



## **POWER TO YOU(TH) - MALAWI**

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### **YOUNG PEOPLE'S PERSPECTIVES AND DECISION-MAKING REGARDING HARMFUL PRACTICES, SEXUAL AND GENDER-BASED VIOLENCE AND UNINTENDED PREGNANCY**

Results of baseline study (2021), conducted in Dedza and Machinga, Malawi



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# PREFACE

KIT Royal Tropical Institute (KIT), in collaboration with in-country research partners, is pleased to present this baseline study, as part of seven such studies conducted for the Power to You(th) programme in Ethiopia, Ghana, Indonesia, Kenya, Malawi, Senegal and Uganda. Power to You(th) is a programme that has a specific focus on harmful practices (such as initiation practices and child marriage), sexual and gender-based violence (SGBV) and unintended pregnancy. These are persistent 'key issues' on which insufficient progress has been made over the years.

As the Power to You(th) programme emphasises the power of young people (especially adolescent girls and young women) when meaningfully included in discussions and decisions, the aim of the baseline studies is to provide an understanding of adolescents' and youth perspectives regarding harmful practices, SGBV and unintended pregnancy, and their role in decision-making processes regarding these key issues. Moreover, the baseline studies provide baseline data about the voice, agency and decision-making power of young people and how social actors and state actors (through laws and policies) are contributing to positive change. Finally, this baseline study provides information about the civic space and the role of the media in these social change processes on the key issues. The baseline studies have been conducted in areas where the Power To You(th) programme started implementation activities. The main study respondents were young people aged 15–24. Youth-friendly research methods such as 'photovoice' were used to actively engage young people and amplify their voice.

The 5-year Power to You(th) programme was developed by a consortium between Amref Flying Doctors, Rutgers and Sonke Gender Justice and their country partners. The Dutch Ministry of Foreign Affairs funds the programme. The consortium strives to foster ownership at the country level, with locally formed coalitions and representation of beneficiaries in its governance. KIT and CHOICE for Youth and Sexuality are the technical partners. KIT has the role of research partner and conducted all the baseline studies and desk reviews in collaboration with in-country research partners.

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## ACRONYMS AND ABBREVIATIONS

ADC	Area development committee
CBO	Community-based organisation
CHRR	The Centre for Human Rights and Rehabilitation
COVID-19	Coronavirus disease 2019
CSO	Civil society organisation
CVA	Citizen voice and action
CYECE	The Centre for Youth Empowerment and Civic Education
DYO	District Youth Office
FGD	Focus group discussion
HIV	Human Immunodeficiency Virus
IDI	In-depth interview
KII	Key informant interview
KIT	KIT Royal Tropical Institute
LGBTQI	Lesbian, gay, bisexual, transgender, queer and intersex
NGO	Non-governmental organisation
SGBV	Sexual and gender-based violence
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
SSI	Semi-structured Interview
STI	Sexually transmitted infection
TA	Traditional authority
VDC	Village development committee

## LIST OF LOCAL TERMS

*Chimbwinda* can have three elements. First, it can describe the act of conceiving out of wedlock. Second, in the event of a premarital pregnancy of an uninitiated girl, it refers to a demand for a specific payment to chiefs. Third, the term denotes the ritual of cleansing from evil spirits (Naphambo, 2020).

*Chinamwali* is the cultural practice of female initiation among the Chewa/Yao people in Malawi.

*Chokolo* (wife inheritance) is when a widow is inherited by the younger brother of her deceased husband (Malawi Human Rights Commission, 2005).

*Gule Wamkulu* meaning 'the great dance' is an ancient practice of the Chewa people in Malawi. The dance can be traced back to at least 300 A.D. as a way for the village to communicate with their ancestors' spirits. Dancers are said to 'put on' a spirit when they put on a mask and start dancing. Initiation ceremonies for boys to transform them into adulthood are often ended with the *Gule Wamkulu* practice (Catlett, 2018).

*Jando* is circumcision. According to one initiator, there are two types of initiation ceremonies for boys: (i) *chidontoto*: this is for the Chewa, where the foreskin of the penis is cut but not the whole of it, or it is cut on one side of the penis; and (ii) *jando*, in which the whole foreskin of the penis is removed (Munthali et al., 2018).

*Kupimbira* is when girls as young as 9-years-old are offered for marriage as a form of payment of a debt incurred by their parents (Malawi Human Rights Commission, 2006).

*Kusasa fumbi* is a 'sexual cleansing' practice considered a rite of passage and performed by a paid male referred to as a 'hyena'. It is challenging to present actual statistics, as the ritual is sometimes practised in secret (Warria, 2018).

*Litiwo* is a ceremony for first-time expectant mothers; it entails counselling/advice just before first delivery. The young woman must be naked and gets advice from her mother, mother-in-law and sisters, and songs are sung in which private parts are mentioned.

*Ndakula* is for girls who start menstruation. It means 'you are now matured'. Initiated girls can do anything they want (particularly sex) because they are now grown up.

*Nsondo* is for girls aged 6–8 years and upwards. In this initiation ceremony, girls are counselled on 'the Yao way of life'.

# 1. INTRODUCTION

## 1.1 COUNTRY CONTEXT REGARDING HARMFUL PRACTICES, SEXUAL AND GENDER-BASED VIOLENCE AND UNINTENDED PREGNANCY

Malawi's National Youth Policy (2013) defines youth as persons aged 10–35 years. The 2018 National Housing and Population Census estimates that 50% of Malawi's population are youth. Malawi has, therefore, a youthful population, and this constitutes a great asset for the country. Young people have great potential to contribute to Malawi's socio-economic development. There are, however, many challenges experienced by youth, especially marginalised adolescent girls and young women. These challenges include child marriage, unintended pregnancy, sexual and gender-based violence (SGBV) and a lack of employment opportunities. These challenges threaten the contributions that youth can make to national development.

### 1.1.1 CHILD MARRIAGE

Child marriage is defined as any legal or customary union involving at least one person under the age of 18 years. The 2015 Marriage, Family Relations and Divorce Act prohibits any marriage below the age of 18. However, Malawi is among the top 20 countries in the world in terms of rates of child marriage. The 2015-2016 Malawi Demographic and Health Survey found that 46% of women aged 20–49 got married under the age of 18, a decrease from 52% in 1992 (NSO and ICF, 2017). A 2018 study found that 9% of female respondents aged 15–49 were married before the age of 15, compared to 1% of male respondents. Further, 42% of female respondents were married before the age of 18, compared to 6% of male respondents (Makwemba et al., 2019).

Child marriage is thus more of a problem for girls than boys. Studies have shown that factors such as poverty, lack of enforcement of the Marriage, Family Relations and Divorce Act and other legislation, lack of employment and educational opportunities, being forced by parents and guardians to get married, and peer pressure are the key drivers of child marriage. In Malawi, pregnancy is also a major driver of child marriage, as when a girl gets pregnant, parents and guardians marry her off to the man or boy responsible (Munthali, A. et al., 2021). There are interventions being implemented in some parts of Malawi to prevent child marriage, for example, the development and implementation of community by-laws that prohibit child marriage and encourage pregnant girls to deliver and return to school, and the provision of school fees and school materials, especially for girls who return to school.

### 1.1.2 UNINTENDED PREGNANCY

Unintended pregnancy is common among adolescent girls and young women. Approximately 44% of all pregnancies worldwide are unintended, and 56% of these unintended pregnancies end in induced abortion (Starrs et al., 2018). In Malawi, 53% of pregnancies are unintended, and 30% of these end up in abortion (Polis et al., 2017). The lack of access to modern contraceptives and comprehensive sexuality education are two of the factors that lead to unintended pregnancy (Fathalla, 2020). In Malawi, the unmet need for modern contraceptives for women aged 15–19 is high at 22%, and this increases with a decrease in wealth status (NSO and ICF, 2017). Access to contraceptives would enable them to decide when, how many, and with whom to have children. In many developing countries, there is restrictive legislation on abortion that criminalises the termination of unintended pregnancies. In Malawi, abortion is legal only if performed to save a woman's life. Other attempts to procure an abortion are punishable by 7–14 years' imprisonment (Polis et. al., 2017).

### 1.1.3 SEXUAL AND GENDER-BASED VIOLENCE

A 2014 study commissioned by the Ministry of Gender on violence against children and young women aged 13–24 years in Malawi found that almost half of all females and two-thirds of all males experienced physical violence before the age of 18. One in every five females and one in every seven males experienced at least one incident of sexual abuse. Boyfriends or romantic partners, friends and classmates were the most frequent perpetrators of first incidents of child sexual abuse. Two-thirds of females and males aged 18–24 who experienced sexual abuse before the age of 18 told someone about the incident. Regardless of the type of violence experienced, very few respondents reported that they sought professional services (Ministry of Gender, Community Development and Social Welfare et al., 2014). The 2015–2016 Malawi Demographic and Health Survey found that 21% of women aged 15–19 reported having ever experienced sexual violence at some point in their lives, and 14% had experienced it in the previous 12 months. Among those who had experienced sexual violence, 63% and 31%, respectively, reported that it had been perpetrated by their current or former husband (NSO and ISF, 2017).

Violence is also perpetrated against children and young people with disabilities: between 2014 and 2018, 148 cases of atrocities against persons with albinism were recorded in Malawi. Most of these cases were against children and young people with albinism. These atrocities were committed because of the belief that charms made of body parts of persons with albinism make people rich, provide protection against evil and cure chronic illnesses such as HIV (Amnesty International, 2018). A 2020 situation analysis of children with disabilities in Malawi found that 23% of children with

disabilities reported that they had been beaten or scolded because of their disability, with a higher proportion of males (24%) than females (22%) reporting this (Munthali, 2020).

Children and young people are also subjected to other forms of violence as part of growing up in their communities—for example, *kusasa fumbi* (sexual cleansing) among the Yao, *kulowa kufa* among the Sena in Nsanje, and *Gule Wamkulu*<sup>1</sup> in Lilongwe and other districts in central Malawi. After attending initiation ceremonies, boys and girls are encouraged to experiment with sex. If they do not undergo this, they are threatened that they will experience difficulties in childbirth, will become barren or will be sick quite often. Boys are told that they will not be able to sexually satisfy their wives. *Kusasa fumbi* puts boys and girls at risk of contracting sexually transmitted infections (STIs), including HIV, and falling pregnant (Banda and Kunkeyani, 2015). *Kulowa kufa* involves giving a widow a man to have sex with to cleanse the deceased husband's spirits. It is not only widows who are involved in this practice: if a girl has an abortion, she also undergoes *kulowa kufa*, which, as is the case with *kusasa fumbi*, enhances the transmission of STIs, including HIV, and puts girls at risk of falling pregnant. In central Malawi, boys are introduced to the practice of *Gule Wamkulu* practice before the age of 18; while they are taught to respect their parents and other elders, in some cases they are beaten during the initiation ceremony, thus violating their rights (Munthali, 2017).

## 1.2 POWER TO YOU(TH) IN MALAWI

Power to You(th) is a five-year programme (2021–2025) being implemented in seven focus countries: Ethiopia, Ghana, Indonesia, Kenya, Malawi, Senegal and Uganda. The Malawi in-country Power to You(th) alliance is led by the Centre for Human Rights and Rehabilitation (CHRR), the Centre for Youth Empowerment and Civic Education (CYECE) and Youth Wave.

The overall strategic programme objective of Power to You(th) in Malawi is to contribute to more adolescent girls and young women from underserved communities being meaningfully included in all decision-making regarding harmful practices, SGBV and unintended pregnancy. The vision of the Power to You(th) consortium is that adolescent girls and young women from underserved communities make informed choices, enjoy their sexuality and are free from harmful practices in a gender-equitable and violence-free society. This requires innovative intervention strategies which address unintended pregnancy, harmful practices and SGBV in a combined and

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1. *Gule Wamkulu* meaning 'the great dance' is an ancient practice of the Chewa people in Malawi. The dance can be traced back to at least 300 A.D. as a way for the village to communicate with their ancestors' spirits. Dancers are said to 'put on' a spirit when they put on a mask and start dancing. Initiation ceremonies for boys to transform them into adulthood often end with the *Gule Wamkulu* practice (Catlett, 2018).

holistic manner. The programme has four strategic goals, which are each realised via different pathways of change:

1. Young people demand accountability and responsiveness to harmful practices, SGBV and unintended pregnancy.
2. Civil society organisations (CSOs) amplify young people's voices to claim, protect and expand civic space.
3. Societal actors support and promote youth rights and progressive social norms.
4. State actors improve policymaking, budgeting and implementation on harmful practices, SGBV and unintended pregnancy.

### 1.3 STUDY OVERVIEW

This baseline study is part of a broader baseline assessment for the start of the Power to You(th) programme in Malawi. Its goal is to inform the Power to You(th) programme design and strategy. The baseline studies will inform the validation of the programme's theory of change and potential (additional) adjustments to adapt the theory of change to each country's context where needed. The baseline studies are meant to provide a situational analysis of the focus areas of the programme and will provide insights that can be incorporated into the design and/or adaptation of programme interventions.

## 2. STUDY OBJECTIVES

### 2.1 OVERALL GOAL OF THE RESEARCH

The main purpose of this baseline study is to provide a comprehensive understanding of adolescents' and young people's perspectives (knowledge, attitudes, priorities and demands) regarding harmful practices, SGBV and unintended pregnancy, and their role in decision-making processes regarding these issues in Malawi.

### 2.2 SPECIFIC OBJECTIVES OF THE RESEARCH

- To understand adolescents' and young people's perspectives on harmful practices, SGBV and unintended pregnancy, and whether and how they take action to prevent these issues.
- To assess the (meaningful) engagement of adolescents and young people in lobbying and advocacy, policymaking and community activities on harmful practices, SGBV and unintended pregnancy, which factors influence this, and how.
- To explore the norms and attitudes of community members to the rights of young people, harmful practices, SGBV and unintended pregnancy, to what extent they take action to prevent these issues, which factors influence this, and how.
- To examine the development and implementation of laws and policies addressing harmful practices, SGBV and unintended pregnancy and ensuring young people's rights.
- To assess the civic space available to influence decision-making around harmful practices, SGBV and unintended pregnancy, media trends and the use of evidence in related lobbying and advocacy.

### 2.3 SCOPE OF THE STUDY

The Power to You(th) baseline study was conducted in Traditional Authority (TA) Tambala in Dedza in the centre of the country and TA Kapoloma in Machinga in the south of Malawi. The choice of district and TA was made with the guidance of the District Council in each district. The baseline study focused on harmful practices (e.g. child marriage and initiation ceremonies), unintended pregnancy and SGBV, and explored meaningful participation of adolescents and young people in dealing with these issues. Since female genital mutilation/cutting is hardly ever practised in Malawi, the baseline study did not look at this practice.

## 3. METHODOLOGY

### 3.1 DATA COLLECTION METHODS

#### 3.1.1 DOCUMENT AND LITERATURE REVIEW

A comprehensive review of the literature (Chatterjee O., Kusters L. 2021) was conducted to provide a general scope of the situation of harmful practices, SGBV and unintended pregnancy in Malawi. This component of the study also included a review of programmatic evidence and lessons learned related to the different pathways of change of the Power to You(th) theory of change, with a focus on recent advocacy programmes. Both grey and scientific literature were reviewed, including national policies, legislation and strategies related to child marriage, SGBV, and unintended pregnancy.

#### 3.1.2 QUALITATIVE DATA COLLECTION

##### **In-depth interviews**

In-depth interviews (IDIs) were conducted with adolescent girls aged 15–19 and young women aged 20–24, including both adolescents and young people who have/have not been engaged with CSOs or other structures (e.g. youth activists, young leaders or members of youth clubs or youth-led organisations). These interviews focused on obtaining in-depth insights and participants' perspectives on harmful practices, SGBV and unintended pregnancy, experiences in responding to or addressing these issues and how they perceived their engagement and decision-making space.

##### **Focus group discussions**

Focus group discussions (FGDs) were conducted with groups of adolescent boys and girls (aged 15–19), young women and men (aged 20–24), and groups of parents or caregivers. These FGDs provided information about joint or diverging views on harmful practices, SGBV and unintended pregnancy, as well as youth roles and rights, community norms and values around these topics, and multiple experiences or examples of responses and attitudes to these harmful practices. The FGDs also provided rich insights into the roles, voices and decision-making spaces of young people within the household, family and community.

##### **Semi-structured interviews with young adolescents aged 10–14**

An age-appropriate semi-structured interview (SSI) guide was used to elicit views on unintended pregnancy and child marriage among four adolescent girls and boys aged 10–14 years. They were also asked about their involvement in decision-making



at home, school and in the community. Given the age of these participants, child-centred methods were used for data collection such as vignettes and game-based methodologies.

### **Photovoice**

Photovoice was used as it is an empowering method through which young people were able to express themselves on matters that are important in their daily lives. Photovoice was conducted with purposefully selected girls and boys (aged 15–19) and young women and men (aged 20–24). On the first day, the participants were taken through the research method, its purpose and the consent procedures, and were taught how to use the camera. The participants were then left with the camera for three days and asked to take pictures of matters important to them in their daily lives. After taking the photos, participants shared their insights on the pictures they had taken and selected their favourites.

Semi-structured and key informant interviews (KIIs) with social and state actors Through these interviews, the study collected insights into the views of local authorities, and policy- and lawmakers, service providers such as health/social workers and teachers, religious, traditional and opinion leaders, role models and community champions, and young people and parents/caregivers regarding harmful practices, SGBV, unintended pregnancy and youth (participation) rights. Interviews with CSO representatives explored the level of civic space and the role of the media.

### **3.1.3 QUANTITATIVE DATA COLLECTION**

A questionnaire was administered to girls and boys (aged 15–19) and young women and men (aged 20–24) who are engaged/not engaged with CSOs or other relevant youth structures in each TA. The survey aimed to generate quantitative data on how adolescents and youth rate their current type and level of engagement and decision-making around initiatives on harmful practices, SGBV and unintended pregnancy. The survey focused on generating quantitative evidence on variables related to the research objectives 1–3. The survey was developed based on validated tools such as the Global Early Adolescents Study (WHO, 2014; Zimmerman et al., 2019), the attitudes to gender norms as defined in the gender-equitable men (GEM) scale developed by MEASURE Evaluation (Promundo, 2003), and previous surveys from related programmes such as ‘Yes I Do’ and ‘Get Up, Speak Out.’ Data were collected electronically using ODK.

An online civic space survey was conducted to gain more insight into the enabling environment for advocacy in Malawi, such as the perceived level of freedom of speech

and association, use and influence of the media, and the safety and security of those working on Power to You(th) core issues. The survey also aimed to provide some further details on advocacy priorities and strategies of advocates. This online civic space survey was conducted among conveniently sampled CSOs connected to the Power to You(th) programme using SurveyMonkey. Most of the respondents to this online survey were CSO advocates and other youth advocates working on harmful practices (child marriage and FGM/C), SGBV and unintended pregnancy with first-hand experience of lobbying and advocacy.

The Power to You(th) country team in Malawi provided the email addresses of CSOs and youth advocates to the research team, and also forwarded the survey link to potential respondents.

### 3.2 SAMPLING AND RECRUITMENT OF PARTICIPANTS

This baseline study focused on in- and out-of-school youth. The research teams were given a list of youth clubs and schools, and the contacts of club representatives in the two TAs, after which they visited these areas with the Centre for Human Rights and Rehabilitation (CHRR) prior to the training of research assistants. Using this information, the research teams were able to contact the representatives of youth clubs and head teachers, and schedule meetings with respondents. The representatives were not only helpful in identifying members of their clubs but also in identifying other respondents who were not members of any youth structure.

**Table 1: Overview of methods and number of participants**

Method	Participants	Number of participants	Total
IDIs	Adolescent girls (15–19) Adolescent boys (15–19) Young women (20–24) Young men (20–24)	12 (8 engaged in youth structures and 4 not engaged in any structure)	12
Surveys	Adolescent girls and young women (15–24) Adolescent boys and young men (15–24)	Machinga (422, 49.7%) Dedza (427, 50.3%)	(849)

FGDs	Adolescent girls (15–19) Adolescent boys (15–19) Young women (20–24) Young men (20–24) Parents/caregivers (mixed)	8 (2 groups) 8 (2 groups) 8 (2 groups) 8 (2 groups) 8 (2 groups)	80
SSIs (social actors)	Adolescent boys (10–14) Adolescent girls (10–14) Mothers and female caregivers Fathers and male caregivers Teachers Health workers Religions and traditional leaders Champions/youth activists	4 4 2 2 2 2 6 2	24
Semi- structured KIs (state actors)	Ministry of Health Policymakers District Social Welfare Officer District Youth Officer Police CSO representatives Lawmakers Magistrates	2 2 2 2 2 5 2 2	19
Online civic space survey	CSO advocates and 'youth' advocates	43	43

### 3.2.1 SURVEY RESPONDENT RECRUITMENT

Survey respondents were sampled from youth clubs in the two selected TAs. Purposeful sampling was used as no sampling frame with the total number of CSO members was available. In Dedza, the District Youth Office (DYO) and CHRR identified 24 active youth clubs in TA Tambala out of the 42 youth clubs that existed in the area. Sixteen of the 24 youth clubs were sampled. In Machinga, the DYO and CHRR identified 11 youth clubs in TA Kapoloma. All youth clubs in Machinga were sampled.

In each TA potential respondents were contacted and asked to meet researchers at a convenient place, usually their youth club meeting space. Club members were contacted by chairpersons, while head teachers of schools assisted in identifying in-school survey participants.

### 3.2.2 QUALITATIVE PARTICIPANT RECRUITMENT

Participants in the qualitative component of the study were purposefully selected by the research team with the support of the Power to You(th) consortium, other key stakeholders, and community representatives such as youth club chairpersons. Recruitment of IDI, SSI, FGD and photovoice participants was mainly conducted through clubs with higher numbers of members. Youth clubs also assisted in identifying parents for FGDs with parents. During study site visits, the team noted which CSOs were most commonly mentioned, and this information was used to identify potential state and non-state actors study participants. For each type of interview, the following criteria were used:

- **IDIs** were held with girls and boys (aged 15–19) and young women and men (aged 20–24) either engaged or not engaged in CSOs or other (youth) structures.
- **SSIs and FGDs** were held with female and male adolescents and youth, as well as parents and caregivers. For adolescents and youth, we took into consideration a range of age groups: 10–14 (SSI only), 15–19 and 20–24.
- Social and state actors were selected for **KIIs** based on their (active) role in initiatives (policymaking, service provision, advocacy, programme implementation, community activities) addressing harmful practices, SGBV and unintended pregnancy, and their possible involvement in the Power to You(th) programme interventions. They were identified in consultation with local partners and based on the knowledge of the research team regarding their roles at local or district level.

### 3.2.3 SOCIO- DEMOGRAPHIC INFORMATION

A questionnaire-based survey was conducted with a total of 849 young people, as shown in Table 2. The percentage of female respondents was slightly higher (51%) than male respondents (49%). There were more adolescent respondents aged 15–19 than youth respondents aged 20–24, and overall more were Christian (56%) than Muslim (43%). In Machinga, however, there were more Muslim respondents (68%) than Christian respondents (32%). In Dedza, respondents from the Chewa tribe were in the majority (74%), followed by the Yao (17%). In Machinga, the Yao were in the majority (60%), followed by the Lomwe (29%) and then the Chewa (9%). In terms of marital status, 82% of respondents were single. In Dedza, 86% of respondents were single, whereas in Machinga this was the case for 78%. In Machinga, 18% of respondents were married, compared to 11% in Dedza. Further, 7% of respondents in both districts had a disability.

**Table 2: Demographic characteristics of the survey respondents**

Demographic characteristics		Machinga		Dedza		Total	
		N	%	N	%	N	%
Gender	Boy/man	210	49.8	203	47.5	413	48.6
	Girl/woman	212	50.2	224	52.5	436	51.4
	Total	422	100.0	427	100.0	849	100.0
Age group	20–24 years	198	46.9	205	48.0	403	47.5
	15–19 years	224	53.1	222	52.0	446	52.5
	Total	422	100.0	427	100.0	849	100.0
Religion	Atheism/none	0	0.0	4	0.9	4	0.5
	Traditional/indigenous religion	0	0.0	6	1.4	6	0.7
	Islam	287	68.0	75	17.6	362	42.6
	Christianity	135	32.0	342	80.1	477	56.2
	Total	422	100.0	427	100.0	849	100.0
Tribe	Other	8	1.9	0	0.0	8	0.9
	Lomwe	121	28.7	6	1.4	127	15.0
	Ngoni	4	0.9	30	7.0	34	4.0
	Yao	250	59.2	72	16.9	322	37.9
	Tumbuka	2	0.5	3	0.7	5	0.6
	Tonga	0	0.0	1	0.2	1	0.1
	Chewa	37	8.8	315	73.8	352	41.5
	Total	422	100.0	427	100.0	849	100.0
Marital status	Single/never married	331	78.4	366	85.7	697	82.1
	Widowed	0	0.0	1	0.2	1	0.1
	Divorced/separated	16	3.8	13	3.0	29	3.4
	Married	75	17.8	47	11.0	122	14.4
	Total	422	100.0	427	100.0	849	100.0

For the online civic space survey, 43 respondents initially started the survey, but only 28 respondents answered all questions. Of the 38 respondents who indicated their gender, 23 were female and 15 were male. Six respondents were over the age of 35, and 26 were quite evenly spread between the ages of 22 and 35.

### 3.3 DATA ANALYSIS

#### 3.3.1 QUANTITATIVE DATA ANALYSIS

Survey data were collected using tablet computers. At the end of each day, data were uploaded to a secure server after being checked by team supervisors. At the end of data collection, data were then extracted from ODK data collect and ODK aggregate and analysed using SPSS/Stata. Descriptive statistics, percentages and frequency tables were used to present the results of the main variables, including disaggregation by gender and age group.

