator reported that such cases are referred to mother groups for redress.

Previously, whenever a girl fell pregnant, she was married off and she dropped out of school and never returned. Nowadays, however, she can go back to school after she has delivered. The mother groups provide counselling services to pregnant girls.

“We also have mother groups that provide psychosocial support that when the girl delivers she goes back to school through the re-admission policy established by Ministry of Education, Science and Technology (MoEST) to ensure that the head teachers also follow that policy”, (Plan Malawi official).

The support that mother groups provide to pregnant girls starts the moment the girl gets pregnant: they visit her and provide the necessary advice.

“Most of the times she gets counselled and advice not necessarily support in terms of resources. Advice, especially from the mother groups, maybe a child was in school, and has gotten pregnant, the groups do make visits to her, so that she does not lose interest in education because she is pregnant but after the delivery she can go back to school and proceed”, (CHRR official).

The mother groups also meet parents of the girls who are pregnant so that they should not ignore or send the child to get married to whoever made her pregnant. Parents and guardians are further advised that there is life after the girl delivers. A CHRR official also reported that mother groups visit the schools to talk to the children about the disadvantages of child marriages and teenage pregnancies.

#### 3.4.6 Police

The police also play an important role in the prevention of child marriage. There is a police unit that has been established in TA Liwonde and this Unit works closely with the village headmen (VHs) and other organisations to reduce cases of child marriage. When there are cases of teenage pregnancy, organisations and traditional leaders intervene and pregnant girls and their parents or guardians are advised not to continue with marriage. If they do not listen to such advice, the case is taken to the police; hence, children are afraid and they do not go into marriage.

“In the village, if there is news that a child has married..., the organisations come in that village, if the children are obedient they are told to leave each other or be taken to the police and the children are afraid and they don’t go into that marriage”, (P?, FGD with married girls 15-19).

There are differences in how cases of child marriages are handled: the police only intervenes when the boy is older than 18 years while the girl is below the age of 18 years, there is no interference when both the girl and the boy are in school and are aged below 18 years.

“Because the girl was in school and the boy was out of school, the boy would be arrested for impregnating a girl that was in school. When both are in school, that’s when the police are powerless”, (Female caregiver).

The GVH explained that so long as the boy is older than 18 years, then this is a police case and is taken to the police as this is treated as rape.

“When a girl falls pregnant before the age of 18, I, as a group village head, investigate on who has gotten her pregnant. Is it a boy or an older man who has gotten her pregnant? If it is also a boy aged 18 below, we call for their parents to advise them as I said. If the boy is older like 20 years old, the case is taken to the police because we consider him to have raped the girl”, (GVH).

The police, therefore, handle such cases. The challenge, as mentioned by one teacher, is that the culprit is kept at the police station for a few days after which he is released. In some cases, even if the girl is asked

to disclose the man responsible for her pregnancy, she refuses and one health worker reported that such girls are taken to the police station where they are actually forced to disclose the responsible person.

“They [police] force her and frighten her to say ‘tell us the one responsible for this pregnancy’ and she tells afterwards. Sometimes when you say to her ‘we will go to Police with you’, they disclose the man responsible because they fear. They do disclose the man”, (Health worker).

When cases of child marriage are reported to the police, all those involved in the case will be invited to the police station to discuss and agree on the way forward. In some cases the girl’s parents will report the boy or man responsible for the pregnancy to the police station. Sometimes when cases are brought to the police, there are allegations that the police actually drop the cases once the perpetrator has ‘given them money’.

“I would say yes because when they impregnate each other, these days with the programmes, bylaws were set up like if a girl is found pregnant the issue must be reported first within the community and sometimes to the police then it is judged in the court of law. When it reaches the police, the people pay a fine and the issue is dropped”, (Female youth facilitator).

Some NGO officials reported that the police also play an important role in sensitizing communities about the existing legislation and the associated penalties that are meted out to offenders.

“They [the police] are doing what we call outreach services; they meet community members, parents, leaders and the *mwini mbumba* and speak to them... at the end of the day, [the police] address issues to do with child marriages. They are also training the community-policing forum, victim support units and [doing] many other things. All these are initiatives that have been done by the police themselves”, (Plan Malawi official).

“The positive part is that we do involve them like I was talking about the targeted community awareness campaigns, when doing that, we do not just implement that without even involving the police, besides the Judiciary, and they are the ones who make the community aware of the legal implications, what is the law saying if one is involved in child marriage, we involve them and they are able to disseminate the messages about what the law says and how it works. When [you are] found to be a perpetrator you will be dealt with in such a way. So we involve them and they do sensitize the community members on our behalf”, (CHRR official).

In addition to the formal police, there is also an *informal police* at community level whose responsibility, among others, is to ensure that children in the community go to school.

“The only bylaw is that the police forum should go in the villages and look for the children that are not in school, those that are not interested to go, those that want to skip school, the police forum do chase them back to school”, (Sheikh).

These informal police at community level were also said to be involved in handling cases of child marriage at community level.

“... We do have community police forum whom we make sure that they are also given information on how they can handle child marriage cases and also teenage pregnancy cases...” (FPAM official).

This KI, however, did not explain the exact role of the community police forum in handling child marriages. While the police are playing an important role in managing or preventing child marriages, there were allegations that in some cases, they receive bribes and discontinue the cases: for example, one KI reported that police demand MWK 30,000 from perpetrators to get released. Such perpetrators once released boast

around the community that they know the police quite well, which affects the communities' resolve to address child marriage and teenage pregnancy. The other challenge being experienced with the police in terms of implementation of interventions is inadequate resources.

"... Sometimes there are problems of funding so it becomes difficult [for them] to execute what they have planned but on their own they do conduct outreach activities: they do go around, of course, in TA Liwonde. They do know that the issue of child marriage has been rampant over the years so they go around and sensitize people against this practice by supporting themselves with their own [financial] allocations and when they find an organisation going the same side it becomes an advantage to them to do this", (CHRR official).

### 3.4.7 Religious leaders

Some study participants reported that they do not see any role for religious leaders in the fight against child marriage and teenage pregnancy.

"... I have never heard them [Islamic leaders] saying anything relating to teenage pregnancy and child marriage. I do not know why they do not say anything relating to child marriage and teenage pregnancy or sexual and reproductive health", (P2, FGD with female caregivers).

A number of marriages are blessed within the church or mosque in TA Liwonde. One of the responsibilities of religious leaders is that they should not officiate marriages involving children.

"For the Muslims, they are requested to get married at the mosque but first they ask them their age and when they are less than 18 years old, they do not allow them to get married", (P?, FGD with female caregivers).

An AMREF official also added that religious leaders are targeted because it is important for them to know the community bylaws as they are the ones who officiate child marriages; hence, they should not officiate marriages of persons aged less than 18 years. This was also emphasized by the DSWO who said that the preachers should highlight issues against child marriage and teenage pregnancy. Before officiating any marriage, it is critical that religious leaders should ask the ages of the people being married. During an FGD with unmarried girls, participants reported that all community leaders including religious leaders were sensitized about child marriage and teenage pregnancy and were advised not to officiate any marriages involving young people under the age of 18 years. In addition to this, religious leaders discourage sexual relationships.

"Their role, even the Islamic religion, their role is to enlighten the community on how this world is moving, teach cultural values, they also encourage the people not to do anything related to sexual behaviour, they do discourage that, and when the religious leaders are sensitizing the community on the dangers of sexual behaviour and together with other organisation, enlighten the community on that part, people can understand perfectly", (P1, FGD with unmarried men 20-24).

"The religious leaders are also discouraging the act of getting engaged in sexual activities while we are young so we can protect ourselves against getting pregnant, and also encourage the youth to dress properly to avoid arousing the desires of the men, they encourage the people to dress respectfully when going to church and we should also be open to one another if in trouble", (P5, FGD with unmarried men 20-24).

One KI had the view that the church should not focus exclusively on the fact that involvement in sex is a sin, but that they should focus on the after effects of such as sin namely death and disease as people seem not to be worried about sin. One pastor explained that the role of religious leaders is to take available

information on child marriage and teenage pregnancy to their respective churches and make their members aware of interventions. While religious leaders have potential to contribute to this, there are others who just observe the behaviour of their members without discouraging them because, as explained by a participant in an FGD with unmarried men 20-24, they are afraid of losing members. During an FGD with married boys, participants even said that these religious leaders do not do anything on child marriage and teenage pregnancy because they are 'the same ones who are busy sleeping with these girls' and people are afraid to have the religious leader arrested.

An official from Plan Malawi reported that religious leaders have been trained on SRHR issues. He explained that this training is important as the preaching in mosques and churches focuses on the youth not engaging in sexual activities if they are not married, but the reality is that youth engage in sexual activities. These religious leaders even talk about SRHR issues during services.

"... They are even preaching during their sermons to say parents should accept that their daughters should use contraceptives because if they do not we will lose a lot of girls through STIs, through HIV/AIDS and many of them will get pregnancies and it means that their right to education will be jeopardized. Therefore, in the religious structure that is what we have done but also through sensitization and interface meetings in trying to consolidate issues in the community and map the way forward on how we address issues in the community. So they are involved in so many interventions and one training they have attended is about the SRHR", (Plan Malawi official).

Lastly, one of the teachers reported that religious leaders have an important role as they do not encourage youth to abort and they encourage youth to continue with education because they know that for a church to work well its members need to be educated.

#### 3.4.8 Traditional leaders

The YES I DO programme has sensitized traditional leaders on the negative impacts of child marriage and teenage pregnancy. Initially, these traditional leaders were not doing anything to reduce teenage pregnancy and child marriage. One of the roles of traditional leaders is to sensitise their communities about the disadvantages of child marriage and teenage pregnancy and they also emphasise the importance of education. The chiefs call for meetings where they sensitise their people about these issues.

"Yes we have. I have said the chiefs – they do call for community meetings and say 'I have gathered you to discuss with you about child marriages. Our children are getting married while young. Therefore, if we can follow these steps it will help us.' So the chief comes up with some bylaws to control this", (P5, FGD with unmarried boys 15-19).

"Under TA Liwonde, the chiefs called for sensitization meetings and they told both parents and youth about the consequences of child marriages and teenage pregnancies", (Secondary school teacher).

This secondary school teacher further said Muslims also do these sensitisation meetings on disadvantages of child marriage and teenage pregnancy during *Dawa*. Because of these sensitisation meetings being conducted by the chiefs and other stakeholders, girls and boys are also reporting to the chiefs and NGOs that they are being forced to get married.

"When parents are forcing the child to get married, the child sneaks out and reports the matter to organisations that I am being forced to get married or she goes to the chief and files a complaint. The chief is the one who knows what to do – that the child does not want to marry she wants to go to school so the chief meets up with that parent", (P4, FGD with male caregivers).

As part of sensitizing communities, when the chief hears that a child is married, for example as narrated by participants in an FGD with married women 20-24, he visits the family and discusses with them emphasizing that such marriages are not allowed in his community, the marriage should be terminated and that children should be sent back to school.

“... There was a case where a girl revealed that her uncle was forcing her to get married. We called for a meeting with the uncle and explained how this is not allowed and can be reported as violence to the police and he can be arrested. As of now, the girl is back in school. This shows that they are no free to take a stand and make their own decision. Everybody knows that if they marry off a child before the age of 18, it is a crime. Not only the uncles but the traditional leaders and religious leaders also know this. The police also asked Plan Malawi to share with us the laws of this country so that we act in accordance with them”, (GVH).

“... For example, there was a young girl who wanted to get married but the chiefs went there, so they did not get married...”, (P1, FGD with married men 20-24).

In order to address teenage pregnancy and child marriage, traditional leaders and their subjects, with support from NGOs, have formulated bylaws which outlaw child marriages and that perpetrators are fined or jailed by the police. The traditional leaders ensure that everyone in the community adheres to the bylaws that have been agreed upon. In this community, child marriages have been abolished and it is the responsibility of the chiefs in conjunction with other stakeholders to ensure that such marriages are dissolved.

“... We have many child marriages in the community. Yeah but chiefs are ending these marriages. They do go and visit them and end the marriage and then they go back to school”, (Married woman 20-24).

While these bylaws are in place, also with regard to issues of rape, it seems there are problems with implementation as for example reported during an FGD with unmarried boys 15-19.

“It happened that we had an incident about a girl being impregnated by the rich man in the village. So the chief did nothing about it because the man has money”, (P5, FGD with unmarried boys 15-19).

The other challenge in terms of implementation is the failure of some traditional leaders to closely follow up cases of child marriage and teenage pregnancy.

“Yes, the chiefs do not make follow up of the cases especially when the culprit who has impregnated the girl is from their families and they just ignore the case without any follow up. This is contributing to child marriage and teenage pregnancy and people are not afraid to do it because they are looking at how the chief handles the cases. If he can solve the cases that his family is responsible for without bias then the people will be afraid to commit the same crime: ‘if they punished their own what more if it is me’”, (P?, FGD with unmarried men 20-24).

It is, therefore, important that chiefs should ensure that all cases of child marriage, teenage pregnancy or rape are dealt with accordingly, including in his own household or village, otherwise people from other villages and households may not listen to him. One other challenge is that some chiefs do not go around in their community to see how their people are living. As a result, those who are staying far from him just do what they want because they know he does not come to see them. In addition, it was said that it is sometimes difficult for chiefs to act on girls who are pregnant because they fear that they can be bewitched



by the girls' parents; hence it is difficult for them to resolve the issues as parents are on their daughters' side. Chiefs could also not act because they fear that the girls' and boys' families can hate them.

"It can happen that the children involved are from the same village and the chief feels that if I take this issue and report it to the police or organisation they will get locked up and if this happens the families will hate me, so the chief just let it slide, it is their wish to get into marriage", (P2, FGD with an unmarried men 20-24).

While it seems that chiefs are generally trying to bring to an end child marriage and teenage pregnancy, some people in the community mock them.

"Chiefs are not weak. They only meet with challenges that some families mock them and make fun of them. He gathers people in the community and he tells us what is required and right away some react to say 'is he the one who gives birth to the child?' you see. So the chief cowards sometimes but he tries to emphasize that 'this is wrong'", (P8, FGD with married women 20-24).

"Some also say - why are you busy reporting the case? Are the children yours? Is it you who gave birth to them? They are our children so some chiefs just leave this and report to the TA and the TA looks for other responsible people to verify the child marriage in that village", (P?, FGD with married girls 15-19).

### 3.4.9 Social welfare

The District Social Welfare Office (DSWO) was also reported to support girls on issues to do with teenage pregnancy and child marriage. The DSWO is based at district level, but at community level a number of structures have been established which are working closely with members of the community. When cases of teenage pregnancy occur and the girl does not want to get married and parents insist that she should get married, a female youth facilitator said that the girl can report to the child protection committee (CPC) that can take up the issue and help her as one of its responsibilities is to ensure that children enjoy their rights. There are also child protection workers (CPWs) who work closely with CPCs: CPWs are employees of the Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW) and, according to the DSWO, these are responsible for conducting sensitization meetings focusing on child marriage and teenage pregnancy. These messages aim at preventing the occurrence of child marriage.

"... there is a certain girl around this area who got married while she was in Standard 7... she was ashamed to go back to school because she thought that her friends will be mocking or laughing at her. As an office, we do have CPWs who go and conduct counselling sessions with her. She went back to school and she is now in standard 8. Her child is being looked after by her mother", (DSWO).

The DSWO said that CPCs work closely with chiefs who call for community meetings where people responsible for child protection sensitise communities about the consequences of child marriage and teenage pregnancy. In addition, they tell parents that every parent who promotes child marriage would be punished. The DSWO further explained that when a young girl gets married to a much older man, it is defilement and this is a police case. Such types of marriages where a girl gets married to a much older man are not just dissolved but the man should be put in police custody while the girl is allowed to go back to school. The DSWO follows up such cases. The DSWO works closely with police officers and chiefs in the fight against teenage pregnancy and child marriage.

As a result of CPWs working closely with chiefs, the DSWO reported that over the last two years, more than 30 marriages have been dissolved and that this is based on reports that are submitted to his office by CPWs.

The DSWO further explained that it is the role of his office to investigate the root causes of why the girls get pregnant.

“We have a great role, for example, when a girl becomes pregnant. As social welfare we do not need to blame the girl but we need to go to her home and find out the root cause that has made her to become pregnant. When we see that the child is coming from a poor family, we make sure that we provide support to the child and find other organisations that can help the child”, (DSWO).

The type of support the DSWO may look for include school fees, school uniform and other forms of support to prevent girls from going back to marriage. A representative from the DHO’s office also emphasized that social welfare is key in the fight against child marriage.

“The social welfare are the ones behind all this that we are talking about. The social warfare makes sure that the child is protected... the children should go to school, they should be well taken care of at home and they should not get into early marriages, all this”, (DHO’s officer).

This key informant explained that NGOs such as YONECO work hand in hand with social welfare: there are some complaints that do not go to NGOs, but directly to social welfare, because they have social welfare assistants in the villages. All the members of the YES I DO Alliance acknowledged the role of social welfare in the reduction of teenage pregnancy and child marriage. As mentioned earlier, a One Stop Centre has since been established at Machinga District Hospital where a social welfare officer, a health worker and a police officer work together to assist children who have been abused. The major role of the social welfare officer is to provide psychosocial support and counselling services to abused children. Lastly, the Director of Planning (DPD) for Machinga reported that there is a social cash transfer programme (SCTP) being implemented in Machinga District that targets most vulnerable and labour constrained families. He reported that the money that is given to poor families in the social cash transfer programme is aimed at, among other things, supporting the education of the children in the household. The MoGCDSW is implementing the SCTP with support from development partners.

### 3.5 Education in TA Liwonde

The roles of teachers have been described above: they teach SRHR issues in school, both in primary and secondary schools. A number of factors can affect access to quality education by young people. This section describes the accessibility of schools in TA Liwonde, the quality of education as well as safety issues in schools.

#### 3.5.1 Accessibility of education

The study found a number of factors that make education limited accessible to learners in TA Liwonde. One of the main barriers to accessing secondary education is the payment of school fees, because most people are poor. A number of NGOs, as mentioned earlier, are helping girls by paying school fees for them.

P8: Some youth fail to go to secondary school due to poverty that they cannot make it on their own. So the organizations, when they do come and counsel the youth, they sometimes help the needy students.

I: In what form do they help the youths according to what you heard?

P?: Some they pay their school fees for them, [purchase] pens and others they do receive school bags, exercise books and what have you. Uniform too.

I: Is it for all or is for the selected group to say girls only or both boys and girl?

P: They do it to both. (FGD with female caregivers).

Despite that one of the FGD participants said the support if provided to both girls and boys, the major concern by people in TA Liwonde is that it is only girls who are being supported by NGOs with school fees and not boys; and yet boys experience similar problems.

“There is bias when giving support to the learners. For example, you will find that a boy and a girl, they are all going to school but the NGOs are giving support to girls only and we tend to wonder why they are favouring girls only. You find a boy who is in Form 4 but does not have school fees or finds it very difficult to find school fees but girls are being given school fees, school uniforms, school bags and shoes”, (P7, FGD with female caregivers).

While the payment of school fees is a major problem for those in secondary school, distance, as mentioned in most FGDs and IDIs, is another factor that influences accessibility to schools. Most study participants said that primary schools are largely accessible as they are located within the community. However, secondary schools are located far from most villages: students have to walk over long distances to and from schools as these are community day secondary schools (CDSS). These long distances being covered by girls puts them at risk of being harmed or abused on their way to and from school, according to several participants.

“If you go [to] secondary school the distance one covers from home to school is too long. We knock off at 4pm. They may meet with one who can do harm to them because of [long] distance to travel. Let us say one has to travel 10 kilometres. Let us take a girl who has denied a boy. It means the boy will be meeting her when she is coming from school and this may lead to rape”, (P5, FGD with unmarried boys 15-19).

“Some [schools] are accessible and some are not. Some children walk a long distance to get to school especially secondary schools. They get to travel a long distance so in the end they give up. This acts like a barrier because they end up dropping out of school as the distance is just too long”, (CYESE).

The long distances to schools as a barrier to accessing education was also mentioned by some policy makers based at Machinga District Council. The DSWO gave an example of a girl who got pregnant by a man operating a bicycle taxi.

“... For example, there was a certain girl who was coming from Chipamba area and she was learning at Liwonde CDSS. She was on a bursary programme because she was coming from a poor family. But because she was walking a long distance to school she started to be taken by a bicycle operator to school and on her way back home she was negotiated to have sex and she got a pregnancy from the bicycle operator”, (DSWO).

