Break Free!

PLAN INTERNATIONAL

FAWE Forum for African Women Educationalists
Forum des éducatrices africaines

SAT SRHR Africa Trust
GENDER EQUAL YOUTH HEALTH

Ministry of Foreign Affairs

ROZARIA MEMORIAL TRUST
Creating Opportunities: Unleashing Potential

KIT Royal Tropical Institute

"I trust YouthWyze!"

Learning from the implementation of the YouthWyze intervention in Malawi and Zambia

Charlotte van Tuijl, Kettie Mikwala, Tasneem Kakal,
James Zimba Junior, Maryse Kok

Nov - 2022

Table of Contents

Preface 1
About Break Free! 1
About KIT Royal Tropical Institute 1
Recommended citation 1
Contact information 1
Photo credit 1
Design 1
Acknowledgements 1
Abbreviations and 2
Definitions 2

1. Introduction 3
1.1 ... Digital spaces 3
and SRHR 3
1.2 ... What is YouthWyze? 4
1.3 ... Study Objectives 5

2. Methodology 6
2.1 ... Study setup 6
2.1.1 Study team composition 6
2.1.2 Youth Reference Group 7
2.2 Study areas 7
2.3 Study Methods 8
2.3.1 Secondary data 8
2.3.2 Primary data 8
2.4 ... Data processing and analysis 11
2.5 ... Quality assurance 11
2.6 ... Ethical considerations 11

3.Demographics 12
3.1 ... Quantitative 12
3.2 Qualitative 14
4.1 ... Young people's SRHR 15
and aspirations 15
4.1.1 Youth aspirations 15
4.1.2 Sexual debut 15

4. Findings 15
4.1.3 Sexual activity 16
4.2 SRHR Issues faced by 17
youth 17
4.2.1 Fear for teenage pregnancy and STIs 17
4.2.2 Lack of access to SRHR information and services 17
4.2.3 Child or forced marriage 17
4.2.4 Sexual violence 17
4.2.5 Homophobia, increasing impacts of climate change and mental health issues 17
4.3 ... Youth access to SRHR information 18
4.3.1 Offline sources 18
4.3.2 (Dis)advantages of offline sources 19
4.3.3 Online sources 20
4.3.4 (Dis)advantages of online sources 20
4.4 ... SRHR information 21
young people look for 21
4.5 ... Access to SRH services 22
4.5.1 Challenges in accessing SRH services 22
4.5.2 Opportunities 22
4.5.3 Actual use of SRH services 23
5.1 The basics 24
5.1.1 Perceptions of YouthWyze 24
5.1.2 Who is using YouthWyze? 26
5.1.3 How are young people using YouthWyze? 27
5.2 Type and content of 28
online information 28
5.2.1 Type of content 28
5.2.2 Perceptions of quality 30
5.2.3 Quality check mechanisms 33
5.3 ... Opportunities and challenges 34
5.4 ... Perceived changes in knowledge & behaviour .. 37
5.4.1 Knowledge 37
5.4.2 Sharing information and improved communication 38
5.4.3 Service uptake 39
5.4.4 Participating in programme activities and advocacy 40
5.5 ... Linkages of YouthWyze with other initiatives 42
5.5.1 Linkages between online and offline components of YouthWyze 42
5.5.2 Linkages with government services, other programmes and CSO efforts 42
5.6 ... Recommendations from study participants 44
5.6.1 Online 44
5.6.2 Offline 45

6. Discussion 46

7. Recommendations 49

8. References 51

Preface

About Break Free!

The Break Free! programme aims to strengthen young people's sexual and reproductive health and rights (SRHR) and promote gender equality in nine African countries so that young people can make informed decisions about their future. The programme is implemented by Plan International, SRHR Africa Trust (SAT) and Forum for African Women Educationalists (FAWE) in strategic partnership with the funder, the Ministry of Foreign Affairs of the Netherlands. Together with Rosaria Memorial Trust, KIT Royal Tropical Institute is one of the technical partners of this consortium.

About KIT Royal Tropical Institute

KIT Royal Tropical Institute is an independent centre of expertise and education for sustainable development. KIT assists governments, non-governmental organizations and private corporations around the world to build inclusive and sustainable societies, informing best practices and measuring their impact.