#### 3.3.2 QUALITATIVE DATA ANALYSIS

During data collection, daily review meetings were held to identify emerging themes, completeness of work, and any inconsistencies or concerns. Interviews and FGDs, including discussions related to photovoice, were digitally recorded and transcribed in English. Thematic analysis of the data was carried out using a comprehensive thematic matrix based on the theory of change and the research objectives. Nvivo software supported the analysis of qualitative data.

### 3.4 STUDY LIMITATIONS

The study findings cannot be generalised to the whole of Malawi since the study focused on specifically selected TAs from the districts where the Power to You(th) programme is active. However, both TAs and their contexts can provide relevant information for other TAs in both districts and other districts. The study was designed to inform the start-up of the Power to You(th) programme and not as a robust baseline assessment to measure impact over the programme's lifetime.

Although the research team wanted to reach a diversity of young people as the main respondents, only 7% of the survey respondents in Machinga and Dedza had disabilities. Therefore, specific insights and perspectives of young people with disabilities were limited. Using a sampling method through youth structures could have influenced this number; if they are already excluded from existing structures, they will also be excluded from the sampling.

### 3.5 ETHICAL CONSIDERATIONS

Ethical approval to conduct this study was obtained from the KIT Research Ethics Committee and the University of Malawi Research Ethics Committee.

## 4. KNOWLEDGE ABOUT CHILD MARRIAGE, SGBV AND UNINTENDED PREGNANCY, AND DECISION-MAKING ON THESE ISSUES

### 4.1 YOUNG PEOPLE'S DREAMS AND ASPIRATIONS WERE ABOUT HAVING A CAREER

In Dedza and Machinga, participants in FGDs and interviews expressed aspirations to be entrepreneurs, teachers, health care workers and soldiers. They were mostly motivated by the achievements of others from their communities who had such careers. Those who were out of school and aged 15–24 were more likely to express aspirations to become entrepreneurs, while those in school, in all age groups, mostly discussed white-collar jobs. Respondents discussed a lack of financial capital, lack of money to pay school fees, unintended pregnancy, a lack of support from parents/ community, gender inequality, peer pressure, poverty and child marriages as the main barriers to achieving these goals.

### 4.2 KNOWLEDGE AND OPINIONS ABOUT SRHR, SGBV, CHILD MARRIAGE, UNINTENDED PREGNANCY AND INITIATION CEREMONIES.

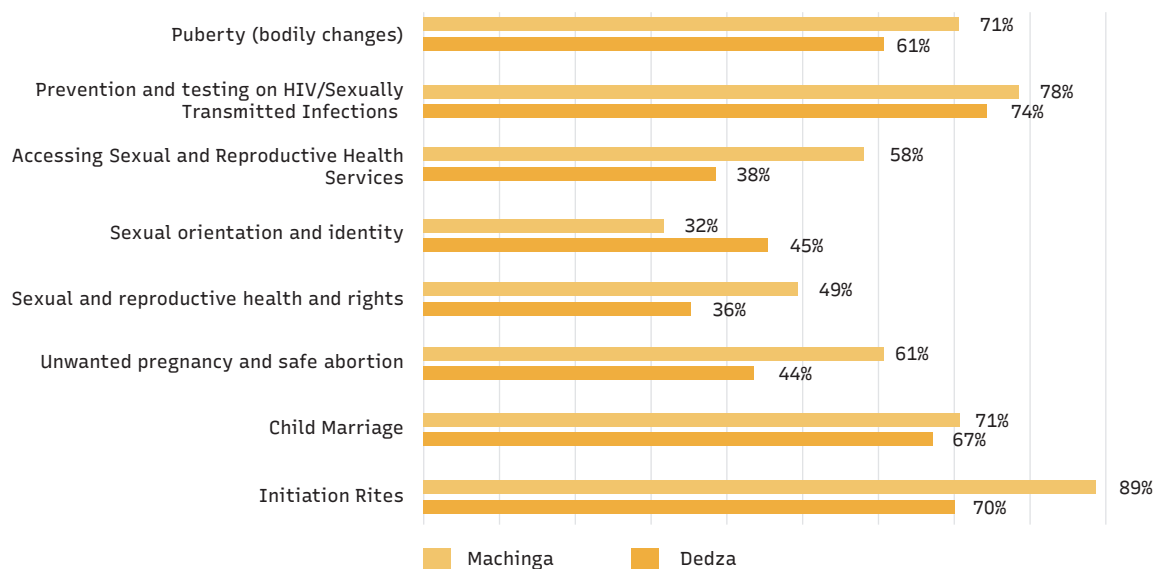
#### 4.2.1 LIMITED KNOWLEDGE ABOUT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

In both districts, survey respondents felt most informed on topics of initiation rites, prevention and testing of HIV/STIs, puberty and child marriages. In Dedza, respondents felt least informed about sexual and reproductive health and rights (SRHR) and accessing sexual and reproductive health (SRH) services, as shown in Figure 1. In Machinga, respondents felt least informed about SRHR and sexual orientation and identity.

Not surprisingly, young people aged 20–24 felt more informed on all topics than adolescents (15–19 years). The biggest difference was visible in adolescents' and young persons' perceived knowledge around family planning and contraceptives and accessing SRH services. Twenty-three per cent (23%) more youth respondents (20–24 years) in Dedza felt informed about family planning, and 21% more youth respondents felt informed about accessing SRH services. In Machinga, this difference was even higher: 30% more youth felt knowledgeable about family planning and contraceptives, and 24% more on accessing SRH services, than adolescents.



**Figure 1: Adolescents and youth who feel informed about the different SRHR topics in Machinga (n=422) and Dedza (n=427)**



Another notable finding was that female respondents in Machinga felt more knowledgeable than male respondents about all the SRHR topics mentioned, except for initiation rites. The biggest difference identified between them was on three topics. Thirty-three per cent (33%) more female respondents than male respondents felt knowledgeable about menstrual hygiene, 31% more about sexual orientation and identity, and 21% more about communication and decision-making skills. In Dedza as well, female respondents felt more knowledgeable than males on quite a number of topics, although not with regard to child marriage, STI/HIV, accessing SRH services or initiation rites. Male respondents felt more knowledgeable about these topics in comparison to the female respondents. In Dedza, the biggest felt knowledge gap between males and females was on the topic of menstrual hygiene, where 29% more female respondents felt knowledgeable than male respondents. The second topic was initiation rites, where 16% more male respondents felt knowledgeable than female respondents. For the rest, there was not such a big knowledge gap between male and female respondents in Dedza.

The main sources of information on SRH in both districts were reported to be friends and nurses/health care workers. In Dedza, 51% of respondents said that nurses/health care workers were one of their top three sources of information, while in Machinga 38% of respondents reported this. In Machinga, however, respondents obtained more information from friends (44%) than in Dedza (33%). More males than females accessed information from health care workers and friends in both districts. In Dedza, 63% of the male and 51% of the female respondents claimed that their first source of



information were nurses and health care workers, while in Machinga this was the case for 62% of the male and 47% of the female respondents.

Respondents were also asked where they would prefer to get SRH information. In both Dedza and Machinga, respondents preferred to get information from youth clubs and nurses/health care workers. In Dedza and Machinga, 41% and 49% of respondents, respectively, preferred youth clubs. In Dedza, 47% of respondents preferred nurses/health care workers, while in Machinga this figure was 32%. There were no major differences in preferences by gender or age. The respondents in both districts also preferred to get information from the radio. In Machinga, 80% of the female and 69% of the male respondents preferred the radio, while in Dedza, 75% of the female and 78% of the male respondents preferred the radio. In terms of age, there were no major differences in either district.

In Machinga and Dedza, the respondents felt most supported by nurses/health care workers and other family members to access sexuality education and SRH services. In Dedza, more female respondents (58%) felt supported by nurses/health care workers than male respondents (30%), while in Machinga, there was no difference by gender or age.

The largest gaps between preferred and actual sources of information were seen for youth clubs in both districts, where more respondents selected youth clubs as one of their preferred sources of information than as their actual sources. This indicates that many respondents would like to get SRHR information from youth clubs but are not currently doing so. This was also the case to a lesser extent for social media/the Internet in both districts. In Machinga, more respondents indicated that teachers and friends were current sources of information than respondents who indicated them as preferred sources (indicating that they currently get their information from these sources, even if this would not be their preference).

#### 4.2.2 CAUSES OF CHILD MARRIAGE ARE WELL KNOWN

The legal age of marriage for girls (as well as boys) in Malawi is 18 years. Table 3 shows the percentage of respondents who knew the legal minimum age of marriage for girls. It shows that the majority knew this minimum age. There were no major differences by gender or age in either district.

**Table 3: Knowledge about the legal age of marriage for girls**

	<b>Machinga</b>	<b>Dedza</b>	<b>Total</b>
Females	73.2% (n=153)	77.7% (n=174)	<b>75.0% (n=327)</b>
Males	71.9% (n=151)	74.4% (n=151)	<b>73.1% (n=302)</b>
<b>Total</b>	<b>72.0% (n=304)</b>	<b>76.1% (n=325)</b>	<b>74.1% (n=629)</b>

Considerably fewer respondents (10%) knew the correct minimum legal age of marriage for boys. More males (15%) than females (6%) knew the legal age of marriage for boys. In general, respondents incorrectly thought that the age of marriage for boys was several years higher than the real legal minimum; the mean age guessed was around 21 years in both districts for both genders.

Culturally, most participants in FGDs and interviews indicated that girls in both districts could get married when they reached puberty, which is from the age of 10–16. Participants said that when girls started menstruation, they were considered old enough for marriage. Most informants who acknowledged the practice of child marriage in both districts indicated that the main reason for child marriage was poverty. Girls are mostly married off at a younger age to rich men for financial and material support for the girls' family. During an FGD, young men discussed the pressure facing parents:

*"It is so because parents force their daughters to get married. They even say that 'if you will not abide by my commandment, then go elsewhere and live not at my house! So, this puts girls under pressure. Then they resort to getting married. The problem is being forced. After parents see that the young man is rich, they prefer their daughter to get married to that boy or young man. The end result, pregnancy and child marriage set in."* (P1, FGD with young men 20–24 years, Machinga)

Other reasons mentioned for child marriage were peer pressure and the sexual cleansing initiation practice. In Dedza, child marriage was mentioned as a reason to protect girls, as there had been many rape cases in the community. According to one 14-year-old girl, child marriage is a precaution against being raped.

Regarding prevention of child marriage, participants from both districts said that there were stakeholders who were involved in ending child marriage. These stakeholders include CSOs, community leaders and youth clubs. A key informant in Dedza indicated that in addition to dissolving child marriages, they had introduced a sports development programme as a platform for youth to voice their opinions and empower them on their rights and potential. This key informant also said that this platform

helped youth understand that there was more to life than getting married at a young age.

Participants also indicated that by-laws were preventing child marriages in some communities. According to a key informant in Dedza, cases of child marriage are decreasing as a result of these by-laws.

#### 4.2.3 SGBV IS MOSTLY REGARDED AS UNACCEPTABLE, BUT HAPPENING A LOT

In the qualitative component of the study, participants were asked about the different forms of violence they knew of. Most participants mentioned forced marriage, rape and defilement as forms of violence prevalent in both districts. In a FGD with young women in Machinga, participants stated that there were two types of rape:

*“Okay, the rape is in two forms, like a woman who is married and being forced by the husband to have sex while the woman does not want; the second rape, a young person who is in school, so the men in the community, or even her father raping her.”* (FGD with young women 20–24 years, Machinga)

Other forms of domestic violence were also mentioned by some participants. They claimed that this often occurs due to large age gaps between husbands and wives. This was sometimes attributed to child marriage, which usually results in women being much younger than their husbands. One other suggested reason for domestic violence was drug and substance abuse among men.

While not all forms of child labour are necessarily considered SGBV, participants frequently mentioned child labour in both Machinga and Dedza. They indicated that because of poverty and a lack of knowledge about where to report to legal authorities, boys and girls were vulnerable to child labour. They also linked this to children dropping out of school while very young, resulting in illiteracy.

Most survey respondents in both districts agreed that various forms of sexual harassment or abuse were unacceptable. Overall, only 6% of respondents agreed that any one of the listed forms of sexual violence were acceptable. Figure 2 shows more specifically the statements that were read to all respondents in relation to sexual abuse: 1) It is okay to touch someone’s private parts/genitals without asking them; 2) It is okay to whistle or make sexual remarks about someone; 3) It is okay to force or pressure a person to have sex; and 4) It is okay for a husband to force his wife to have sex without her consent.

**Figure 2: Opinions about different forms of sexual abuse**

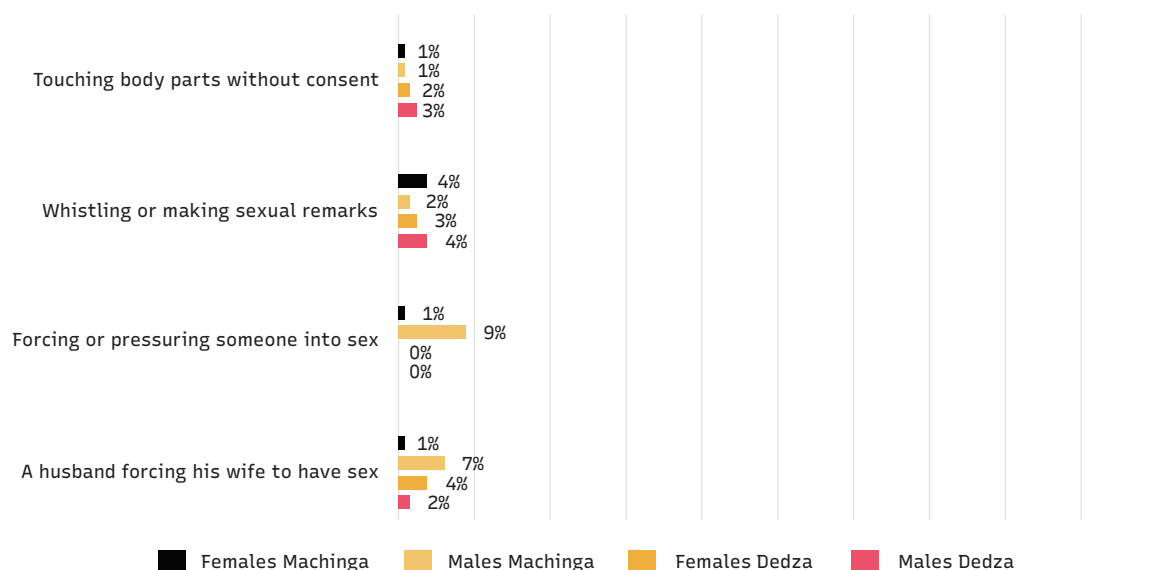


Figure 2 shows that none of the respondents in Dedza agreed that it is generally acceptable to force or pressure someone into sex. This was, however, not the case within marriage, with 2% of male and 4% of female respondents in Dedza viewing this form of SGBV as acceptable. The highest level of acceptance of any form of SGBV among male respondents in Machinga was for forced sex within marriage perpetrated by husbands (7%). The highest level of acceptance among female respondents in Machinga was for whistling or making sexual remarks (4%). This was also the case for males in Dedza.

From the qualitative and quantitative data, it is clear that sexual abuse and rape are very common in both districts. Nearly half of all respondents claimed to know someone who had been sexually abused (53% in Dedza and 47% in Machinga). In Dedza, more female respondents (65%) than male respondents (40%) knew someone who had been sexually abused. In Machinga, more youth respondents (52%) than adolescent respondents (37%) knew someone who had been sexually abused. Besides cases of rape of girls and women of all ages, some participants in both districts also said that there were some cases of boys being harassed or raped by older women:

*"Rape is in several structures, like a boy you are 18 or 19 even 20 years old, you are in school and other women are interested to sleep with you, this is also violence." (P3, FGD with young men 20–24 years, Dedza)*

Victim-blaming was also widely apparent: for example, many participants indicated that girls dressing 'indecently' was the reason why they were raped. Participants also expressed concerns about overnight parties held in communities, as these were viewed as settings in which sexual violence often occurred. A key informant also expressed concerns over traditions and culture (including moral 'decay') that contribute to the prevalence of rape in these communities:

*"SGBV is becoming rampant in TA Tambala, because of culture or moral decay whereby men/boys are now acting like wild animals and somehow, we can say that there are more cases of defilement because most of the girls are not dressing properly. Sometimes young girls are exposing themselves to perpetrators of SGBV because of poverty."* (NGO worker, Dedza)

In both Dedza and Machinga, survey respondents thought that the most effective ways of preventing sexual abuse were by dressing appropriately/modestly and not travelling alone (or at night). In Machinga, there were no major differences in these two responses by gender or age. However, in Dedza, there were noticeable differences by gender, with more female respondents talking about dressing properly or modestly (67%) and not travelling by themselves or at night (37%) than male respondents (33% and 13%, respectively).

When asked who the most common victims of SGBV were, participants in both districts indicated that it was mostly girls and women. They also specified that girls who dropped out of school and who were not engaged in youth clubs were more vulnerable to SGBV, because they lacked information about it. A few participants also indicated that it was (even more) difficult for boys who were being sexually abused to disclose this because of the shame associated with being the victim of this form of SGBV.

There are a variety of stakeholders in both districts that are helping to prevent SGBV. Non-governmental organisations (NGOs), chiefs, the police, victim support units and youth clubs all play a role in ending SGBV in their communities. Participants also indicated that there were by-laws in communities which helped to tackle SGBV. Most participants received information about SGBV through the radio. In-school participants mentioned school as a source of information, while those who were youth club members mentioned youth clubs. Hospitals, churches, videos and television were also mentioned by a few participants in both districts.

## 4.2.4 UNINTENDED PREGNANCY

### 4.2.4.1 KNOWLEDGE ABOUT MODERN CONTRACEPTIVE METHODS

Most respondents (92%) had knowledge of (at least one type of) modern contraception. However, as can be observed in Table 4, female respondents from Machinga were less informed than other respondents.

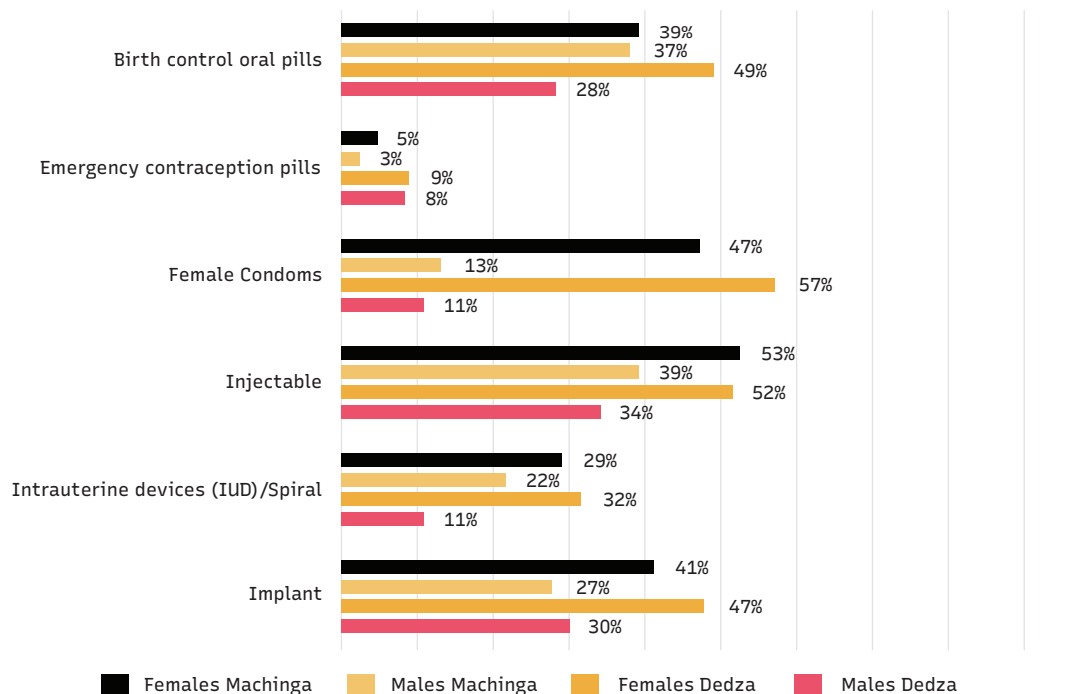
**Table 4: Knowledge about modern contraceptive methods in Machinga and Dedza**

	<b>Machinga (n=406)</b>	<b>Dedza (n=413)</b>	<b>Total (n=819)</b>
<b>Percentage and number of young people who know of a modern contraceptive method</b>			
Females	85.9% (n=182)	93.3% (n=209)	<b>89.7% (n=391)</b>
Males	97.1% (n=204)	93.1% (n=189)	<b>95.2% (n=393)</b>
Other	91.5% (n=386)	93.2% (n=398)	<b>92.3% (n=784)</b>
<b>Total</b>	<b>72.0% (n=304)</b>	<b>76.1% (n=325)</b>	<b>74.1% (n=629)</b>

In both districts, respondents were by far the most familiar with male condoms, followed by abstinence and injectables, as methods to prevent pregnancy. In Dedza, knowledge about male condoms was lower among female respondents (86%) than among male respondents (98%).

Female respondents had more knowledge than male respondents about modern contraceptives controlled by females (see Figure 3). This gender gap is especially visible in Dedza. The biggest difference is visible in knowledge about female condoms in both districts: 57% of the female and 11% of the male respondents reported knowing about female condoms in Dedza, while in Machinga the percentages were 47% and 13%, respectively.

**Figure 3: Knowledge of female controlled contraceptive methods in Dedza and Machinga**



#### 4.2.4.2 OCCURRENCE OF UNINTENDED PREGNANCY IS HIGH

In this study, participants from Dedza and Machinga reported that unintended pregnancies happened quite often:

*“Here in Machinga I would say that the situation is very bad because a lot of girls are reported to be getting pregnant—say by the age of 17, the majority of girls here in Machinga are reported to have children of their own.”* (Key informant, CSO-4, Machinga)

A few informants in Machinga—for example, a champion of change and a traditional leader— claimed that the number of cases was decreasing slightly due to community by-laws and interventions implemented by organisations such as Ujamaa. Informants further claimed that teenagers who are not part of any youth structure and those who drop out of school were most likely to become pregnant unintentionally, because they do not know how to prevent this. Both in Dedza and Machinga, girls were said to become pregnant most commonly after the onset of puberty, around 14–16 years of age. Cases of girls aged 12 and 13 getting pregnant were also discussed; however, such cases were said to be rare.



#### 4.2.4.3 CAUSES OF UNINTENDED PREGNANCY ARE MULTIPLE AND INTERTWINED

In both Dedza and Machinga, participants in IDIs, FGDs and KIs mentioned several factors that contribute to unintended pregnancy. These include poverty, peer pressure, rape, lack of parental guidance, initiation ceremonies, lack of correct information on SRH, and misconceptions around modern contraceptive methods.

Some young people in Dedza and Machinga viewed unprotected sex as a means of obtaining money and other necessities. Many young people come from households that are unable to provide for their basic material needs due to poverty. These young people may not have access to money needed for school fees, toiletries, and/or funds with which to start businesses. This makes them more likely to enter into transactional sexual relationships with those (often older men) who they then rely on for financial support. Poverty and peer pressure are also linked. For example, pressure to engage in transactional sex may be greater if young people perceive this to be a way of obtaining material goods that their friends have access to and are considered socially desirable. The power imbalances often inherent to such transactional relationships can put girls and young women at higher risk of unprotected sexual activity, and therefore unintended pregnancy. During a photovoice session, a young woman explained some of the causes of unintended pregnancy in Machinga:

##### **Photovoice by young women (20–24 years) in Machinga**





*“For a young girl to get pregnant, while living with parents, the child may be going to school up to primary 6, 7 or 8. When she sees that her parents are not capable of providing for her, she goes out and associates with boys to get her needs (money) and eventually gets pregnant unintentionally.”* (P5, photovoice with young women 20–24 years, Machinga)

Most study participants also suggested that parents and guardians fail to adequately and responsibly care for their children. In a FGD with parents in Dedza, participants claimed that most parents/guardians no longer provide positive guidance to their children, which they felt causes a reliance on (often negative) peer influence/advice. They suggested this leaves young people at higher risk of unintended pregnancy. They also claimed that parents were too lenient with their children, for example allowing girls (in particular) the freedom to leave home late at night, which participants suggested makes them ‘targets’ for men. During a photovoice session with women aged 20–24 in Machinga, there was a general perception that a lack of discipline on the part of young people was also to blame; participants felt that some other young people do not listen to their parents, even those who do provide advice. These young people were characterised as disrespectful, stubborn and unruly and more likely to engage in unprotected sex.

Another frequently mentioned contributing factor was (certain aspects of) initiation ceremonies. Young people, especially the Yaos in Dedza and Machinga, undergo *Ndakula* and *Jando* ceremonies. During these ceremonies, young people are advised on different issues, including those related to sex. Initiates are advised to experiment with sex to see if they have understood the teachings, and as part of graduating from the camp. Participants suggested that this can lead to unintended pregnancies. In Machinga, a CSO representative mentioned that the practice of *chimwa mazira* also contributes to unintended pregnancy. This is a practice whereby fathers are encouraged to have sex with their daughters as a way of preventing the father from having extramarital affairs.