Due to long distances, it was said that some students get to school late or they do not go at all. Although schools can be located far, some pupils still attend and this is mainly because, as explained during an FGD with male caregivers, they have come to understand the importance of education. In order to address the problem of distance in accessing secondary schools, some students do ‘self-boarding’ in houses close to the schools and this also puts girls especially at risk of harassment.

“Schools are not accessible and girls are not safe. Some of the girls are coming from very far areas and they are renting nearby houses where they are more prone to sexual harassment. Sometimes, they even go to their houses anytime they want with anybody they want whether a boy or a girl...” (Secondary school teacher).

Some of the girls, as reported by the DSWO, who do self-boarding, got pregnant. One issue that also came

out, especially as mentioned by an AMREF official, is that there are many primary schools in TA Liwonde. However, there are only two secondary schools namely Namandanje and Masanje, very limited vocational training opportunities and there are no colleges; hence, this explains why so many young people prefer to go to South Africa where people think there are more opportunities of being employed.

### 3.5.2 Quality of education

Study participants were also asked about the quality of education in TA Liwonde. Some of them could not comment on the quality of education because they had left school a long time ago. One of the issues raised was that in some schools there are inadequate school blocks hence some lessons are conducted in the open and this negatively impacts on the quality of education. –

“They [school blocks] are not adequate. For example, during the rainy season some children do not go to school because they cannot learn under the tree while it is raining”, (P?, FGD with female caregivers).

One health worker also reported that school pupils are sent home during the rainy season when it is raining. In addition to lack of school blocks, a number of informants mentioned that the quality of education was compromised by the absence of laboratories and good libraries in the schools in TA Liwonde.

“There are only 19 teachers at the secondary school, they try their best but they lack resources like laboratory and library. As a result performance levels are low”, (FGD with unmarried girls 15-19).

“Talking about the labs, we do not have. They have library but it is not in a condition that you can read in there. We do not have electricity mind you. They use what... solar panels. So it is hard for them to study at the library”, (Married woman 20-24).

An unmarried woman (20-24 years) reported that since they have no laboratory, there are challenges when it comes to conducting experiments in physical science and students therefore just learn theory: hence, they contribute money for them to travel to schools where there is a good laboratory where they can conduct experiments.

Children who go to school should be able to read English when they reach a certain grade. During an FGD with married men, participants actually said that there is poor quality of education mainly because of the failure of school pupils to read English for example those in Standard 7. While in some schools there were enough teachers, in other schools the quality of education, as mentioned by one secondary school teacher, was compromised by the shortage of teachers. A primary school teacher also emphasized this shortage of teachers.

“In both cases the teachers are not enough, like for example in the primary school there are 16 teachers that forces them to teach big classes which in the end is not helping to assist every problem each school pupil has”, (Primary school teacher).

In some schools, therefore, the teacher-pupil ratio is quite high. A CHRR official also added that in some schools for some time there were no female teachers who could act as role models to girls and she explained that there is an improvement as some female teachers have been posted to schools that never used to have them.

School feeding programmes are implemented in TA Liwonde and are meant to increase pupils ability to learn, however, they also has resulted into an increase in the numbers of pupils attending school.

“I think the numbers have increased because of several initiatives that have been introduced such as the school feeding programmes in primary school. It has made a lot of children to want to go to school”, (P5, FGD with unmarried girls 15-19).

“Aaah, we can say they are of quality, but aaah, better these days because in those days when I was in school it was difficult. I could go to school hungry and had problems concentrating. Sometimes we could skip school because of hunger but nowadays I do see that in the schools when the children are on break they are given porridge, they are appropriately taught these days”, (Unmarried man 20-24).

### 3.5.3 Safety in schools

With regard to safety in schools, the responses were varied: some said that safety was guaranteed while others reported that this was compromised. During an FGD with married women 20-24, participants observed that in their community there was a police unit that ensures that there is security in the area. One concern, as highlighted earlier, was that teachers are involved in sexual relationships with schoolgirls.

“I can say that security is there but I will be lying or I will not be saying the truth. I am saying so because it happens that the teacher is in relationship with a pupil. This means there is no security”, (HSA).

The above mentioned self-boarding close to the secondary schools could be secure:

“The rooms are secured and there is a watchman there. The police is also there being at Mangamba Trading [Centre]...” (P8, FGD with married women 20-24).

While self-boarding addresses some security concerns, one problem that was mentioned often, however, is that there is no one who looks after the students hence they can do whatever they want, including engaging in sexual relationships and there is also a probability that they can be raped.

“They do not have anyone to look after them. They just enjoy there even sexual relationships they do, some are found to be pregnant”, (P8, FGD with married girls 15-19).

“They can be raped [if they do self-boarding]. If a girl started her menses on her way to school or home, it would be very difficult for her to get any support”, (Youth organization staff).

An official from Plan Malawi echoed that self-boarding contributes to teenage pregnancies. Another security concern with the two secondary schools in TA Liwonde, as for example raised by participants in an FGD with unmarried men aged 20-24, was that there is no fence around the schools.

“Like in the secondary school, a person can be drunk and go there make noise while the children are in class. Once he is there making noise, the children will lose concentration in class and get busy looking at him. It is good in town schools because they have fences and a person cannot get there and make noise and again the students cannot get out of the school anyhow, if you are in you will get out when it is time to knock off from school. That means the safety is there, unlike here: a school pupil can get out of the school premises and go waste time playing pool or watching videos. There is no any teacher who was chosen to do follow up on these children every day... to see if the school children are there”, (P1, FGD with unmarried men 20-24).

### 3.5.4 Readmission of girls in school

As it has been mentioned earlier, girls who were pregnant and delivered are advised to go back to school. These girls can experience a number of problems including costs associated with school attendance and

enrolment. For example, there are contributions that they are supposed to pay towards examination fees and the production of school reports that some parents are not prepared to incur or they do not have the money to pay.

“This is a big challenge because this project is asking those girls who dropped out to return to school. They are not supposed to be at home or to marry. They have to go to school. When they go back to school, they have many challenges. One, they have the challenge with contributions towards examination fee. School report too. They want printed ones not of our time whereby we were using the ordinary paper. Therefore, these costs go back to the parents. Parents are offended saying it is as if we are adding responsibility to them. They have to contribute to examination papers”, (AMREF official).

The issue of costs incurred by girls when they return to school after delivery was also emphasized by the GVH who said that while they encourage girls and other children to go back to school, such payments make them to go back home, and he wished that such payments were not there. An official from AMREF further explained that AMREF sometimes gets reports from teachers that the participation of the girls who were readmitted is poor; hence the need for them to be supported. He explained that while these girls go back to school they have other responsibilities such as taking care of their child, as some fail to find someone to take care of the child. These girls may even sometimes go back home to breast feed the child. The other challenge, as mentioned by a Plan Malawi official is that the schools are actually overwhelmed by the large number of girls who return after they have delivered.

### 3.6 Sexual and reproductive health practices, information and service utilization

#### 3.6.1 Peer pressure to have sex or marry

One of the often mentioned factors that contributes to young people having sex is observing what other people including their friends/peers are doing. Around TA Liwonde, there are groups of young people who play together, both boys and girls, and they do what is popularly known as *masanje* (child play). During such times, boys and girls learn about things, including sexual intercourse.

“Children tend to go somewhere to play and do *masanje/zawana* and in the group there are children of different ages e.g., 9, 10, 14 or 16 [years old]. So it happens that a 16 years old girl sends a 9 years old girl to go and relay the message to a boy, in so doing, a 9 years old girl is learning in the process of being sent to relay messages to both the boy and the girl and after some time, a 9 years old girl (messenger) sees that the people who were telling her to go and relay the messages have met and they have gone to a hidden place. This also encourages her to do exactly what her fellow friends have done”, (P7, FGD with female caregivers).

Peer pressure was therefore mentioned to be one of the factors that makes young people to start having sexual intercourse.

“Yes it happens. For example, some children do have friends who are in sexual relationships and they tend to encourage them to find or have their boyfriends so that they would be able to have money and buy cosmetics”, (P?, FGD with female caregivers).

“... It is very true what he is saying. For example, let us say that this one is my friend and has a girlfriend who has another friend, my friend would tell his girlfriend to convince her friend to fall in love with me and this even happens at school. Most of the school girls tell boys to buy things for them like biscuits”, (P4, FGD with married men 20-24).

Peer pressure also seems to apply to marriage: young people marry because their friends have married.

“Some it’s because of nature and others it’s because of peer pressure. ‘My friends have married and I have too’”, (P7, FGD with married woman 20-24).

“Girls say ‘my friend is happily married’ when she sees this she says ‘my friend is enjoying’ not knowing that it will lead to destruction”, (P8, FGD with married women).

In TA Liwonde, many young people go to South Africa to work and when they come back to the community, they marry: hence, girls admire their friends who get married to such young people who have been to South Africa. When girls see their friends having money from their boyfriends they also decide to have a boyfriend who can be giving them money.

### 3.6.2 Other reasons for having sex

Most study participants reported that poverty is one of the main factors which influences young people, especially girls, to start having sex: they will have sex in order to get the material things they want. Their parents may not be able afford to meet the basic needs of their children; hence, they engage in sex to get these things.

“It’s what I have said already that it’s peer pressure. Their friend has a phone from boyfriend to say ‘hallo’ then she admires and says that ‘I have to have mine too in this way’ others is because of poverty. They are not supported. ‘What should I do’ then they end up in this”, (Health worker).

“Most of the times, [it is] lack of materials such as soap, relish and this forces women /girls to have sex with men in order to get some money to solve their problems”, (Married man 20-24).

Girls were said to have sex ‘to get what they want’. They can engage in multiple sexual relationships: during an FGD with married men (20-24 years), a participant said that some girls have sugar daddies who give them money or other things. Some girls have children but are not married because they are not satisfied with what they already have. In this FGD with married men, participants further explained that when young men go to South Africa, they hear that their wives in Malawi have sexual relationships hence this encourages them to divorce them. It is not only girls who will have sex because of poverty: married women were said to have sex because of poverty as well.

Some study participants expressed the need that parents and guardians should ensure that they are responsible enough for their daughters: one health worker said that some men are not very supportive of their daughters even if they have money. The failure of parents to adequately support their daughters makes their daughters to engage in sex to find money and be able to satisfy their needs, and eventually their daughters become pregnant. This health worker emphasised the need for parents to be responsible and support their children to prevent risky sexual behaviours.

“When we go round in the villages we hear stories like the parents do not support their children fully so they end up searching for refuge in boys. So we have a talk with the parents and advise them to start taking their responsibilities seriously and support these children so that they should not resort to exchanging sex for goods”, (Male initiator).

It is not only money that drives girls and boys to have sex: it is also about the problems they are experiencing in the home which can make girls to decide to have sex, get pregnant and then get married.

“Yes, like after sex I will have a child and in return me and the boy will get married”, (P1, FGD with unmarried women 20-24).

Once a girl gets pregnant, the expectation is that she will get married to the man who is responsible for the pregnancy. With bylaws in place so long as the girl is less than 18 years they will not get married.

One of the issues that also came out from the FGDs, IDIs and KIs was that initiation ceremonies also contribute to young people having sex. Boys and girls in Machinga attend initiation ceremonies and initiates were said to be encouraged to have sex once they come out of the initiation camp.

“Youths once they are initiated, they are encouraged to have sex as one way of removing dust (*kusasa fumbi*). This encourages youths to have more sexual feelings”, (P2, FGD with married men 20-24).

“The time we are doing initiation ceremonies it’s when it happens that boys and girls indulge themselves into this”, (P7, FGD with women 20-24).

“The time of initiation ceremonies people dance all night and disco too. Therefore, when they say ‘we will have a dance at so and so plot’ they arrange that they should meet and do what they want to do. It’s when they do this”, (P2, FGD with married women 20-24).

During an FGD with married men (20-24 years), participants explained that during the initiation ceremonies boys and girls are told they have to do sex as one way of preventing damaging their private parts (*kufutwa*) after being initiated. During an FGD with younger unmarried boys (15-19 years), participants also acknowledged that in their community they have *kusasa fumbi* in which initiated boys and girls are encouraged to have sex. This was also mentioned during an FGD with unmarried girls (15-19 years), who emphasised that although children being initiated are young, one will find that they are told things that encourage them to have sex.

“When they are told that they want the child to get initiated, while in the *simba* [initiation camp] a lot of things that they are told are explicit, so you find a six year old getting initiated and being told things with explicit content at the *simba*. When the child is back it tries to do it and once they have done they get lost in it...” (P8, FGD with unmarried girls 15-19).

It was also argued by some informants that nowadays the ones who are being initiated are little children, so it cannot happen that they are told to go and have sex. An interviewed married woman (20-24 years) also had the view that the ones who are being initiated are generally quite young, around 8-10 years, hence they cannot be able to start having sex, but people who go for the dance take advantage to have sex with their sexual partners. People tend to celebrate the whole night during initiation ceremonies, when people are getting married and when they have overnight prayers and such ceremonies tend to create opportunities for people to have sex. It is generally perceived that so long as girls have gone through initiation ceremonies they are old enough and can have sex even with adults: a KI reported that there have been cases within TA Liwonde where men have sex with young girls. These girls do not fear the age of the man as this is what they have been taught.

One of the issues that came out from participants was that if someone chats with grown-ups, he or she would likely be influenced into starting having sex as well. Some engage in sex in order to do what is referred to as *kuyesa zida* (testing the equipment) or *kuchotsa dzimbiri* (removing the rust). In addition to this, there are a number of places in TA Liwonde where young people watch pornographic videos.

“Video shows are also what makes more youths start having sex. They get to develop the desire to try out what they see happening in the films. Once they start they fail to stop”, (P5, FGD with unmarried girls).



“Yes, sometimes we are copying from the explicit videos we watch like the blue movies. So when you are alone you get tempted to go and try what you have watched so you start to look for who to try it with. As a result you end up going to a bar or start a sexual relationship, and where you go to try this you end up getting pregnant or getting infected with diseases”, (P5, FGD with unmarried men 20-24).

A participant in this FGD said that they lack advice to discourage them from watching pornographic videos, reading nude magazines and newspapers hence they end up in problems. In this FGD, participants also argued that this is why it is important for girls and boys to go to school, because once they come back home from school they will be busy with homework and not with watching pornographic videos.

“Okay it is because if at school they are giving us homework to do it at home. We arrive at home, we eat *nsima*, and, when we are free, we go and sit under a tree and attend to our homework. We do not have time to watch the movies, then we go to sleep and know that you have to write exams tomorrow you read the book. We do not have time for the movies”, (PX, FGD with unmarried men 20-24).

What also makes young people to engage in sex, as mentioned by several study participants, is the way parents and other adults communicate to them about SRHR issues: they use language that is not direct. Such forms of communication are used because parents and other adults are not that free to discuss SRHR issues with their children. In some cases instead of explaining properly, they will communicate using a language which is not clear e.g. *mwamuna amapha* or *mwamuna amalasa* which means ‘a man kills’ or ‘a man pierces’, respectively, as described by a staff member of a youth organisation. This informant said that such a way of communicating SRHR issues to children creates anxiety and forces children to experience or practice what their parents were talking about when they said ‘men kill’, hence resulting in more challenges or problems amongst the youth.

There was also a perception among young people that having sex is something that is fashionable these days.

“The main thing is poverty and also peer pressure. I can say it [sex] is in fashion. If a person does sex, then they are in fashion they move with fashion because it’s a fashion”, (P5, FGD with unmarried boys 15-19).

Young people, as narrated during an FGD with unmarried boys (15-19 years) who do not have sexual partners are perceived as foolish while those with sexual partners are considered ‘heroes’ and that they ‘know life’.

Young people also start having sex because with time they develop sexual desires or feelings: having sex is, therefore, also about feelings.

“Sometimes it is just the sexual desire where you just have sex”, (P2, FGD with unmarried women 20-24).

There were also some participants who said that young people also would have sex because of love and not because of any other reason.

“Some youth do it because of love like when the boy loves the girl and the girl loves the boy they end up making a baby”, (P7, FGD with unmarried women 20-24).

In addition to this, girls were also said to engage in sex in order to make their boyfriends happy for example as narrated by an unmarried woman (20-24 years).

“Yes it happens because he comes to say ‘I do love you and if you do not love me then you will not allow me to have sex with you’ so the girl is forced to say ‘if I will not make him happy then that’s it for me’ they do the sex and the girl is infected with virus”, (Unmarried woman 20-24).

Boys were also said to start having sex in order to demonstrate that he is a man, can have an erection and have sex.

“Yes, it happens – boys are afraid of not sleeping with girls because if you show you are not interested they think you do not [have an] erection so that rumour can ruin your reputation in the village. People will start laughing at you. So not to look stupid he ends up having sex with her”, (P4, FGD with married boys).

Lastly, children also learn from what their parents are doing as a mother and father. For example during an FGD with female caregivers, participants said that once they know what their parents do in the bedroom, they would want to practice it with fellow boys/girls after observing what their parents are doing.

### 3.6.3 Sexual debut

In this study, participants were asked about the age at which young people, both boys and girls, start having sex.

“It happens that a 14 year old girl has a child, so we can assume that she started having sexual relations at the age of 10”, (P2, FGD with female caregivers).

Some girls were said to be pregnant at the age of 11 or 13. During an FGD with male caregivers, participants gave an example of a girl aged 12 years and in standard 6 who hid her pregnancy from her parents and teachers till she was due to deliver. There are others, for example as narrated during an FGD with female caregivers and FGD with unmarried boys (15-19 years), who mentioned that girls can even start having sex at 8 or 9 years. In general, most study participants reported that boys start having sex at around age 13 and cases were cited where a boy at this age made a girl pregnant, in TA Liwonde.

While in some FGDs and IDIs participants mentioned that youth start having sex at the age of 15 or above, in most cases study participants mentioned that youth actually start having sex at much younger ages. However, there is a need to differentiate between actual sex and having sex in a playful manner: these participants felt that real sex starts at the age of 15 as when they are younger they do not even fully understand what sex is.

F: Yes, when do they start having sex?

P4: There is starting to have sex in a playful manner, and there is starting to have the actual sex.

F: I mean the real thing.

P4: Then I think at the ages of 15 going up but ages like 10 I do not think so.

P3: They are innocent; they do not even know what goes on when people have sex. However, when it comes to a 16-year-old person, they know what goes on when a boy and girl meet.

F: So let’s say a 16-year-old boy wants to have sex with a 10-year-old girl, can’t this happen?

P4: It is possible, the girl can have sex at 10 but for a boy, he can’t have sex at 10. He needs to start developing feelings first and understand what goes on for two people to have sex and how it feels (FGD with married boys 15-19).

In general, girls start having sex at a much earlier age than boys do, as narrated by a Sheikh.

“We do know that the girls do grow fast *‘amakhala a speed makulidwe awo’*, just when they start to develop the breast they start doing it, when told not to do it they do not listen”, (Sheikh).

On the other hand, boys were said to start having sex at around 16-18 years. In some cases, girls may not even want to have sex: some parents actually contribute to girls having their first sex.

“Some parents do when they see a girl child growing breast. They start to confuse the child telling her you are now a grown up and get something to buy soap on your own. So when they tell them this they just think that their parents also started to do it when they were her age and she will do it because of the parents”, (P3, FGD with unmarried men 20-24).

### 3.6.4 Sexual and reproductive health issues that adolescents face

There are a number of SRHR issues that young people face and these are STIs including HIV, pregnancy, child marriage and sexual abuse.

#### 3.6.4.1 Sexual transmitted infections including HIV

This was found to constitute one of the major SRHR issues that young people, both boys and girls, experience in their lives.

“They end up being infected with sexually transmitted infections and, for the girls, they are impregnated and they are not supported... This is when parents of the girl think of reporting to the police. Boys mind of impregnating but do not take the responsibility”, (P8, FGD with married women 20-24).

Some participants gave examples of STIs namely HIV and gonorrhoea. They contract these diseases mainly because they do not use condoms.

“A lot of young girls and boys are contracting HIV or other STIs because of failure to abstain or use contraceptives. Nowadays the youth are the ones with the highest percentage of people living with STIs or HIV as compared to adults. Most girls fail to tell their boyfriends to use a condom as a result they do it plain”, (P5, FGD with unmarried girls 15-19).