*“Here in Machinga we have some cultural beliefs which are also fuelling this [unintended pregnancy]. There is what they call ‘chimwa mazila’, whereby when the husband wants to get a second wife then the wife offers her daughter to the husband instead of letting the husband go and marry a second wife somewhere else. The girl could be a stepdaughter to the husband or even his own daughter. Now normally the girls that are being offered to the husbands are young, say 15 or so, and end result is pregnancy whilst still young.”* (Key informant, CSO, Machinga)

Misconceptions also contribute to young people’s reluctance to use modern contraceptive methods (e.g. injectables, oral contraceptive methods). Participants

in FGDs, KIs, IDIs and photovoice sessions very often mentioned that modern contraceptive methods such as Norplant, Jadelle, pills and intrauterine devices had side-effects and promoted promiscuity. The side-effects mentioned included cervical cancer, blood clotting and infertility. They also claimed that these methods were not suitable for those who are not married or who have not yet given birth. This might partly explain the strong preference among study participants for abstinence and condoms as methods of preventing unintended pregnancy. In addition, religious leaders also had reservations about the use of contraceptive methods. They claimed that the Bible and the Quran prohibit sex outside marriage, and young people should therefore abstain.

*"...I think giving young girls contraceptives would not help to eliminate or reduce occurrences of teenage pregnancies, because this is just the plan of the devil to encourage young people to practise sex; but we need to encourage children to go to church in order for them to grow spiritually and have self-control or discipline." (FGD with parents, Dedza)*

#### 4.2.4.4 PREVENTION OF UNINTENDED PREGNANCY: ABSTINENCE, CONDOMS AND HAVING SOMETHING TO DO

Informants were asked what they thought could help girls/young women avoid unintended pregnancy. Most mentioned that abstinence was the best way to prevent pregnancy among adolescents, adding that if they wanted to have sex, they should use condoms. Some participants added that to prevent girls/young women from becoming pregnant unintentionally, there is a need to offer them business capital and other extracurricular activities such as youth structures or madrasa lessons. They linked sexual activity (and related unintended adolescent pregnancies) to boredom on the part of young people, and a lack of productive or positive activities available to them.

*"Like we said earlier about poverty, what can help is finding enough capital to run a business so that this bad act can stop." (FGD with girls 15–19, Dedza)*

Other informants suggested that young people should join youth clubs where they can openly discuss these issues, and learn how to prevent unintended pregnancy.

*"Youth meetings through youth clubs would help girls to prevent getting unintended pregnancies because they would be able to discuss how they could protect themselves from getting unintended pregnancies." (FGD with women 20–24 years, Dedza)*

#### 4.2.5 INITIATION CEREMONIES ARE WIDELY ATTENDED AND INCLUDE TEACHINGS ABOUT SEX

Both in Machinga and Dedza, there are several initiation ceremonies that differ by tribe (Yao in Machinga and Chewa and Yao in Dedza) and are named differently and are held in the communities. In Machinga, among the Yao, there is *Jando* for boys and *Nsondo*, *Ndakula* and *Litiwo* for girls/young women. *Nsondo* is for younger girls, *Ndakula* is for girls who have started menstruation (though some participants talked about *Nsondo* and *Ndakula* as if they were the same), and *Litiwo* is for first-time expectant mothers; it entails counselling/advice just before the first delivery. For *Litiwo*, the young woman must be naked and receives advice from her mother, mother-in-law and sisters, and songs are sung in which private parts are mentioned (according to one CSO representative in Machinga).

An overall term often used for initiation ceremonies for girls among the Chewa is *Chinamwali*. In Dedza, Chewa boys were reported to be initiated under *Gule Wamkulu*. These initiation ceremonies were labelled *Kumeta* by several participants in Dedza. In general, participants referred to initiation ceremonies as being an important part of their culture, related to passing into adulthood and teaching young people how to respect elders.

The quantitative data also suggest that initiation ceremonies are regarded as culturally important. A majority of survey respondents (more males than females) had undergone initiation. Three quarters (76%) of the female and 86% of the male respondents in Machinga and 52% of the female and 72% of the male respondents in Dedza reported having undergone initiation. In terms of age groups, in Machinga, 86% of those aged 20–24 years and 76% of those aged 14–19 years reported having been initiated. In Dedza, there was no difference by age group.

Respondents were also asked whether they intended to have their children pass through initiation ceremonies. In Machinga, 74% intended to do so, 25% did not intend to do so, and 2% did not know, with no difference by gender. In Dedza, respondents were less in favour, with 52% of respondents intending to have their children pass through the initiation ceremony (48% of female and 56% of male respondents). There was no difference between the age groups.

In both FGDs and interviews, participants were asked about harmful practices related to initiation ceremonies. Most participants talked about *kusasa fumbi* (sexual cleansing), in which young male and female initiates are expected to have sex with someone after the ceremony. It seems to be regarded as particularly important

for girls and takes place specifically among the Yao in both districts. During the ceremony, initiates are advised to experiment with sex to see if they have understood the teachings and as part of graduating from the camp. *Kusasa fumbi* is viewed as a way of assessing whether girls have reached adulthood and are capable of sexually satisfying their future husband, as indicated in a FGD with young men:

*"Sexual cleansing is practised because they want to confirm if the young girl has reached her puberty stage... Usually when girls reach puberty stage some people in the community do celebrate or have some party because they get excited that their child has grown up. So, sexual cleansing helps to understand if the girl has really grown up and if she could manage to satisfy her husband in bed after getting married."* (FGD with young men, 20–24 years, Dedza)

There were mixed responses given in relation to whether people thought this rite was (still) happening. A few participants said that it did not happen anymore, because initiates are much younger than in the past, while others said that it was only practised by Yao/Muslims.

#### 4.2.5.1 THERE IS SOCIAL PRESSURE TO PARTICIPATE IN INITIATION CEREMONIES

Social pressure to avoid exclusion from the initiated group, in addition to punishments that girls can face for not participating, contribute to young people and/or their families wanting them to attend the initiation ceremonies. Exclusion of young people was also expressed in a song explained during a photovoice session with young men (20–24 years) in Machinga. The song says that those who do not go through *Jando* should get away from us (the initiated). Young people who underwent initiation were also said to mock uninitiated peers:

*"They [uninitiated young people] are not treated well. For example, when they are amongst their friends and it happens that their friends were initiated, they mock those that were not initiated. When these children were mocked... get back home, they complain to their parents and you as a parent you try to make them fit in and end up sending them to be initiated as well."* (Female parent, Machinga)

## Photovoice picture taken by young male participants (20–24 years) in Machinga



In Dedza girls (15–19 years) reported in a FGD that failing to attend initiation ceremonies could result in a punishment ceremony called *Chimbwinda*, a consequence which many young people fear. During this ceremony young people are forced to perform activities naked at night:

P: "... when you have done something wrong ... they make you do *Chimbwinda*. The *Chimbwinda* is something that destroys a lot of things and people prefer going for *Kumeta* to avoid that. That is what makes a lot of people [do] *Kumeta* early." F: "What is *Chimbwinda*?"

P: "They make you gather things, things like maize, a goat and they chase you away from the hills and also bring out the *zilombo za azimai* [*Gulu wamkulu* dancers], and they make you run up until the morning." F: "It happens at night?" P: "Yes, it is a form of punishment for those who don't want to *Kumeta*." (giggles) (FGD with adolescent girls, 15–19 years, Dedza)

### 4.2.5.2 INITIATION CEREMONIES REGARDED AS BENEFICIAL DESPITE KNOWLEDGE ON POTENTIAL DISADVANTAGES

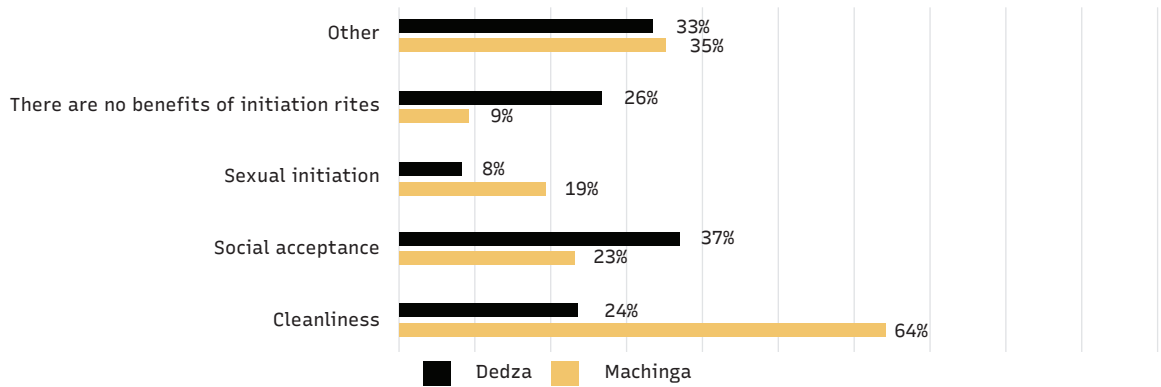
In Machinga, when asked about the benefits of boys participating in initiation ceremonies, cleanliness (related to circumcision) was mentioned most often (64%) (see Figure 5). Increasing social acceptance after initiation and the importance of sexual initiation were also commonly mentioned, more by male than female



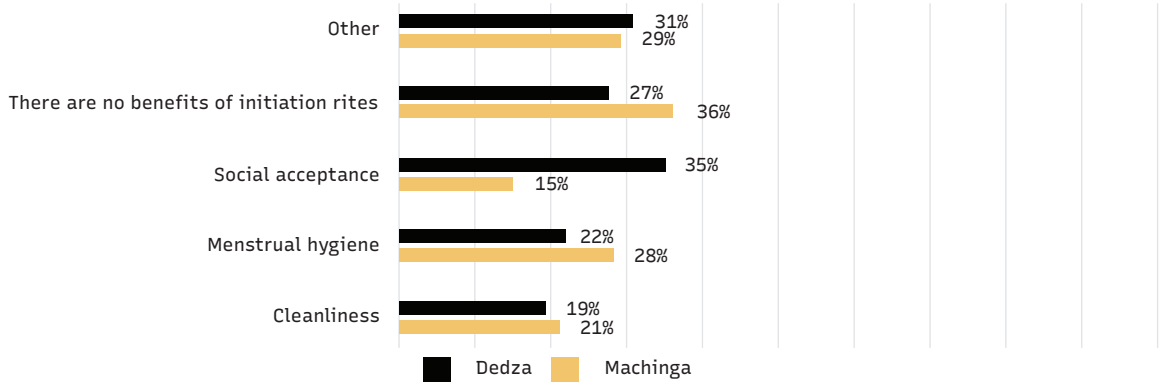
respondents. The benefits for girls (see Figure 4) focused on menstrual hygiene, cleanliness and learning how to please their husband sexually (reported by more female than male respondents). The 'other' response was frequently chosen, and responses relating to teaching youth how to respect elders were often given under this category. It is notable that 52% of male and 19% of female respondents in Machinga reported that there were no benefits of initiation ceremonies for girls.

In Dedza, the most commonly reported benefits of initiation ceremonies for boys were social acceptance, respect for elders (within the 'other' response category) and cleanliness (see Figure 5). For girls, reported benefits were mostly social acceptance, menstrual hygiene, cleanliness and sexual initiation (the latter three were reported more by female than male respondents) (see Figure 4). Also in Dedza, 29% of female and 24% of male respondents did not see any benefits of initiation for boys, and 34% of female and 19% of male respondents did not see any benefits of initiation for girls.

**Figure 4: Most commonly emphasised benefits of boys' initiation ceremonies in Machinga and Dedza**

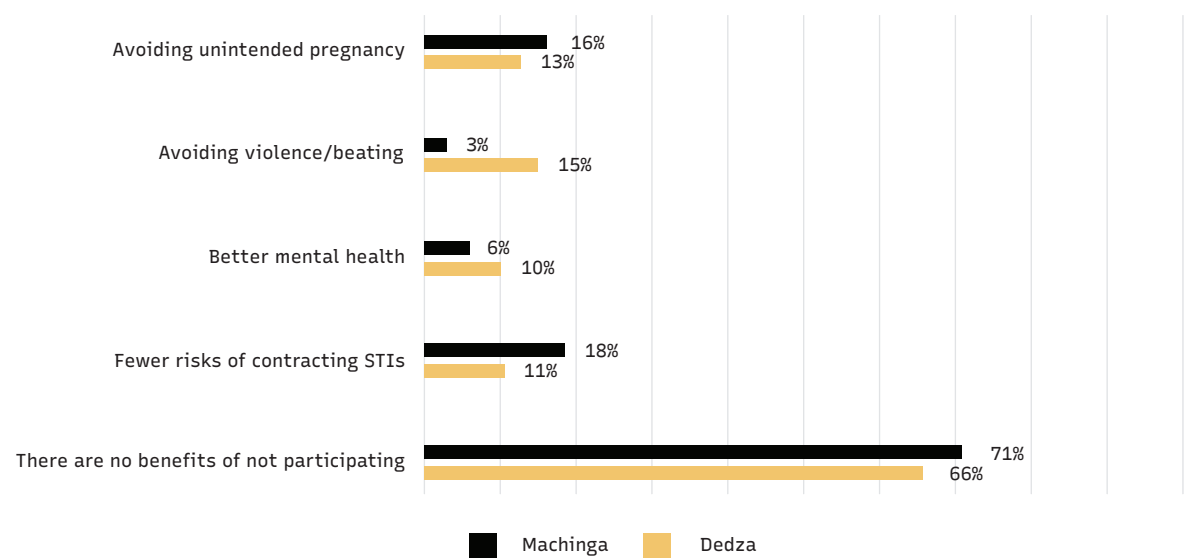


**Figure 5: Most commonly emphasised benefits of girls' initiation ceremonies in Machinga and Dedza**

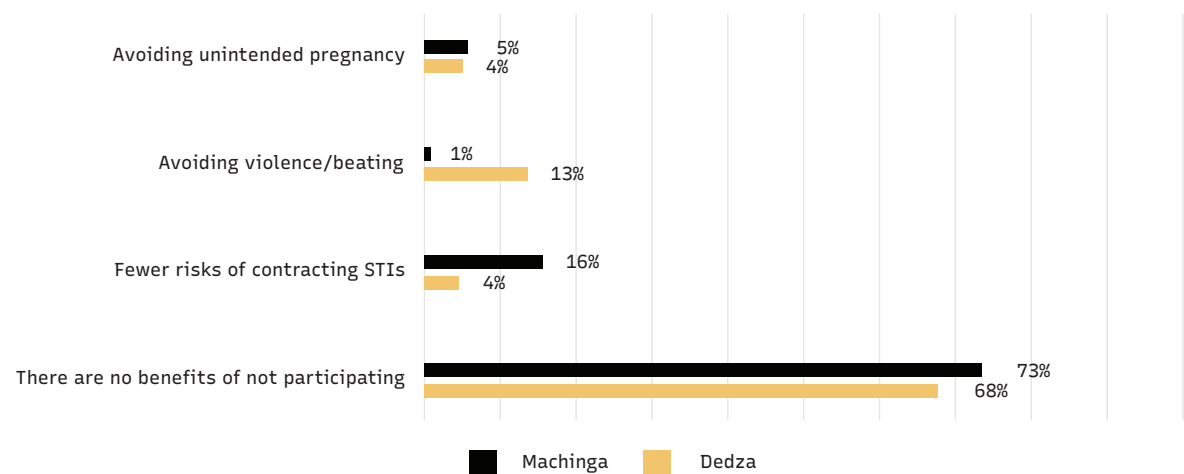


Answers to the question about benefits of not participating in initiation ceremonies also showed the perceived importance of initiation ceremonies. The majority of respondents thought that there were only advantages of participating (see Figure 6 and 7).

**Figure 6: Reported benefits of not participating in girls' initiation ceremonies in Machinga (n=422) and Dedza (n=427)**



**Figure 7: Reported benefits of not participating in boys' initiation ceremonies In Machinga (n=422) and Dedza (n=427)**



Although there was considerable support for initiation ceremonies in Machinga, some of the male respondents also seemed aware of potential disadvantages. Ten per cent (6% among girls and 16% among boys) of them reported that one advantage of boys not participating was a lower risk of contracting STIs. Furthermore, one in every five male respondents indicated that if girls did not participate in initiation ceremonies,

they would avoid unintended pregnancy. In Dedza, more female respondents were aware of disadvantages of initiation ceremonies than male respondents. One in every five female respondents said that not participating would result in fewer unintended pregnancies. Nearly a quarter (23%) of female respondents in Dedza thought that non-participation of girls would avoid violence and beating, and 17% of female respondents thought the same for boys. Thirteen per cent (13%) of female respondents also thought that if girls did not participate in initiation ceremonies, their mental health would be better.

Participants in FGDs and interviews also talked about the disadvantages of initiation ceremonies and how these affect their education. Specific reference was made to not regulating the timings of the *Gule Wamkulu* dances by chiefs. Although many participants in both districts indicated that the ceremonies took place during holidays, according to a state actor from Dedza, this year the Yao initiation ceremonies did not end until schools had already started. This was because school dates were changed due to the COVID-19 pandemic. One 23-year-old man in Machinga said that the initiation for boys was supposed to last only two weeks, but that healing of the wounds took much longer for some, which impeded their schooling.

In Machinga, there were rumours of torture at *Jando*. One participant mentioned that this did happen, but only if an initiate had done something perceived as wrong. Young men in Machinga (20–24 years, photovoice) reported that after circumcision, boys slept in a line with their legs tied upwards, and they regarded this as abuse. A 19-year-old girl in Machinga who was interviewed and who had not undergone initiation herself reported that she wanted these ceremonies to be stopped, because while “they say it is to counsel the young ones on how they can respect their parents/elders, the opposite happens”. She talked about songs with obscene words and *kusasa fumbi*, which leads to STIs. Young men in a FGD in Machinga (20–24 years, photovoice) spoke about abuse during *Nsondo*: girls are forced to bathe in cold water and run around at 3am. In Dedza, a few participants also talked about different forms of child abuse that occur during initiation. Female parents in Dedza reported that during *Gule Wamkulu* boys were abused in different ways, such as being heavily beaten. In *Kumeta*, girls have to dance naked in the open, and they are sprayed with water and dust. Girls (15–19 years) in a FGD in Dedza indicated that initiates were sometimes encouraged to use bad language and behave rudely.

A participant from Machinga described the practice of *kusasa fumbi* in detail. As a young man, he was called to ‘cleanse’ a girl by having sex with her. He explained that the decision about whom to have sex with was left to a girl or her parents, and that the girl’s mother would stay in the camp to receive feedback on how the sexual cleansing went:



*"It is the mother who calls her. When she comes, you meet her and you do the sex thing. After that, she goes back [in the camp]. ...When you are done, she comes out and you meet her. If you want to report right away that, 'I have done what you asked me to do,' then you tell the girl that; 'call your mother that I should meet her.' Yeah, then when she comes you report to her that 'I have done the task given.' Yeah."* (IDI with adolescent boy, 17 years old, Machinga)

This young man was well aware of the possible disadvantages of *kusasa fumbi* (such as STIs and unintended pregnancy). He said that as part of the ceremony, girls preferred him to ejaculate inside them. However, he preferred to withdraw, because he was afraid that a pregnancy would result in him having to marry an underage girl. However, he stated that the requests of the girl or mother should be followed on this point. He also said that some girls sought ongoing sexual relationships with him after *kusasa fumbi*.

#### 4.2.5.3 OTHER HARMFUL PRACTICES

Several participants mentioned other types of harmful cultural practices besides initiation ceremonies. In Dedza, young women (20–24 years) in a FGD talked about *Chokolo*, a practice whereby people are forced to get married to a brother or sister of their late husband or wife. In a FGD with parents in Dedza, *Mwambo wa Fisi* (encouraging men to sleep with other people's wives if they are having difficulty conceiving) was mentioned. A religious leader in Dedza talked about newly initiated girls having to lie down naked in a graveyard when someone died, and let the coffin pass over them, as this would make their initiation complete. In Machinga, in a FGD with young women (20–24 years), participants talked about *Bulangete la Mfumu*. In this practice, when a chief visits another chief or TA, the chief or TA of that area is expected to find a young girl to have sexual intercourse with the visiting chief. This is arranged if the chief is not accompanied by his wife.

### 4.3 VOICE AND AGENCY

#### 4.3.1 ADOLESCENT AND YOUNG PEOPLE EXPRESS THEIR OPINIONS AT HOME, BUT LESS AT COMMUNITY LEVEL

Table 5 shows that the majority of the respondents in both districts felt that they could express their opinions about relationships, love, puberty and pregnancy in their community.

**Table 5: Adolescents and youth who feel they can express their opinions about relationships, love, puberty and pregnancy in Machinga (n=422) and Dedza (n=427)**

	<b>Machinga</b>	<b>Dedza</b>	<b>Total</b>
Females	77.8% (n=165)	80.4% (n=180)	<b>79.1% (n=345)</b>
Males	80.0% (n=168)	78.3% (n=159)	<b>79.2% (n=327)</b>
<b>Total</b>	<b>78.9% (n=333)</b>	<b>79.4% (n=339)</b>	<b>79.2% (n=672)</b>

Some respondents in Dedza (20% of female and 12% of male respondents) and Machinga (22% of female and 20% of male respondents) said they could not express their opinions about relationships, love, puberty and pregnancy in their community. Nearly half (45%) of the female respondents who said this, reported that they felt embarrassed or worried about what other people would think of them. The percentage of male respondents who reported that they were embarrassed was higher in Machinga (24%) than in Dedza (5%). About 36% of female and 5% of male respondents in Dedza (compared to 12% of female and 19% of male respondents in Machinga) said they were afraid that parents and elderly people would shut them down. Lastly, some respondents in Dedza (32% female and 24% male) and Machinga (36% female and 50% male) indicated that they were afraid other members of the community would not listen to them.

The majority of adolescents and youth reported in FGDs that young people were rarely given a chance to express their opinions. On occasions when young people are allowed to speak, community leaders and older people do not take their opinions into consideration during the meeting.

The study results show that many young people are interested in taking part in discussions and actions relating to issues affecting them, despite not being given a platform through which to share their ideas. Young people indicated their interest in SRHR issues (including rape and defilement) in addition to sports, and one in 10 of them mentioned problems relating to COVID-19. A good number of respondents also mentioned that girls were less comfortable expressing their views than boys, saying a lot of girls are shy and do not have the confidence to express their opinions:

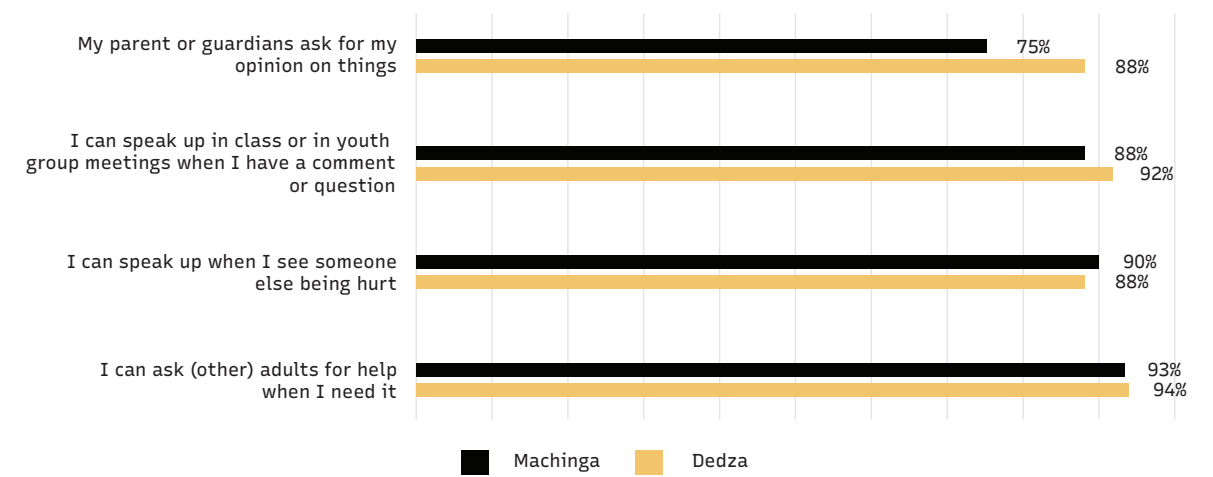
*“Uuurhm.... I can say that all get engaged equally, though girls to participate more is hard because our background shows that girls are not given opportunity to go ahead with things. Boys are the only ones given such kind of opportunities, but by and by now some of the girls are taking responsibilities of high positions in leadership, but 65% of boys is the one leading on youth-related activities than girls.”* (Key informant, state actor, Machinga)

When asked if their opinions were valued, young people reported that their opinions were valued most by their parents, followed by teachers, friends and siblings, and not by community leaders or the majority of adults in the community. Respondents reported being more comfortable expressing themselves in youth groups compared to other community spaces, because often their contributions are not valued due to their perceived immaturity. This prevents many young people from freely expressing their opinions:

*“The way the question has come seems easy, but it is not. It is a challenge for us to speak to the leaders in the community. They just speak whatever has come to them. They never mind us. So if they ignored me the first time, why should I go a second time? I will not go to them anymore. They have offended me in the very first place.”*  
(Photovoice with young men 20–24 years, Machinga)

Figure 8 shows that the majority of the respondents in both districts felt that they were asked by parents for their opinion on things, could speak up in class or youth groups, could speak up when they saw someone else being hurt, and could ask adults for help when needed.

**Figure 8: How often adolescents and youth ask questions and speak up in Machinga (n=422) and Dedza (n=427)**



Both males and females aged 15–24 in the two districts reported that they (sometimes or always) felt safe expressing themselves in front of their peers (other adolescents and youth) in the community, with only 3% in Machinga and 5% in Dedza expressing the opposite (answering ‘never’).

The total number of respondents who reported that they (sometime or always) felt safe expressing themselves in front of adults was similar in Machinga (57% of adolescents and 73% of youth) and Dedza (56% of adolescents and 70% of youth). A gender gap is visible in Dedza only, with 42% of the female and 26% of the male respondents indicating they never feel safe expressing themselves.

The proportion of male respondents who indicated that they were (sometimes or always) afraid that other adolescents/young people/peers and adults might make fun of them or tease them was higher in Machinga (47%) compared to Dedza (33%). This was the opposite for female respondents in the two districts (56% in Dedza, compared to 40% in Machinga).

The proportion of female respondents who indicated that they were (sometimes or always) afraid that other adolescents/young people/peers might cause them harm was higher in Dedza (58%) compared to Machinga (43%). The proportion of male respondents who indicated the same was 45% in Dedza and 54% in Machinga. The results show that 59% of the adolescents in Dedza and 53% in Machinga indicated they were afraid, with more adolescents than youth reporting they felt afraid of other young people in both districts.

Young people mentioned that they were able to express themselves at different levels of society (at home, in school and in the community at large), but they were more comfortable and felt safer when expressing themselves on issues that affected them among peers and in the youth clubs, compared to community gatherings where adults were present.

*"At the youth clubs it is where we have safe spaces where we [youth] can speak out our concerns and take our concerns into consideration or receive appropriate support unlike approaching parents or elderly people who could easily hide some important information from us."* (FDG with young women 20–24 years, Dedza)

Some participants reported being given the space to express themselves at home by their parents and being heard, while others felt differently:

*"Like when I want to do something and I talk to them, they give me a go ahead. Like when I tell them that I want to grow some crops this year, they give me a piece of land to use."* (IDI with an adolescent boy 15 years old, Machinga)

When asked if they could express themselves at school, most participants said they were sometimes able to talk to their teachers, but mostly their friends. Some, however, reported that it was difficult to voice their opinions to teachers because a lot of the

discussions they had with them were centred around academic work and not personal experiences.

#### 4.3.2 YOUNG PEOPLE'S DECISION- MAKING: MEN ARE MORE CONFIDENT AND HEARD THAN WOMEN

The majority of both male and female respondents (86% in Dedza and 93% in Machinga) indicated that they could decide for themselves what they did in their free time, how much education they would get (for example, whether they stayed in school or went to university), who they could be friends with, and whom and when they would marry. With regard to deciding whether they would stay in school or go to university, respondents more often indicated that their mother or father was involved. A third (35%) of the female respondents in Machinga and 50% in Dedza reported that their mother was involved in this decision. Thirty-eight per cent (38%) of the female respondents in Machinga and 37% in Dedza reported that their father was involved. As for the male respondents, 41% in Machinga and 45% in Dedza reported that their mother was involved, and 40% in Machinga and 36% in Dedza reported that their father was involved in how much education they would get.

Young men in Machinga and Dedza reported being able to make decisions on issues such as when and to whom to get married, use of contraceptives, education, and the type of job they wanted, whereas females reported that most of these issues were decided for them by their parents (mothers), aunts and uncles, and spouse/boyfriend.

From the four SSIs held with 10–14-year-old boys and girls, it was reported that most decisions were made for them by their parents. They reported being able to make their own decisions about when and with whom to play, whether to stay in school or what type of house chores they should do. A lot of the boys in both districts reported having more say in the decision about when and to whom to get married, whereas the girls reported having little say in the matter. The girls claimed that this decision would be made for them by their parents, especially their mothers. They also reported that their immediate guardian (mother or grandmother) would decide for them whether they would see a medical worker or nurse. It is also worth noting that some were also unaware of which decisions would be made for them or by themselves.

Although males and females are sometimes given similar access to decision-making opportunities, gender still has a huge impact on whose opinions are more highly valued. Three in every five respondents reported that women and girls were unable to make decisions on their own because their culture defined their position in society as being inferior to men. Many people reported that females declined to take on positions when they were selected to lead activities in their communities, because social norms

dictate that males lead while females are submissive, and they lacked the confidence to diverge from these expectations:

*"I observed that girls are not confident in themselves. Despite that there are different programmes that have been coming to the area to empower them but they still feel inferior. They feel that they cannot manage to do some things. I recall that we were hosting elections for Tambala youth network, a certain girl came forward and said that she will not manage to hold a certain position after she was voted to do so. This showed that they feel inferior and that they cannot do certain things."* (Key informant, CSO, Dedza)

In some situations, girls and young women fail to make decisions on issues that matter to them because they are denied the opportunity to do so by boys and men in the community:

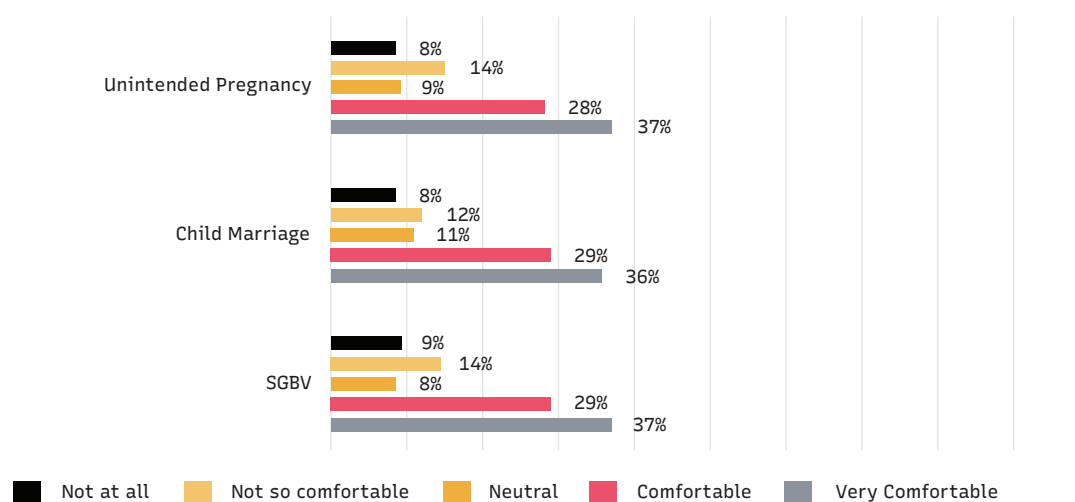
*"When there is some kind of election in the community, maybe at the chief's compound, you will find the chief denying women to participate in such activities."* (FGD with adolescent girls 15–19 years, Machinga)

### 4.3.3 VOICE AND AGENCY IN RELATION TO HARMFUL PRACTICES, UNINTENDED PREGNANCY AND SGBV

#### 4.3.3.1 YOUNG PEOPLE FEEL QUITE COMFORTABLE EXPRESSING THEMSELVES ON SOCIAL MEDIA

Two in every three respondents in Dedza and Machinga feel (very) comfortable expressing themselves on social media regarding harmful practices, unintended pregnancy and SGBV (see Figure 9).

**Figure 9: How comfortable young people feel expressing themselves on social media (n=847)**



#### 4.3.3.2 SPEAKING UP ABOUT SGBV, UNINTENDED PREGNANCY AND CHILD MARRIAGE IS NOT EASY

When asked if they could speak up about SGBV, unintended pregnancy and child marriage, most informants indicated being aware of where and when to report cases. However, it was not easy to report such issues, particularly where this involves reporting on parents and guardians who perpetrate SGBV, unintended pregnancy and child marriage. This was further attributed to prevailing cultural beliefs and socio-economic factors:

*“One motorbike operator in their community offered some money for her (a girl who needed to go to the hospital) to go to Liwonde. It was agreed with the parents that they would pay back the money once they have it. After getting treatment, she got back home however the parents failed to pay back the money that they owed the motorbike operator. Seeing that the parents would not be able to repay him, the man opted to have sex with the girl in return and the parents did not object. Hence he started having sex with her and she couldn’t do anything about it.”* (Key informant, CSO, Machinga)

The fact that parents themselves are often involved in perpetuating these harmful practices could explain why some boys and girls preferred speaking with other individuals in the community, such as local leaders and police, rather than with their parents or guardians. Although some girls are able to report cases of violence, others are still not able to disclose their experiences of abuse to others. In a FGD with boys (15–19 years) in Machinga, participants reported that this was because most of the time they were afraid of the perpetrator or were afraid that they would be shunned by the family of the perpetrator if he were taken to court:

*“Some girls are not open to talk because the person who abuses them is the one who provides for them so they fear taking action against the abuser.”* (FGD with boys 15–19 years, Machinga)

According to some parents in Dedza and other male participants in the two districts, male and female perpetrators of violence are treated differently. They suggested that male perpetrators are often given harsher punishments than female perpetrators. They felt that this discourages male survivors of violence from seeking support because they feel that little will be done to help them. They also claimed that most NGO initiatives that address issues of violence target girls and exclude boys, despite the fact that boys were also sometimes victims of violence:

*“Some boys are also victims of abuse because they have been defiled or raped by women but they fail to report the matter further since most of the organisations are*



*empowering girls and women. You cannot find an organisation in Malawi that is looking at the welfare of boys and men, but there are a lot of organisations that are looking at the welfare of girls and women.”* (FGD with parents, Dedza)

Informants also expressed concern that only those who had formal educational qualifications, or were part of youth groups were able to talk about SGBV. Others who were not engaged or in school were not empowered to report such cases; they were often shy, afraid or unaware that what they were experiencing was violence and did not know to whom/where they could report.

Some of the informants reported that they were unable to successfully take action to address SGBV, unintended pregnancy and child marriage because the communities were not very receptive. They were told that it was not their task to decide what was best for a child they had not given birth to. They were often turned away by parents—and sometimes children themselves—and told to stop meddling in their family affairs.

Overall, 21% of respondents reported that adults involved young people in decisions regarding child marriage often or all the time, with a much higher percentage (28%) in Machinga than in Dedza (14%). About 10% of the male respondents in Dedza reported that adults involved young people (under the age of 24) in decisions regarding child marriage often or all the time. This is much less than the percentage of male respondents in Machinga (26%). Among the female respondents, there was a notable difference between the two districts, with the percentage in Machinga (29%) also being higher than in Dedza (18%) (see Table 7). In total, 53% of all respondents in Machinga said that young people were ‘never’ or ‘rarely’ involved in decisions regarding child marriage, compared to 59% in Dedza.

**Table 7: Percentage of young people who reported that adults involved young people in decisions regarding child marriage often or all the time in Machinga (n=422) and Dedza (n=427)**

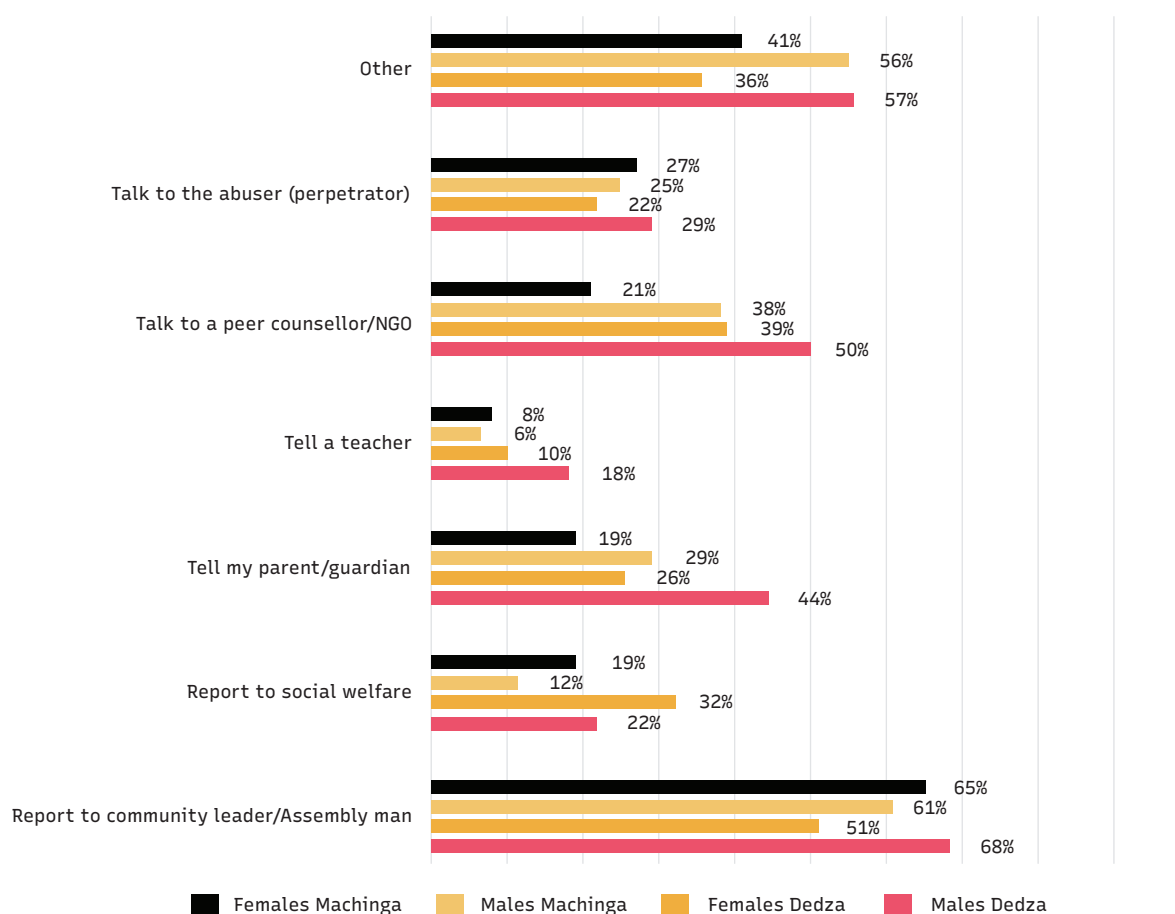
	<b>Machinga</b>	<b>Dedza</b>	<b>Total</b>
Females	29.3% (n=62)	18.3% (n=41)	<b>23.7% (103)</b>
Males	25.7% (n=54)	9.9% (n=20)	<b>17.9% (74)</b>
<b>Total</b>	<b>27.5% (n=116)</b>	<b>14.3% (61)</b>	<b>20.8% (177)</b>

Almost all of the respondents (>90%)—both males and females—said they would refuse if their parents told them they had found a good person for them to marry. The main reasons given for refusal were being too young to get married; wanting to marry

someone of their choice; not wanting to marry now; and wanting to study more. There were more adolescents who reported being too young as their reason for refusing to get married. However, more youth than adolescents in Machinga (61% and 33%, respectively) and Dedza (56% and 44%, respectively) reported wanting to marry someone of their choice.

When asked what respondents would do if they witnessed or suspected sexual abuse against someone in their community, a majority of the respondents said they would report it to community leaders (see Figure 10). However, this answer was given less often by female respondents in Dedza than by the other groups. Other respondents said they would talk to an NGO or their parents. On average, a quarter of respondents mentioned talking to the perpetrator. Hardly any of the respondents did not know what to do or where to find help.

**Figure 10: What respondents would do if they witnessed or suspected sexual abuse against someone in their community in Machinga (n=422) and Dedza (n=427)**

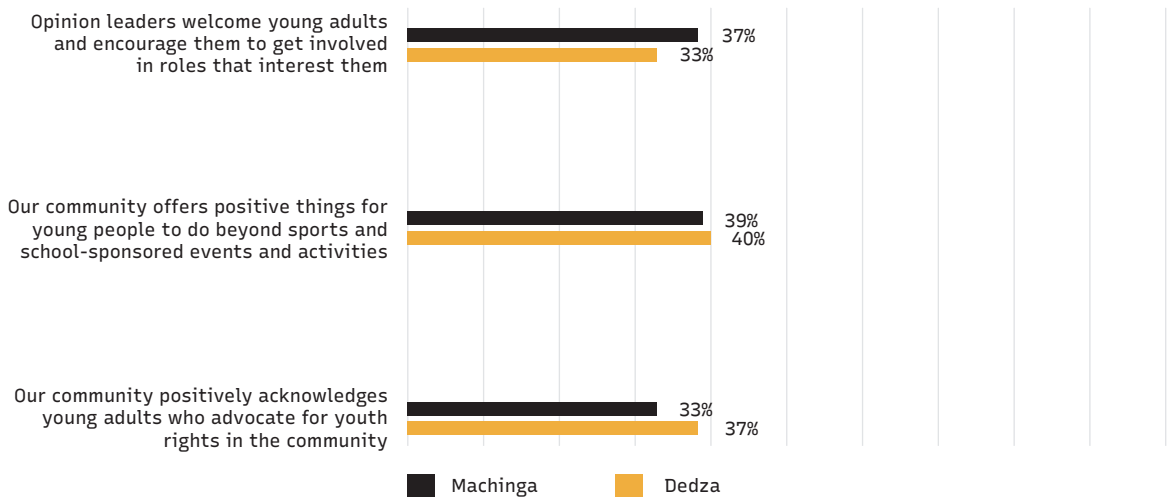


Close to 95% of all respondents reported that they felt confident that if they reported a case of sexual abuse to the police, a community leader, teacher, parent or other authority, they would receive appropriate support and protection. There were more males in Dedza (97%) than Machinga (92%) who reported this.

4.4 ADOLESCENT AND YOUTH PARTICIPATION IN COMMUNITY ACTIVITIES ON HARMFUL PRACTICES, SEXUAL AND GENDER- BASED VIOLENCE AND UNINTENDED PREGNANCY

Around 37% of the respondents in Machinga reported that leaders (often or all the time) welcomed young people and encouraged them to get involved in roles that interested them, compared to 33% in Dedza (see Figure 11). It is worth noting that 20% of respondents said that opinion leaders never allowed them to get involved in roles that interested them. The proportion of respondents who reported that their community (often or all the time) offered positive things for young people beyond sports and school-sponsored events and activities was similar for both Machinga (39%) and Dedza (40%). Slightly more respondents in Dedza (37%) than in Machinga (33%) reported that their community positively acknowledged young adults who advocated for youth rights in the community (see Figure 11).

Figure 11: Space for adolescent and youth participation in the community (Machinga=422, Dedza=427)



#### 4.4.1 A QUARTER OF THE SURVEY RESPONDENTS HAVE TAKEN PART IN ACTIVITIES TO PREVENT CHILD MARRIAGE

Overall, 24% of respondents indicated having participated in activities or having taken action to prevent child marriage. More respondents were active in Machinga (33%) than in Dedza (18%). Male respondents in Machinga were more engaged in activities than female respondents. The inverse was true in Dedza, where more female respondents than male respondents reported being active in activities to prevent child marriage (see Table 8).

**Table 8: Adolescent and youth participation in community activities to prevent child marriage in Machinga (n=422) and Dedza (n=427)**

	Machinga	Dedza	Total
Females	26.4% (n=56)	20.5% (n=46)	<b>23.4% (n=102)</b>
Males	32.4% (n=68)	15.3% (n=31)	<b>24.0% (n=99)</b>
<b>Total</b>	<b>29.4%(n=124)</b>	<b>18.0%(n=77)</b>	<b>23.7%(n=201)</b>

The most common types of activities that respondents participated in were empowering girls, educating girls, intervening to stop a child marriage in the community, and rallying the wider community to stand up for girls' rights. This was similar in both districts.

Adolescent respondents in both districts indicated that they felt most supported by their teachers (Dedza 75% and Machinga 67%), while youth respondents (80% in Dedza and 66% in Machinga) indicated that health care workers were the most supportive about taking action.

Youth seem to play a role at the community level, as participants in Machinga reported that chiefs could organise meetings where youth were given opportunities to tell the community what they wanted. In Machinga, girls and boys also reported that youth could encourage parents to give their daughters opportunities and not marry them off but let them stay in school:

*"I will talk about child marriages. There was a parent that wanted to marry off her child, but the child was not interested. When I discovered this issue, I took courage to explain to the mother the importance of education. She was convinced to the point that she reversed her decision of marrying her off and the child was sent back to school and she is doing well too."* (IDI, 19-year-old adolescent girl, Machinga)

In Machinga, boys (15–19 years) had been involved in preventing child marriage, but they had stopped because the organisation they worked with left:

*“As of now, it [action to dissolve or prevent child marriage] is not happening because they [an organisation] were only here for three months and during those months we worked with them. They connected us with the police and other people, but after they left we as youth cannot manage to work on our own.”* (FGD with boys 15–19 years, Machinga)

#### 4.4.2 MORE YOUNG PEOPLE IN MACHINGA PARTICIPATE IN CHANGING INITIATION CEREMONIES

More young people in Machinga (15%) than in Dedza (4%) reported ever having participated in activities to prevent or change some aspects of initiation ceremonies. A slightly higher proportion of males (17%) than females (14%) in Machinga reported having ever participated in changing some aspects of these ceremonies (see Table 9).

**Table 9: Adolescent and youth participation in community activities to prevent initiation ceremonies in Machinga (n=422) and Dedza (n=427)**

	Machinga	Dedza	Total
Females	13.7% (n=29)	4.9% (n=11)	<b>9.2% (n=40)</b>
Males	17.1% (n=36)	3.4% (n=7)	<b>10.4% (n=43)</b>
<b>Total</b>	<b>15.4 (n=65)</b>	<b>4.2 (n=18)</b>	<b>9.8% (n=83)</b>

There were no major differences between Machinga and Dedza in the most common types of activities that respondents had participated in to change some aspects of the initiation ceremonies. In both districts—with the exception of boys/men in Machinga—the three most common activities boys/men and girls/women participated in were educating girls on their rights, challenging the reasons for initiation ceremonies, and speaking out about the risks and realities of the practice. The boys/men in Machinga, while also mentioning speaking out about the risks and realities of the practice and challenging the reasons for initiation ceremonies, indicated that rallying the wider community to change this tradition was their third most common activity.

Overall, in both districts, more than half of all respondents reported that health care workers (61% in Machinga and 62% in Dedza) and teachers (59% in Machinga and 59.5% in Dedza) were (very) supportive in addressing harmful aspects of initiation ceremonies. Particularly notable was the large proportion of male respondents in Machinga (56%) reporting health care workers as being very supportive (among females in Machinga this figure was 21%). Parents were also widely reported to be

(very) supportive (by 49% of respondents in Machinga and 48.5% in Dedza). There were no major differences between Machinga and Dedza, except in relation to peers and spouses/partners, where Dedza had a slightly higher percentage of respondents who mentioned that these people were supportive. In Machinga, a higher percentage of respondents mentioned that traditional local leaders were supportive. Overall, gender appeared to play a role in the extent to which respondents felt supported by various people, with males in Dedza considering all stakeholders more supportive than females did. In Machinga, however, the gender breakdown was more mixed, with males feeling more supported by religious leaders, teachers and health workers, and females by traditional leaders, parents and other family members.

In Dedza, several participants indicated that it was very hard to change or stop initiation ceremonies, as they were very deeply rooted in their culture:

*“To say the truth, we cannot stop it. We don’t know how it started. It is culture. We can only help change some of its activities by civilising our parents.”* (FGD with boys aged 15–19 years, Dedza)

Despite these difficulties, several participants indicated that action was being taken to adjust initiation ceremonies. These stakeholders included NGOs, some traditional leaders, the government and some young people. The *kusasa fumbi* practice is a particular point of focus. Boys in a FGD in Machinga said that they advised initiates not to engage in sex after initiation, despite being told to do so. One of the parents in a FGD in Machinga said that the TA openly told the community that *kusasa fumbi* should stop. Young women (aged 20–24 years) in a FGD in Dedza reported that young people in youth clubs advised each other on preventing *kusasa fumbi*:

*“During kusasa fumbi, young adolescent girls are told to have sex with men, and this could result in unintended pregnancies or even transmission of sexually transmitted diseases, and this would affect the girl from achieving her goals. So, at the youth clubs we advise each other on how we can prevent such harmful practices.”* (FGD with young women 20–24 years, Dedza)

Despite these statements, there were mixed responses regarding whether *kusasa fumbi* was (still) happening in both districts.

Another change observed, in both Dedza and Machinga, is that the initiation of Yao boys now involves medical circumcision carried out at health facilities. Many participants in both districts also reported that initiation ceremonies were shorter in duration than in the past and held during holidays. According to a traditional leader in Dedza, traditional ceremonies are only conducted on weekends.

#### 4.4.3 FEMALE RESPONDENTS ARE MORE ACTIVELY ENGAGED IN SGBV PREVENTION ACTIVITIES

Overall, 23% of the respondents reported that they had ever participated in activities to prevent SGBV. The level of participation in such activities was higher in Machinga (27%) than in Dedza (18%), and also higher among female (26%) than male respondents (20%). However, the proportion of males (30%) who had participated in these activities in Machinga was higher than that of females (25%). In Dedza, the proportion of females (27%) engaging in SGBV activities was a lot higher than that of males (10%) (see Table 10).

**Table 10: Adolescent and youth participation in community activities to prevent SGBV in Machinga (n=422) and Dedza (n=427)**

	Machinga	Dedza	Total
Females	24.5% (n=52)	26.8% (n=60)	<b>25.7% (n=112)</b>
Males	30.0% (n=63)	9.9% (n=20)	<b>20.1% (n=83)</b>
<b>Total</b>	<b>27.3% (n=115)</b>	<b>18.7% (n=80)</b>	<b>23.0% (n=195)</b>

The most common types of activities/actions respondents participated in were educating girls on their rights (64%), challenging the reasons for sexual abuse (47%), speaking out about the risks and realities of the practice (46%), and encouraging others to speak out about sexual abuse (37.5%).

Most respondents (83%) felt most supported by health care workers to address SGBV, followed by parents (78%), teachers (72%), and other relatives and traditional or community leaders (both 67%). Around 56% of respondents felt supported by peers. There were no major differences between districts in the proportion of respondents who mentioned peers, traditional or community leaders, local political leaders and health care workers.