There were also some views that some boys do not feel good if they use a condom arguing that sweet *sadyela mu pepala* which literally means that one cannot eat a sweet in its wrapper as it will not be tasty. In addition to contracting STIs, it was also mentioned that some girls have sex with much older men hence they end up damaging their private parts.

Traditionally, people in TA Liwonde also believe that when a boy has sex with a girl who is menstruating he can become ill and die.

“Sometimes the boy can have sex with a girl who is experiencing her periods. After they are done, he starts to feel ill and even losing his life”, (P8, FGD with married girls 15-19).

In this FGD, participants did not specify the disease that the boys get after having sex with a girl who is having her periods. A male initiator also added that a boy/man could also die if he has sex with a woman who has an infant or who has just delivered. Apart from contracting STIs including HIV, some participants had the view that boys do not experience many SRHR problems.

“I don’t think boys face many problems because once they impregnate a girl and know that her parents are going to come looking for him he runs away”, (P5, FGD with unmarried girls 15-19).

While acknowledging the existence of STIs, a GVH said that in most cases these diseases are kept secret hence it is difficult to know the number of cases in the area. One KI reported that he had seen data at the hospital and that it seemed that the number of cases of STIs was increasing.

#### *3.6.4.2 Unplanned or unwanted pregnancies*

This is a SRHR issue that came out in most FGDs, KIs and IDIs and the YES I DO programme was said to be working with communities to reduce this problem.

“Girls contract STIs, get unwanted pregnancies and when the boy who impregnated her is refusing responsibility, the girl faces many problems because her parents cannot give her adequate support throughout her nine months of pregnancy or until she gives birth.”, (P8, FGD with female caregivers).

These girls get pregnant when they are not ready and the boy, as mentioned earlier, may deny responsibility; hence, the girl may not have adequate support from her parents. The girl may even die because of this pregnancy, as narrated by several study participants. One secondary school teacher cited a case of a girl who died at his school because of the pregnancy.

“Most of the youths are at risk of having STIs and unwanted pregnancies. Big men are abusing youth. When a young girl gets pregnant, it is very difficult for her to provide any support to the child. There is an increasing death rate amongst girls when they go for delivery since they are very young hence it is difficult for them to give birth properly. For instance, we lost a Form 1 student the time she was delivering because she was very young. Most of the youth are failing to pursue their studies”, (Secondary school teacher).

Participants also mentioned that a girl may develop fistula and wherever she goes or stays, she has bad smell since she does not manage to control herself in terms of urinating or defecating. The other challenge these girls experience is that they can also abort and end up dying as reported in a number of FGDs and IDIs.

#### *3.6.4.3 Child marriage*

Child marriage is another major problem that girls and boys experience in TA Liwonde. This was reported in almost all FGDs, IDIs and KIs. However, the rates of child marriage in this community seem to be going down, with the implementation of various interventions including the development and implementation of community bylaws.

#### *3.6.4.4 Cases of sexual abuse*

In a number of FGDs, study participants reported that there are cases of girls being sexually abused in TA Liwonde and that such cases are rarely reported. For example, an official from CHRR reported that there are many girls in this community who reside with stepfathers who sexually abuse them. Their wives know that the girl is being sexually abused, but they do not take any action because they want to protect their marriage. The perception of such wives is that if the case is reported then they will lose ‘face’ in the community.

### **3.6.5 Sexual and reproductive health and rights information and education**

Informants in this study were also asked about the sources of information on SRHR including the people they resort to if they have questions around SRHR. A number of sources of information on SRHR were mentioned and these are described below.

#### 3.6.5.1 Parents and other adults

Parents were rarely mentioned as sources of information on SRHR: however, there are some parents who are free to talk to their children about these issues, including the use of condoms.

“The parents tell us to get condoms and pills before having sex as family planning methods”, (P6, FGD with unmarried women 20-24).

“Yes parents say: ‘What are you are doing, the consequences are these and these. You will end up having pregnancy and even sexual transmitted infections. It will affect your whole life’, they do tell us these things”, (P5, FGD unmarried boys 15-19).

While some parents are free and advise their children on family planning methods, there are others who advise their children not to get any family planning methods but that they should not have sex e.g. as narrated during an FGD with unmarried women (20-24 years). Parents seem not to be a popular source of information on SRHR for young people. In this study, one thing that came out strongly was that young people also consult other adults, not necessarily their parents, on SRHR issues.

“We go to ask, for example if the girl has had a miscarriage and you want to know when you can have sex with her, you go and ask. You ask how many months you are supposed to wait until you can be assured it is safe for you to have [sex with] her. Therefore, they tell you, maybe after seven months. So you listen”, (P1, FGD with married boys 15-19).

In addition to this, young males also ask elders how long they should wait after their wives deliver for them to start having sex again.

#### 3.6.5.2 Health facilities and health workers

Youth friendly health services (YFHS) have been introduced in all the health facilities in TA Liwonde and youth get information on SRHR during the YFHS sessions that are held there. This explains why most study participants reported that youth get this SRHR information from health facilities.

“They get this information from hospitals, youth friendly services, through awareness campaigns as I said that we give information to the health service provider to share with the youth. The other thing is that FPAM also conducts sensitization meetings where they share information about SRHR”, (CYESE official).

Young people, therefore, get SRHR information from health facilities and health workers and some of the information include the different methods of family planning that are available.

“Some of the information is found in hospitals like the use of condoms and for the women they are told to use family planning methods like loop, *jedele*, Norplant and by doing this they are protecting their health”, (P1, FGD with unmarried women 20-24).

#### 3.6.5.3 Selected community structures

As mentioned before, the Alliance partners of the YES I DO programme work with community groups such as mother groups, child protection committees, community police forum, VDCs, the ADCs and CBOs and create awareness about the dangers of teenage pregnancy and child marriage. These different structures thus play a role in providing information on teenage pregnancy, child marriage and other SRHR issues to young people and other community members.

#### 3.6.5.4 Schools and teachers

Boys and girls who are in school also get SRHR information from schools and specifically during the LSE classes as described earlier on. In addition to teachers talking about SRHR issues during LSE, there are also some organisations that visit the schools to talk about SRHR issues.

“Sometimes at school we do have events whereby an organization comes at school and they call upon learners to attend the subject they have for us”, (P1, FGD with unmarried boys 15-19).

#### 3.6.5.5 Mobile phones

A number of study participants mentioned that the youth also get information from their mobile phones, where for example they also watch pornographic movies.

“It happens that children watch pornographic movies on the phones and learn what the people are doing. For example, there are a number of children around my neighbourhood and they sometimes come to my home because they come to play with my children. When they are inside, they tell each other to remove clothes and have sex [practicing what they watch from the pornographic movies] and when you find them and shout at them, they tell you that they were doing what they saw. In the past, people who were found watching pornographies movies or pictures, they were sent to police but nowadays they do not get arrested”, (P2, FGD with female caregivers).

Younger boys (15-19 years) also mentioned social media as a source of SRHR information and gave examples of Facebook and WhatsApp and they further explained that there are a number of WhatsApp groups in the community where they share information on these issues.

#### 3.6.5.6 Initiation ceremonies

A number of informants including KIs at district level reported that boys and girls also get SRHR information during the time they are being initiated. The message during these ceremonies is, however, changing.

“At the initiation ceremony *simba* youth are not told to do sex but they are told that once they have been initiated, they have grown up and it is good to stop acting foolishly or immaturity. They even say that they initiate the boys as one way of preventing the transmission of HIV because when a person gets initiated or is abstaining from sex, he/she reduces or does not transmit the virus to other people especially sexual partners. They do not encourage us to do sex but we tend to do sex after being initiated”, (P6, FGD with married men 20-24).

One of the observed changes is that while previously boys and girls got detailed information on sex from initiation ceremonies, during this FGD with married men (20-24 years), participants reported that there are some changes that have taken place. These changes, as reported by one female caregiver among other informants, have come about because of the interventions by NGOs. Other cultural practices such as *kukoka* are still being practised.

“... in the past, children were encouraged to do *kusasa fumbi* after being initiated. However, we cannot discourage girls to do *kukoka* [pulling of the labia] because it gives pleasure to men when they are in the bedroom. *Kusasa fumbi* practice is being discouraged or it ended some time back because it was negatively affecting education and the children were not performing well in class. NGOs are not against the practice of *Kukoka* because it is part of our culture and it gives pleasure to men in the bedroom”, (P3, FGD with female caregivers).

There were others, however, in the age group of 15-19 years, who reported that initiation ceremonies are

still going on and that the messages on sex given to young people have remained the same. Some felt that these initiation ceremonies are being conducted at a smaller scale and that this is happening in 'hiding'.

"Like when I go to *chinamwali* [initiation ceremony] the girls are told to *sasa fumbi* and as for the boys when they are done they are also told to find a girl and have sex ..." (P?, FGD with unmarried men 20-24).

#### 3.6.5.7 Youth clubs

As indicated before, boys and girls also go to youth clubs: in these clubs, young people are free to discuss issues and they are not afraid that people will tell their parents. Whatever is discussed in such forum does not get out to other people. As mentioned earlier, the youth clubs people also learn about SRHR through drama performances that are done by the members. Members can also ask the youth leaders any questions regarding SRHR:

"At youth clubs we have a leader who is free to talk with youth about this. He communicated that 'if anyone has a question to ask, you can come at your time', so they do go and ask. It happens that a youth has syphilis and he is shy to tell others. They go to the youth leaders and tell them that 'I have this and I am feeling this' so they do encourage him and give the youth the source where he or she can go and access health services", (Unmarried woman 20-24).

As has been mentioned earlier, many youth clubs have been established in TA Liwonde and the YES I DO programme has facilitated their establishment. The evolution of youth groups is making a difference and a lot of information is being provided to communities including young people, which was previously not the case.

#### 3.6.5.8 Radio or TV

Another source of information on SRHR is the radio and some informants in FGDs and IDIs mentioned this. One KI reported that youth also access such information from the TV. Some programmes on the radio and TV discuss SRHR issues including teenage pregnancy and child marriage. Some informants reported that these programmes are aired on specific days of the week e.g. one unmarried woman (20-24 years) reported that such programmes are aired on Fridays and Saturdays.

#### 3.6.5.9 Non-governmental organisations

There are various NGOs including partner of the YES I DO Alliance that are working in TA Liwonde. These NGOs are implementing activities aimed at reducing the prevalence of child marriage and teenage pregnancy. CHRR, for example, is one of the NGOs working in TA Liwonde and it conducts meetings at community level where it provides SRHR information. The coming of NGOs is one of the major changes as they are now one of the major sources of SRHR information for young people as well as other people in TA Liwonde.

#### 3.6.5.10 Other sources of information

Other sources of information on SRHR for young people include friends and religious leaders. Religious leaders talk about SRHR issues within the churches and mosques.

"Some messages are given to the youth in the Mosque, they are told of the problems that accompany the act of sexual relationships, the Sheikh spread these message as a religious leader", (Sheikh).

While there are other sources of information, young people during FGDs and IDIs reported that friends constitute an important source of information on SRHR for them, with some feeling that there is no one else who can help them apart from their friends.

### 3.6.6 Sexual and reproductive health services, including youth friendly health services

Within TA Liwonde, there are health facilities that provide a wide range of SRH services, such as counselling for pregnant teenage girls and the promotion of use of contraceptives. Apart from health facilities, other organisations also provide SRH services:

“There is a person from PSI called Luiz who provides pills for family planning or condoms when they cannot access them at the hospital maybe due to a holiday. There are some women who have complications like loss of blood after taking family planning pills. He also provides pills to stop this bleeding”, (Male caregiver).

An official from Plan Malawi indicated that PSI is their partner responsible for provision of condoms in TA Liwonde.

Young people do visit health facilities to access health care. As far as SRH services are concerned, there are some challenges being experienced by young people to effectively access these services. One challenge is that one of the health facilities is a mission hospital and it does not provide contraceptives (e.g. condoms) to young people: those who want such services go to other health facilities. The other challenge is that adults are the ones who are providing SRH services including contraceptives in these health facilities; hence, young people fear going there. In addition to this, the service provider may be coming from the same area.

“On the male youth it is the same thing about the attitudes, maybe somebody wants to go to get contraceptive methods, he will be thinking that the nurse at the health facility stays in the same area and when she sees me she will spread the news that I visited the health facility as a result the youth do not go, so maybe the attitude of the [health] worker may contribute”, (CHRR official).

“Okay yeah a lot of youth are shy to go for blood test. It may be that the one who is counselling you on that day has no privacy. Therefore, if one is found HIV positive, he goes around and tells others. So one thinks to say ‘if I go and get tested then I am found positive, the community will know because of the health provider. I better stay’”, (P?, FGD with unmarried boys 15-19).

These could just be fears, as some informants reported that health workers, in general, keep information about their clients confidential.

“They do keep the secrets. It cannot happen that you go and they disclose to say ‘he came to collect the condoms or he is HIV positive’. No, I have never heard of such”, (Married woman 20-24).

The other challenge, as mentioned before, is that pregnant girls aged less than 18 years who do not have husbands or boyfriends are required to get a letter from the chief for them to access ANC services, otherwise they are denied such services.

“Whether she is married or not but she is told to go to the chief to get a letter if she does not have a boyfriend or when she is not married. If she is married, she is told to go to the health facility with her husband in order to get antenatal care. Sometimes, they are told to pay MWK 2000 if they go to the health facility without a husband or a letter from the chief. At the health facility, they have put a law which says that when a woman has a pregnancy of more than three months and has not yet started to go for antenatal, she is supposed to pay MWK 4000 or MWK 5000 if she happens to give birth as a fine”, (P2, FGD with female caregivers).



Pregnant girls aged less than 18 years do not deliver at the health facilities located in TA Liwonde: when time for delivery comes, as reported earlier, they are referred to Machinga District Hospital. This is quite expensive on the part of the girls and their families as it is located some 50 kilometres away. A married woman (20-24 years) reported that the other challenge is that health workers shout at these girls who get pregnant quite early.

While contraceptives are available in the area, some parents deny their children the use of contraceptives: girls and boys, therefore, access condoms and other contraceptives in secret. It is not only parents who are against young people using condoms and other contraceptives: there were some KIs from Machinga District Council who also had reservations regarding young people having access to condoms.

“At the Youth Friendly Services, youth are able to go there and they are encouraged to abstain from sexual intercourse but if they fail to abstain, they have to use condoms. In my opinion, I feel don’t like telling children to use a condom, it’s like encouraging them to do sex because one day they will be tempted to try having sex without putting on a condom”, (DSWO).

The use of contraceptives among young people is also deterred by the belief that they have side effects.

“... Some people say that when you use family planning methods before you give birth you might not give birth again, which frightens the youth and discourages them to use the methods because they want kids someday, but since they meet in groups and share they help each other to decide”, (Female youth facilitator).

While these challenges exist, there are a number of interventions that have been introduced and are being implemented in TA Liwonde to address them and these include the deployment of community based distribution agents (CBDAs), the delivery of YFHS and the support being provided to the DHO in conducting outreach clinics.

An official from Plan Malawi explained that CBDAs were trained for a period of two weeks. These CBDAs are linked with HSAs and are recruited from youth clubs in TA Liwonde: their role is to distribute condoms and pills to community members including young people. The community is then informed about the presence of these CBDAs.

“... After they get back into the community we inform the parents, the local leaders and every member in the community so that when these young people are seen providing health services they should be not be surprised. Children should be given an opportunity to access SRH services. Therefore, we create awareness among the people, introducing the distributors to the people. This has already been done”, (Plan Malawi Official).

YFHS have been introduced in health facilities in TA Liwonde with an exception of one health facility which belongs to the Catholic Church. Each one of these health facilities has a separate section that deals with YFHS. A day has been set aside when youth can access these services. The services are provided free of charge but the only challenge in these facilities is the shortage of drugs. Informants such as staff from the DHO reported that YFHS were established in health facilities in order to improve access to health services including family planning by young people. These services were also introduced bearing in mind that there are many Catholics who do not promote the use of family planning services. The prevailing culture does not encourage youth to use family planning services, which still constitutes a barrier to accessing family planning services for the youth in TA Liwonde.

As far as delivery of health services is concerned, most informants said that the attitude of health workers is generally good as they have been trained on how to provide health services to young people. This

training, as narrated by an AMREF official, was for a period of five days. Staff from the DHO echoed this.

“... The idea is everyone working in the hospital was taught about youth friendly [health services] but because of many issues in a hospital there can only be one or two people who were taught how to handle the youth and when the youth find those people who haven’t been taught they are harsh towards them but if they find someone who has been trained then they become confident”, (DHO staff).

One of the concerns by community members is that in some cases providers of health services are harsh to young people and as mentioned by staff from the DHO, it might be because some were not trained.

In order to ensure that distance is not a barrier to accessing health services, including SRH services, the DHO conducts outreach clinics to reach communities that are very far from health facilities. One of the problems experienced by the DHO is the lack of transport. An AMREF official reported that it has been supporting the DHO with transport and other logistics to ensure that these outreaches are conducted as scheduled. In these outreach clinics, family planning services are provided in an integrated manner.

### 3.7 Teenage pregnancy

#### 3.7.1 Causes and circumstances

The study found that one of the major factors leading to young people having unprotected sex, resulting in teenage pregnancy were poverty and initiation ceremonies, as highlighted earlier. Many young man in TA Liwonde go to South Africa after dropping out of school. After spending some years there, they return to the community, they have some money, and girls actually favour them as highlighted in a number of FGDs, IDIs and KIIs. This is why, for example, during an FGD with married men (20-24 years), participants said that poverty needs to be addressed as this would significantly bring down teenage pregnancy in this community.

There are some villages in TA Liwonde where there are no bylaws implemented on teenage pregnancy. For example, in an FGD with unmarried boys (15-19 years), participants said that in their community even if a 15-year-old girl gets pregnant, they do not mind and chiefs do not do anything.

“I see that in our community we do not have any reaction to the same. I am saying so because if she is pregnant the chiefs even if they hear about it, they will just be quite saying ‘she is pregnant that’s it’”, (P6, FGD with unmarried boys 15-19).

Some KIIs reported that initiation ceremonies contribute to young people have sex.

“When we go round researching we hear that *simba/ chinamwali* are what makes most of them start having sex. It is what they are told there that puts the idea of sex in their minds. They are told to do *kusasa fumbi* after they come out. Therefore, when they come out they do what they were told to do. Once they have a feeling of it they fail to stop because they like it”, (CHRR official).

This CHRR official reported that she believed that initiation ceremonies are still being conducted as every time she asks what contributes to early sexual relationships, community members report the existence of initiation ceremonies. In addition to this, one thing that came out from some FGDs and IDIs is that while condoms might be available in the community, there is evidence that young people are not using them.

#### 3.7.2 Disclosure of pregnancy

Most study participants reported that once a girl is pregnant, she will inform the man who is responsible for the pregnancy.

“She told me first and I accepted that I was responsible for her pregnancy, though she was denying to her parents that she was pregnant when they were suspecting her of being pregnant”, (Married man 20-24).

Her parents will get in touch with the man or the boy responsible for the pregnancy. Some girls might be afraid to tell their parents. Such girls may tell someone who they trust or believe will help them.

“Every person has somebody who he or she believes in that if I tell this one my sensitive issue he or she will keep it a secret, some girls just go to such a person, an elder one who can help them with ideas, explain to them how they are and they are helped in relation to how she has explained it. Some will go to the child’s parents and inform them of their child and counsel the parents on how they can handle this with their child in relation to her problem. This happens if she can go through the right person who she believes will help her”, (FGD with unmarried men 20-24).

“Some disclose that they are pregnant to their grandparent and we tend to tell the children that when you see something, you have to do like that because without telling them, they would be surprised when they see other strange things”, (P4, FGD with female caregivers).

In most cases, these girls will go to their grandparents, older sisters or other adults and to their friends as well. Some participants reported that in some cases pregnant teenage girls would not disclose the persons who have made them pregnant. This is why, for example, during an FGD with married women (20-24 years), participants reported that girls who refuse to disclose the person responsible for pregnancy are taken to the police where they can do this under duress.

There are also cases when pregnant teenage girls do not tell their parents: parents actually observe on their own that their daughter is pregnant as her face gets lighter.

“Some don’t tell anyone. They are just noticed by the change in their appearances that they are pregnant”, (P5, FGD with married boys 15-19).

“They feel ashamed to tell their parents and most of the youth do not disclose that they are pregnant but they are being recognized by the elderly people who force them to disclose the boy/man who impregnated them and then some of them disclose but some girls do not disclose”, (Married man 20-24).