In response to the question about how they took part in preventing rape, one girl (15–19 years) in a FGD in Dedza stated that girls advised each other on proper dressing and not smirking at boys, to avoid being raped. The quote below clearly shows how entrenched victim-blaming is in her thinking:

*“We do take part in telling each other how to dress. This is because when someone reaches the point of being raped it is usually the way they have dressed that forces them. Wearing short skirts, we should try and minimise this, and also it is bad to wear clothes that are not good. This is because sometimes we are the reason, we excite these*



*boys and men in the hopes of making them look bad but the ones who are wrong are us.” (FGD with girls 15–19 years, Dedza)*

While many study participants said that cases of violence were reported to the police, chiefs, NGOs and the child protection office, there were some participants who said that such cases were just discussed between parents at community level and that no legal action was taken against the perpetrator, especially if they were wealthy or high-status individuals:

*“If a young girl has been impregnated by an elderly man, they just sort out the issue at the community level because most of the girls are being impregnated by rich or well-to-do people in the society or community, so they just resolve the issue amongst themselves. The elderly men usually promise the parents that they would be providing the girl with required necessities or they would be supporting her, and the parents have no say but just accept it and they cannot go further with the issue.” (FGD with young men 20–24 years, Dedza)*

There were also some informants, including youth themselves, who reported that they advised their peers on issues happening in their community and reported cases of rape to the police. The influence of youth is seen not only at the community level but also at the district level. For instance, a key informant in Machinga working for the District Council reported an incident in which young people carried out public demonstrations and demanded the transfer of particular police officers because they were known to take bribes when child rape cases were reported to them.

#### 4.4.4 YOUNG PEOPLE ARE INVOLVED IN ACTIVITIES TO PREVENT UNINTENDED PREGNANCY, ESPECIALLY IN MACHINGA

As can be observed in Table 11, young people in Machinga were more involved in community activities to prevent unintended pregnancy than young people in Dedza. In Machinga, males were slightly more involved than females, while in Dedza, many more females than males reported being involved.

**Table 11: Adolescent and youth participation in community activities to prevent unintended pregnancy in Machinga (n=422) and Dedza (n=427)**

	Machinga	Dedza	Total
Females	39.2% (n=83)	35.7% (n=80)	<b>37.4% (163)</b>
Males	44.8% (n=94)	13.3% (n=27)	<b>29.3% (121)</b>
<b>Total</b>	<b>41.9% (n=177)</b>	<b>25.1% (n=107)</b>	<b>33.5% (284)</b>

In both districts the most common type of activities to prevent unintended pregnancy that young people participated in were raising awareness about family planning and contraception, educating girls about their rights, and educating boys about using condoms. It was notable that 16% of the female participants in Machinga and 6% of the female participants in Dedza reported participating in providing input to policy drafts or participated in consultations with government bodies.

A state actor in Dedza explained that every TA had by-laws, and that provisions were made in these by-laws for the prevention of teenage pregnancy (paying a fine when it happens, which would prevent others from getting pregnant young). Young women (20–24 years) in a FGD in Dedza said that their youth club was indeed involved in raising awareness about prevention of unintended pregnancy in the community. They reported that not all young people were listening to them when they did so. Boys (15–19 years) in a FGD in Machinga reported advising young people who could abstain to get condoms or pills to prevent pregnancy. A 23-year-old young man explained that he encouraged young men to get involved in skilled labour and not in relationships. A participant in a FGD with girls (15–19 years) in Machinga explained that spending time at the youth club prevented young people from having sex with their boy/girlfriend at that same time, which contributed to preventing unintended pregnancy. A 15-year-old boy in Machinga reported that efforts to prevent unintended pregnancy among young people were constrained by the fact that some young people applauded boys who made a girl pregnant, because it meant they were ‘real adults.’ Youth clubs in Machinga also conducted dramas about unintended pregnancy, to raise awareness.

#### 4.4.5 ACTION TAKEN BY SOCIAL AND STATE ACTORS

This section provides an overview of the roles played and action taken by different social and state actors to address SGBV, harmful practices and unintended pregnancy.

##### 4.4.5.1 THE POLICE

There were many study participants, including adolescents, parents, community leaders and key informants, who reported that when cases of child abuse occurred at community level, they were reported to the police. While this is the case, some informants—for example, a village head in Machinga—stated that cases of gender-based violence or theft were first brought to the attention of community leaders such as the TA, and if they failed to take appropriate action, then the culprit would be taken to the police. A key informant working for the police added that they were involved in raising young people’s awareness of SRHR issues, sexual harassment and property grabbing, through meetings they arranged at community level. The police

also sensitised community leaders, including religious leaders. While the role of the police is appreciated, there were some informants—for example, a village head in Machinga—who reported that the culprits were sometimes released after being in police custody for just two to three days.

#### 4.4.5.2 COMMUNITY POLICING FORUM

It was only in Machinga in a FGD and a KII that it was reported that the community policing forum apprehended perpetrators of violence and took them to the Malawi police. The community policing forum also reports incidents to NGOs for them to take action:

*“YONECO is the one that we know here. After that, it’s when we have the police. In villages we have community policing [forum]. If you are caught by these community policing, they report to YONECO and they come to pick you. You end up in jail for 14 years. This has helped to reduce cases of rape in the community.”* (P6, FGD with young men 20–24 years, Machinga)

#### 4.4.5.3 YOUTH CLUBS

Some informants reported that in their community there were clubs that had been established to end violence, and people went to such clubs when they experienced violence. Youth clubs are playing an important role, because in some cases members intervene and advise parents to stop abusing their children. However, they could also encounter a lot of resistance. In the case of child marriage, the parents of the child to be married would say it was none of their business, and particularly when a girl was pregnant, they would ask them whether they (those who tried to intervene) would financially support her. Some informants such as a 19-year-old girl in Machinga reported that through these youth clubs they discussed various issues among themselves as a way of creating awareness. Young men (20–24 years) from a youth club in Dedza said that they tried to involve CSOs to help them address child marriages. They asked the CHAWA group (a village bank) to reach out to other larger CSOs. They were also connected to the group village headman in their efforts to report planned child marriages.

#### 4.4.5.4 HEALTH CARE WORKERS

Although the level of support of health care workers was generally regarded as high, there were very few informants who mentioned that health care workers or health facilities played a role on issues of SGBV, unintended pregnancy and child marriage. A

few participants reported that when a child was defiled, she was taken to the hospital to be examined:

*"A girl raped and unintentionally impregnated can go to the hospital where she can receive some help. The hospital also provides contraceptives and treatment for sexually transmitted diseases."* (P6, FGD with parents, Machinga)

In a FGD with young men (20–24 years) in Dedza, participants reported that health care workers usually assisted people who were well off, arguing that cases involving poor children were resolved at the community level between parents of the child who had been defiled and the perpetrator.

#### 4.4.5.5 NON- GOVERNMENTAL ORGANISATIONS

Many study informants reported that NGOs played an important role in reducing child marriage and SGBV, including the following.

- **Withdrawal of children from marriages:** In both Dedza and Machinga, most participants reported that NGOs withdrew children from marriages and sent them back to school.
- **Educational support:** In both Dedza and Machinga, some participants mentioned that NGOs had supported girls by ensuring that they had school fees and educational materials. For example, CAMFED is one of the NGOs that provides girls with bags, books, writing materials and pads. A key government official in Dedza reported that it was not only girls who were supported but that some NGOs had also supported vulnerable boys.
- **Creating awareness about violence and related issues:** There were many study participants, including the NGOs themselves and state actors, who reported that NGOs created awareness on SGBV, child marriage and other forms of violence in the communities. While the dissemination of information is appreciated, the challenge is that in some cases communities tend to undermine the information they are given by NGOs, as reported by a few informants. These NGOs use various channels to sensitise communities, including churches and health care workers at community level. One NGO working in Machinga reported that in sensitising the community it used the Start Awareness Support Action (SASA) faith where religious leaders and other stakeholders worked together to address violence.
- **Building capacity of government officers:** The District Social Welfare Office for Dedza reported that other CSOs helped in capacity-building of the district team and community structures such as child protection committees. They assist in capacity-building through training, sensitisation, and follow-ups on SGBV cases.

- **Establishment of youth clubs:** One NGO staff member in Dedza reported that NGOs had established youth clubs at each and every primary school, where issues such as harmful practices and SGBV were discussed.

*"...They have also set up youth clubs or youth circles at various churches and mosques where young people are able to discuss various issues that concern their lives. In addition to this, the NGO has also created out of school youth clubs or clubs that target youths who dropped out of school. We also have youth networks which is the mother body of all the youth clubs."* (Key informant, NGO-1, Dedza)

- **Establishment of youth parliament:** In Dedza, an NGO key informant reported that they were establishing youth parliaments in each of the eight TAs in the district and then one at district level, and their roles would be to advocate for the rights of children and child protection.
- **Establishment of citizen voice and action (CVA) committees and child protection committees:** In Dedza, CVA committees have been established, which were described as an advocacy arm of the area development committees (ADCs). These CVAs advocate for the rights of children as well as implementation of policies by service providers. They have also established child protection committees, which together with CVAs, operate at group village head level and are responsible for ending child marriages.
- **Training young men and women in self-defence:** There was reference to an NGO called Ujamaa in Machinga that trained young women on how to effectively protect themselves if attacked by men.

*"I remember when I was in primary school, they [Ujamaa] taught me that when I meet with a person who wants to rape me I should [defend myself]: let me demonstrate [she stands to demonstrate the physical self-defence she was taught, she stands one step forward one step backward for balancing, uses her two fingers to poke in the eyes]."* (FGD with adolescent girls 15–19 years, Machinga)

- **Health service delivery:** There was one NGO in Machinga that reported that it focused on health service delivery, including sexual and reproductive health services.
- **Economic empowerment of women/youth:** A key informant in Machinga reported that the district was implementing the Spotlight Initiative to address SGBV, with one component economically empowering women through village saving and loans (VSLs). There are partners who are teaching people how they can run these VSLs, and survivors of SGBV are given seed money to kick-start their VSLs, and the money collected can then be used to start a small-scale business. To support economic opportunities for out-of-school youth, UNICEF introduced a

youth functional literacy centre, where all those who drop out of school, whether married or not, attend classes starting between 2 p.m. and 5 p.m. These lessons are conducted after the formal education classes have closed for the day. After nine months, the education team comes to assess them. If they can go back to primary school, they are sent; if they cannot, they are supported with businesses so that they can be independent.

- **Counselling services for SGBV survivors:** A key informant in Machinga reported that the Spotlight Initiative also counselled survivors of GBV, and that the survivors were organised to form a support group for each other. It is through these support groups that other CSOs easily reach out to survivors of SGBV, if they want to receive skills-building training, for instance.

#### 4.4.5.6 TRADITIONAL AUTHORITIES

Most participants said that the TAs, including group village headmen and village headmen, were playing an important role in dealing with SGBV, unintended pregnancy and child marriages. For example, TAs play a role in the development of community by-laws, and they have to ensure that these by-laws are disseminated among the community:

*“The chiefs are taking a role on such issues. For instance, there are by-laws that were established at the TA level. This has assisted the chiefs whereby they communicate the by-laws to their communities...”* (Key informant, councillor, Dedza)

During such meetings, community leaders, among other things, also tell parents in particular that if their daughters get pregnant under the age of 18 years, they should not get married. They emphasise the disadvantages of child marriage. An example was given of TA Kachindamoto, who is at the forefront of campaigning against child marriage. She has engaged all the chiefs under her and established by-laws on child marriage in her area of jurisdiction. Cases were also cited in which chiefs have annulled child marriages. During a FGD with parents, participants reported that the traditional leaders fined the perpetrators of violence. In addition to this, cases of violence, including child marriages and SGBV, are reported to the TAs or lower-level chiefs before being reported to the police.

#### 4.4.5.7 RELIGIOUS LEADERS

Some informants reported that religious leaders played an important role in the prevention of child marriage. By-laws have been established in some communities in Machinga and Dedza which abolish child marriage. A religious leader in Dedza reported that these by-laws led to the arrest of pastors who were found officiating



weddings for children. He further explained that people who were getting married were requested to show their identity card to verify their age.

#### 4.4.5.8 GOVERNMENT

There are different government departments that participants in this study mentioned as playing an important role in ending SGBV, child marriage and unintended pregnancy.

- **Establishment of youth networks:** A key informant in Dedza reported that the District Youth Office (DYO) encouraged every TA in the district to establish a youth network to oversee youth clubs in the area. He added that these youth were trained to be youth community-based developers who could help take contraceptives to every household. The DYO also trains the young people to be leaders who can then speak up if they see a problem. Most of these young people are taking part in addressing issues that affect them, especially violence.
- **Formulation of policies and legislation:** During a FGD with parents in Dedza, participants reported that Members of Parliament formulated policies and laws that guided how perpetrators of violence should be dealt with—for example, by being given a life sentence or being imprisoned for a certain period. This sentiment was echoed by a key informant from the judiciary in Dedza.
- **Formulation of by-laws:** Participants indicated that the government helped develop by-laws that, for example, stated that children should not be found in the initiation camps during class time and that *Gule Wamkulu* should not take place during class time, but at the weekend.
- **Sentencing perpetrators of violence:** A key informant working for the judiciary in Dedza reported that the magistrates handled cases of violence, and their responsibility was to sentence perpetrators of violence:

*“... the government legislation on child protection says [that] if a man or boy who is 18 or above has impregnated a school going child it is a crime, and if the child is under 18 then that’s where we hear about defilement. That is why a lot of people get jailed, even teachers, because we take them as custodians in school, but when they sleep with students they are also charged for defilement depending on the child’s age.”* (Key informant, judiciary, Machinga)

A key informant in the judiciary in Dedza said their responsibility was to judge many cases brought to their attention, including cases of violence; in some cases they moved the cases to remote rural areas for communities to listen and see for themselves how issues of law were managed.



- **Ending child marriage:** The District Social Welfare Office (DSWO) in Dedza reported that this office helped end child marriage and worked closely with the police. The child protection workers who are under the DSWO are the ones who are working at community level. The DSWO explained that they were supposed to handle cases of child marriage, but the challenge was that, among other things, they did not have fuel, and such cases happened a very long way from the district headquarters. NGOs such as YONECO complement government ministries' efforts by providing the resources.
- **Providing psychosocial support to survivors of violence:** The DSWO in Dedza reported that this office provided psychosocial support to survivors of violence, including SGBV.

#### 4.4.5.9 MOTHERS' GROUPS

A few informants in this study reported that mothers' groups taught community members, including parents and young people, about the impacts of child marriage and unintended pregnancy, and they also advised community members not to force girls to get married at a young age. They further advised the girls on using contraceptives, to avoid dropping out of school. Mothers' groups shared this information through various channels—for example, visiting schools and conducting meetings at community level.

#### 4.4.5.10 VICTIM SUPPORT UNITS

A few key informants mentioned victim support units. Those who mentioned them said that cases of violence were reported to the victim support units available in their communities:

*"Like I have explained, when a case has been reported it means they have failed to handle it in the village, they have committees in the villages like community victim support units ... This committee has nine members who consist of the police, hospital personnel, counsellor, youths themselves and mother groups. All these people handle the cases in the villages. If they fail, that's when they involve the police or courts. We also work with the Office of Gender and Social Welfare and the police."* (Key informant, District Youth Office, Machinga)

#### 4.4.5.11 TEACHERS

A few participants referred to the role of teachers. For example, a teacher in Machinga reported that their role was to counsel boys and girls on sexual relationships. A

religious leader in Machinga also reported that they organised youth conferences, and teachers were invited as counsellors to teach the young people.

#### 4.4.6 YOUNG PEOPLE ARE GENERALLY POSITIVE ABOUT ACTIVITIES THEY HAVE PARTICIPATED IN AND ARE VERY WILLING TO PARTICIPATE IN THE FUTURE

Quite a number of activities in which young people have been engaged were described by them as youth-led. About two of three respondents (68%) reported that the activities they were involved in were youth-led, with a higher proportion of females (72%) reporting this than males (62%). There was a higher proportion of respondents engaged in youth-led activities in Machinga (70%) than in Dedza (64%). Table 12 shows that while in Machinga a higher proportion of females (81%) than males (61%) reported that activities were youth-led, in Dedza there was no difference.

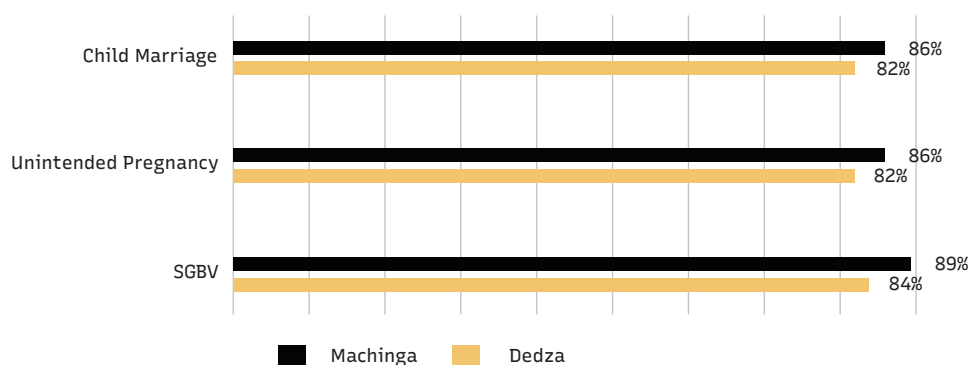
**Table 12: Respondents' opinions about activities being youth-led to prevent SGBV, unintended pregnancy and child marriage and the quality of their engagement in Machinga (n=229) and Dedza (n=163)**

	Machinga	Dedza	Total
<b>Percentage and number of respondents who indicated that the activities to prevent SGBV, unintended pregnancy and child marriage they participated in were youth-led</b>			
Females	81.4 (n=83)	64.1 (n=75)	<b>72.1 (n=158)</b>
Males	60.6 (n=77)	65.2 (n=30)	<b>61.8 (n=107)</b>
<b>Total</b>	<b>69.9 (n=160)</b>	<b>64.4 (n=105)</b>	<b>67.6 (n=265)</b>
<b>Percentage and number of respondents who (strongly) agreed that they felt meaningfully engaged by adults in these organisations or activities</b>			
Females	63.7 (n=65)	80.3 (n=94)	<b>72.6 (159)</b>
Males	69.3 (n=88)	84.8 (n=39)	<b>73.4 (127)</b>
<b>Total</b>	<b>66.8 (n=153)</b>	<b>81.6 (n=133)</b>	<b>72.9 (286)</b>

Table 12 also shows that Dedza had a higher proportion of respondents (80% of females and 85% of males) who (strongly) agreed that they were meaningfully engaged by adults in the organisation or activity compared to Machinga (64% of females and 69% of males).

The willingness to participate in community activities on child marriage, SGBV and unintended pregnancy was high. There was only a slight difference between Machinga and Dedza, as Figure 12 shows, with an even higher willingness to participate in activities in Machinga than in Dedza.

**Figure 12: Adolescent and youth willingness to participate in activities to address child marriage, unintended pregnancy and SGBV in Machinga (n=422) and Dedza (n=427)**



## 5. FINDINGS: MEANINGFUL ENGAGEMENT OF YOUNG PEOPLE IN CSO AND STATE ACTOR ACTIVITIES

### 5.1 OVERVIEW OF ADOLESCENT AND YOUTH ENGAGEMENT IN CIVIL SOCIETY ORGANISATIONS AND STATE ACTORS

Although male respondents from Machinga were mostly engaged in community activities, this is not the case with regard to engagement in CSOs. More respondents (45%) in Dedza indicated they were engaged in CSOs than in Machinga (30%), and more female than male respondents indicated being actively engaged in CSOs. Among these respondents, most were part of youth-led organisations or groups (see Table 13). In Machinga, most respondents (90%) referred to being engaged in awareness-raising activities in the community (theatre, dialogues). These were also the activities that young people in Dedza were most commonly engaged in, but they were only mentioned by 40% of respondents. Media and campaigning was the second most commonly mentioned activity. It should be noted that 14% (n=17) of the respondents in Machinga and 7% (n=30) of the respondents in Dedza stated that they had provided input into policies and laws.

**Table 13: Adolescent and youth engagement in CSOs in Machinga (n=422) and Dedza (n=427)**

	Machinga	Dedza
Females	32.5% (n=69)	52.7% (n=118)
Males	26.7% (n=56)	37.0% (n=75)
<b>Total</b>	<b>29.6% (n=125)</b>	<b>45.1% (n=193)</b>

From the qualitative data, state and social actors indicated that most activities with youth engagement were happening through youth clubs, youth networks that represent youth clubs, community youth volunteers, and youth chairpersons.

Specific government-run activities where youth are engaged were mentioned by key informants. A state actor mentioned that the chairpersons of youth clubs were invited to meetings at the district level to *“share experiences and inform each other how they deal with issues”*.

All youth clubs together form the youth network at TA level. The chairperson of the youth network is a member of the ADC, while other youth chairpersons have a seat on the village development committee (VDC). A CSO representative explained that some VDCs had active youth, and others did not. Also, youth chairpersons at TA level

were invited to meetings and spread relevant information to all youth clubs in the TA, and conversely represented youth in, for instance, the formation of by-laws. A state actor also reported that young people (from youth clubs) were asked to provide input into the new National Youth Policy through a meeting held at district level. An NGO representative in Dedza explained that there are plans to establish youth parliaments at the TA and district level in Dedza:

*"This year, 2021, we are establishing youth parliaments whereby all the eight TAs in Dedza district have to create or establish their respective youth parliament... From those eight youth parliaments, we would like to create one outstanding youth parliament at the district level and that youth parliament would advocate for the rights of children and child protection as well."* (KII with NGO representative, Dedza)

According to CSO representatives, other CSO-led activities in which youth were engaged were the reporting of cases of SGBV, raising awareness and the training of other youth. These activities were often carried out by community youth volunteers. Some of these volunteers would be involved in CVA (an NGO initiative) to report cases of SGBV by informing police units, according to one state actor. Others could be representing young people in the community victim support unit. As indicated before, youth have also been engaged in the development of by-laws.

When young people encountered problems, such as community members not listening to their advice during community awareness-raising activities, the VDC or village head provided support, according to female participants (20–24 years) in a FGD in Dedza. When doing so, village heads respected their views and took them into consideration when advising community members. A young man (24 years) from Dedza also confirmed that young people got space to speak at meetings organised by chiefs.

Other types of support that young people received from CSOs in their activities were highlighted by a 19-year-old girl from Dedza. Her Chisomo youth club received goats from TEVETA and farm inputs from Child Protection Committees, to start income-generating activities. During a photovoice discussion, adolescent boys reflected that they would like to start skills-building training in their youth club, as reflected in the selected picture below.

*"This photo should encourage all the youth to learn different skills for Malawi to develop but also as a source of income for the youth. We agreed as a youth club to go there and find out, but we haven't gone there yet." (P2, photovoice discussion among adolescent boys, Dedza).*

**Photovoice picture taken by adolescent boys (15-19) in Dedza**



A CSO representative in Dedza reported support from United Purpose to plant trees and rear goats. However, this participant also talked about the limited support youth-led initiatives received:

*"Yes, the youth are able to do their own initiatives and ask for assistance... But most organisations do not support the initiatives of the youth. Organisations only go to the communities to do their projects that they already had planned. In addition, most of the projects target in-school youth and not out-of-school youths." (KII with CSO representative, Dedza)*

A state actor reported that youth clubs were most active in areas supported by development partners, and that other youth clubs were inactive. This was confirmed during the fieldwork for this study, when a third of youth clubs listed as active were actually found to be inactive.

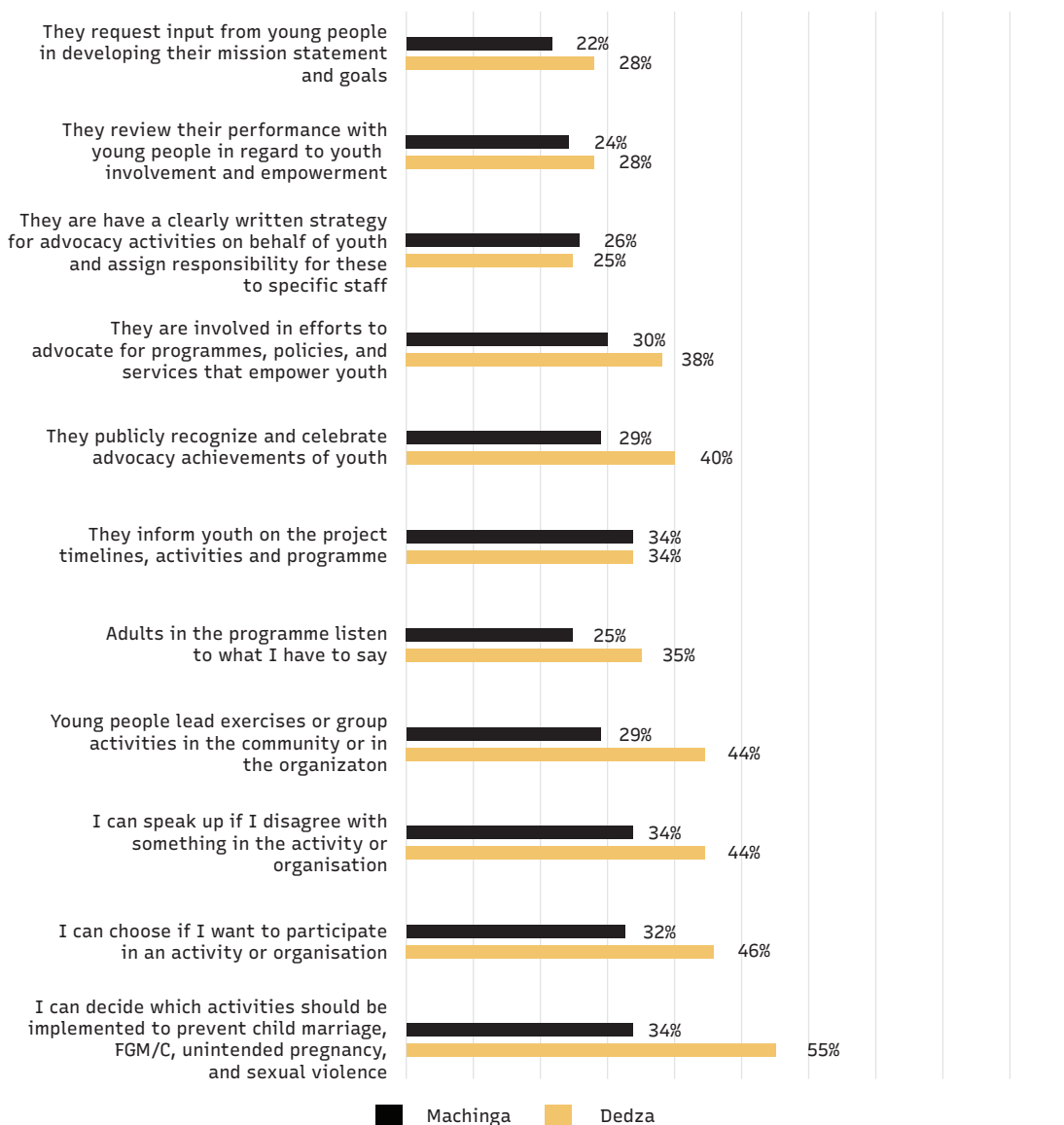
Survey respondents were also asked about the frequency of engagement in CSO activities. In Machinga, 77% of female respondents indicated being engaged at least once a week. Male respondents in Machinga engaged less frequently with 43% at least once a week, 20% at least once a month, and 27% every few months. In Dedza, the answers from female and male respondents were more similar: 75% of female and 88% of male respondents indicated being engaged at least once a week.

Young people were asked how meaningful their engagement with CSOs was (see Figure 13). Respondents from Dedza (n=125) who were engaged with CSOs seemed more *meaningfully* engaged overall. In Dedza, 55% of engaged respondents indicated that they decided on the activities to be implemented, 46% indicated that they could decide to engage in activities or organisations, 44% could speak up if they disagreed with something, and 40% felt recognised by CSOs publicly celebrating advocacy achievements of youth.

In Machinga, young people considered their engagement less meaningful, with 34% of respondents indicating that they were engaged often or all the time in deciding on the type of activities implemented, speaking up when disagreeing on something, and receiving information on the timeline and activities, and 32% feeling able to decide to engage in activities.



**Figure 13: Role of adolescents and youth in the CSOs they are engaged in, in Machinga (n=125) and Dedza (n=193)**



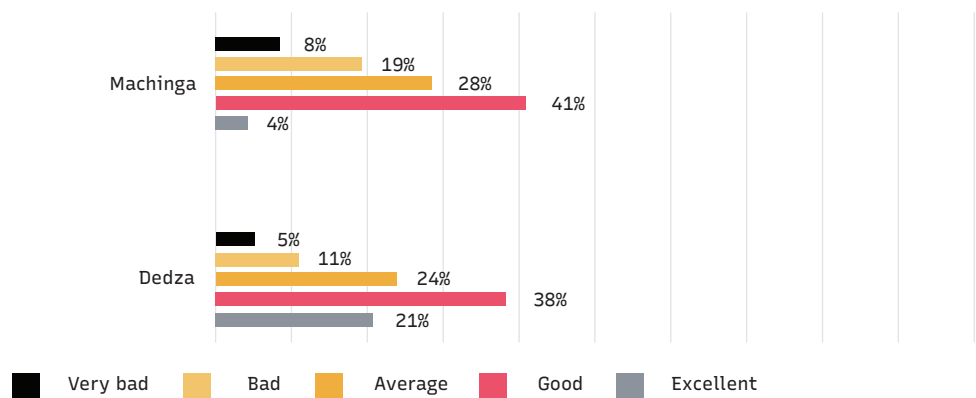
Although there are youth and other structures for community engagement in Machinga, not all young people seemed to be aware that they could use them and approach chiefs and the VDC to discuss SRHR issues.

*"I have never done this. This is even my first time to be called and participate in these discussions. I have never done this before. I have never had a chance to discuss with these people in the community. This discussion is an eye opener. I will be able to ask them now since I know that I can."* (FGD with young men, 20–24 years, Machinga)

Furthermore, a state actor in Dedza, explained that meaningful youth participation depended on the young people’s level of education with those who had completed at least Standard 8 or went to secondary school were more vocal. In addition, a state actor reported that some NGOs just started their activities without consultation, while others created them together with young people. When youth clubs are being set up by NGOs and are affiliated to schools, churches, or mosques, the activities and youth groups attached seem to be more sustainable.

When looking at the quality of participation (see Figure 14), young people in Dedza seemed to be more positive about the quality of participation than in Machinga, which corresponds with the findings presented in Figure 13. Overall, the quality of participation was reported as ‘excellent’ or ‘good’ by 45% of the respondents in Machinga, and ‘very bad’ by 8% of them. In Dedza, the reported quality of engagement was a lot higher, with 59% of respondents rating the quality of their participation as ‘excellent’ or ‘good’, and only 5% as ‘very bad’. In both districts, female respondents were slightly more positive than male respondents. Responses did not differ much by age group.

**Figure 14: Quality of young people’s participation in CSOs in Machinga (n=125) and Dedza (n=193)**



Some participants in FGDs in Machinga complained that youth clubs were side-lined by adults in activities that involved money, and that they were only invited for voluntary action. A participant in a FGD with boys (15–19 years) reported that young people involved in clubs and awareness-raising or other activities were sometimes mocked by other young people and community members. Other hindering factors mentioned were a lack of resources and low self-esteem among young people, which was especially the case for girls and young women. Also in Dedza, despite youth being represented in several community structures, the quality of their participation could be jeopardised by older people, who took over tasks to be done by youth.

*“Every developmental activity that is being implemented in a community, it passes through the ADC; although we have youth representatives at the ADC, but sometimes, they are being overpowered by other elder people. They (ADC members) even make the decisions at the ADC without involving youths because they know that they would get some benefits out of it. ... We still have a long way to go for youths to be fully involved in interventions at the community level. It is really a challenge.” (KII with NGO representative, Dedza)*

Another CSO representative talked about young people advocating for their rights being seen as rude by the community, because culturally, a young person is not supposed to correct an elderly person. As in Machinga, a lack of resources for youth clubs was also mentioned by several participants in Dedza.

## 5.2 TYPES OF ORGANISATIONS YOUNG PEOPLE ARE ENGAGED WITH

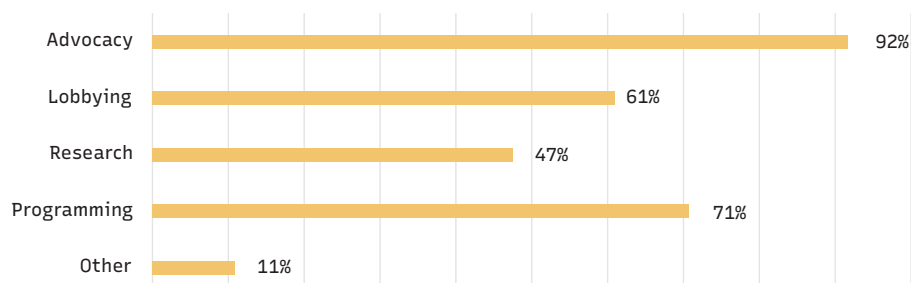
In terms of the type of organisation that survey respondents were involved in, the vast majority (90%) both in Machinga (89%) and Dedza (92%) were engaged in youth-led organisations as can be seen in Table 14. Participation within other types of CSOs such as those which are women led, faith based organisations and NGOs is very low.

**Table 14: Type of CSOs young people are engaged with, in Machinga (n=422 in total and n=149 for those engaged) and Dedza (n=427 in total and n=193 for those engaged)**

	Machinga	Dedza
Youth-led organisations or groups	88.6% (n=132)	91.5% (n=182)
Women’s organisations	0.7% (n=1)	0.5% (n=1)
Faith-based organisations	2.7% (n=4)	5.5% (n=11)
NGOs	10.7% (n=16)	4.5% (n=9)
Other community-based organisations	10.7% (n=16)	3.0% (n=6)
Other	0.7 (n=1)	0.0 (n=0)

A third of respondents (32%) reported that the CSOs they were engaged in were working at national level, followed by those working at district (21%) and community level (20%). Figure 15 shows that there are three major types of activities that CSOs are involved in, which are mostly advocacy (92%), programming (71%) and lobbying (61%) activities. Nearly half (47%) of the CSOs are involved in research.

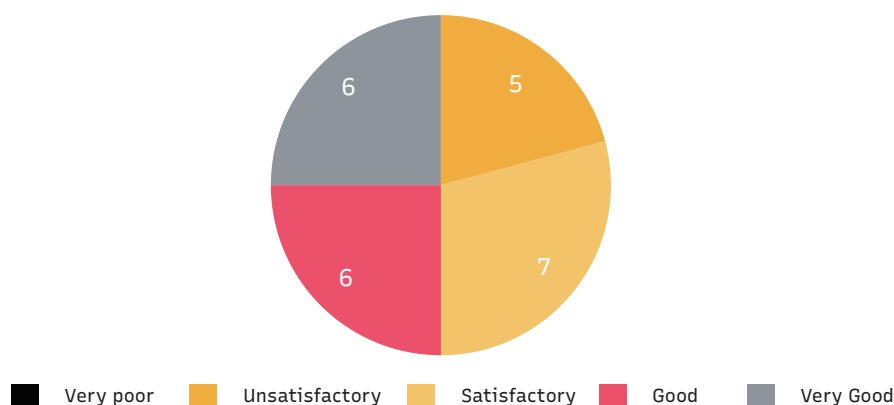
**Figure 15: Type of activities CSOs are involved in (n=380)**



### 5.3 (MEANINGFUL) ENGAGEMENT OF YOUTH ADVOCATES

In the civic space survey, 24 respondents were below the age of 35. Of these respondents, none rated their quality of participation in lobbying and advocacy as very poor, as can be seen in Figure 16. There were no major differences in the ratings, as six participants rated their participation as very good, seven as good, seven as satisfactory, and five as unsatisfactory.

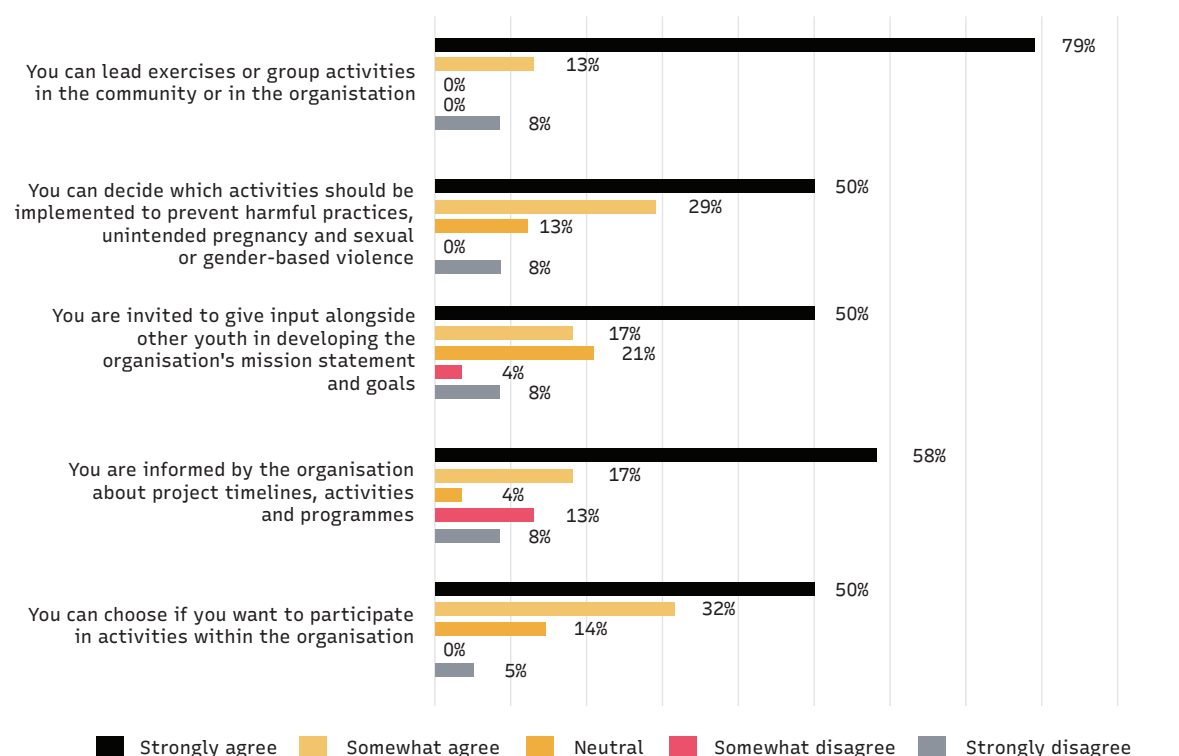
**Figure 16: Youth advocates' satisfaction with the quality of their participation in lobbying and advocacy activities (n=24)**



Youth advocates were also asked about their leadership and autonomy as youth advocates in CSO activities. Figure 17 shows that youth advocates are more engaged and have a more meaningful role to play than respondents from the other survey (see Figure 13). A majority of youth advocates strongly agreed that they had a strong engagement on the three issues of interest. Most respondents (79%) strongly agreed that they could 'lead exercises or group activities in the community or in the organisation' and were 'informed by the organisation about timelines, activities and programmes' (71%). Further, 58% strongly agreed that they were 'able to give input alongside other youth in developing the organisation's mission statement and goals',

which is also a lot more than was the case for respondents outlined in Figure 14. Half of the respondents strongly agreed with the other statements put to them.

**Figure 17: Youth advocates' participation and engagement in various aspects of CSO activities (n=24)**



## 5.4 OVERVIEW OF ADVOCATES' ENGAGEMENT WITH STATE ACTORS

Advocates were asked about the type of lobbying and advocacy activities that they have been involved in. Again, advocates (n=29) are mostly engaged in community awareness-raising activities, followed by providing training/sensitisation workshops (n=28). In addition, many advocates are engaged in influencing policymaking and implementation (n=24). These activities were followed by those who said that they collaborated with government through membership of working groups (n=21), holding the government accountable on commitments to youth rights, harmful practices, unintended pregnancies, and SGBV (n=20). Only six advocates were engaged in organising direct action such as street protests.

**Table 15: Type of lobbying and advocacy activities advocates are engaged in**

Type of lobbying and advocacy activities involved in	(n=32)
Community awareness-raising (e.g. community dialogues, peer education)	29
Providing training/sensitisation workshop	28
Influencing policymaking and implementation (e.g. commenting on draft policy documents, participating in policy consultations, dialogues with policymakers)	24
Collaborating with government through membership of working groups	21
Holding government accountable on their commitments on youth rights, harmful practices, unintended pregnancy and/or SGBV	20
Campaigning using TV, radio, newspapers and social media	19
Participation in public debates in (social) media	19
Influencing (changes in) national legal frameworks	14
Development and/or implementation of laws	14
Holding health facilities accountable for provision of (youth-friendly) services	14
Organising direct action (e.g. street protests)	6
Other	1

Respondents were asked about how they would characterise the dialogue between the organisation(s) they are involved in and the government. Twenty advocates characterised the dialogues as constructive, followed by six advocates who said that it was irregular, and six who described it as lip service/tokenistic. Two advocates reported that the dialogue was hostile.

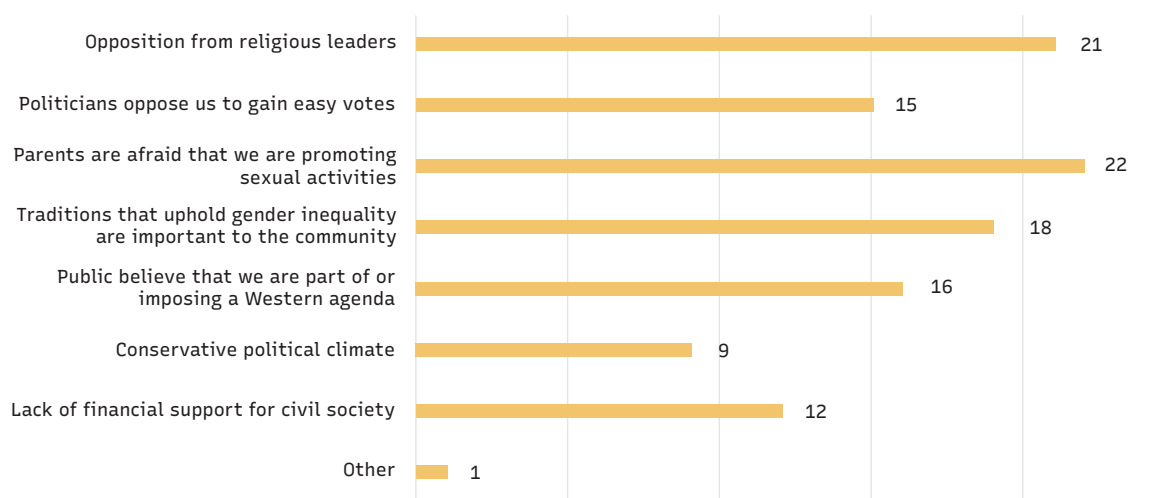
Advocates were also asked if there were any specific groups that were discriminated against and/or excluded from dialogue with the government. Of the 28 respondents, 12 answered that this was the case for indigenous or minority groups. Eight respondents mentioned the lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) community. Five respondents thought that people with disabilities were excluded or discriminated against, five thought that youth were excluded or discriminated against, and two mentioned sex workers. Seven advocates reported that no groups were excluded or discriminated against.

## 5.5 ADVOCATES ENGAGEMENT IN DECISION- MAKING FORUMS

Twenty-three advocates said that CSOs/advocates were actively involved in decision-making or approached by government for meaningful consultation on policies relating to child marriage, SGBV and unintended pregnancy. Two advocates said they were not actively involved or approached by the government. For those who reported that they were actively involved or approached by the government, they further explained how they were involved: 23 of the 25 advocates who answered this question indicated that they attended policy consultations, 22 were invited to comment on draft policy documents, and 15 organised activities together at national and local levels.

Advocates also identified challenges faced by CSOs in securing public support, recognition and acceptance on SRH issues. Figure 18 shows that there were three major problems (reported by over two thirds of respondents): parents were afraid that advocates were promoting sexual activities (n=22); opposition from religious leaders (n=21); and traditions that uphold gender inequality were important to the community (n=19).

**Figure 18: Major challenges for civil society organisations in securing public support, recognition and acceptance on SRH issues**



The other challenges identified, as can be seen in Figure 18, included a prevailing belief that CSOs were part of or were imposing a Western agenda (n=16), and politicians opposing CSOs to gain votes (n=15). The other two barriers mentioned by less than half of respondents were a lack of financial support for civil society (n=12), and a conservative political climate (n=9).



## 6. FINDINGS: (ENABLING) ENVIRONMENT FOR YOUNG PEOPLE'S RIGHTS AND ADDRESSING HARMFUL PRACTICES, SEXUAL AND GENDER-BASED VIOLENCE AND UNINTENDED PREGNANCY

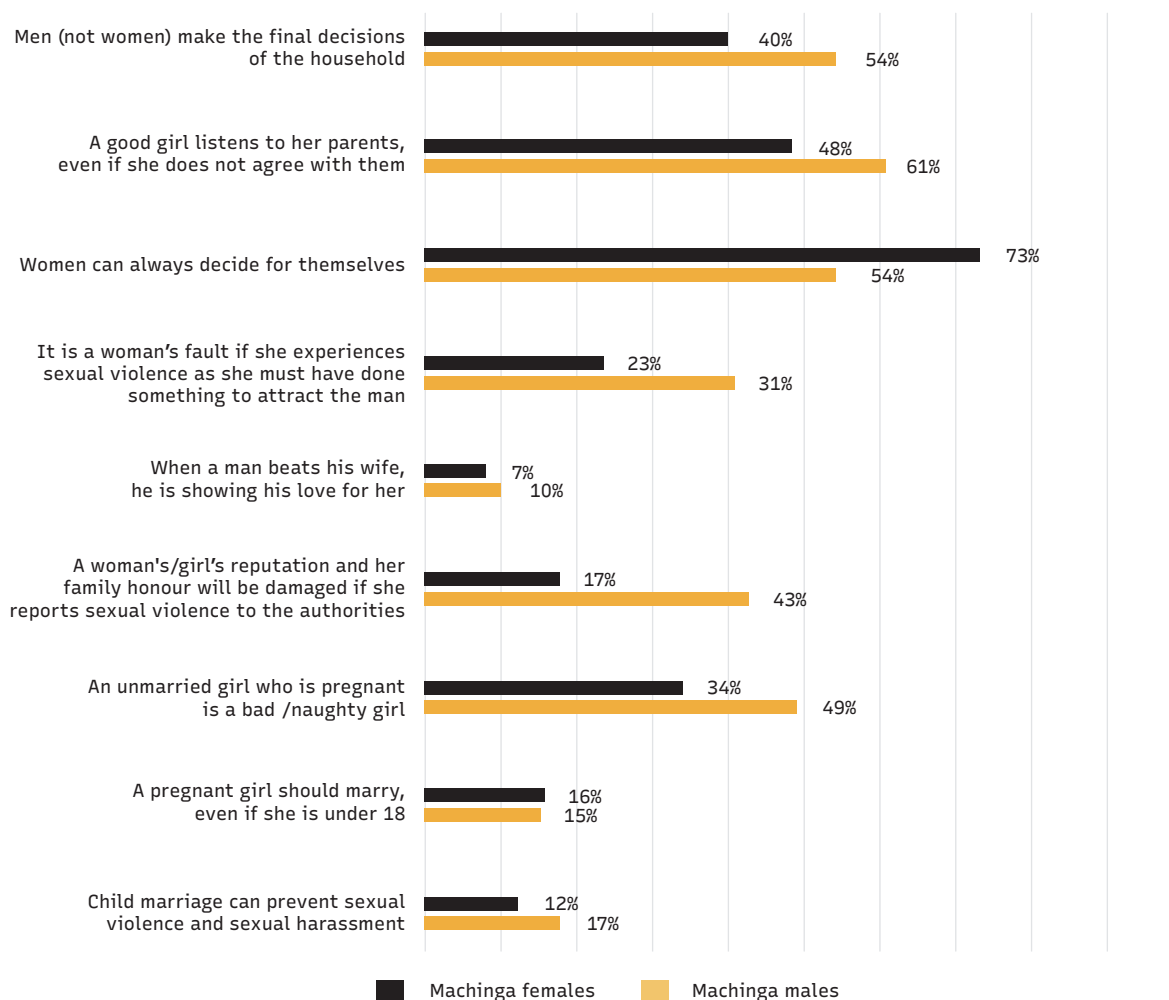
### 6.1 GENDER AND SOCIAL NORMS AMONG COMMUNITY-LEVEL SOCIAL ACTORS

The few FGD and interview participants who spoke about boys' and girls' roles in the household indicated that gender norms at the household level were changing. Boys and girls have to do more similar household chores, and wives are no longer left to do all the work by themselves. At the community level, however, one key informant from an NGO in Dedza claimed to see little change in gender equality and youth empowerment. This key informant said that although girls were participating fully in many community activities, they did not hold leadership positions to the same extent as boys. Another key informant from a CSO said that social norms affected girls' level of confidence. One religious leader acknowledged that women were now more respected in churches or mosques.

In the survey, respondents were asked if they agreed or disagreed with specific statements relating to gender norms. In Dedza (31%) and Machinga (28%) almost a third of respondents agreed with the statement 'It's a woman's fault if she experiences sexual violence, as she must have done something wrong to attract the man.' The lowest level of agreement was seen in relation to the statement 'A husband beats his wife to show his love.' Only around 6% of respondents in Dedza and 8% of respondents in Machinga agreed with this.