These girls do not disclose because they are scared or are ashamed to report to their parents that they are pregnant; hence the involvement of the police and VHs in some cases. When the pregnancy is still small, the girl will continue going to school until it shows:

“When the pregnancy is in its early stage, she is able to continue going to school but once it starts showing she stops. The things she goes through because of the pregnancy keep her away from being comfortable at school. For example, she spits often so she stays at home. However, once the child is born and can be left at home with her parents, she goes back to school. Even the government comes in to help”, (P1, FGD with married boys 15-19).

### 3.7.3 Consequences for the girl

One of the major consequences of teenage pregnancy for the girl as mentioned by several participants is that the girl may lack support and does not enjoy the joys of motherhood.

“They do meet with different challenges. ‘I feel pain here and there’ when they are pregnant, they lack proper meals even a good place to sleep. They just trouble their parents. When they deliver, they do lack support such as cloths... You do not enjoy your delivery as a mother. You do not dress

well as a mother even the baby who is born. You were young then you look as an elderly person. You grow up while you are still young”, (P1, FGD with married women 20-24).

When a girl gets pregnant in some cases the boy or man responsible for the pregnancy may deny responsibility; hence she and her parents take up the responsibility of caring for the child; thus deepening poverty. In the FGD with married women (20-24 years), participants also said that if the girl is 15 years she could die due to pregnancy. Since the girl is not mature, a number of informants said that she would experience many challenges during delivery. These girls may deliver through Caesar and may develop fistula. As reported earlier, girls aged less than 18 years do not deliver at the health facilities located in TA Liwonde but such cases are referred to Machinga District Hospital for better management. A Sheikh explained that in the past there was a hospital ambulance that took these cases to Machinga District Hospital but nowadays it does not come; hence patients and their guardians are advised to source money for transport to Ntaja Health Centre as this is where there is a main road and a lot of ambulances do pass that side.

Furthermore, a girl who becomes pregnant drops out of school and only goes back after she has delivered, with others not even going back. These girls are advised not to get married.

“Yes it is possible and as of now we have evening classes at this secondary school [night school others says day school]. When you deliver, it is not that you have stopped whatever about school, no. It is possible to go back after delivery. Others they think that this is the end for them while others think of going back to school”, (P8, FGD with married women 20-24).

### *3.7.3.1 Abortion*

There are some girls, as highlighted earlier, who abort and then after this they continue with school. While girls may be influenced by their parents to abort, they may also do this on their own or may also be influenced by the boyfriend. Various informants said that there were many girls in his community who have ever aborted. During an FGD with married women, participants explained that sometimes people wonder to say ‘this girl looks like she is pregnant’ and then you see that she has removed the pregnancy in fear of her parents.

“They go to someone who knows the medicine used to eliminate pregnancy, so they tell the person to give them the medicines. They take the medicine until the pregnancy is eliminated without the parents knowing about the pregnancy”, (P6, FGD with unmarried women 20-24).

In this FGD with unmarried women, participants also said that abortions are even conducted in hospitals so long as there is money. Some girls take concoctions and abort the pregnancy and they continue with school, and such acts are perceived as sins.

“... maybe some girls are very brave. [They] are there in this community. They do take concoctions and eliminate the pregnancy and continue to go to school but their bodies, they know I am destroying my body because right there you are committing a sin that God cannot forgive you because when you eliminate the pregnancy that means you have killed a person, but some girls in this area do this with an aim to maintain their youthfulness”, (unmarried boy 15-19).

In some cases, even parents will give their pregnant girls medicines to remove the pregnancy. Friends can also provide medicines for abortion that may sometimes lead to death.

“Some people do not give the child good advice, maybe they just tell her to eliminate the pregnancy or she just eliminates it secretly and in the end she finds herself in a much bigger trouble than this

one but if she had told her parents it would have gone better, a lot are eliminating the pregnancies”, (P3, FGD with unmarried men 20-24).

During an FGD with unmarried boys (15-19 years), participants gave examples of medicines which are used for abortion and these included *machaka* (ball bearing for the bicycle), aloe vela and *khonje*. In this FGD, participants also gave an example of a girl who died due to overdose after she took 10 pills.

### 3.7.4 Consequences for the boy

A number of consequences for the boy were mentioned: when a girl gets pregnant, as mentioned earlier, parents will first find out the boy or the man responsible for the pregnancy and a case against him will be opened. Previously, he was told to get married to her immediately – there were no discussions.

“At first people were told to pay a goat if both of them, girl and the boy, were both in school. The boy who impregnated the girl is also dismissed from school for one year. In the past some parents, if they knew that their daughter was pregnant, they took the girl to the boys’ house and encouraged or forced them to get married. Nowadays, this does not usually happen because the parents are being told to encourage the girl to go back to school after giving birth”, (Youth organisation staff).

These days so long as the girl is under the age of 18 years, marriage is not an option: the girl is encouraged to go back to school after she delivers. The boy responsible for the pregnancy is told to look after the girl and the baby. In some cases the boy responsible for the pregnancy is reported to organisations working in the area who take up the issue and advise the boy to take up the responsibility of looking after the girl and the baby.

“At least after he agrees he made the girl pregnant then there is an agreement between the boy and the girls’ parents and they assess the situation, like fine you are not ready but how about our daughter - what will happen? If he agrees to taking responsibility and helping the girl it works even if the girl is staying at her parents’ house. But back then, we took the girl and dropped her at the boys’ house not worrying about what will happen to her”, (Female youth facilitator).

If the boy does not provide support, the parents of the girl can decide and take the boy to the police or chief where he can be fined or locked up. However, a married boy aged 15-19 had the view that the locking up of boys is not good: when the boy is discharged, he will not agree to support the girl and the baby. Even if he is locked up, he will be released after a few days.

One of the consequences of making a girl pregnant is that boys put a burden on their parents who have to support the girl with her baby, as most of the times, the boy does not have any source of income. This tends to deepen poverty. This forces the boys, for example as narrated during an FGD with unmarried boys (15-19 years), to start stealing in order to get some money. The idea of stealing does not only come in when they get married. This also happens when they are in sexual relationships.

“They start stealing because of poverty. It happens that the girl demands to say, ‘I would like you to buy this for me. My friend has this so I also want to do this to look nice like my friend. So I need MWK 5000 or MWK 10 000 to buy a dress’ so it happens the boy has nothing and he thinks ‘what should I do? If I fail, she will regard me as lazy person. I better steal to make her happy’”, (Married woman 20-24).

In some cases, boys run away to Mozambique or South Africa as mentioned by a female youth facilitator. One health worker explained that those boys run away and look for work to find money, but their parents have to shoulder the responsibility of caring for the girl.

“They go to source some labour to work so that they have money. So the end result the parents of the daughter they come and report to the parents of the boy to say; ‘your son has done this to my daughter’ so it is now a burden for the boy’s parents to take care for the girl and yet the son is away there freely”, (Health worker).

If both the both the girl and boy are in school, most informants said that the boy is told to quit school as well and take care of the girl and the baby.

“If the girl is pregnant they tell the boy that he has to quit going to school. He has to care for the pregnancy and when she delivers then they can both come back to school”, (P3, FGD with married women 20-24).

The GVH also explained that the boy is also asked to stop schooling as a punishment for the disturbance he has made in the girl’s education. Since the girl will have to wait until she delivers, the boy has to wait as well to go back to school. This makes the boys fear making girls pregnant. There were some study participants, however, who said that the boy who made a schoolmate pregnant does not withdraw from school: it is only the girl who withdraws.

“The boy continues with school but the girl stops. The help comes from the parents because the boy cannot provide”, (FGD with married women 20-24).

“If a boy and a girl are in a relationship and she get pregnant, the boy can continue with school, but the girl drops out of school and gets married because she is pregnant”, (Unmarried girl 15-19).

An unmarried girl (15-19 years) also gave an example of a boy she knew who made a girl pregnant: the girl dropped out of school because of her condition but the boy continued schooling. When the boy is out of school and makes a girl pregnant who is in school, some informants said that the boy could be arrested.

As indicated before, in some cases, teachers make girls pregnant and, as reported by a male initiator, when these teachers hear that they are being investigated they run away from the school.

### 3.7.5 Activities to prevent teenage pregnancy

In a number of FGDs and IDIs, study participants mentioned that abstinence is one way to prevent pregnancy among adolescents adding that if they want to have sex they should use condoms.

“No sex. They should not do sex and if they want to do it, they should use condoms because it’s hard to control feelings you know”, (FGD with unmarried boys 15-19).

One NGO staff member also mentioned that the best way of preventing pregnancy among young people is abstinence and that if they cannot then they should use contraceptives.

One of the major interventions to prevent teenage pregnancy is the creation of awareness among young people on how to prevent pregnancy including the consequences of teenage pregnancy. For example, as mentioned during an FGD with married men, participants reported that they are advised to collect condoms at the health centre.

“That if you have desire to have sex you better go to the health centre to collect condoms or you should take one method of family planning. You will be able to protect yourself against this”, (P3, FGD with married men 20-24).

This creation of awareness, as reported during an FGD with married women (20-24 years), is being done by chiefs, teachers, religious leaders and organizations such as YONECO. In some FGDs, participants

acknowledged the role of the YES I DO programme that is aimed at reducing teenage pregnancy and child marriage and these messages are being communicated to communities by various agencies including chiefs and through drama.

P1: Some organisations do come and conduct sensitization meetings, enlighten the youth, some go and conduct meetings in schools and teach them the problems that do come in when the youth, boys and girls, have impregnated one another, the problem they can face if involved in sexual relationships. There are health workers these days who are offering contraceptives to the villagers.

I: You have mentioned organisations, what kind of organisations?

P1: There is PLAN Malawi, AMREF, there are a number of organisations that are in partnership and are reaching out to the youth with sensitization messages about the youth's daily lives (FGD with unmarried men 20-24).

At community level, health workers also play an important role in terms of creating awareness about the disadvantages of teenage pregnancy.

"We, as community people, we go around the village and sensitize people. We go to the community meetings where we also deliver the information about the same. We go and meet the chief, the same thing is talked [about]. People do understand this. As of now, there is no parent who can tolerate her daughter to do nonsense things. Time past we had traditional dances... and the youth they go there and the whole night they dance around. As of now the malpractice is what, is over", (Health worker).

There are also some parents who advise their children to abstain from sex but in some cases the young people were said not to listen: they are stubborn as narrated during an FGD with married girls aged 15-19. Some chiefs in TA Liwonde have erected billboards with messages against teenage pregnancy and child marriage.

"I just heard that some organizations come to this area and do awareness campaigns with the aim of reducing child marriage and teenage pregnancy and they also do sensitization meetings with the chiefs hence encouraging chiefs to put billboards in their respective areas. The billboards contain information that aim at reducing teenage pregnancies and child marriages. They also set bylaws that say that anyone who would be encouraging or promoting teenage pregnancy and child marriage would be charged with penalties. Some youth, especially young girls learnt from the mistakes that their fellow youth made by getting pregnancy or married while they are very young", (Married girl 15-19).

There are different groups of people who are creating awareness about teenage pregnancy: mother groups, child protection and community police forum, VDCs, ADC and CBOs. In terms of creating awareness about disadvantages of teenage pregnancy and child marriage, AMREF and the DSWO reported that information, communication and education materials are distributed and these are displayed in different places.

In a number of FGDs and IDIs, study participants mentioned that women and girls should use family planning methods in order to prevent teenage pregnancy. Examples of these family planning methods that were mentioned by informants included condoms and injections, to be obtained from health facilities free of charge.

"At the health facility, youth are provided with the family planning services like condoms, injection hence helping youth to avoid early and unwanted pregnancies", (Secondary school teacher).

These contraceptives are also provided by HSAs. In addition to this, some organisations are distributing contraceptives in the area. One KI specifically mentioned PSI as one of the organisations working in the area: it distributes condoms even in schools. While various contraceptives are or can be available in the community, there are others who refuse to use contraceptives for various reasons including the feeling that they are young and cannot get pregnant even if they have sex.

“Some girls do deny to get the contraceptives, maybe they feel that they are young and cannot get pregnant even though they do it but in the end they do get it, but the girl feels that according to my age I cannot get pregnant”, (P3, FGD with unmarried men).

Some adults feel that if young people are given contraceptives, such an intervention encourages them to engage in sex.

“No, they don’t give them. As for me, I have a daughter and if I tell her to go get protection to use then I will be giving her a licence to sleep around. So, we see the best is not to allow it. Generally, even if we tell them to go get condoms, there are other men that create holes on the condoms so in the end they are not protected. In my opinion when we allow this we are giving them courage to sleep around because they have protection to use when sleeping around which is not helpful”, (Female caregiver).

Some participants added that to prevent girls from getting pregnant, a number of organisations working in the area are also encouraging young people to concentrate on school. The argument is that when young people are busy with school they do not have the desire to get involved in sexual relationships. Some study participants acknowledged that there are many girls who fall pregnant when they are aged below 18 years of age in this community. The suggestion was that girls who fall pregnant should, therefore, be punished so that others can learn from them.

“If one is found pregnant and she has dropped out of school, she has to be punished so that this should come to a stop. If one is given a punishment, others will learn from her. The malpractice will come to an end”, (P3, FGD with married women 20-24).

The boys and men are punished in line with existing legislation as well as the bylaws that have been established in TA Liwonde. People who commit crimes such as rape or impregnating schoolgirls are supposed to be kept in custody. However in some cases informants at community level reported that the perpetrators of such crimes are not kept in custody because they have bribed the police. This, according to a female caregiver, encourages some boys to have sex with girls as they know that they will not be kept in custody.

Lastly, overprotection cannot protect girls from getting pregnant as such girls still fall pregnant: during an FGD with married women (20-24 years), a participant reported that some parents sleep with their daughters on the same mat and this is done so that ‘she should not go for boys’ and have sex with them. When she goes to school, her mother would go and pick her up. In this FGD participants reported that in such a protective environment, one girl still was later found pregnant as she had a boyfriend at school.

### 3.7.6 Activities to help teenage mothers

As indicated before, organisations that are working in TA Liwonde work with parents and traditional leaders to trace the boy or the man responsible for the pregnancy.

“What happens is the story is taken to organizations who later report to us that this or that girl has been impregnated by such a boy. Therefore, we go to the boy’s house at night to get him because if we go during the day he will run away. When we find him, we bring him and ask him some



questions. We have a certain lady called Mrs. Kachimanga who comes and helps us resolve these issues”, (Male initiator).

While in the past, the boy and the girl would get married once the girl is pregnant, these days this is no longer the case: parents nowadays take up the responsibility of caring for their daughter during pregnancy until she delivers. Some unmarried girls (15-19 years) did acknowledge that when they got pregnant they did not get married.

F: What do others say? Participant 4, you got pregnant whilst still in school. What happened?

P4: Nothing really I just stayed home.

F: Was staying home your choice or your parent’s choice?

P4: My parents’ choice. Nowadays you are not encouraged to get married due to all the sensitization happening. (FGD with unmarried girls 15-19).

There is a lot of counselling of the pregnant teenage girl that takes place: parents for example inform her about the things she will experience during the pregnancy as well as delivery. Other counselling sessions focus on the negative consequences of teenage pregnancy.

“The other thing is that they do advise her against what she has done; reminding her of the consequences that she is facing for her not to do it again. She listens and in the future when she is back to school she would not get unwanted pregnancy again”, (Unmarried man 20-24).

Previously, parents, as argued by a FPAM official, were the ones who told their daughters to get married.

“... This is the main reason we have projects like YES I DO, to make sure that a girl who is pregnant while young should not consider of marriage. She should not think of that but after delivery she has to go back to school. Even those who are not schooling. It is necessary that after delivery she has to provide for the child. There are different interventions that are in the community that they do help such girls. We have mother groups. They have local funds the mother group I mean and they help these girls. We are there to make sure that the messages that are given to these girls are necessary not making them to think of marriage, no. They should not get married rather they should live as normal life as they were. They should receive messages of encouragement”, (FPAM).

While most girls go back to school after they have delivered, they sometimes experience problems for example her parents may not be prepared to take care of the child.

“When a girl is pregnant while in school it becomes a burden to her, and for her to return to school it is difficult, she can have an idea to return to school but she has no one to leave the child with, when she wants to leave the child with the parents they sometimes talk a lot about it so it does not look good and she does not continue with school”, (P4, FGD with unmarried man 20-24).

While this opportunity to go back to school is there, in some cases girls do not go back to school because they fear being laughed at by their friends.

All pregnant women including teenage girls are supposed to attend ANC services. In most FGDs and IDIs participants reported that pregnant teenage girls are also advised to attend ANC, as narrated during an FGD with male caregivers.

I: So P5 what happens if such an incident has occurred but now the child is not in school...?

P5: Same thing we try that the child goes to antenatal clinic, and we reach the person responsible and see the next move. But the kid is advised that she shouldn't miss going to the [antenatal] clinic because the doctors are the only ones that can give better ways of how she can be able to take care of herself up to the time of giving birth.

If it is a first pregnancy, as mentioned earlier, such girls do not deliver at any of the health centres in TA Liwonde: they are referred to Machinga District Hospital.

"They are sent to Liwonde [where Machinga District Hospital is located] to deliver in order to save the life of the girl. Like me it depends on how the child has positioned itself inside in relation to age, you are not supposed to give birth while you are young so sometimes the child can be big and it is difficult to give birth so that is why you are sent to Liwonde. The passage become so small", (P8, FGD with married girls 15-19).

An official from AMREF reported that when pregnant teenage girls are referred to Machinga District Hospital they do not go alone: hence, there is a need to look for transport for the guardian as well as the girl and everything that accompanies such a trip. Parents are therefore economically overburdened, as they are the ones who pay for the expenses.

Most participants said that the pregnant girls do access health care services at the health facilities without any problems because, as argued by participants in an FGD with unmarried men (20-24 years), "there is no age limit on who should access health services". During the ANCs some participants, e.g. during an FGD with married girls aged 15-19, said that malnourished girls also receive *likuni phala* (fortified soya enriched flour). One HSA added that if pregnant girls do not attend ANC services, the chief monitors very closely and calls her parents to tell them about the need for their daughter to start attending ANC.

"Yeah because suppose a girl is pregnant and she is not attending antenatal clinics. The chief of the village calls for them. 'We have heard that your daughter is pregnant and she has stopped attending [ANC] classes. Has she started antenatal visits?' 'No, not yet' 'Why not? Do you want her to die? She has to go to antenatal clinic. You do not treat her like that. You have to accommodate her so that she delivers'" (HSA).

However, there are rules which have been established which require that the person who is responsible for the pregnancy should accompany the girl when she goes for ANC services and men are encouraged to go with their wives to the labour ward. There are cases when the boy responsible for the pregnancy either runs away or denies responsibility: hence, the girls need to get a letter from the GVH, as reported earlier.

"If the boy has run away or has denied the responsibility the girl cannot go alone at the health facility. She has go to the chief to collect a letter e.g. GVH Mangamba which is evidence that the girl is from his village and should be assisted", (Unmarried girl 15-19).

After these girls have delivered, they are advised that they should go back to school. There are organisations that support these girls when they go back to school. These organisations, for example as narrated during an FGD with boys aged 15-19, pay school fees and purchase notebooks. In addition to NGOs, there are also other community structures (e.g. the Victim Support Unit) which have been established in the area and are helping pregnant teenage girls.

## 3.8 Child marriage

### 3.8.1 Preferred age at marriage and the prevalence of child marriage

Informants in this study were asked about the age at which young people get married in TA Liwonde. In general, more girls marry at younger ages compared to boys. During most FGDs and IDIs, study participants said that young people get married at the age of 18 years or above. During an FGD with married women aged 20-24, participants added that there are some young people who get married at the age of 24+ and this is mainly because they are still in school. There have been cases when boys and girls get married when they are as young as 14 years.

“I see that a lot of youth, because I do stay in this area, most of the youth are getting involved in marriage when they are 14 years old. At this age you will find a girl is pregnant and married while she is 14 years old”, (P?, FGD with unmarried men 20-24).

These marriages of children aged less than 14 years, as for example explained by a 15-year-old boy, can happen but they are kept in secret; hence, the chiefs do not know. While informants said that there are some boys and girls who get married at the age of less than 14 years, it was also emphasized that these days such marriages are not permitted. The work of NGOs and the bylaws that have been established have resulted in notable changes regarding child marriage over the last few years.

“I can say that before and this time there is a change... In the past I tell you by 12 or 15 years old, they were getting married”, (HSA).

“That is when the by-laws were not formed and put into practice but now they have realized that it [child marriage] is not good and it’s not happening due to the fact that the messages against this behaviour are being spread regularly and the organisations do come in this area and conduct community meetings”, (Sheikh).

Girls can, therefore, get pregnant and have children but do not get married: one secondary school teacher gave an example of a 14 years old girl who has two children but is not married. Many study participants reported that the rate of child marriage is going down in TA Liwonde. VHs in TA Liwonde have been oriented; hence, they are, among other activities, actively dissolving child marriages. Chiefs are also intervening to stop persons aged less than 18 years from getting married as narrated by a female initiator.

“We go to the chief of the area where the child is coming from, like this area belongs to Che Mandala so we go there, ‘Che Mandala, this girl wants to get married’, so he receives the message and takes it to GVH Mangamba, so they will ask about the age and write it down, if she is old enough she is given a go ahead to get married”, (Female Initiator).

If the child is less than 18 years the marriage is not approved. However, in few cases, marriage is still the reaction to teenage pregnancy:

“Okay to do with years [at which people get married] it’s hard because it depends on how the person thinks or feels like. It happens that a boy has impregnated a girl and then the parents come around and say ‘marry the girl’ then they marry each other. It’s not that they wanted but it just happened like that. So it happens that at 18 years they marry”, (unmarried boy 15-19 years).

While this happens, parents may also agree that the children should not get married. The boy in some cases can even accept responsibility but explain that he was not ready to get married, especially if he is still in school and also the girl can sometimes say that she would rather deliver and go back to school.

“It depends on how both parents from the boy’s and girl’s side look at the situation – it can be possible that a boy can accept responsibility but says he is not ready to get into marriage, wait for me, that is if he is in school, I should proceed with my education and in the future maybe will marry her, but as of now I can just be helping her. For a girl she can say I do not want to get married when I deliver the child I will go back to school and proceed with my education”, (P5, FGD with unmarried men 20-24).

### 3.8.2 Reasons for child marriage

Participants in this study were asked reasons for child marriage. Study participants gave a number of reasons that make boys and girls to get married.

#### 3.8.2.1 Poverty

Most informants in this study reported that children get married before the age of 18 because of poverty. For example, during an FGD with female caregivers, some participants said that young people will get married early in order to reduce the number of people in the family hence reducing poverty. In addition to this, girls especially get married because of poverty prevailing in their parents’ or guardians’ households: their hope is that once they get married their husbands will financially support them as their parents have failed to do this.

“It was because of the challenge I had at my father’s home. They were not able to provide my needs so I said ‘I better get married so that I should be assisted’ it’s when I got married”, (P2, FGD with married women 20-24).

In some cases as reported during an FGD with unmarried boys (15-19 years), parents tell their daughters to get married to a rich person who can support them financially. One issue that frequently arose in the FGDs and IDIs was that there are many young men who travel to South Africa for work and when they return they have some money, lead an independent life, propose to young girls and get married. Some parents also influence their daughters to marry a person who has been to South Africa not even considering the age. This wealth is, however, temporary.

“... When they [young men from South Africa] finish all their money that they brought from South Africa, they go to their parents asking for support. As parents, we tend to tell them that they should not get married because they have money at hand. The boy does not listen to his parents, because he says that he would manage to support his family since he has money. They end up going to their parents and steal”, (P7, FGD with female caregivers).

One of the concerns is that marriage of girls to young people who have returned from South Africa does not last long.

“Ah it’s just for a week then all ends. Then they start facing the real life. They start regretting that ‘had I known I could have done my school not this’”, (unmarried woman 20-24).

While these girls can get married to the young men who work in South Africa, one other concern is that when their husbands return to South Africa, they do not send any form of assistance and she and her children end up suffering. There is also a perception among some community members that going to school cannot, in any way effectively address poverty but marriage on the other hand can.

“Mostly they say poverty is the factor that makes a lot of children to not go to school. They think if the kids go to school then the poverty will not end but if a girl gets married it may solve their problem since the husband will now start helping the girl”, (DSWO, Machinga District Council).

The DSWO further reported that a boy from South Africa is a ‘hot cake’: he has a tablet, bicycle, motorbike, stereos and can marry any girl he wants in the community. People in the community have not yet fully comprehended the importance of education: they look at immediate gains from the marriage and it is thought that they may not get as much from education. Poverty is, therefore, one of the root causes of child marriage.

### *3.8.2.2 Pregnancy*

In most FGDs, pregnancy was mentioned as one of the causes of child marriage: when a girl gets pregnant, she will get married off to the boy or man who is responsible for the pregnancy.

“I did not get married because I wanted to. I got married because I made a mistake and I impregnated her. I wasn’t thinking about marriage at that time but I had to marry her because of the pregnancy”, (P1, FGD with married boys 15-19).

However, there are some changes taking place in TA Liwonde: when girls get pregnant, nowadays they are not being married off as used to be the case. Some bylaws have been established which prohibit the marriage of children below the age of 18 years.

“Nowadays this is not happening as much because there are bylaws now. Once you impregnate a girl, she drops out of school while the boy is arrested. Once she delivers she goes back to school”, (FGD with married boys 15-19).

### *3.8.2.3 Being mistreated in the home*

Some children were said to be ‘forced’ to get married, because their parents or guardians are cruel and mistreat them.

“What happens if a girl is ill-treated at home? She changes her mind that ‘what can I do not to be shouted at?’ She tries to be gentle and humble but nothing changes. So she changes her views that ‘for things to work for me I better get married then I leave the house’; so she finds a man who lies to her that he will marry her and she goes away from the parents’ house. She just surrenders herself to the man saying ‘I will experience new life there’”, (P6, FGD with unmarried boys 15-19).

“A girl can get into marriage because of the abuse she is experiencing in her household. This gives her the ego to just get married and run away from that abuse”, (FGD with unmarried men 20-24).

In some FGDs, participants emphasised that it was mainly orphans who are mistreated. These orphans eventually decide to get married, because their guardians are ill-treating them including not paying their school fees or denying them food. The guardians of orphans sometimes recommend marriage.

“When you are an orphan and you [are] staying with your guardians they do abuse you, ‘you [are] not my child why don’t you just look for a man and get married’, so the child thinks what should I do, I should just get married”, (FGD with an unmarried girls aged 15-19).

In this case, the goal of marriage is to find peace or freedom and someone who can take care of them, but in some cases, as narrated by participants in an FGD with married girls (15-19 years), they do not find the peace they are looking for, they end up finding life more difficult. Biological parents were also said to sometimes force their children to drop out of school and get married.

“Yeah and also others are being forced by their parents to say ‘you get married and you stop school because it will not help you even an inch.’ They marry but they have no point”, (unmarried boy 15-19).

It is not only girls who can be mistreated in the home: boys, as narrated during an FGD with unmarried men (20-24 years), can also be abused and hence they may end up getting married.

#### 3.8.2.4 Peer pressure

Young people are also influenced to get married through peer pressure: their friends are married hence, they should also get married.

“So it is because of nature and others it is because of peer pressure. “My friends have married and I have too”, (P7, FGD with married women 20-24).

“Some people get married because they want to have children, more especially when they see that their friends of their age have children”, (Married girl 15-19).

Peer pressure applies to both boys and girls as they sometimes admire that their friends seem to be happy in their marriage; hence, they also decide to get married. Some girls get married when they see that their friends who are married to people who stay in South Africa receive money and other goods.

“There is no advantages at all because they just copy it from their friends in the community. She is married and her husband is in South Africa. He sends her goods. They admire and they say ‘I will quit school. I would like to get married also to be like my friend’. They get married and then they see life contrary to what she was expecting. We have different luck in life”, (P1, FGD with married women).

As boys and girls grow up and their friends get married, those who are not married are sometimes mocked by people in their community, including their age mates who are married and have children, asking them what they are waiting for. Despite the fact that there are bylaws that prohibit the marriage of persons below the age of 18, the mocking still continues. Peer pressure does not only exist among young people but also among parents.

“A lot of the boys go to South Africa. When parents see that their friend’s daughter is married to someone in South Africa who brings them phones, motor bikes, they think they are losing out. So they would rather tell their daughter to get married to such people so they can also benefit”, (KI, Machinga District Council).

Peer pressure, therefore, constitutes one of the root causes of child marriage in TA Liwonde: while children may not want to get married, their peers can influence them to do so.

#### 3.8.2.5 Young people want sex

In a number of FGDs and IDIs, participants also mentioned that young people get married because they want to have sex. This is because in marriage it is easy to have sex.

“Some people get married because of sexual feelings. They know that once they get married it would be very easy for them to have sex whenever they want to”, (Married girl 15-19).

“Sexual feelings, they want to have sex whenever they want to since they are staying together as husband and wife”, (Unmarried boy 15-19).

A female initiator elaborated saying that boys and girls get married because *katunduyo amawatuma* (respondent pointing to her private parts), meaning that their private parts pester them and it is them (private parts) that send girls and boys to get married. In some cases, there are also misperceptions that when a girl has stomach pains, having sex will cure her.

“Some [it] is because of sexual feelings. Some parents tell their children not to have boyfriends so they end up choosing marriage for no other reason but sex. Some beliefs say that when a girl is having stomach pains she needs to have sex to feel better, if they do that the end result is pregnancy”, (FGD with unmarried girls 15-19).

Some boys and girls get married because they have had many sexual relationships and they decide to settle down.

“I got married because I searched in my heart and realized that ‘this issue of running and running’ in this world I will benefit nothing”, (Married boy 15-19).

This boy explained that ‘running’ in this context meant having many sexual relationships, and that he realised this was not going to be helpful. His parents further advised him that it was better for him to find a girl and get married. His parents even pledged to support his family.

#### *3.8.2.6 The desire for children and grandchildren*

Children were also said to get married because they would like to have children. In some cases, as narrated by participants in an FGD with girls (15-19 years), young people are forced by their parents to get married because they want to have grandchildren. This was perceived by participants as not right, but it is a common norm in the community.

#### *3.8.2.7 Failure in school*

Failure in school as a reason for child marriage was not mentioned frequently during the FGDs and IDIs. During an FGD with female caregivers, participants reported that some young people get married because they do not perform well in school and they end up repeating classes; hence, they decide or are forced to get married despite the fact they are aged less than 18 years.

#### *3.8.2.8 Marriage as human right*

In some cases, children were said to misinterpret human rights: they think it is their right to get married; hence, they should not be denied this opportunity.

“Another thing that contributes one to be in marriage while young is because of human rights. Some say ‘it’s my right to marry because I am [a] human being with rights also. You married and you gave birth to me.’ It is the same thing so it’s because of human rights”, (P3, FGD with unmarried boys 15-19).

In this FGD, participants narrated that some children challenge their parents when they are being advised to stop sexual activities and that they tell their parents that “you also have sex”.

### **3.8.3 Refusing child marriage**

Parents or guardians are the ones who sometimes force children to get married. Study participants were asked what happens if children do not want to get married when their parents want them to do so. There are some boys and girls who will just accept what their parents are saying and get married or, as mentioned during an FGD with unmarried girls (15-19 years), some would leave their parents’ house and go and live with other relatives. One issue that was mentioned was that if a child refuses to get married after being told to do so by his or her parents, he or she could be told to go his or her way by the parents.

“If parents are telling the child that should get married and she denies, they tell her that ‘go your way and stay where you want to if you will sustain [yourself] there. School will only delay you’”, (FGD with married women 20-24).

“It cannot happen for a boy to be forced to get married. If the parents try to tell a girl to get married and she refuses, the parents could tell her to find another place to stay and not in her house any longer but if you want to stay in my house, then you have to get married to this boy I am talking about”, (Unmarried boy 15-19).

It also depends on whether the girl is pregnant or not: as mentioned earlier, marriage in the case of pregnancy is seen as a solution to the pregnancy. If a pregnant girl refuses to get married, she can actually be chased from her parents’ house. She can further be told to find her own accommodation and would not be supported by her parents. The interview below with a male caregiver summarizes what happens when a child refuses to get married.

Interviewer: So what happens when the child disobeys the parents’ decision [to get married]?

Male caregiver: For some parents, this would create enmity between them and the child; claiming the child is rude and should no longer be living in their house. This was happening in the past.

Interviewer: Is there anything else that was happening to such a child?

Male caregiver: From there, they will no longer pay school fees or buy exercise books [for him or her].

As stressed in this interview with the male caregiver, the denial by children to get married can actually create enmity or hatred with their parents as such children are perceived as rude and should no longer stay in the same house. Previously, there was nowhere where the child would go after his or her parents were forcing him or her to get married. Nowadays, as reported in many FGDs, IDIs and KIs, the girl or boy who is being forced to get married and refuses, can get in touch with organisations, chiefs and the police to help him or her address the problem he or she is facing with the parents and guardians.

“If the child denies, the child tries to source solace from the organizations ‘they are forcing me to get married but I do not want’ then the organization tries to find the solution for her”, (FGD with married women 20-24).

Sometimes it is difficult for girls and boys to discuss with parents directly; hence, the reason why they get in touch with authorities or other adults to help them discuss the issue with their parents.

“No, because I stay with my parents it’s not possible for me to stand up to them; it would be like I am challenging them but if you desire to finish school and not get involved with early marriages then you can go and tell anyone in authority that you see fit in your village”, (Unmarried girl 15-19).

These organisations, chiefs and police advise the parents not to force their child to get married and further advise them to let the child continue with school. When issues on child marriages are reported to the police, parents become afraid.

“At the police, because when an issue has been sent to the police, the parents are afraid and this is where they confess to never do it again and beg to be forgiven and the children can live without getting married”, (Unmarried man 20-24).

While organizations and chiefs can help such children, in some cases, as narrated for example by an



unmarried boy (15-19 years), it is difficult for the boy or the girl to report, because they fear that their parents who are forcing them to get married can be arrested; hence there will be no one to help them. A secondary school teacher also added that head teachers could also intervene in cases where parents are forcing children to get married.

“We had a certain scenario at our school whereby a parent wanted the girl to get married but the girl did not want to get married. The head teacher called the parents and tried to talk to them but the parents were not happy with the head teacher’s concerns. The head teachers told the girl to report her concerns to police and she was assisted accordingly...” (Secondary school teacher).

While previously members of the wider community were afraid to comment on child marriage and related issues (they were informed that the child was not theirs), these days things have changed: anyone in the community can intervene on such issues and advise parents that forcing children to get married is a bad idea. Such a change has come about because of the interventions being implemented by NGOs in conjunction with the community leaders, the wider members of the community and other stakeholders.

### 3.8.4 Decision making around child marriage

There are bylaws that have been established in TA Liwonde which prohibit any person below the age of 18 years to get married. When a person wants to get married in TA Liwonde, there are procedures that need to be followed.

“When a boy or a girl wants to get marriage, he/she has to go to the village chief but first of all, they have to let their parents know that they would like to get married. The village chief then goes to the GVH to relay the message. The GVH usually asks the age of the girl and finds out whether the girl is still going to school or not. It is up to the GVH to decide whether he should allow them to get married [or not] according to the [existing] bylaws”, (P8, FGD with female caregivers).

The GVH will, therefore, make a decision on whether a boy and a girl should get married guided by the bylaws that have been established in the area. One of the concerns, however, was that while some community leaders are playing a role in preventing child marriage through strict enforcement of the bylaws, there are others who are not doing anything. Some participants said that if child marriages happen in the chiefs’ families and they do not act, it is difficult for them to act on cases from other households.

“As we have said some of the cases are reported but they are not followed up seriously. A case can come at the chief’s court but it just gets silent. You ask how that case went, nobody knows, and when people see this they feel it was not that dangerous and continue to do this behaviour”, (P3, FGD with unmarried men 20-24).

As reported on earlier, sometimes people in influential positions such as chiefs fail to act, because they do not want to bring enmity or hatred among people in their villages especially in cases where the marriage has been dissolved.

“Sometimes the people in the organisation are afraid that they can bring hatred amongst the villagers. If a child marriage has been dissolved the parents of the children will hate the person who reported that case, so the people are afraid, for example a person who is involved is a prominent member in the community like the chief himself or a member in an organisation, and when this happens and they want to avoid hatred they just leave it. This gives others courage to proceed and do these things. If they had this problem they did nothing, I can also do it and if they come to me I will ask them how they sorted out their issue: it happened in your household and you did nothing why are you trying to sort out mine”, (P5, FGD with unmarried men 20-24).

This is why there were some study participants who emphasized that parents have a role to play in preventing child marriage and if they do not do it, there is no one else who will address the problem.

“The parents should take this role if they do not then there is no one to... because the children are theirs, the rights are with the parents and if they are not taking any action nobody will. If the parents are not taking any role, the other people will not because they will say if their parents are not doing anything why should we take action”, (P2, FGD with unmarried men 20-24).

One issue that came out in this study is that sometimes parents may not approve the marriage, and may try to convince their children not to get married including beating them up, but the children themselves are the ones who decide to get married at the age of less than 18 years.

“What makes the parents to allow them to marry is because the parents are tired of this. They tried to talk to her daily that you should not do this. Time comes when parents are tired. They beat her and what have you but nothing changes. Therefore, the parents just accept that ‘marry so that you should have what you want to have’ – it is out of temper. They are not willing for this to take place. They just do this for them to rest. ‘Marry to have what you want’”, (P8, FGD with married women 20-24).

If parents and guardians deny their children to get married, these children will make their own decisions and even elope.

“A person can just [make] a decision to run away with the girl of his choice if they are not given a chance to decide on their own”, (P6, FGD with unmarried men 20-24).

A married boy 15-19 said that he made a decision on his own and this decision was made after having sex with many girls.

Interviewer: Who decided for you to get married?

Informant: Nobody forced me to get married but I decided this on my own because I wanted to get married so I can stop dating so many women, as I have already said, I had enough of chasing skirt.

Interviewer: Sleeping with different girls got enough of you?

Informant: I was tired of sleeping with so many girls, for me to just sleep with this and that one with how the diseases are, it is a painful thing for us the youth to get infected with diseases. The death of a youth is a painful thing that is why I just thought of getting married, find a wife and put her in the house, and again by thinking the encouragement my parents gave me, if you want to get married we cannot deny you that but think about the decision you are making properly, that is why I chose to marry.

While the youth can make their own decisions, some study participants felt that it is important that young people should listen to their parents on marriage issues because they have experience.

“A person should listen to the parents because they are the ones who know what marriage is, the problems that are associated with marriages, but for you to do it on your own you may find trouble so you remember the advice from the parents, it is better to listen to the parents... and they know how life in a marriage is”, (P3, FGD with unmarried men aged 20-24).

The parents themselves can also make decisions pro child marriage: some do not perceive girls’ education as important but they believe that getting married and then being supported by a husband is more important. Parents, therefore, can make decisions about the marriage of their daughters and this is

premised on the fact that the son-in-law will be in a position to help them move out of poverty.

What we see is that chiefs need to make decisions on cases occurring in their villages. Parents as well need to go against their children's decisions on child marriage, or reconsider their own views regarding the marriage of their children. However, in Machinga, *eni mbumba*, who are the uncles of the boys and girls, have most power in making decisions about the marriages of their nephews and nieces.

"Yes, they [uncles], even when your parents discourage you, your uncle can still make it possible for you to get married and sometimes the uncle can have the power and say that you will not get married even when your parents want you to get married", (Unmarried girl 15-19).

Uncles, therefore, play an important role in making decisions on marriages: they agree that their nephews or nieces should get married; but things are changing.

"We have been meeting problems most of the times... the uncles ... are in the forefront of agreeing that the child should marry. But now, after the coming in of the organisations, parents are now able to back their children... and be able to refuse such behaviours", (P1, FGD with male caregivers).

One GVH also echoed that the powers of the uncles in making decisions on marriage of their nephews and nieces are slowly decreasing with the coming in of the YES I DO programme.

### 3.8.5 Negative consequences of child marriage

A number of negative consequences of child marriage were mentioned during the FGDs, IDIs and KIIs and these are discussed below.

#### 3.8.5.1 Worsening of poverty

Most participants said that children involved in child marriage do not have a source of livelihood; hence, they are dependent on their parents for things such as food.

"Ah there is no any benefit but adding problems in the house. It happens that she marries at 15 as you are saying it. The boy is 20 years old. He cannot have a feeling to supply for the family at this stage. He is still young. The whole challenge goes back to the parents. He just moves here and there. She lacks wrappers and food to eat. It is the parents who provide all these things", (FGD with married women 20-24).