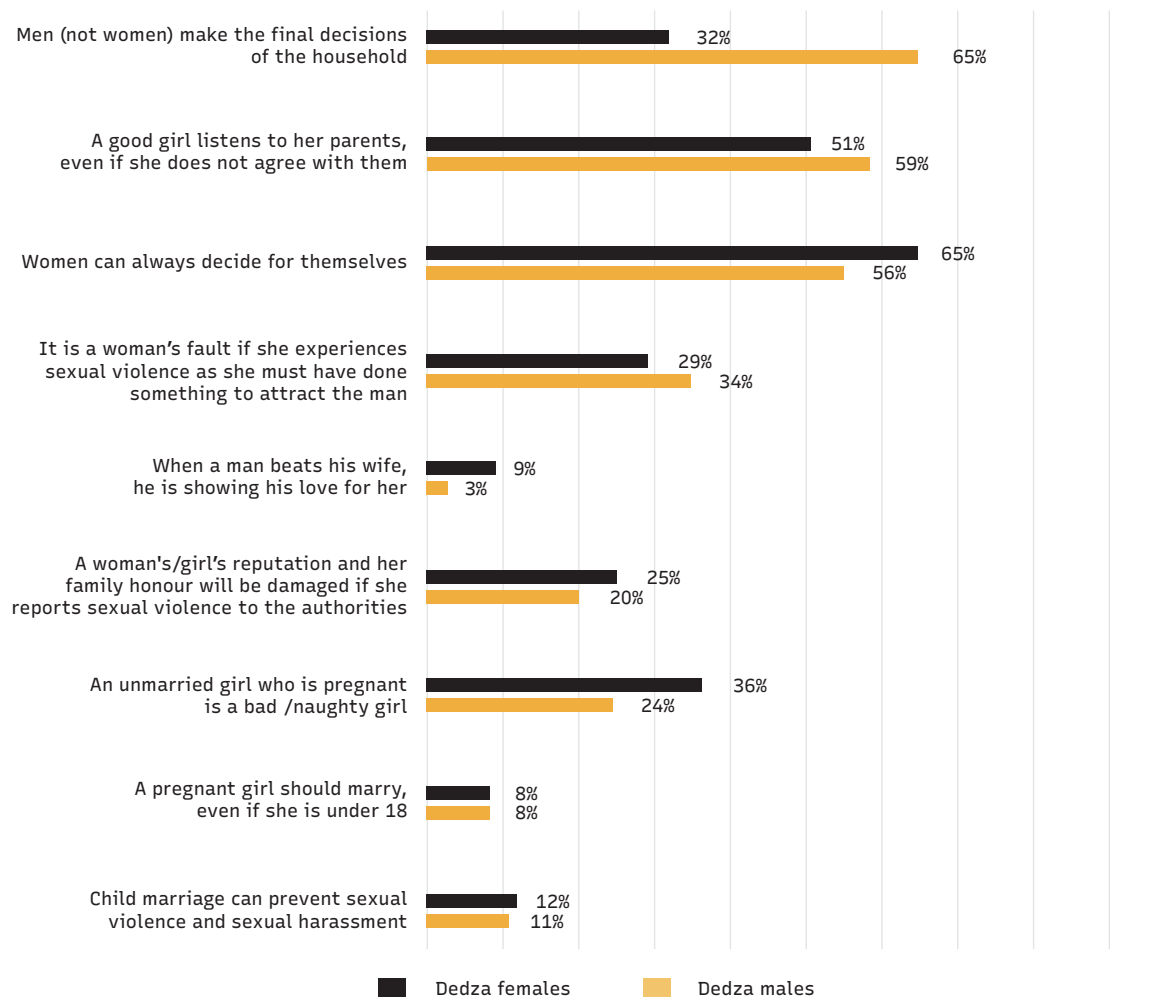
In Machinga, more male than female respondents (strongly) agreed with all statements related to unequal gender norms (see Figure 19). The biggest differences between male and female respondents were noted for the following three statements: sexual violence would damage the woman's/girl's reputation and her family honour; unmarried girls who are pregnant are regarded as bad/naughty; and women are to blame for situations of sexual violence. With regard to the decision-making power of women, two thirds of respondents agreed that women could always decide for themselves. Here the perspectives of female and male respondents differed considerably. In Machinga, 73% of the female respondents and 54% of the male respondents agreed with the statement.

**Figure 19: Percentage of male and female respondents who (strongly) agreed with statements relating to gender norms in Machinga**



In Dedza, female respondents were more likely than male respondents to agree with many negative statements about sexual violence, child marriage and unintended pregnancy (see Figure 20)—for example, those relating to teenage pregnancy (young girls who are pregnant are regarded as bad/naughty); sexual violence (sexual violence would damage the woman's/girl's reputation and her family honour, and a husband beats his wife to show his love); and child marriage (child marriage can prevent sexual violence and sexual harassment, and a pregnant girl should marry even if she is under 18). However, regarding the decision-making of men and women, a different picture appeared. In Dedza, 32% of female respondents and 65% of male respondents agreed that men (not women) made the final decisions in the household, while 55% of male respondents also agreed that women could always decide for themselves. It seems that male and female respondents have contrasting views about how decision-making takes place at the household level (See Figure 20).

**Figure 20: Male and female respondents who (strongly) agreed with statements relating to gender norms in Dedza**



Looking at youth decision-making power, less than half of respondents (41% in Machinga and 47% in Dedza) agreed with the statement that adults are more knowledgeable and that is why they can decide for youth. However, more than half of all respondents agreed that a good girl should listen to her parents even if she does not agree with them.

## 6.2 INCREASED AWARENESS AND KNOWLEDGE ABOUT HARMFUL PRACTICES HAS CONTRIBUTED TO CHANGE

Interviewed participants, referred to the following positive changes that have occurred in their communities. Mainly participants from Dedza, said that they had observed increased awareness of the harms of child marriage, early pregnancy and sexual abuse. Community members were better informed about implications for the health of girls and the link with, for instance, fistula. Having more knowledge has led, according to some key informants, to more frequent reporting of SGBV cases. There seems to be more knowledge on where sexual assault or child marriages can be reported, and that girls who are pregnant should return to school, instead of getting married. Some key informants from CSOs indicated that before cases were kept silent or not seen as harmful, or people did not know where to report them, while nowadays cases of child marriage and sexual abuse were being reported to officials such as chiefs and the police.

One state actor from Dedza indicated that there was increased awareness that by addressing child marriage and teenage pregnancy, and not only focussing on infrastructure or roads, the socio-economic situation in the area would improve.

*“Of the times the communities view development as hardware infrastructure but now through different interventions we could see some of the communities bringing up issues like early marriages and teenage pregnancies as issues.” (KII with state actor, Dedza)*

With regard to initiation ceremonies, some of the harmful practices have changed within these ceremonies. The underlying values that led to adjustments are the importance of education and improved health of girls and boys. According to a sheikh (religious leader) and a health surveillance assistant from Dedza, to prevent teenage pregnancy, rape and child marriage, the dancing ceremonies were no longer happening at night. Another practice that contributed to high HIV/STI transmission called the ‘hyena’ (fisi)—whereby a man (the hyena) had sex with girls (*kusasa fumbi*) who underwent the initiation ceremony—was said to have been abolished in Dedza. As indicated earlier, boys who were circumcised during the initiation ceremony are now going through a medical circumcision procedure in the health facility. Another adjustment observed is the timing of the initiation ceremonies. They are no longer allowed during school terms. However, valuing women’s body integrity and preventing violence from a human rights perspective were not given as reasons why these changes occurred.

### 6.3 BARRIERS TO SOCIAL NORM CHANGE: LOW EDUCATION LEVELS, TRADITIONAL GENDER NORMS AND LACK OF PARENTAL ENGAGEMENT

According to several participants, one of the factors that hinders norm change is the high illiteracy rate specifically mentioned in Dedza. Another barrier mentioned was the lack of knowledge about the health, mental and socio-economic consequences of early pregnancy and the traditional culture, reflected in the taboo of girls accessing contraceptives and being in charge of their own sexuality and reproductive role, as explained by a key informant from an NGO based in Dedza:

*“Cultural beliefs of the people in the community: it is very difficult for a girl to go to the facility and request condoms. Boys could easily go to the facility and get condoms, but that cannot happen for girls.”* (KII with NGO representative, Dedza)

Other barriers to positive social norm change mentioned were money, peer pressure among youth to start sexual relationships at a young age, teenage pregnancy and marriage, and a lack of engagement of parents.

### 6.4 OPPORTUNITIES FOR SOCIAL NORM CHANGE: BY-LAWS AND COMMUNITY ACTION

Different factors were mentioned that contribute to norm change. These were the by-laws, the engagement of NGOs, community-based organisations (CBOs) and community leaders in awareness-raising efforts on the consequences of harmful practices and unintended pregnancy, and the role of teachers. For instance, through by-laws, chiefs are fining people if the dancing ceremonies continue, and people are afraid of these fines. Another factor contributing to change has been the role of community members and their increased space in decision-making processes, as a religious leader from Dedza indicated:

*“Things have really changed regarding issues of human rights because in the past, community members were not allowed to take part in the decision-making processes of the community; only the traditional leaders were responsible for making the decisions. Nowadays people are given the opportunity to express their views and or raise their concerns whenever they have an issue.”* (SSI with a sheik (religious leader), Dedza)

## 6.5 MOST ACTIVE STAKEHOLDERS ARE NGOS AND CBOs

When asked about the most active stakeholders, most participants mentioned numerous NGOs and CBOs that are active in Dedza and Machinga. Most participants were quite informed and positive about the contributions of NGOs and CBOs to change situations in their community. They referred to NGOs and CSOs as having contributed the most to change. Only some young men in a FGD (20-24 years) had expressed their scepticism about an organisation, as they had not directly benefited from their activities. According to a religious leader from Dedza, NGOs and CBOs are doing a great job, but when the project ends, the community members do not take any initiative to continue. This 'dependency syndrome' was also explained by a state actor. The work of World Vision stood out as the main and most established NGO active on SGBV, together with YONECO.

The following NGOs and CBOs were mentioned by participants in Dedza: CAMFED, Norwish, Koica's, Action Aid, the Centre for Youth Empowerment and Civic Education (CYECE), UAA, Theatre for a Change (TfaC), Kujama Pamodzi, CCJP, MACOHA, NICE, FPAM, GVH, Chiyesera, MANERERA, NICE, Concern, Link Youth Initiative Development Commitment (YICoD), UJAMAA, SUPREME, TiPHEC and United Purpose. Liwu la Mzika and Mthetsa nkhanza were two CBOs led by World Vision.

In Machinga, more international NGOs were mentioned and a lot fewer CBOs. Organisations mentioned included World Vision, Save the Children, Plan International, Action Aid, Amref, Goal Malawi, Concern, UJAMAA, Pamodzi Africa and YONECO, One Acre Fund, SWAM, CRECOM and the Centre for Youth Empowerment and Civic Education (CYECE).

## 6.6 LAWS AND POLICIES

### 6.6.1 CHANGES IN LAWS AND POLICIES

Most national laws and policies that affect young people are formulated without their involvement. The Social Welfare Office is custodian of the child protection policy, and there seems to be space for youth to provide their perspectives. The laws themselves have not changed, but according to a state actor, the changes that were introduced were by-laws at district level, as the 'national' laws were not always very functional. The by-laws have been developed with the engagement of many stakeholders, including youth representatives in the district, and have helped to enforce existing laws.

With regard to SRHR policy, according to an NGO key informant in Dedza, changes have happened, as nowadays more vulnerable groups such as people with disabilities, sex workers, and men who have sex with men are included. A new policy under construction is the Chiefs' Act, which guides the work of chiefs, as they are currently protected even when committing a crime. As one state actor in Machinga described:

*"The policy that seems helpful is the Chiefs' Act, which guides the work of the chiefs... It will benefit us if these laws are amended because say for example it is the chief that abuses a child, where will you take him if these laws are not amended? Eheee! Because all the structures I mentioned like the victim support unit and the like are all under the chief."* (KII with state actor, Machinga)

## 6.6.2 ENFORCEMENT OF LAWS AND POLICIES: THE ROLE OF BY-LAWS

As mentioned above, the by-laws have contributed strongly to the enforcement of laws. Many participants in this study were not very aware of the national laws around child marriage, SGBV and unintended pregnancy, but they were aware of the punishment that follows certain behaviour through by-laws. They are more knowledgeable of what is allowed and what is not, and the punishments.

By-laws are enforced by the CVA committee in Dedza. Every village has a person who is a member of the CVA. If there is a child marriage or an elderly person is beaten, it is the CVA that informs the chief; in a case of defilement they would directly inform the police. The chief informs the group village headman, who in turn informs the TA. When the issue reaches the TA, it means that the issue has also reached the ADC level, and the TA would be in charge of deciding what to do with the case.

## 6.7 BUDGET EXPENDITURE ON SRHR IS NOT TRANSPARENT

From the Power to You(th) country team assessment, information was provided by Oxfam on the Malawian government's budget spending on health and SRHR. A large part of the annual government budget is spent on health services. However, the government does not invest much in actual health services, but a substantial amount of the funding is allocated to wages and salaries of health personnel. Data on SRHR funding for 2019-2020 were difficult to find. It seems that MWK 186 million (around EUR 200,000) was allocated for SRHR; however, the funding was only released two months before the end of the financial year, while the 2021 budget contained MWK 200 million (around EUR 215,000), which was released three months before the end of the financial year. This led to low expenditure on SRHR activities and made it harder for stakeholders, including parliamentarians, the Ministry of Health, the Reproductive Health Directorate and development partners, to advocate for a budget increase. In



addition, funding requirements do not match the budget amount. For example, in 2019, the funding requirement for SRH was MWK 66.9 billion (around EUR 72 million), while the budget amount was MWK 23.8 billion (around EUR 25 million).

Despite an increase in budget allocation from MWK 26 million (around EUR 28,000) in the financial year of 2013-2014 to MWK 186 million (around EUR 200,000) in 2019-2020, the overall proportion of domestic funding for family planning remains small at 1.4% of family planning commodity needs. The very limited domestic funding available has led to a very high reliance on external development partners for financing, which often focus on NGOs instead of the government, which places SRHR interventions on a very unsustainable footing.

There seems to be little transparency in budget availability on the three issues of interest. Key informants from state actors and from NGOs emphasised the lack of transparency from both sides on the available budgets and government underspending of the SRHR budget. According to one state actor, when NGOs and the government are transparent, the communities can know what is available in terms of resources and see for themselves how certain projects have contributed to these kinds of developments. Budget transparency can help to better hold governments and NGOs to account for what they have delivered and what they were supposed to deliver.

## 6.8 POLITICAL WILL OF STATE ACTORS TO SUPPORT YOUNG PEOPLE'S RIGHTS AND ADDRESS HARMFUL PRACTICES, SEXUAL AND GENDER-BASED VIOLENCE AND UNINTENDED PREGNANCY

The political will of ward councillors, TAs and Members of Parliament (MPs) varies a lot based on their level of engagement and their position. According to a CSO representative in Machinga, political will is demonstrated by the engagement of MPs, TAs and ward councillors. This key informant specifically referred to the strong engagement of ward councillors in developing by-laws and informing the national parliament. This was also the case for several TAs, but their engagement was seen as less than that of MPs. A state actor from the District Social Welfare Office provided an explanation for MPs being less 'visibly engaged,' as ward councillors inform the MPs during the full council. The ward councillors are more present at the district level and involved in developing by-laws, for instance. The political will of politicians can be aligned with the membership of certain political parties:

*"Yes! We work with them but not that much because they are politicians. For instance, we have Constituency Development Fund (CDF) that I am talking about. It is affiliated to Members of Parliament (MPs). CDF is providing education support to children, then*

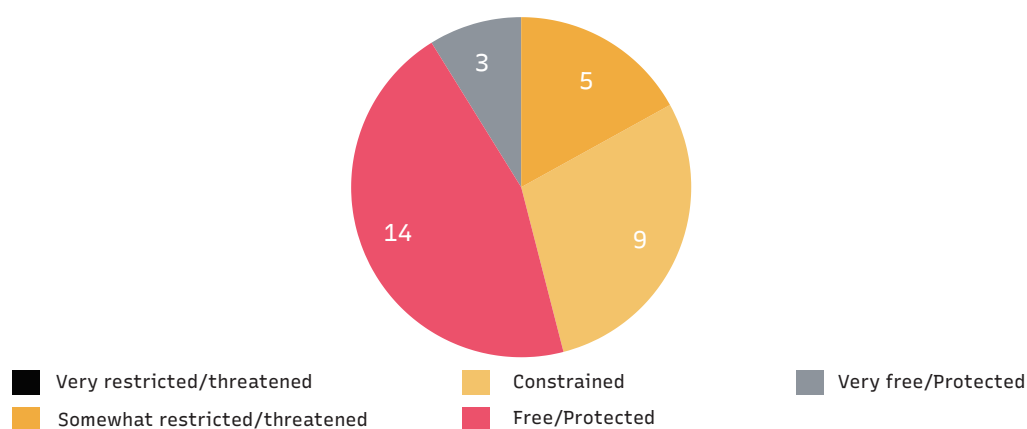
*you would find out that it would contradict with the guidelines, because they would like to support those children whose parents are affiliated to their political party. But if you look at their supporters, you will find that they are better off, while vulnerable children are suffering because they are not affiliated to their political party. So, sometimes they contradict what the guidelines are saying and what political parties want.” (KII with state actor, Dedza)*

## 7. FINDINGS: CIVIC SPACE

### 7.1 CORE COMPONENTS OF CIVIC SPACE

Respondents to the civic space survey were asked about the core components of civic space in Malawi. Figure 21 shows that the majority of the youth and CSO advocates thought that the state's respect for human rights and fundamental freedoms was (very) free/protected. Other components are covered in the following sections.

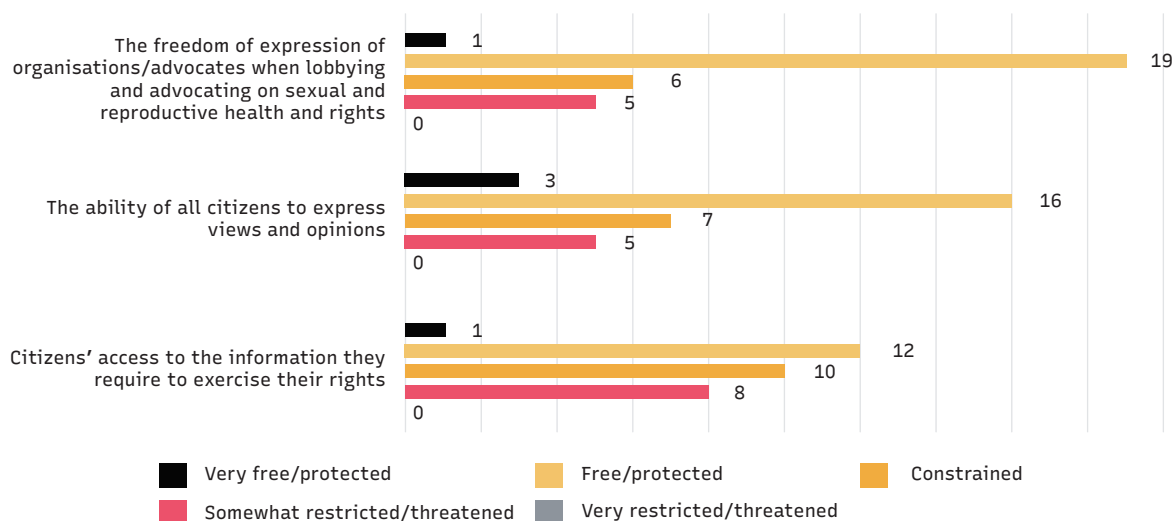
**Figure 21: Youth and CSO advocates' assessment of the State's respect for human rights and fundamental freedoms in Malawi (n=31)**



#### 7.1.1 FREEDOM OF INFORMATION AND EXPRESSION

Three components of civic space focused on freedom of information and expression (see Figure 22). Citizens' access to the information they require to exercise their rights received the lowest score in terms of civic space. Six of the 31 respondents indicated that it was somewhat restricted/threatened, 10 indicated that it was constrained, 12 indicated it was free/protected, and one respondent indicated that it was very free/protected. Two thirds (20 out of 31) of the respondents rated the freedom of expression of organisations/advocates when lobbying and advocating on SRHR as (very) free/protected.

**Figure 22: Youth and CSO advocates' assessment of different aspects of freedom of information and expression in Malawi**



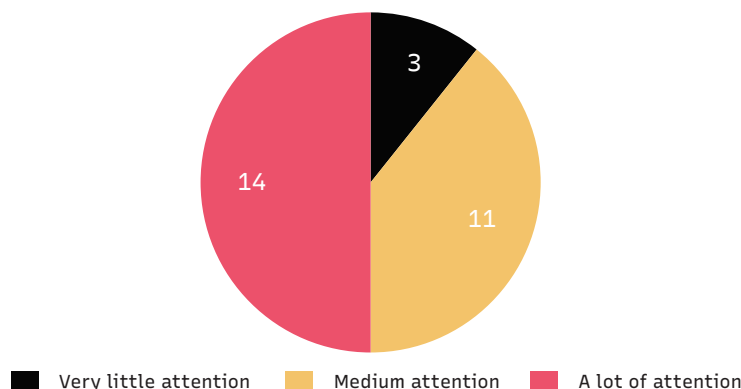
### 7.1.1.1 PRESS FREEDOM

Participants in qualitative interviews from CSOs and state actors reported that the media (newspapers, television, radio—Zodiak, MBC and Times—and Bembeke Community Radio in Dedza) sometimes covered issues related to Power to You(th). One CSO representative in Machinga said there was no media house or community radio station in the district. Another CSO representative confirmed this but reported that Yoneco radio (based in Zomba) was popular in Machinga. A state actor in Machinga talked about CHANO radio, which has programming on SGBV, but the frequency cannot be received in large parts of Machinga. Press freedom was not discussed in depth in the interviews. A few participants said the media were unrestricted, and one participant said the media could be influenced by politics.

### 7.1.1.2 MEDIA SUPPORT FOR POWER TO YOU(TH) CORE ISSUES

Figure 23 shows that 25 of the 28 respondents who answered the question about how much attention the media pays to the issues of harmful practices, SGBV and unintended pregnancy in Malawi said, 'medium attention' (n=11) or 'a lot of attention' (n=14).

**Figure 23: Youth and CSO advocates' assessment of the level of media attention paid to Power to You(th) core issues**



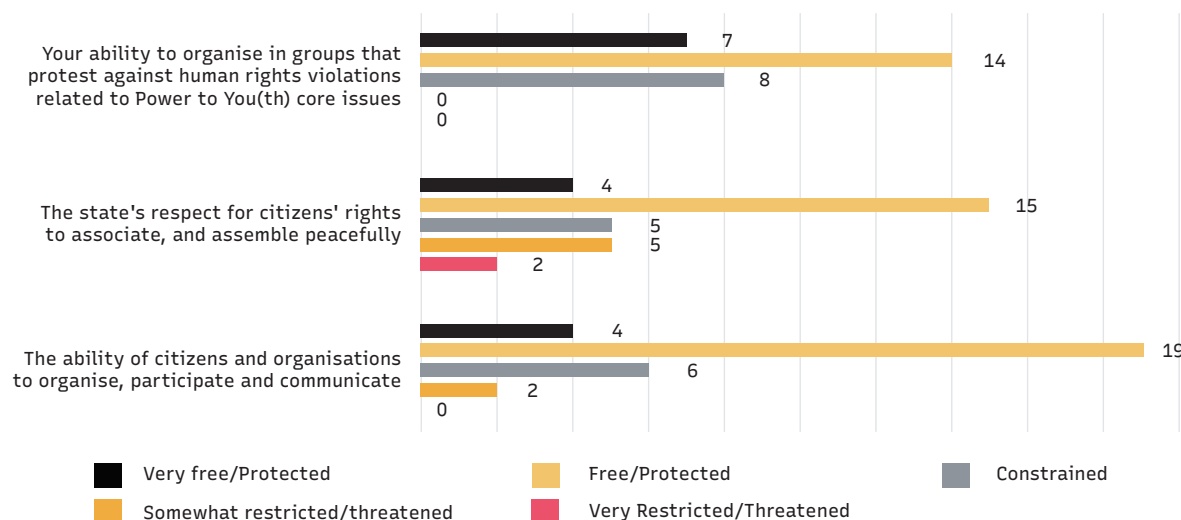
### 7.1.1.3 RADIO MOST INFLUENTIAL IN SHAPING PUBLIC OPINION

On the question about which forms of media, if any, are most influential in shaping public opinion on the issues of harmful practices (child marriage, initiation rites), SGBV and unintended pregnancy, most respondents (25) mentioned radio, followed by social media (23), television (18), printed newspapers (17) and online newspapers (15). The majority of the respondents said that most media had a positive influence, except for social media. Just eight respondents considered the influence of social media positive, while 11 considered it neutral, and four considered it negative. Respondents were also asked about the main target audiences of the most influential media. For rural populations, the radio was mentioned most, and for urban populations, television and online newspapers. Young people were seen as the main target audience of social media (n=21), radio (n=15) and television (n=13).

### 7.1.2 FREEDOM OF ASSEMBLY AND ASSOCIATION

Figure 24 shows youth and CSO advocates' assessment of different aspects of freedom of information and expression in Malawi (n=31). As can be seen, the picture is quite positive regarding the ability to organise in groups that protest against human rights violations related to Power to You(th) core issues. However, more respondents indicated a restricted civic space related to the state's respect for citizens' rights to associate and assemble peacefully, and the ability of citizens and/or organisations to organise, participate and communicate.

**Figure 24: Youth and CSO advocates' assessment of different aspects of freedom of information and expression in Malawi**

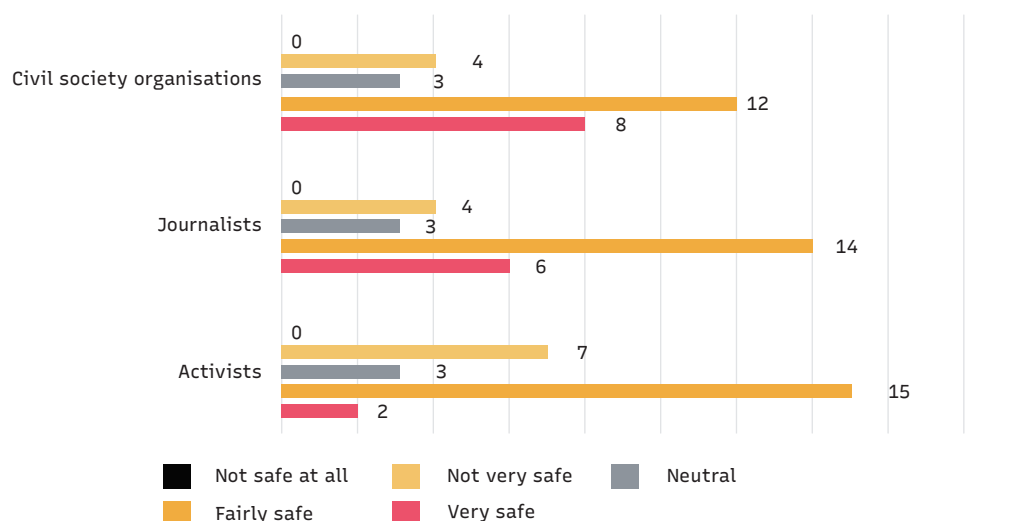


Regarding the question about the main restrictions that limit the freedom of assembly and legitimate protest, while five respondents indicated there were no restrictions, 14 indicated the cost of and requirements for authorisation, 11 indicated criminalisation and punishment of certain activities, and 11 also indicated the use of violence, repression and policing. LGBTQI groups and minority populations were seen as having the most difficulty gathering and organising.