Many participants also reported that poverty actually worsens with child marriage and they further said that they have seen their friends suffering.

"I have friends whom I was chatting with and they are married. You can see that they are struggling with life. Poverty has set in. They are busy providing for the family", (FGD with unmarried boys 15-19).

One issue that also came out was that even if persons involved in child marriage find money, they do not use it properly as they are still immature.

"... Being a marriage comprised of immature people, what they do is like when they have MWK 500, they would think of buying biscuits and Sobo (orange squash) so that they would be eating and drinking in their home and they do not think of using that MWK 500 to buy basic materials like soap and maize flour. The young boy thinks that he would go to his parents and steal relish e.g. eggs or chickens", (P8, FGD with female caregivers).

### *3.8.5.2 Stealing and other immoral behaviours*

In some cases, since boys do not have a reliable source of livelihoods to support their families, they may end up stealing even from their parents and may end up being arrested.

“It happens that you have nothing. This contributes that you should start bad behaviour such as stealing. You are caught and you are judged to pay some amount [of money] at [the] police [station] and your wife cannot make it. You just add the poverty there”, (FGD with unmarried boys 15-19).

As for the married girls, it was said that they can start engaging in extra-marital sexual relationships to find money and feed their child.

“And also it encourages bad behaviour especially for girls. They prefer to start immoral life. It happens that the wife has a child and the man has not. Therefore, she says ‘I have a kid and it has to eat. What can I do to support it? I better go and become a prostitute to support the kid’”, (FGD with unmarried boys 15-19).

### *3.8.5.3 Dropping out of school*

One of the major consequences of child marriage is that both the girl and boy drop out of school just as in the case with pregnancy.

“There is no benefit; all you could do is to drop out of school because you are married. Therefore, there is a need to do school and getting married later. Even in your case, you are able to interview us because you went to school but if you could not have gone to school, you could have not managed to ask us questions here. That means you can easily provide support to your family since you went to school. Without school, you can easily lose your marriage because marriage requires more support. Nowadays it is very difficult to do better in life without school. However, not all the rich people went to school but school plays a great role in people’s success. Even when you are doing business, you need to know mathematics in order to help you run your business”, (FGD with married men aged 20-24).

### *3.8.5.4 Physical and emotional abuse*

In general, teenage girls will get married to older boys or men and some study participants said that they experience abuse, including being beaten or having all the workload, in marriage.

“The man misuses you, beating you and you complain that ‘had it been that I finished my school, I would have secured a job and be more relaxed than this’”, (FGD with married women 20-24).

“You are young and you get overloaded with work, putting bathing water on the fire, everything you do it yourself”, (P3, FGD with married girls 15-19).

In addition to being beaten, the husband can abandon the young wife and start having sexual relationships with other girls, as narrated by some participations in an FGD with married women (20-24 years):

“To get married while young it is a sad thing because the man loves you the time you are schooling. Parents are looking after you and when [he meets you] he makes sure that you have stopped attending school and he marries you. He leaves you, goes to another woman leaving you may be pregnant, and you struggle with life. You lack even a wrapper to put on. You use one wrapper and you go to Liwonde for delivery. All the way your parents [are] suffering with you. You come back you hear that the man responsible has married another person. He has destroyed your future”, (FGD with married women 20-24).

A KI also acknowledged that violence exists in child marriage. The KI explained that violence in child marriages exists because the man feels that the girl is a burden to him, since there is nothing she is doing to help support the household. These girls, as reported in a number of FGDs, suffer from both physical and emotional abuse: the husband does not provide food, drinks heavily in some cases, leaves all farm work to the girl or chases the girl away. Most of the girls go back to their parents' homes after experiencing violence and abuse in marriage.

#### *3.8.5.5 Pregnancy and related complications and expenses*

In an FGD with unmarried boys (15-19 years), participants reported that people who get married early could not follow family planning methods; hence they end up having many children (whom they need to take care of).

"She will bear a lot of children by the time she is 45 years old. When there is population increase, resources like drugs in the hospitals are limited. People start thinking doctors are stealing the drugs when in actual sense the population growth is causing this", (FGD with unmarried girls 15-19).

Furthermore, many participants knew that teenage girls experience a wide range of pregnancy complications, including problems at delivery: they experience fistula, may deliver through Caesar (which has financial implications, as indicated before) and may end up dying and this is because they are not matured.

"Like if the child may get pregnant, the fact that the girl is young and fails to deliver properly and may need an operation, around here we don't have such hospitals that can handle such cases so the long distance need also money and looking that you are both just kids you then turn to your parents making them pay for all your expenses, therefore, troubling the parents even more", (P4, FGD with male caregivers).

#### **3.8.6 Benefits of child marriage**

Most study participants said that there are no benefits of child marriage, some (possible) benefits were shared. Some participants said that when one is married he or she feels good and they do not struggle as much for clothes and food as was the case when they were staying with parents. In addition to this, some felt some parents feel that they will have grandchildren when their children marry early and this was perceived as a benefit of child marriage.

"It depends on how the wedding begun, if the parents influenced it because they might have seen something from the boy like those from South Africa they expect some phones and maybe some soap which are more of benefits then they respect the in-law", (Female initiator).

"Yes. Another thing is to do with parents. When they see [that] their friends have grandchildren, they accept this [child marriage] so that they should also have grandchildren. Yeah they raise the grandchildren", (FGD with unmarried boy 15-19).

Some participants also said that the benefit of getting married early is that they will lead an independent life unlike the one they were leading when they were staying with their parents.

"The benefit of getting married while young is that when we do stay in our parents' households we face problems and when we want to get away from those troubles we just go and get married so we can be on our own and free", (P4, FGD with married girls 15-19).

“Even when it comes to farming we were doing it with the parent so when it comes to eating the parent could limit our eating, do not eat too much food and right now I have my own farm land so I am able to eat more”, (P5, FGD with married girls 15-19).

These girls, however, said that while being independent is advantageous, there are also some problems that crop up in marriage. One female initiator added that the only benefit of child marriage is that they will have sex regularly. Overall, most study participants reported that there are no benefits of child marriage.

### 3.8.7 Activities to prevent child marriage

There are a number of activities that are implemented in TA Liwonde to prevent child marriages. One of the things that was frequently mentioned by study participants was that there are a number of NGOs that create awareness about the consequences of child marriage. These NGOs include Plan Malawi and other partners of the YES I DO Alliance.

“Yes. There is so much change because of the NGOs I talked about. The coming of AMREF, Plan Malawi and YONECO helped us to talk more to the people, almost on weekly basis. If AMREF is not there, Plan Malawi is there. When you go in the communities, people know these names because these are the organisations that work with us a lot. They have made so much noise that when other people try to do otherwise they feel ashamed because they have been told not to do those things. So, with time we shall see a big change”, (Official from DHO).

The VHs in TA Liwonde have also been sensitised and they have developed their own ways of creating awareness about the disadvantage of child marriage. For example, some locally made billboards have been erected in some villages that contain messages against this, as reported earlier. These billboards, according to GVH Mangamba, act as warnings to passers-by and reminders for people to stop child marriages [see photo on cover page]. The VHs also call for meetings in their areas of jurisdiction to advise youth and their parents about preventing child marriage. Other people, for example CPWs and police, are also targeted by these messages.

“CHRR has done those forums and things have really changed in TA Liwonde... Even CPWs reported that things have really changed... due to the coming in of the YES I DO project. Plan Malawi is doing the same work. Plan Malawi had a forum whereby it was sensitizing police officers on the issues relating to the laws of child marriage and teenage pregnancy and what penalties were set against chiefs who are promoting child marriage. These are some of the interventions that are being implemented in order to prevent teenage pregnancy and child marriage”, (DSWO).

Plan Malawi also emphasised that the consortium works with all structures at community level in order to create awareness.

“So I would say the major intervention is the engagement and the interface meetings that we have held and plan to have with local leaders in the community and other local structures. There is no structure that we have left out, including the police. As I am talking right now, we are moving with the police to each school to announce and share with kids what the laws of Malawi are talking about regarding marriage. I don’t know what you call this act but we are sharing with learners about this ...” (Plan Malawi official).

In addition to the NGOs and VHs and as indicated in Section 3.4, there are also other groups at community level that are involved in creating awareness among community members and these include mother groups, SMCs and PTAs. A number of youth clubs have also been established in TA Liwonde: these clubs provide information on SRHR issues, including child marriage, to young people and they provide condoms

to teenage pregnancy – consequently preventing child marriage. Because of these awareness campaigns, people in the area are knowledgeable about the disadvantages of child marriage.

“Exactly! That is what happens. We just [heard] that the projects that are coming into this area [are good] because this is reducing or preventing the tendency of getting married while the people are very young. In the past, before the coming in of the project or NGOs, the parents were encouraging [their] children to get married. We were even telling them that we are fed up or tired of them at our homes and they should get married because she was refusing to do a particular task at home or may be because the children were arguing amongst themselves. We were not even encouraging our children to go to school. So with the coming in of the NGOs, we are able to know and understand how things are supposed to be done and we are taking part in reducing child marriages”, (P8, FGD with female caregivers).

Bylaws have been established in the area which forbid child marriage. When cases of child marriage are reported, organisations working in the area intervene to ensure that such marriages are dissolved. There are also fines that perpetrators of child marriage are supposed to pay.

“When a child gets married before the age of 18, he/she should pay MWK 5000 or four goats or ten doves [though she is not sure of the exact number of the doves]. She/he also has to pay a MWK 20 000 to the TA and above the TA level, he/she has to pay MWK 30 000. The fines were put in place to prevent child marriages in the area. The one who insists that she/he wants his/her child who is under age to get married is the one who would pay the fine. Even when the child itself insists of getting married while she/he is very young, he/she would also pay the fine” (P4, FGD with female caregivers).

These fines have to be paid by the perpetrators as one way of preventing child marriage. Chiefs have the responsibility of ensuring that there are no child marriages in their areas of jurisdiction: they prevent child marriage by informing those intending to get married that they cannot go ahead with such arrangements. GVH Mangamba gave examples of child marriages he has dissolved.

“Yes, I would give you the example that in the past year we have stopped 32 child marriages and they [children] have returned back to school. This year, from January to now we have stopped four marriages. They have also returned to school. Looking at violence from parents to their children, I have handled four cases. This was not the case last year. By this time last year, we had more than 12 cases from January to April alone. Nowadays, weeks can pass without any case like that”, (GVH Mangamba).

Chiefs in TA Liwonde have been sensitised not to allow child marriage and they are fined if they are found that they allow child marriage. Since youth have also been sensitised, they report to the chief if parents are forcing them to get married and their cases are further taken to TA Liwonde.

As already mentioned before, some participants argued that it is critical that chiefs should be exemplary in the way they conduct themselves. If there are cases in his or her household, s/he should be able to deal with them; otherwise, people will not listen to him or her.

As a way of preventing child marriage, some youth in the area have attended vocational training programmes. One secondary school teacher explained that these programmes are useful in terms of empowering youths; hence contributing to preventing child marriage.

“There is a great improvement because vocational trainings will help youth to overcome their needs hence reducing poverty. The vocational trainings started in 2017. Some [young women] are

even at Nasawa, Zomba and Ntaja technical college doing various vocational trainings”, (Secondary school teacher).

This secondary school teacher said that the vocational training programmes being offered include tailoring, mechanical, building and welding. In addition, girls are also empowered not to be tempted by young men that go outside the country because they may not come back.

Lastly, there were some study participants who reported that the use of contraceptives among young people is being promoted: these are being provided in order to prevent teenage pregnancy, and this contributes in preventing child marriage.

“A lot of contraceptive methods are being provided to the people in this area at the health facility even through Banja La Mtsogolo staff”, (Married man 20-24).

This married man 20-24 reported that before, he did not use contraceptives because he was not aware of their existence, He did not know that he could make his girlfriend pregnant, this was not his intention.

### 3.9 Economic empowerment

This section discusses employment, skills development and economic empowerment opportunities for young people in TA Liwonde.

#### 3.9.1 Employment opportunities

Most study participants had the view that within their communities employment opportunities are limited as compared to urban areas.

“[There are] no employment opportunities as it happens in Lilongwe and Mzuzu from various companies. If a boy does farming and when he finds more money, he goes to South Africa. In South Africa, people are able to find more money that enables them to construct houses and buy clothes. We cannot find any job or get employed in this area”, (P2, FGD with married men 20-24).

In addition to going to South Africa, there are also a few people who go to Mozambique to look for employment.

“If we are to work, we have to go outside the country like Mozambique to do *ganyu*. But here in Malawi, they can’t employ us even in the grocery shops”, (P1, FGD with married boys 15-19).

The lack of companies in the area is a major problem that limits employment opportunities. In towns there are more employment opportunities and people in TA Liwonde, as highlighted by participants in an FGD with unmarried men (20-24 years), do not have opportunities to apply for such jobs because when they hear about these opportunities, interviews have already been done or are being done: adverts reach rural areas quite late.

“Yes, with our location information about job opportunities would reach them [young people] late, as a result they miss employment [opportunities] even in other districts. If these vocational training [opportunities] were available, they would be able to start their own thing. They all don’t have to get white collar jobs”, (GVH).

A member of staff for a youth organization added that the low educational levels among young people in the area further limits employment opportunities. The few employment opportunities that are available in the community are for those who are educated.



“The one who is being employed is the one who is educated but if one is not educated, they say ‘I better farm cotton and sell. The money I will [get from this I will] use to go to South Africa so that I will be able to send some money to support the wife and children back home’”, (P3, FGD with married women 20-24).

Some male participants had the feeling that girls are better off these days as some NGOs are training them in business and providing them capital to start small-scale businesses. They wondered why girls were especially targeted with business opportunities and that their school fees were being paid for, unlike for boys. This explains why most study participants reported that male youth in general go to South Africa in search for employment opportunities. Some participants, as narrated during an FGD with boys aged 15-19, said that they did not want to go to South Africa. However, they had no choice as there is nothing they can do as employment opportunities in their community are limited.

Most casual labour found in the communities around TA Liwonde is on the farms. During an FGD with female caregivers, participants were concerned that the money people get from doing *ganyu* on the farms is generally inadequate to support households. Due to lack of employment opportunities, households sell their produce in order to get money and this impacts negatively on households.

“Due to lack of employment opportunities, the food crops become insufficient because they depend on the money that they get after selling their maize in order to buy salt and other necessities at home hence resulting in food insecurity in most of the households”, (P?, FGD with female caregivers).

Other employment opportunities, as narrated in an FGD with girls (15-19 years), included repairing motor cycles and vehicles and tailoring. Some people in the community have gone to school but they are just staying due to lack of employment opportunities. This, according to participants in an FGD with unmarried boys (15-19 years), discourages children from going on with their education: they conclude that school has no value as many young people have gone to school but they are not employed.

“There are no job opportunities here. This affects even the mind-sets of those who are still in school because they see others that finished school but don’t have jobs so they don’t see the value of school. As a result they decide to drop out”, (P5, FGD with unmarried girls 15-19).

“I am saying this because I have seen a lot of people in this area who have finished school up to college level but they are doing nothing, some have even gone as far as seeking employment at the health facility just to cut the grass but is a person who has finished his schooling”, (Unmarried man 20-24).

However, one secondary school teacher reported that the employment opportunities are there for the youth and gave examples of the people who went to his school and are now working in the area.

“There are available employment opportunities for the youths. For example, we have taught a number of students and they are now working as teachers in this village and someone is working at the health facility and someone is a businessperson at Ntaja...” (Secondary school teacher).

In terms of changes in employment opportunities, most study participants reported that there has not been any change: employment opportunities are still scarce. However, some study participants reported that some youth in the area are being equipped with vocational skills and they can be self-employed other than relying on being employed by others.

“We can say that there is a little change because there is an organisation that is being led by Plan Malawi and it has taken a lot of youth in this community and has given them money to start

business, some are being equipped with skilled work because nowadays we cannot rely on office work only and if they teach us skilled work we will be able to depend on our own”, (P5, FGD with unmarried men 20-24).

In addition to Plan Malawi, study participants also reported that Save the Children is providing vocational skills training programme targeting girls in the area. The aim of this programme is to ensure that the trainees have financial independence. At district level the DSWO reported that the introduction of technical colleges and advertisements by the MoEST for training programmes in teaching provide hope and motivation for the youth that one day they would be employed.

### 3.9.2 Skills development

In terms of skills development, study participants said that over the last two years, there have been some projects targeting girls and young women. As mentioned above, Save the Children and Plan Malawi are providing vocational skills targeting girls and young women. Girls choose what vocational skills training programme they would like to pursue and they are given capital to start businesses.

“For girls [it] is easy because we have Save the Children... They train them in different sectors. They choose what they want to do... they are given the capital”, (P?, FGD with unmarried boys 15-19).

These skills training opportunities target out-of-school girls and include tailoring, mechanics and plumbing. In some cases, local artisans are conducting the trainings.

“Yes, like Fatima has MSCE and she was given MWK 70 000 to start a business. She has a hawker in the market and she sells sweets and kambas. A certain girl was also given money and she is been trained in mechanics (motorbike). She is being trained by Lawrence”, (Married girl 15-19)

Some of the vocational skills girls are being trained in have actually been categorised as for men and boys. Initially people from the community laughed at the girls who pursued these courses saying they will not be able to manage such jobs.

“For instance, I would talk about the programme that came and I am currently the youth facilitator of this programme called Save the Children on their project “Dreams I See”. They tried coming to this community to help the girls that stopped school in secondary due to various reasons. It is only for those that were in secondary school. Their plan is to maybe give those girls money so that they continue with their education and various work like business so that they might end up supporting themselves. Now some girls are learning mechanics whereby they can fix an engine of a motorcycle without problems even though the time they started learning the work the community laughed at them saying they can’t manage the work”, (Female youth facilitator).

While the vocational skills training programme has been appreciated by the community, it seems that the programme targets at least those with MSCE.

“Yes, there is a difference because when the NGOs come, those people who have MSCE have an added advantage of being trained in certain skills like tailoring and mechanics and given loans to start small scales business”, (Married girl 15-19).

At the time this study was conducted, Plan Malawi had not yet started the training of young people in vocational skills. Once the programme starts, Plan Malawi would train people in trades such as carpentry, bricklaying, tin smithing, bakery, designing and salon. The assessment had already been done. As part of this programme, Plan Malawi is exploring opportunities including trainees doing internship in cooperative organisations that may eventually provide employment opportunities. According to Plan Malawi, the

trainees are told that they should not expect to be employed but they should 'employ themselves' and should be able to open businesses such as restaurants. One KI reported that there are very few people who go for vocational skills training in this community.

### 3.10 Strategies to ensure a brighter future for youth: a focus on education and jobs

Participants in this study were asked about the interventions that should be implemented to improve the future of boys and girls. In almost all FGDs, IDIs and KIs, study participants said that girls should be empowered by ensuring that they go to and continue with school. Some informants e.g. a teacher suggested that role models should visit girls in TA Liwonde and discuss with these girls their continuation with their education. An official from Plan Malawi added that those role models could be from the same community, working somewhere to come and interact with and motivate these children. Such an intervention would have significant impact as right now these children have no one to look up to, because the people that surround them did not go far with school.

"... They have grown up and are surrounded by people that have not had a good life, amongst school dropouts, child marriages and people who get married at a very young age and have four or five children. So it is hard for [them to] think anything else aside from that lifestyle. If they had role models and people to look up to it would really help change their mind-sets", (CYESE official).

In such an environment, it is very hard for those children to work hard. This is why one secondary school teacher had the feeling that girls in the community should be exposed to other girls of high calibre, such as those from Chancellor College, they should be taken to several hospitals and radio stations so that they would know the importance of education.

In addition to this, one HSA also suggested that there is a need for the community and other extension workers to be advising girls on education and related issues.

"What we can do is to chat with them the way we do by giving them a piece of advice. We give them examples too. 'We have a female advisor here, do you see her?' 'Yes' 'For her to be where she is, it's because of education. Had it been that she was home not schooling, would she have made it to this position?' 'No' 'But because she went to school so she is what she is now. The same thing with myself speaking to you. Do you see me?' 'Yes' 'Had it been that I was not educated the government would not have employed me. What would I benefit the people? Government saw in me the possibility that I can make it to this. For you to achieve this, it is school'", (HSA).