### 7.1.3 FINANCIAL STABILITY, AUTONOMY AND SECURITY OF CIVIL SOCIETY

Respondents to the civic space survey were asked about the safety of civil society, journalists and activists working on SRHR. As can be seen in Figure 25, the majority thought that the level of safety was good. Seven respondents thought activists were not very safe, while four respondents thought the same for journalists and CSOs.

**Figure 25: Youth and CSO advocates' assessment of safety levels of those working on SRHR in Malawi**



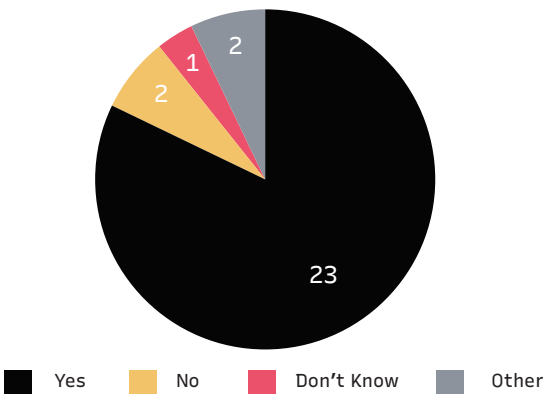
Regarding the question about whether there are government mechanisms or initiatives that provide financial support to organisations working on SRHR, 12 respondents said 'no', 10 respondents did not know, and 6 respondents said 'yes.' Most respondents (n=11) thought these finance mechanisms or initiatives were not in place because it was not a priority for the government. Four respondents thought there was a clampdown on foreign funding, and two respondents thought there was a clampdown on international NGOs.

## 7.2 DIALOGUE AND CONSULTATION

Figure 26 shows that most of the youth and CSO advocates thought that civil society or advocates were involved in decision-making or were approached by the government for meaningful consultation on policies related to Power to You(th) core issues.



**Figure 26: Youth and CSO advocates' views on whether or not CSOs/advocates are actively engaged by government for meaningful consumption on policies relating to Power to You(th) core issues**



The majority of the respondents thought the dialogue between their organisation and government was constructive (n=20). Six respondents considered it lip service/ tokenistic, six said it was irregular, five said it was regular, and two respondents found it hostile.

### 7.2.1 ACCOUNTABILITY MECHANISMS

The involvement of CSOs and advocates in government decision-making takes place via policy consultations (n=23), commenting on draft policy documents (n=22), and joint organisation of activities at national or local level (n=15). On the question whether spaces for dialogue with the government engage a diversity of civil society actors (including women’s rights organisations, indigenous people and people with disabilities), 20 respondents responded that this was indeed the case, while three said it was not, and three respondents did not know.

In Dedza, in an interview, a state actor talked about the lack of transparency of CSOs, stating that they did not share their budgets, which hindered annual planning and accountability. At TA level in Dedza, young people, state actors and CSO representatives talked about ADCs, which had youth representatives, through which community leaders could be held accountable for their promises. In Machinga, girls (15–19 years) in a FGD talked about chiefs, policymakers and Yoneco holding the government accountable. Accountability actions at TA level were not discussed in depth.

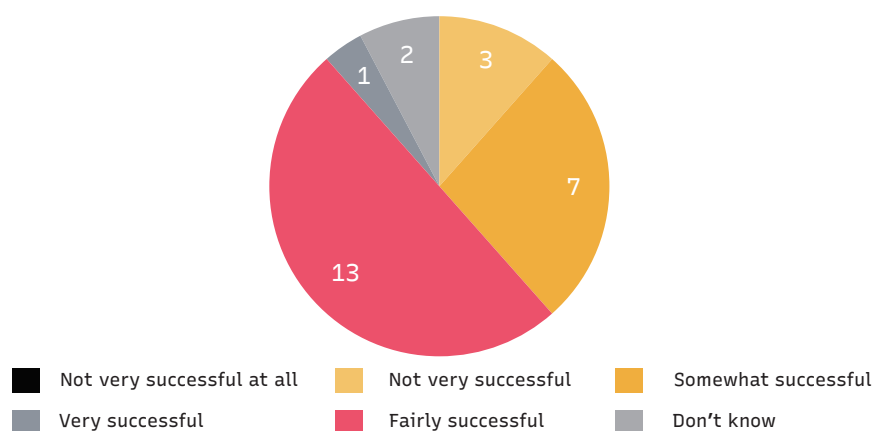
According to the Power to You(th) country assessment, the following accountability mechanisms have been used by CSOs working in Dedza and Machinga: interface

meetings with relevant stakeholders such as religious and traditional leaders; sensitisation meetings; training communities to use accountability tools such as scorecards; public hearings; media engagement; and suggestion boxes in clinics. These social accountability mechanisms have been used to demand the modification and elimination of harmful cultural practices, and as awareness-raising activities to increase the demand for and to hold duty-bearers accountable for ensuring access to SRH services.

### 7.3 LOBBYING AND ADVOCACY ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS

Half of the 26 respondents who answered the question on whether civil society is successful in influencing government policy said that it was fairly successful (Figure 27). Seven respondents rated it 'somewhat successful', three 'not very successful', and one 'very successful'.

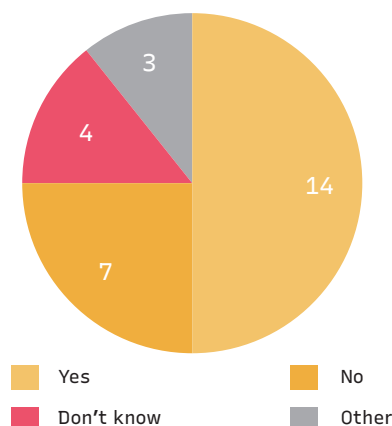
**Figure 27: Youth and CSO advocates' assessment of civil society success in influencing government policy**



#### 7.3.1 AVAILABILITY AND USE OF EVIDENCE

Figure 28 indicates that half of the respondents to the civic space survey thought there was enough evidence to assist lobbying and advocacy efforts on SGBV, child marriage and unintended pregnancy. Seven respondents thought this was not the case, while four did not know.

**Figure 28: Youth and CSO advocates' assessment of the sufficiency of evidence to assist lobbying and advocacy efforts**



Respondents were asked which topics needed more evidence. One respondent wanted more evidence on how COVID-19 had affected the civil society space, how awareness-raising campaigns would lead to positive social norm change, and how good collaboration among CSOs would lead to sustainability of the development projects. Three respondents wanted more evidence on unintended pregnancy, and three respondents mentioned Female Genital Mutilation/Cutting. Two respondents mentioned LGBTQI groups, in terms of their rights and the need for more demographic information about these populations. Two respondents mentioned SGBV, with one of them interested in data on the prevalence of GBV disaggregated by district. Two respondents mentioned child marriage. Topics that were mentioned once were abortion, fertility rates and cultural practices.

Lastly, respondents were asked their opinions on the types of evidence that are most effective when seeking to influence policy. Statistics was mentioned the most (n=23), followed by case studies (n=21), personal testimonies of beneficiaries (n=20), field reports (n=19), surveys (n=18), anecdotal/success stories (n=11) and academic research papers (n=6).

### 7.3.2 CIVIL SOCIETY ORGANISATION COLLABORATION

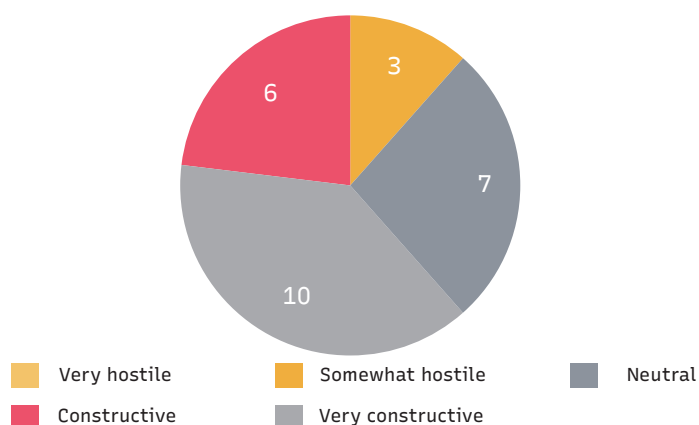
Not much information emerged from the qualitative interviews regarding collaboration among CSOs. One state actor in Machinga referred to a consortium of CSOs working together and funded by a United Nations organisation.

### 7.3.3 USE OF MEDIA FOR LOBBYING AND ADVOCACY

On the question about which types of media respondents engaged with for lobbying and advocacy, social media and radio were mentioned the most (n=24 out of 28 for both). Twenty-one respondents mentioned television, and 16 mentioned printed and online newspapers. Only two mentioned magazines, and none mentioned books. Of the 24 respondents who used social media, all used Facebook, 17 WhatsApp, 15 Twitter, 10 Instagram, and 3 YouTube. Telegram, Tiktok and Signal were not mentioned. The topics discussed on social media in terms of lobbying and advocacy (n=28) were: addressing and preventing SGBV (n=24), young people's SRHR (n=23), improving SRH service delivery (n=19), reducing unintended and teenage pregnancy (n=19), eliminating child marriage (n=17), improving access to and use of modern contraceptives among youth (n=16), reducing the impact of unintended and teenage pregnancy (n=15), and improving access to and implementation of comprehensive sexuality education (n=14).

Figure 29 shows that 16 respondents rated the interactions with the public on media platforms/channels (very) constructive. Only three respondents rated the interactions 'somewhat hostile.' One respondent did not know (not shown in the figure), and one respondent said that it depended on the topic (also not shown in the figure). This respondent explained that if it were an issue involving marginalised groups such as the LGBTQI community, then the interactions could be hostile.

**Figure 29: Youth and CSO advocates' assessment of interactions with the public on media platforms/channels**



### 7.3.4 OPPORTUNITIES AND CHALLENGES FACED BY CIVIL SOCIETY ORGANISATIONS

The respondents to the civic space survey were asked about the opportunities they saw for CSOs, journalists, activists and human rights defenders in Malawi. Six respondents talked about the general freedom of expression, few restrictions, and protection of CSOs to defend human rights. In contrast, two respondents saw few opportunities: they talked about a lack of political will and support, a narrow civic space and the government perceiving them as a threat. Three respondents considered the rise of social media an opportunity for advocacy. Two respondents referred to the general public supporting CSOs and human rights defenders. In addition, two respondents talked about their involvement in technical working groups as an opportunity. One respondent thought about the opportunity of raising awareness through investigative journalism. Another one commented that International Days and commemorations provided a window for advocacy. Another respondent talked about the many feminist networks that were sprouting up now, and one respondent referred to people working together in advocacy.

Respondents were also asked about the threats they saw for CSOs, journalists, activists and human rights defenders in Malawi. Three respondents did not see any threats. Eight respondents talked about government restrictions and politics hindering advocacy. Among these eight respondents, two mentioned the risk of closure of organisations/deregistration, and three mentioned violence from the side of the government. Six respondents referred to religious resistance that influences government resistance, mainly on topics such as abortion and LGBTQI rights. *“When trying to advocate for unsafe abortion, they consider you a killer.”* One respondent explained that issues of child marriage, SGBV and child abuse were not only supported by CSOs but also by the government and religious leaders. Five respondents talked about a lack of funding for advocacy efforts. Two respondents indicated a lack of political will in relation to some advocacy activities that civil societies were engaged in. One respondent pointed to social media having given a platform for cyber-bullying. Lastly, one respondent said that no new innovative ways were being used to address the issues.

## 8. DISCUSSION

### 8.1 KNOWLEDGE AND OPINIONS RELATING TO HARMFUL PRACTICES, SEXUAL AND GENDER-BASED VIOLENCE AND UNINTENDED PREGNANCY

In general, this study found that adolescents and youth felt that they were averagely or very well informed about initiation ceremonies, child marriage and SGBV. With regard to child marriage, they were aware of the causes of child marriage (e.g. poverty, peer pressure, pregnancy and initiation ceremonies). Other studies have also found that these are some of the drivers of child marriage (Munthali and Kok, 2016). Although over 70% of the respondents had some knowledge of the minimum age for marriage being 18, they admitted that girls often got married after reaching puberty. The National Statistical Office (2020) reports that large gender and regional disparities are evident in rates of child marriage, with 4.2% of girls aged 12–17 currently married, compared to just 0.3% of boys. While decisions to get married are usually made by the individuals themselves, in many cases these decisions are made by others, including parents (Makwemba et al., 2019).

In this study, only a few respondents agreed that various forms of SGBV were acceptable. Yet nearly half of the respondents knew someone who had been sexually harassed, which implies that these cases occur within the community. Respondents stated that the relevant authorities failed to address the majority of cases of sexual abuse, because society accepted the norm of dealing with them privately, or because authorities were corrupt. A 2014 study on violence against children found that various forms of SGBV occur in Malawi, including cases of rape and defilement, and that most children who experience violence do not report such cases for redress (Ministry of Gender, Children, Disability and Social Welfare, 2015). In 2015, 53% of female victims of physical violence never sought help or told anyone, while 12% never sought help but did tell someone. Sexual violence is reported even less: 64% of survivors never sought help or told someone. Such findings are similar to earlier studies done in Malawi (Mason and Kennedy, 2014; Mtiboa et al., 2011), hence the need for continued awareness creation about SGBV and the need to report such cases. In the current study, some participants reported that girls' indecent clothing, overnight parties and the prevailing traditions could cause SGBV. A concern in this regard is that victims are blamed for sexual violence, usually because of girls' and young women's behaviour.

With regard to unintended pregnancy, participants in the qualitative component of the study reported that it was quite common in their communities. This is a problem in Malawi among adolescents, as the last Malawi Demographic and Health Survey found that 29% of women aged 15–19 had started childbearing, with 7% being pregnant at the time, and 21% reporting that they had ever had a child (NSO and ICF, 2017). Respondents in this current study attributed this to various factors, including peer

pressure, poverty, rape, and initiation ceremonies that basically imply non-use or inconsistent use of contraceptives. In this study, most survey respondents were aware of at least one modern method of family planning. However, studies in Malawi have demonstrated that there is a high unmet need for modern contraception in Dedza and Machinga, at 21.9% and 36.4%, respectively (ibid.). As found in this current study, other studies have found that there are misconceptions about contraception (e.g. causing infertility, hence not good for those who have never had children), including among youth (Self et al., 2018).

The two districts are mainly composed of two tribes—the Yao and the Chewa—which have distinctive cultures. In Dedza’s TA Tambala, the area has many Yao, whose culture is just the same as the Yao of Machinga. Initiation ceremonies are an important part of their culture, and the decision to attend lies in the hands of both the parents and the child. Most survey respondents reported having undergone initiation (81% in Machinga and 62% in Dedza). While this study found that there were benefits of participating in initiation ceremonies—for example, initiates learn good manners, including respecting parents/elders, cleanliness and menstrual hygiene—there are also many problems associated with these ceremonies as performed by the Yao of Dedza and Machinga; for instance, the practice of *kusasa fumbi* puts girls at risk of contracting STIs, including HIV, and getting pregnant (see Munthali, A. et al., 2018). It is also difficult to stop initiation ceremonies, as they involve payments to community leaders (Makwemba et al., 2019; Munthali, A. et al., 2018).

## 8.2 AGENCY, VOICE, ENGAGEMENT AND ACTION TAKEN BY YOUTH AT COMMUNITY LEVEL

This study found that a good proportion of youth and adolescents were engaged in youth structures, including clubs at community level. Young boys and men in Machinga are the most active on the three issues of concern. However, the functionality of these clubs, as observed during the data collection period, is in some cases shaky. The existence of these youth structures in a way provides an opportunity for youth to participate. Results of this study show that young people still face a wide range of limitations when it comes to their ability to participate or express their opinions at different levels of society. Most of the time, the opportunities for them to participate at community level are taken by older people. With regard to decision-making positions within their own youth groups, the majority of such positions are taken up by males, with females often withdrawing and having low self-esteem. Even in relation to individual decision-making, young women in Malawi report fairly low levels of decision-making power relating to their SRHR and empowerment. For example, only 60% of married women aged 15–19 make decisions about their own health care alone or jointly with their spouse (NSO and ICF, 2017).



A good number of respondents explained that some youth were able to voice their opinions, but others found it a challenge to do so because their 'safe' spaces (parents/guardians) were the same spaces for perpetrators or people who allowed them to undergo different types of abuse. Another factor that affects young people's voice and agency are the high illiteracy levels in the two districts, which limit the impact of government and CSO youth empowerment efforts. School dropout is widespread; only 35% of students in primary education complete the educational cycle (OECD Development Centre, 2018). According to Maillard et al. (2021), more progress needs to be made in terms of fostering youth participation.

### 8.3 MEANINGFUL ENGAGEMENT OF YOUTH AT CSO AND STATE LEVEL

In Malawi, youth represent over 50% of the nation's population, hence the need for them to be meaningfully engaged in all activities that affect them. The current youth policy acknowledges that youth in Malawi do not actively participate in key decision-making processes on issues affecting them (Ministry of Youth and Sports, 2013); therefore, it promotes the representation of youth in decision-making bodies such as VDCs, ADCs and district councils.

This study found that 45% of the survey respondents in Dedza and 30% in Machinga reported being engaged in CSOs, with the majority of them being engaged in youth-led organisations or groups. Respondents from Dedza were more satisfied with the quality of their participation, considering it more meaningful than respondents from Machinga. The youth who are active in CSOs are involved in many activities, including raising awareness, reporting cases of violence, speaking at meetings organised by community leaders, and contributing to the development of by-laws. In this study it was also reported that youth in Dedza were invited to provide input into the national youth policy. According to participants, these youth are represented at VDC, ADC and district council levels.

As seen in this study, a good proportion of study participants seem to be satisfied with the level of youth participation in CSOs. However, the results also show that despite this being the case, their voice is often not heard or listened to in community or state forums. This means that their presence in these different levels of decision-making structures does not entirely equate with meaningful engagement and participation. Young people are characterised as inexperienced and immature, and such a perception relegates them to the position of spectators or passive participants. Other studies have also demonstrated that the VDCs, ADCs and district councils' planning sessions in Malawi are largely dominated by adults (Prasad, 2014). Young people's participation in development activities is usually limited to inviting some adolescents and youth to take part in meetings (Davids, 2017). While these youth participate in

decision-making structures, the quality of their participation is not all that good, as the youth are overpowered by adults present in these meetings.

To address these challenges of youth participation, there are plans—for example, in Dedza—to establish a youth parliament. Such a move is being championed by NGOs such as World Vision. This is not a new initiative in Malawi, as Prasad (2014) reported that a children's parliament was being implemented by World Vision where children could discuss issues identified by the children themselves. There are also examples of cases in which MPs have taken issues up with the chiefs (ibid.). In addition to this, there are a number of youth structures, notably youth clubs in Dedza and Machinga, which have been established with support from NGOs/CSO to promote youth participation in development, among other things. The study results also show that some clubs which were listed as active in Dedza and Machinga are actually inactive. The majority of study participants referred to a lack of support and visits from CSOs as the reasons for the inactivity. This is particularly true for youth-led organisations, which struggle with the funding, access and capacity-strengthening needed to ensure they remain truly youth-led and effective in achieving their aims.

#### 8.4 (ENABLING ) ENVIRONMENT FOR YOUNG PEOPLE'S RIGHTS AND ADDRESSING HARMFUL PRACTICES, SEXUAL AND GENDER- BASED VIOLENCE AND UNINTENDED PREGNANCY

There are many stakeholders engaged in supporting a more enabling environment to address harmful practices, SGBV and unintended pregnancy. Most of these stakeholders contribute to awareness-raising on the main Power to You(th) issues. However, their level of engagement can differ widely. Especially when it comes to enforcing laws and by-laws, law enforcement officers can easily be bribed. Therefore, perpetrators are rarely prosecuted.

According to participants, NGOs and CBOs are the most active parties that positively contribute to change, as many stakeholders are active in both TAs. Therefore, a lot more could be done to collaborate and build on existing or ending projects to sustain efforts with the communities. Coordination, building on synergies, and transparency of budgets to hold each other accountable are required.

When it comes to gender and social norms, females seem to have less of a decision-making role at the community level than males, and often lack the self-esteem to take a more prominent leadership role. This could be a result of strongly internalised gender norms among females themselves.

Another striking result that reflects the internalised gender/social norms are the views on sexual violence. Most emphasis is given to changing the behaviour of girls and young women to prevent SGBV, as they are (partly) held responsible for the prevention and occurrence of sexual violence. Victim blaming enforces stigma on survivors of sexual violence and will contribute to self-blaming and shaming, which keeps SGBV in existence (McMahon 2011; Decker 2018). To shift perceptions so that prevention and protection become a joint community responsibility, serious work is needed with community members and leaders. Making prevention and protection a joint responsibility starts, according to McMahon (2011), with unpacking what sexual violence is, when it can occur and to whom, and which social norms (e.g. sexuality, marriage and gender) are underlying these views on sexual violence, as often certain acts of sexual violence are culturally not considered forms of sexual violence.

## 8.5 AVAILABLE CIVIC SPACE AND ROLE OF MEDIA

CSOs generally assessed the civic space in Malawi as quite large. However, there was mention of religious resistance influencing the government and the work of CSOs; LGBTQI rights and abortion, in particular, are taboo. While these issues are not the main focus areas of Power to You(th), they are very relevant in terms of minority groups facing SGBV and (underground) consequences of unintended pregnancy, respectively. Media in Malawi report about Power to You(th) issues. The most important media that reach young people are the radio and social media, particularly Facebook.

CSOs are generally involved in (influencing) decision-making by the government. They are invited for consultations on policies. The majority of CSO respondents indicated that they found these consultations constructive. CSOs' influence on government policy seems fairly/somewhat successful. There are no financing mechanisms for CSOs working on SRHR in Malawi other than direct donor relationships. With NGOs, CBOs and governments having different funding streams, coordination among projects and being accountable to communities for execution and expenditure at the district and TA levels should be strongly considered to have a longer-lasting impact on the Power to You(th) key issues.

## 9. CONCLUSION AND RECOMMENDATIONS

### 9.1 CONCLUSIONS

This study has demonstrated that young people, especially girls and young women, are significantly affected by SGBV, unintended pregnancy and harmful practices such as *kusasa fumbi* and child marriage in Malawi. They also face struggles with regard to SRHR, decision-making and meaningful participation. All these problems are interlinked and are mainly caused by, among other factors, poverty, peer pressure, gender inequality, harmful social norms around sexuality, and initiation ceremonies. Although young people in Dedza and Machinga are aware of the occurrence and effects of these issues and are willing to contribute to change, their participation—including in prevention activities—remains challenged. The decision-making processes they are invited to, especially at the community level, are dominated by older (male) adults who want to maintain the status quo. Combined with internalised social norms, it is even harder for young females to make their voices heard.

State and non-state actors, however, have helped to address these issues by steering the development, establishment and implementation of legislation, community by-laws and policies which promote young people's best interests, including their participation in decision-making structures at all levels. There is also evidence that young people—especially youth advocates—are quite meaningfully engaged in the implementation of CSO interventions. There are established youth clubs under the wings of CSOs that are more sustainable than totally independent youth clubs. The CSOs also help create space for young people's inclusion in relevant government decision-making structures. However, the CSOs themselves experience various challenges in their advocacy work, such as unstable funding streams, resistance from conservatives, lack of political will, and strongly held social norms. Nevertheless, the many stakeholders that want to contribute and improve the situation for young people, their families and communities are numerous in both Dedza and Machinga, and the Power to You(th) programme should work with them. Furthermore, to create a lasting impact, an intensified acceptance of young people as part of the solution, acknowledging equal gender norms (in decision-making processes), and very strong collaboration and coordination of social and state actors are required.

## 9.2 RECOMMENDATIONS FOR POWER TO YOU(TH)

### **Pathway 1: Young people demand accountability and responsiveness on key issues**

- Work with young people who are engaged in existing youth structures. They are very willing to be engaged in activities to prevent SGBV, harmful practices and unintended pregnancy.
- Intensify work with a gender-transformative approach to increase female leadership roles at community/CSO and youth club level and address strongly entrenched victim blaming of survivors of SGBV.
- Provide skills training, economic empowerment opportunities and programmatic engagement of young people to sustain efforts and enhance the confidence of young people to overcome the barriers they currently face, especially with young women and girls who lack leadership positions.
- Work on strengthening the empowerment and leadership of young people with disabilities and other marginalised groups that are generally excluded from existing youth structures and support their engagement.

### **Pathway 2: CSOs amplify young people's voices to claim, protect and expand civic space**

- Take part in improving coordination, collaboration and accountability among the wide number of societal actors, NGOs and CBOs, to amplify change with government actors.

### **Pathway 3: Societal actors support and promote youth rights and progressive social norms**

- Reinforce a proactive—rather than a reactive—approach to address child marriage, unintended pregnancy and SGBV (e.g. by-laws, including fines, are reactive). There is a lack of preventive action: police, community leaders, parents etc. mostly respond after an act of violence, pregnancy or child marriage. Reactive systems do not address root causes.
- Work with a human (gender) rights perspective to address root causes that contribute to harmful practices, unintended pregnancy and especially SGBV, but be sensitive to the context of Malawi, where conservative/religious campaigners are providing opposition.
- Find creative ways to engage diverse groups of individuals in viewing sexual violence as a community issue that affects everyone, and to spread messages through social media that build on mutually shared values, such as safety and respect, and that challenge current victim blaming.
- Influence the harmful messages used for the initiation ceremonies, and break myths with evidence-informed information around contraceptive use before marriage.

**Pathway 4: State actors improve policymaking and implementation on key issues**

- Improve coordination of funding streams for SRHR at district level, and accountability to communities.

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