Child marriage occurs because of poverty; the daily needs of girls are not being addressed, including the materials for the girls to go to school. The suggestion by an unmarried girl (15-19 years) was that the households of such girls should be supported so that their school and other needs are met. Such an intervention, as is currently being implemented by Plan Malawi and other stakeholders, would ensure that girls are kept in school. In addition to providing support to individual girls by paying school fees and providing school materials, there were also suggestions from study participants that households should particularly be targeted to improve their socio-economic status: one of the economic empowerment programmes being implemented in TA Liwonde by Plan Malawi and other stakeholders is VSL whose aim is to support parents so that they are able to adequately provide for their children.

While organisations and communities can advise children including girls, some study participants said that parents need to take centre stage to encourage their children to get educated and that the support being given by various organisations should effectively be used. One married man (20-24 years), as also narrated in various IDIs, KIs and FGDs, emphasised that chiefs need to discourage and end child marriage and encourage more youths to go to school.

One of the barriers to accessing education for girls in TA Liwonde is the lack of boarding facilities in CDSSs. Children walk long distances to get to school hence they drop out of school, especially girls. There were suggestions, therefore, that hostels should be constructed in these schools to encourage more girls to go to school, especially at the CDSSs.

The other form of empowerment is legal education: for example, an official from Plan Malawi said that people in TA Liwonde need to be empowered through teaching them about the provisions in Malawi's constitution and other pieces of legislation on issues about child marriage and teenage pregnancy. This intervention is currently being conducted and people from TA Liwonde acknowledged they are now aware of the legal provisions on child marriage and teenage pregnancy. There is, therefore, a need, as mentioned for example by a secondary school teacher, to ensure that the girls are protected against child marriage and teenage pregnancy and that they should be advised to focus on education. It seems that the prevalence of child marriage has significantly gone down, because of the awareness campaigns that have been going on in the area about the legal provision relating to child marriage. Some informants emphasised on the need to provide information on child marriage and teenage pregnancy not only to the youth but also to chiefs and other adults.

As mentioned earlier on, there are vocational skills training programmes which are currently being supported by Plan Malawi and Save the Children. Participants in this study said that it is important that youth, both girls and boys, should be taught vocational skills so that they can find something to do and get a sustained income. The provision of capital for small-scale programmes is being implemented targeting girls in TA Liwonde. This is why some people felt that girls are being favoured.

"I feel that the girls are favoured a lot and the boys have been side-lined now, the females have been given sewing machines, some MWK 78 000 to start businesses while we the boys have received nothing, and this is discouraging to the boys", (P4, FGD with unmarried men 20-24).

In this FGD, participants actually complained that male youth are being side-lined and yet they experience the same problems. These participants argued that while the organisations say that there should be gender equality between men and women, the targeting of girls only contradicts what they are saying about gender as they are discriminating males. The argument from community members was that interventions should target both boys and girls.

"Provide equal access to both boys and girls in terms of the things they provide or distribute to the girls like school fees and school materials like books and pens", (Youth organisation staff).

While both boys and girls should be targeted, one KI offered an explanation as to why especially the girls should be targeted with such empowerment interventions.

"From my research I think in the past females were being exploited a lot. Therefore, there were a number of campaigns that wanted to change this by promoting women empowerment and girl child education. So far this has contributed to the state we are in now that girls are favoured more than boys", (CYESE official).

In terms of empowering girls through education, some positive results are coming out as discussed earlier: child marriages are being dissolved and girls being sent back to school. A KI from Machinga District Council gave an example of a girl who was selected to go to the University of Malawi.

"Through some partners these NGOs, I would be happy to report that we are making tremendous progress in getting the girls back to school, okay, one of the girls in Machinga got married, yes, had kids I think one or two but through the NGO partners, she was brought back to school, that marriage

was dissolved, aah, currently I think like two years ago she was selected to go to the University of Malawi, I think it should be Bunda College of Agriculture, if I am not mistaken. She was taken to the UN Assembly by the first lady, she had a talk, yes, so it is an achievement that she could role model others, from marriage, back to school, did well, going to address the UN General Assembly. This inspired us a lot for her to be spotted and went to US on this one. I have just forgotten her name but the reports are there”, (KI, Machinga District Council).

In addition to vocational skills training, there were also suggestions that government should explore giving capital to young people so that they can start small-scale businesses including engaging in farming as narrated by participants in an FGD with unmarried boys (15-19 years). These boys suggested that once youth have been exposed to vocational training programmes, they could in turn train their friends in the wider community. Currently vocational training programmes and the provision of capital only target girls. In terms of employment, while participants acknowledged that companies were not available in TA Liwonde to employ them, they felt that these should be established in order to create opportunities for young people.

Lastly, one of the suggestions made by Plan Malawi was that there was a need to build the capacity of the boys to help girls. Currently, Plan Malawi is implementing the Champions of Change programme in TA Liwonde. Among other things, in this programme, boys are being trained to play a role in protecting girls and helping them to achieve something.

“... Let us say for example if a girl is struggling in class, boys have been trained to come close to that girl to understand what her needs could be and find a way of how best she can be helped. Even when it comes to the VSLs, they are doing it together. They are also sharing the technical knowledge, the skills of how to do business together. So this is how we are working in participation of boys with girls with an aim of uplifting those girls to come to that level of being empowered just as boys”, (Plan Malawi Official).

### 3.11 Policy and legal issues

This section discusses pieces of legislation that are passed by the Malawi Parliament relating to child marriage, government policies and political will related to SRHR, and the bylaws that have been developed by community members with support from NGOs.

#### 3.11.1 Legislation and policies

KIs reported that the Government of Malawi passed the Marriage, Divorce and Family Relations Bill into law and this set the age at marriage at 18 years. One of the NGO staff members said that the passing of this bill into law was a step ahead in the fight against child marriage in Malawi.

“Yes we have. I will give an example. Last year in February the marriage age was revised from 16 to 18. The amendment was made to the Family Relations Act of which we as organizations we regarded this as a step ahead on ending child marriage and teenage pregnancies... government is also taking interest and action on ensuring that child marriages are not happening and also that teenage pregnancies are being reduced”, (FPAM).

While this legislation exists, one KI said that knowledge about this is still low among the people of TA Liwonde.

“There is lack of knowledge regarding the laws of the land including to do with issues regarding who has to go into marriage and if you do this what are the consequences. So this has been a very

big issue where people in the communities do not know that what they are doing is against the law”, (Plan Malawi official).

In addition to the Marriage, Divorce and Family Relations Bill, the DSWO mentioned the Child Care, Protection and Justice Act (CCPJA) which provides for protection of children against violence. It has been reported earlier that in some cases persons get married because he/she is being mistreated at home and he/she is actually running away from the violence that occurs in his or her family. The CCPJA, therefore, provides for protection of such children.

As mentioned earlier, a girl who is pregnant withdraws from school and is advised to deliver and return to school. One head teacher reported that boys who made a girl pregnant are supposed to be suspended from school and the Government of Malawi set up such a policy. An AMREF official also said that there are other policies within the MoEST that provide for girls to withdraw from school and to be readmitted after they have delivered. Another KI also mentioned about the existence of the Gender Equality Act that provides for equality between boys and girls. Some KIs at district level could not name the legislation that prohibits child marriage although they were aware of the contents.

The passing of the legislation that raised the age at marriage to 18 demonstrated in itself the existence of political will. One KI added that the existence of political will is also demonstrated by the fact that the first lady also talks about child marriage and teenage pregnancy.

“I would say that there is a political will because the first lady is a champion on issues of child marriages and contraceptives. She speaks quite a lot and that alone shows us that there is a political will in addressing child marriages. And we cannot underestimate the support that the government is giving to different organizations”, (Plan Malawi).

A KI from the District Council reported that in order to demonstrate political will, the full council has a young representative who looks at issues to do with children. However, one of the major problems is that the implementation of legislation and policies on child marriage and teenage pregnancy is hampered by shortage of funding.

“I cannot say that it is going on well or is at 100% due to financial resources. Even for us to do sensitization meeting in TA Ngokwe that is approximately 100km is not a joke. We need more funds hence advocacy is not enough and that is why in some areas we depend on the CPWs so that they would be conducting sensitization meetings on our behalf. Sometimes a CPW is responsible for two TAs, moving up and down using a bicycle. There is need to have enough resources in order to have better advocacy so that we will be able to reach many places. Even the police officers are failing to do their work due to financial constraints. Our effects are not enough due to lack of funding. Though we have the community structures and also see some government officials working in their communities, they take the issues very serious. That is why we go to where we could manage since we have low funding”, (DSWO).

“There are advocates but most of these are driven by organisations. For example, us in hospital, on the same topic of political will, we are supposed to have programmes in the communities with the aim to prevent things like these, but when it comes to programming at the national level or district level you find that these preventive messages don’t make sense to those who come up with budgets. If you tell them that we need to conduct advocacy meetings with the chiefs, they think it’s nonsense but when you tell them that we need to buy protection or medication, to them it makes more sense. This makes it difficult to conduct community outreach so the people have less knowledge, but if we had that kind of political will that stops from spending much on treatment we should spend much on prevention that’s the problem that we have now”, (DHO staff).

The lack of political will, as narrated by the DHO staff, is also demonstrated by the failure to make family planning services available in schools.

“Personally, the way I see it there is no political will... There isn’t because if there was political will the availability of family planning to those going to school could have been clear”, (DHO staff).

Organisations such as Plan Malawi have also been advocating for creating awareness and for the government to allocate more resources to these areas like the police, so that when cases of child marriage are found they can immediately respond. To ensure sustainability of interventions, an official from Plan Malawi reported that the organization works with established government structures.

“Not really, the approach for us as an organization is that we work with the government in all the interventions. We always make sure we work with the social welfare, the police etc. This is because we want these structures that have been strengthened to progress even after the project is over. I hope we will definitely experience that”, (Plan Malawi).

One concern that a KI from the DHO brought up in relation to laws and policies, is that girls aged less than 18 years who go to the health facility tend to lie that they are 18 years or above.

“The hospitals like us write what the child has said. We cannot rebuke that and when they tell us that they are 18 you write 18 because you cannot argue with that. We just write because there is no evidence and as a health worker, you learn psychology so through that psychology you can tell that person is not 18 so you can help according to how the condition is. So, they counsel them that they should not get pregnant while they are still young”, (DHO staff).

### 3.11.2 The development and implementation of community bylaws

As mentioned earlier, bylaws have been formulated in TA Liwonde that have outlawed child marriage and promote girls’ education. There were a few people, for example a 15 years old unmarried boy, who reported they were not aware of the bylaws – but they were aware that a person is not supposed to get married at a very young age. Before the coming of the YES I DO programme, some NGOs were working in TA Liwonde that helped in the formulation of bylaws. However, these earlier bylaws, as reported by a Sheikh and other KIs such as an official from AMREF, were not comprehensive enough to effectively address child marriage. The chiefs and their community members formulated these bylaws after being sensitized by the NGOs.

“I would say the chief and his people or people from various groups sat together to come up with the bylaws, it’s not like only one chief made the bylaws by himself and took them to the TA, a lot of groups were involved”, (Female youth facilitator).

“Parents, VHs under that GVH, religious leaders, youth, child protection, let me just say all the community structures have to be there”, (CYESE).

The GVH also reported that he did not formulate the bylaws alone but together with the people in his village.

“These laws were made by the VHs, the TA together with the people and various committees in the community. I did not do them alone. We sat down after seeing an increase in pregnancies and deaths of these youth. Each traditional leader sat down with his people and agreed on what to do. The ideas were brought together to make them uniform. The youth also sat down and formulated a few. Then after the laws were combined, they were taken to the District Council’s office to be approved. These laws are to help us handle cases of all those that are still stubborn and do not

want to follow the laws”, (GVH Mangamba).

The role of Plan Malawi and other members of the YES I DO Alliance was to facilitate or guide the process of formulating the bylaws.

“No, we just guide the process. They decide and look at the issues and say this thing according to the constitution the bylaw should be this. They make sure the bylaws are in line with the constitution. They should speak almost the same thing”, (Plan Malawi Official).

While the people of TA Liwonde formulated the bylaws, an AMREF official and other KIs at the District Council including the DPD said that the council decided that these bylaws should not just be for TA Liwonde but for the whole district.

“All these bylaws we are talking about need to be endorsed and become district based not area-based as they are as of now. TAs have area-based bylaws but we are talking about the district-based bylaws. So we will try, and as I said that a partner is also helping us on the same, so we will make sure that it is passed, and in fact today we were meeting the District Commissioner to see the way forward on this”, (DPD, Machinga District Council).

While the bylaws have not yet been endorsed at council level, they are however being used at community level: for example a CHRR official reported that during one of her visits to TA Liwonde in GVH Mangamba there was a case of child marriage which the GVH was dissolving: this marriage involved Standard 5 and 7 children who were at Manganje Primary School. After dissolving the marriage both the boy and girl went back to school as per the bylaw.

The bylaws that have been formulated emphasise on no child marriages and promotion of education of girls. All school going children are supposed to be in school during school time. A Sheikh reported that if the community police forum found children at home, they would call the parents and discuss with them why the child was at home and not in school. If there is no convincing reason then the child is told to go to school. While this bylaw is followed, participants also said that there are some troublesome children who are still found loitering in the village.

The development and implementation of the bylaws has brought about changes, but the GVH confirmed that there are still some offenders in his community. He reported that early in 2018, two people were arrested and put in custody. This act has scared many people, and since then there have not been any cases of rape. A married girl (15-19 years) reported a case in which a boy was arrested when he insisted that he would marry the girl he had made pregnant.

“The bylaws were developed by the chiefs after being sensitized by the NGOs. For example: there were a boy and a girl who insisted to get married. The chief called upon their parents and the girl was still insisting. The boy was kept in custody and when he was released, they were discouraged to get married because they were all afraid of being kept in custody again. They are all going to school now and they are not married or they do not live together any longer”, (Married girl 15-19).

As mentioned earlier, the GVH has to approve the marriage based on the age of the young people getting married, for example as reported by a health worker:

“Like the child marriages. I have a girl here and she wants to get married. I cannot just accept her with my husband that she can get married. I have to report first to my VH. Then my VH has to report to the group village head. The marriage has to be accepted by the group village head. To satisfy that ‘such family’s daughter I have accepted her to get married’ seeing that her age is for the marriage. If it happens that the daughter is under age, the VH denies saying ‘they are not fit for



them to get married’”, (Health worker).

If anyone gets married at the age of less than 18 years, the bylaws specify the fines that are/should be meted out. GVH Mangamba also specified the punishments that are given to perpetrators as follows:

GVH Mangamba: One other case was about *mwini mbumba who* came and explained how a girl’s parents were forcing her to get married. After I found out the story was true I gave the parents the penalty of giving me seven chickens: seven chickens means MWK 7000.

Interviewer: Oh, so a chicken is MWK 1000.

GVH Mangamba: Yes, in this community we have put up bylaws that if a person is found forcing a girl to get married they will pay a fine of five chickens, which means MWK 5000. If they resist, we can get them arrested or I have the power to chase that person out of this village. Once I tell TA Liwonde about the issue, he gives me the power to do so. The biggest problem we are facing is teenage pregnancies, because we only know after the girl is already pregnant unlike the marriages. The children have changed – they no longer wait to get married [giggles] – they just secretly meet, have a relationship and end up impregnating each other. It is not as if they will get married after that, they are also afraid of marriage now. When that happens, we call for both parties, if the girl is below the age of 18, they are both asked to stop going to school until the girl gives birth. The boy’s parents are asked to support the girl throughout as their penalty. This support is not taken to the girl’s house by the boy, but by his parents. On top of that, they are asked to pay seven chickens. The money is now used to buy items to support other children’s education. As the GVH, I am constantly looking for ways to solve this problem. I also go to the hospital to collect information on the number of pregnancy cases as well as the villages from which these girls are coming from, so that we go to the parents and investigate. If the young girl was impregnated by a boy older than 20 years, the police handle such a case because it is a rape case.

A CHRR official echoed what the GVH said: that the fines that perpetrators pay are being used to support needy children who are willing to go to school. These bylaws that have been established, as narrated during a FGD with married boys (15-19 years), are making a lot of people fearing marrying or getting a young girl pregnant. This was also mentioned in an interview with a CYESE official.

“I would say mostly the bylaws that have been put in place in the communities are the ones that are helping achieve this. Once young people have gotten married, the issue is reported to the police and they are called to court. Most people are afraid now. The issues get to involve many family members like parents, uncles and even the parents themselves. Traditional leaders are also playing a huge role in insuring that these child marriages are stopped”, (CYESE official).

All the VHS in TA Liwonde have been sensitized about the bylaws and they have further been informed that the infringement of these bylaws by any VH would attract a fine. It came from several study participants including health workers that since the formulation of the bylaws the number of child marriages have gone down.

“The early marriages have decreased but the issues of teenage pregnancies are still increasing...”, (P6, FGD with male caregivers).

It should be emphasized, as reported by a Sheikh, that in general, people in TA Liwonde have welcomed the idea of stopping child marriage. While in child marriages seem to be going down, study participants reported that teenage pregnancies on the other hand are on the increase.

As discussed earlier, several challenges were highlighted in the implementation of bylaws. Despite the existence of these bylaws, some people are not punished. A married boy (15-19 years) gave a scenario where a boy impregnates a girl and then leaves for South Africa. While he is in South Africa he does not help the girl and does not even communicate with her and when he is back nothing is done to him and he does his businesses and marries other girls. An official from the DHO reported that in some communities chiefs do not have a lot of influence and people actually disrespect them and they do not follow their instructions. This informant from the DHO also had the view that some chiefs are biased.

“... When it happens in the chiefs’ clan, he does not do anything but when it happens elsewhere that’s when they make noise. So, all these things give the people power not to listen to what the chiefs have to say”, (DHO staff).

## 4. Discussion

### 4.1 Summary and discussion

A number of SRHR challenges affecting youth were mentioned in this study during the KIIs, IDIs and FGDs and these included teenage pregnancy, child marriage and STIs including HIV. These challenges affecting youth have also been highlighted in previous studies (Zombe, 2016; Munthali et. al., 2015) including in the national SRHR policy (Ministry of Health, 2016). The policy acknowledges that these challenges are exacerbated by the prevailing risky sexual behaviours among adolescents, poverty and harmful cultural practices (Ministry of Health, 2016). The high prevalence of teenage pregnancy and child marriage contributes to high fertility, population growth and poverty (World Bank, 2016). This was also highlighted in this study, where participants had the view that child marriage contributes significantly to women having many children, and that taking care of these children, including ensuring their education, is difficult.

#### 4.1.1 Teenage pregnancy

The midline study found that many participants think that there is an increase in the number of teenage pregnancies in TA Liwonde. Whether this is indeed the case, will be assessed during the YES I DO end-line study in 2020. One of the factors contributing to the increase in teenage pregnancy is the low utilisation of contraceptives among young people, partly caused by limited access to comprehensive SRHR information, limited access to SRH services and the norms and beliefs around sexuality and contraceptive use. This is also compromised by the fact that young people start sex at a young age, which was still found to be influenced by poverty (leading girls to have sex in exchange of money or goods), initiation ceremonies and peer pressure. The evaluation of the UN's Joint Programme on Adolescent Girls (JPAG) programme in Malawi found that 9% of the girls had sex at the age of less than 10 years and that 51.6% of these girls had sex at the age of less than 15 years (Munthali et. al., 2015).

Prevailing misconceptions about contraception contribute towards low utilisation. As found in this midline study, other studies have also found that misconceptions about side effects, such as that contraceptives cause cancer, or that long time use of these methods leads to still births or infertility, adversely affect the utilisation of contraceptives (C-Change, 2012; Munthali et. al., 2015). The midline study also found that condom use among young people was not popular and this was mainly because of the belief that condoms take away the pleasure (*sadyera mupepala*), as also found in other studies (for example, see Munthali et. al., 2015).

The study also found that access to contraceptive methods and other SRH services is affected by poor attitudes of health workers, because not all staff had been trained in YFHS. These findings are similar to other studies that found that some health workers are disrespectful and they even shout at their clients which makes it difficult for them to access such services (C-Change, 2012). The final evaluation of the JPAG programme also found that youth were not able to access contraceptives and other SRH services due to poor attitudes of health workers (Munthali et. al., 2015). Malawi adopted the implementation of YFHS in 2007 to make all health services accessible, acceptable and affordable to young people (Zombe, 2016). YFHS therefore aim at addressing the challenges that young people experience in accessing health services, including SRH services, and the national SRHR policy recommends that YFHS should be implemented in all health facilities in Malawi (Ministry of Health, 2016). While this is the overall aim, a recent evaluation of the delivery of YFHS found that only a third of the respondents were aware of the YFHS and only 13% reported accessing these services (E2A Project, 2014).

The national SRHR policy has identified a number of challenges that might adversely affect the implementation of the policy and these include inadequate health personnel, inadequate funding and that

most health facilities are not adequately equipped to provide comprehensive SRH services (Ministry of Health, 2016). These challenges were also identified in TA Liwonde: all pregnant girls aged less than 18 years are referred to Machinga District Hospital where the delivery took place, and this was because there is no adequate equipment in the three health facilities situated in TA Liwonde to adequately assist the pregnant girls. Policy makers at Machinga District Council also mentioned that the effective delivery of services including outreach clinics is adversely affected by the shortage of funding and commodities.

#### 4.1.2 Child marriage

There are a number of reasons why girls and boys marry under the age of 18 years. Girls marry in order to get out of poverty, they or their family think that the husbands will give them financial security. Young people were also to marry to gain independence have access to sex any time. These findings are similar to those of other studies, for example the final evaluation of JPAG programme that was implemented in Mangochi and Chikhwawa Districts (Munthali et al., 2015; also see IRIN, 2002). While earlier studies, including the YES I DO baseline study, found that pregnancy was one of the main reasons why young people get married (IRIN, 2002; Munthali & Kok 2016), the midline study findings, however, found that at the moment in TA Liwonde, if girls get pregnant they do not get married: instead they stay with their parents until they deliver, after which they are advised to go back to school.

#### 4.1.3 Abortion

An important finding from this midline study that needs to be highlighted is that abortion was found to be quite common among girls. A 2015 study found that the national rate of abortion in Malawi is estimated at 38 abortions per 1000 women aged 15-49 and that 53% of the pregnancies are unintended and 30% of unintended pregnancies end up in abortion. These abortions are done in a clandestine manner and most of the abortions are conducted under unsafe conditions (Chelsea, et al., 2015). This midline study found that the methods that girls use, for example the use of ball bearings for bicycles and overmedication, are harmful to the girls' lives. Studies conducted in Malawi have shown that most cases of abortion are incomplete, which demonstrates that the girls or women themselves induce them. It is difficult for the girls or women to admit that they indeed induced the process of abortion, as this is illegal in Malawi (National Youth Council of Malawi, 2009).

#### 4.1.4 Meaningful youth engagement

Studies have generally shown that there is limited participation of young people in decision making processes in Malawi. In most cases the participation of young people is restricted to inviting representatives of young people to take part in a few meetings or events (Davids, 2017). At both district and community levels adults tend to dominate the planning processes for development programmes. This is despite the fact that the Ministry of Local Government and Rural Development promotes the participation of young people in the development and implementation of development programmes (Prasad, 2014).

The situation in TA Liwonde proves to be a bit different from what is happening at national level as well as in other communities with the coming in of the YES I DO Alliance. There are different stakeholders that meaningfully engage young people in their efforts to reduce teenage pregnancy and child marriage. In this report, the roles of NGOs, police, Ministry of Health, MoGCDSW, community leaders, youth clubs and other structures at community level are described in detail, including how they have engaged young people themselves in the fight against child marriage and teenage pregnancy. The creation of awareness among young people and their gatekeepers which is implemented by different stakeholders including by the groups of young people themselves has made boys and girls, and the wider community, to understand the disadvantages of child marriage and teenage pregnancy. However, the strategies on meaningful youth engagement need to be sustained and scaled up. While there are many youth clubs in TA Liwonde, it should

be noted that a YES I DO study conducted in 2017 found that participation of youth in decision making at the community level is still quite limited, and that for youth clubs to be more effective, the age of youth leaders should be considered (quite some were 'older' youth), and the capacity to communicate with adults needs attention (Munthali et al. 2018).

#### 4.1.5 Male involvement

The national SRHR policy encourages male involvement in SRHR interventions (Ministry of Health, 2016). As far as male involvement is concerned, the midline study found various activities including male community members, such as in youth clubs and the activities with the traditional leadership. One finding that needs to be highlighted is that pregnant girls are supposed to be accompanied by their husbands or men or boys responsible for their pregnancy when they are going for ANC services, especially the first time. If they go alone then the services are not offered to them until they bring a letter from the chief. An earlier study also found that if women attended antenatal care without their partners, they were either served last or were not provided with services until they returned with their partners. TAs have developed bylaws requiring that pregnant women should be accompanied by their partners when going for ANC services. If a woman does not have a partner, then she is required to get a letter from the chief excusing her from attending ANC services with a partner (Mkandawire & Handricks, 2018). While these bylaws intend to improve male involvement, it is problematic for young pregnant girls, who experience stigma and discrimination (and in some cases, even have to pay for the chief's letter) and as a result, they might hide the pregnancy or not attend ANC services.

#### 4.1.6 Gender transformative programming and girls' empowerment

There are specific roles and responsibilities in society that are supposed to be performed by men and women, according to social and cultural norms. Earlier studies found that women's responsibilities include washing clothes, cooking food and drawing water among other responsibilities (C-Change, 2012). Men and boys are not culturally expected to perform these activities. However, with the implementation of activities to promote gender equality, things are slowly changing in TA Liwonde as men and women, boys and girls work together: boys and men are sometimes performing similar activities including cooking, drawing water and sweeping the houses.

This study found that many child marriages have been prevented or dissolved in TA Liwonde, and both girls and boys have gone back to school. A number of studies have found that while the readmission of girls into school policy was passed in 1993, the policy itself has not been widely disseminated (IRIN, 2002; Human Rights Watch, 2018): there is a general lack of awareness about readmission policy among communities, teachers and school officials that girls who fell pregnant can actually go back to school (Human Rights Watch, 2018; Samati, 2013). Before the passing of the readmission policy, all pregnant girls in school were expelled and never returned to school. This made pregnant girls to hide the pregnancy or abort with the intention of continuing their education (IRIN, 2002). In TA Liwonde, it was found that the readmission policy was quite well known by study participants.

The readmission policy further requires that school boys who make a girl pregnant should also be suspended and only enrol again once the girl delivered (IRIN, 2002). In the midline study, while in some cases informants reported that the boys responsible for the pregnancy were suspended in order for them to take care of the pregnancy, there were also examples of boys who continued with school. An earlier study also found that some boys avoided being suspended by transferring to another school with no disruption to their studies (IRIN, 2002).

While the readmission policy is implemented in Malawi, there are also some concerns that such an intervention may actually encourage immorality or delinquency among school going youth (World Bank,

2016). In addition to this, this study found that in some cases parents are not prepared to take care of the girl's child while she is at school. Other studies have also found that the failure to find someone to effectively take care of the child leads to the girls dropping out of school again or totally preventing their return to school (Samati, 2013).

The midline study found that girls who have delivered and have gone back to school are being supported by various NGOs in TA Liwonde, including Plan Malawi, in terms of payment of school fees and providing school materials such as notebooks, pens and school bags. Other studies have found that while girls can be readmitted after they have delivered (which was found to be increasingly the case in TA Liwonde), they can face a number of challenges including the lack of school fees, uniform and school materials (Human Rights Watch, 2018). The provision of financial support targeting girls by NGOs has proved quite successful in keeping girls who dropped out of school in school (Human Rights Watch, 2018). The payment of school fees and provision of materials for girls has led to a decrease in school dropout rates in some programmes such as JPAG. Girls who dropped out also re-enrolled after they saw that their friends were receiving this support (Munthali et. al., 2015). While the community welcomed the support provided to girls' education in TA Liwonde, many found that the same support should be provide to boys. Some study participants even expressed that they found this part of the programme gender unequal.

This study has found that one barrier to the empowerment of girls is long distances to secondary schools. This is because it pauses as a security risk for girls (as perceived by themselves, but especially by parents) and they may end up dropping out of school (Munthali et. al., 2015). In order to address this problem, other NGOs notably FHI have provided bicycles to girls staying far from secondary schools. While also here, some participants thought the boys should be supported as well, other participants argued that the targeting of girls with these interventions is strategic as girls have been remained behind boys for a long time.

One of the issues that was raised in this study was that self-boarding and can lead to sexually harassment, sexual relationships between school going youth and therefore, teenage pregnancy. The final evaluation of the JPAG programme also found that self-boarding for girls in secondary school created problems, as some of the parents were poor and could not afford to pay for accommodation and other needs of the girls, leading to transactional sex and pregnancy. In order to address the problem of distance, hostels were constructed in this programme (Munthali et. al., 2015).

Another example of programming aiming for girls' empowerment is the implementation of the vocational skills training programme by Plan Malawi and Save the Children in TA Liwonde. This intervention also targets girls, especially the ones out of school. After attending the programme the girls are given capital to start their businesses and examples were given of girls who are self-employed and are able to get an income, which was not the case previously. In the UN's JPAG programme girls were also trained in vocational skills and were able to conduct businesses and earn an income to take care of themselves and their families and these girls were trained in trades such as baking, tailoring, solons (Munthali et. al., 2015).

## 4.2 Comparison of midline and baseline findings: a summary

The baseline study for the YES I DO programme was conducted in July 2016. Over the period of two years, a number of changes have been observed which can be attributed to the interventions implemented in TA Liwonde by the partner of the YES I DO Alliance. There have been many awareness campaigns aimed at ensuring that people in TA Liwonde know the disadvantages of child marriages and teenage pregnancies as well as the importance of education and gender equality. Both at baseline and midline, informants were generally aware about the disadvantages of child marriage and teenage pregnancy: most of the study participants actually said that there are no benefits of child marriage. However, more community members were actively involved in preventing teenage pregnancy and child marriage at midline than at baseline.

With regard to sources of information on SRHR for youth, it seems that NGOs, health facilities and other structures at community level had become more important. Initially there were not many NGOs working in this area. At midline, people also indicated that initiation ceremonies were less prominent as sources of information on SRHR. Parents are still not a popular source of information on SRHR.

Despite the knowledge about negative consequences of teenage pregnancy, the phenomenon was reported to be quite common at both base- and midline. As narrated above, this is mainly because most young people do not use contraceptives. At baseline, it was found that pregnant girls dropped out of school and most of them did not go back to school mainly due to poverty, being shy and the fears that they would be teased by their fellow school pupils (Munthali & Kok, 2016). The situation at midline has changed: although pregnant girls aged less than 18 years did drop out of school, they did not get married as per prevailing bylaws but they were kept at the parents' house until they delivered, after which they went back to school. Knowing that such girls experience challenges in terms of ensuring that they have school fees and materials, NGOs, including YES I DO partners, are paying school fees and purchasing school materials for these girls. Teachers have been sensitised that girls who have been readmitted in school should be supported, so that they can remain in school and complete their studies. This was not the situation at baseline.

In terms of child marriage, 16% of the girls aged 15-24 were married before 18 years of age at baseline. Only 1.3% of the boys reported being married before the age of 18 (Munthali & Kok, 2016). At midline, the situation seem to have changed. People in TA Liwonde, with support from the YES I DO Alliance, have developed and are implementing bylaws that among other things prohibit child marriage. As indicated above, before the start of the YES I DO programme, pregnancy was one of the main reasons why girls and boys got married young. This is not the case anymore. The awareness campaigns have resulted into people in TA Liwonde to start appreciating the importance of school, especially for girls, and they are aware of the MoEST's readmission policy. This is why they are prepared to support their daughters, although some parents are not ready to take care of their daughters' babies. Due to the implementation of the bylaws and the fact that people are now aware of the disadvantages of child marriage, it seems that there is a decrease in child marriages in TA Liwonde. This can be assessed in term of numbers during the YES I DO end-line study in 2020.

#### 4.3 Limitations of the study

The midline study was quite comprehensive, as all the major stakeholders, namely young people themselves (males, females, those married and unmarried and in and out of school) and their parents, chiefs such as the GVH, teachers both in primary and secondary schools, staff of NGOs working in TA Liwonde, staff of youth organisations, religious leaders, health workers and social workers have been involved. To get a better understanding of the impact of the interventions being implemented it would have been better if the following were also interviewed:

- (i) Girls who have gone back to school after they withdrew due to pregnancy and their parents, to have a better understanding of their experiences and the support provided.
- (ii) Children, both girls and boys whose marriages have been dissolved.
- (iii) Young women who have undergone vocational training and have established their own businesses. Some of these girls have ventured into trades/skills that previously were categorised as for men and boys.
- (iv) There are also other NGOs that are working in TA Liwonde: these include Save the Children, YONECO and PSI. During the FGDs and IDIs, these NGOs were frequently mentioned and interviewing them could have provided richer data.

Because of the work of these other NGOs and also the government, it should be taken into account that the changes that are reported cannot be solely attributed to YES I DO. Furthermore, data were only collected from GHV Mangamba in TA Liwonde. This could result in some findings being not applicable for other GVHs in TA Liwonde, for example, it is known that the good practice of spending the money from penalties related to the bylaws on poor children's education is not done in all areas. Nevertheless, preliminary findings have been discussed in a community feedback meeting (August 2018) and a stakeholder meeting (September 2018) and it appeared that the findings were generally supported to be reflective for the YES I DO programme in TA Liwonde.



## 5. Conclusions and recommendations

### 5.1 Conclusions

The overall goal of the midline study was to provide insight into the causes and effects of child marriage and teenage pregnancy and the extent to which these causes and effects were present in the intervention areas of the YID programme. The study also aimed to provide insight into why and how the YES I DO intervention strategies do or do not contribute towards improved outcomes in SRHR for young people, including prevention of child marriage and teenage pregnancy. The following conclusions, categorized per pathway of the theory of change (Annex 1), can be drawn based on the results of the midline study.

#### Pathway 1

Awareness campaigns have been and are being implemented in TA Liwonde, to ensure that people understand the disadvantages of child marriage and teenage pregnancies and the importance of education, especially for girls. Most people in TA Liwonde appreciate the risks associated with child marriage and teenage pregnancy as well as the need for girls to go to school. Moreover, more people in the community, such as traditional leaders, mother groups, youth clubs and other committees are actively involved in the prevention of teenage pregnancy and child marriage. The development and implementation of bylaws has put a stop to the practice of child marriage. However, teenage pregnancies seem to be on the rise and this is mainly due to non-use of contraceptives among young people, which needs to be urgently addressed.

#### Pathway 2

With regard to meaningful engagement of adolescent girls and boys, significant progress has been made to ensure that they are engaged in all the activities being implemented in the YES I DO programme. Young people, through youth clubs and the Champions of Change, are taking active roles in activities aimed at ending child marriage, reducing teenage pregnancy and ensuring that they go to school. They are working more closely with adults including community leaders and various NGOs, which was previously not the case, however, their decision making power at the community level could still be expanded.

#### Pathway 3

Before the implementation of the YES I DO programme, young men and women had more challenges in accessing SRH services and information than now. Although access to services and comprehensive information still needs improvement, the establishment of YFHS in all the health facilities in TA Liwonde and the support to outreach clinics and the introduction of young people as CBDAs have contributed to change. While all these interventions are being implemented, the major challenge with regard to SRHR is that the use of contraceptives among young people is very low, and this explains why there are still many cases of teenage pregnancies in the area.

#### Pathway 4

Unlike in the past, pregnant girls aged below 18 do not get married anymore, but instead they wait until they deliver after which they go back to school. In the midline study, there were a number of cases that were cited of girls who have gone back to school after they delivered. Traditional leaders also talked about a number of cases of child marriages that were dissolved and the boys and girls involved went back to school. Some of the girls have gone on to secondary school and one case was found of a girl going to the university. Plan Malawi and Save the Children are implementing vocational skills training programmes targeting out-of-school young women. At the time the midline study was conducted, the programme

supported by Plan Malawi was just starting, but informants reported that some graduates from the programme managed by Save the Children had started their businesses. Such an intervention therefore provides opportunities for young women to earn an income.

### **Pathway 5**

People from TA Liwonde, with support from YES I DO, have developed the bylaws on child marriage and teenage pregnancy. These bylaws are currently implemented and this explains why there is a reduction in child marriage. At the time of this study, the bylaws had been submitted to Machinga District Council for endorsement. The rationale, as detailed in this report, was that the council wanted these bylaws to be applicable to all the TAs in the district, instead of just TA Liwonde. The YES I DO programme has significantly contributed towards the development these bylaws that will be applicable to the whole district.

Overall, there is evidence that significant progress has been made in the reduction of child marriage in TA Liwonde. The multi-sectoral and multi-level approach in the fight against child marriage seems to be working. Teenage pregnancy remains a problem in TA Liwonde, and continued efforts are needed to reduce it.

## **5.2 Recommendations for YES I DO**

The following recommendations are made to ensure that by 2020 child marriage should be ended and there should be a significant reduction in teenage pregnancy:

### **Pathway 1**

- There is a need for continued creation of awareness about the risks of child marriage and teenage pregnancy in TA Liwonde. This should include maintaining the awareness about readmission policies of the MoEST.
- There are people who are supposed to be supporting girls in the fight against child marriage and teenage pregnancy by creating awareness about the risks associated with these conditions. However, some teachers and religious leaders are in the forefront having sexual relationships with the girls; hence they should be punished accordingly and should not be shielded. Cases of abuse of girls (by step-fathers) have also been reported and the programme should encourage girls to report such cases to relevant authorities.
- There is a need to ensure that bylaws are effectively implemented at community level, including the traditional leaders being able to punish offenders from their own families and villages. Good practices, for example the use of money from penalties for poor children's schooling, should be expanded. Practices that could lead to stigma and discrimination, for example the need for a letter from the chief to be able to access ANC services for unmarried pregnant girls, should be changed, in coordination with the traditional leadership.

### **Pathway 2**

- Youth engagement should be strengthened at the community level, by facilitating more interactions between youth clubs and adults.
- The YES I DO programme should consider working with local role models, to motivate youth in TA Liwonde to finish school or set up a business.

### Pathway 3

- The utilisation of contraceptives among young people is still low; the YES I DO Alliance should work with other NGOs and stakeholders to ensure exposure of boys and girls to comprehensive sexuality education programmes and availability of contraceptives, also in hard to reach areas. The training of CBDAs and facility-based health workers should be expanded. This is of utmost importance to reduce teenage pregnancy.
- Young people and other community members should be informed about the negative consequences of unsafe abortion, and the YES I DO programme should stress the importance of counselling in case of unwanted pregnancy.

### Pathway 4

- The provision of financial and other forms of support for girls who have returned to school after they withdrew due to pregnancy should be continued, but vulnerable boys should also be targeted.
- Some girls fail to go back to school after they have delivered because their parents and guardians are not prepared to take care of the babies. The YES I DO programme should explore encouraging young women with children to leave their babies at community-based child care centres which are located in their communities.
- The practice of self-boarding by young people in secondary schools has proved to contribute to teenage pregnancy. Other programmes have constructed hostels where the girls are staying. The recommendation is that some hostels should be constructed in community day secondary schools to address this problem.
- The training of young people in vocational skills programmes and entrepreneurship should not only target girls but boys as well, as they also lack a source of reliable income and face hardship when migrating to South Africa.

### Pathway 5

- Government structures such as the police, health and social welfare partly fail to implement interventions aimed at addressing the problems of teenage pregnancy and child marriage due to shortage of funding. There is a need therefore for NGOs and traditional leaders to advocate for more funding to these government departments.
- There is a need for the YES I DO Alliance to effectively work with stakeholders to prevent corruption of officials.

## 5.3 Suggestions for further studies

A number of studies have been conducted since the start of the YES I DO programme. These include the overall baseline study, the Champions of Change programme baseline and midline studies, the study on initiation ceremonies and this (overall) midline study. Cultural practices and social norms take a long time to change and while there was a comprehensive study on initiation ceremonies, there is a need for this study to be continued to determine the extent to which initiation ceremonies have changed by the end of the programme in 2020. Almost all the studies which have been conducted in TA Liwonde have found that there is a lot of migration of young people from Machinga to South Africa. A comprehensive study needs to be conducted to explore issues around and the impact of migration of young people in TA Liwonde. Lastly, there are a number of interventions which are currently being implemented in TA Liwonde on economic empowerment of girls through offering trainings on vocational skills. There is a need to conduct a study to look at the impact of these interventions, especially on young women who are running businesses which initially were perceived not appropriate for women.

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## Annex 1: YES I DO programme's theory of change