Recommended citation

Van Tuijl, C., Mikwala, K., Kakal, T., Zimba J.J., Kok, M. (2022). "I trust YouthWyze!": Learning from the implementation of YouthWyze in Malawi and Zambia, Amsterdam: KIT Royal Tropical Institute

Contact information

Tasneem Kakal, t.kakal@kit.nl

Photo credit

Front Cover- Philomena Mpango

Design

Alexander van der Mije

Acknowledgements

The research team would like to acknowledge the contribution of the Youth Reference Group consisting of Bertha Chulu, Melusi Maphango and Ngandwe Ngandwe from Zambia and Tanaka Chirombo and Foster Mafiala from Malawi who were instrumental in giving direction to this study and improving its relevance and quality. We thank the young people and service providers in Machinga, Njerwa and Lilongwe city in Malawi and Chipata, Kasenegwa and Lusaka in Zambia for your time, enthusiasm and openness to share your experiences. We acknowledge the work of the research assistants that supported the data collection. We would also like to thank Tristan Bayly, former communications advisor at KIT for his advice on analysing Facebook analytics. Lastly, a thank you to Break Free Alliance staff for cooperating with us on this study.

Abbreviations and Definitions

AIDS	Acquired immunodeficiency syndrome
CSO	Civil Society Organisation
FAWE	Forum for African Women Educationalists
FGD	Focus Group Discussion
GBV	Gender-based violence
HIV	Human immunodeficiency virus
IDI	In-depth Interview
KII	Key Informant Interview
KIT	KIT Royal Tropical Institute
LGBTQIA+	Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual+
PEP	Pre-Exposure Prophylaxis
SAT	SRHR Africa Trust
SBC	Social behaviour change
STI	Sexually transmitted infections
TA	Traditional Authority

Figures

Figure 1: Countries YouthWyze is active in 4
Figure 2: Composition of the study team 6
Figure 3 Total reach of the Facebook page in Zambia (November 1 2021 to April 31 2022) 24
Figure 4 Total reach of the Facebook page in Zambia (November 1 2021 to April 31 2022) 24
Figure 5 Likes on YouthWyze Malawi Facebook page distributed by age and gender 26
Figure 6 Likes of YouthWyze Zambia Facebook page distributed by age and gender 26
Figure 7 YouthWyze Facebook Page likes by top cities – Malawi 26
Figure 8 YouthWyze Facebook Page likes by top cities – Zambia 26
Figure 9: Types of SRH YouthWyze services used 27
Figure 10 Sample post of the YouthWyze Facebook page (Source: Facebook page Malawi) 28
Figure 11 Sample post on STIs from YouthWyze Zambia 30
Figure 12: Level of agreement with statements about the quality of the YouthWyze Facebook page (n) 31
Figure 13 YouthWyze Facebook post about study survey 32
Figure 14 Perceived change in knowledge of survey respondents in Malawi in percentages 37
Figure 15 Perceived change in knowledge of survey respondents in Zambia in percentages 37
Figure 16 Number of responses per gender and country to the question: if ever, who have you shared information from YouthWyze with? 38
Figure 17: Change in service uptake and contraceptive use in Malawi after using YouthWyze in percentages (source: online survey) 40
Figure 18 Change in service uptake and contraceptive use in Zambia after using YouthWyze in percentages (source: online survey) 41

Tables

Table 1 Overview of primary data collection methods per country 10
Table 2 Overview of Demographics (in numbers) 12
Table 3 Topics of Facebook posts of YouthWyze Malawi and YouthWyze Zambia 29

1. Introduction

1.1. Digital spaces and SRHR

In Malawi and Zambia, adolescents and young people access sexual and reproductive health and rights (SRHR) information through different offline and online communication channels. Offline sources include parent-child communication, peer-to-peer education, in-school sexuality education, health clubs, youth-friendly health services, and information on SRHR via radio or offline mass media campaigns (Davies et al., 2021a, 2021b; Ministry of Health, 2017; Nash et al., 2019; National Statistical Office - NSO/Malawi & ICF, 2017).

The socio-cultural contexts in Malawi and Zambia make public communication and intergenerational dialogues about SRHR sensitive (Tallarico et al., 2018). Young people often face discrimination by health workers when seeking information and SRH services in clinics (Ippoliti & L'Engle, 2017). The use of mobile phones is an effective method to overcome social and public barriers that young people face when searching for SRHR information. According to a systematic review of mHealth interventions to improve young people's SRH in low-and middle-income countries, mHealth-interventions are useful to address barriers of provider prejudice, stigmatisation, discrimination, fear of refusal, lack of privacy and confidentiality (Feroz et al., 2021). Retrieving SRH information via mobile phone or online therefore presents opportunities for privacy, anonymity and confidentiality, and the option to access information at a place and time convenient to the user (Girl Effect & Women Deliver, 2021; Klason, 2016; Murombo et al., 2020; Tallarico et al., 2018).

Adolescents and young people also seem to increasingly use online channels to access SRHR information, such as social media (e.g. Facebook, WhatsApp), the Internet (including Google) and to a lesser extent tailored smartphone applications on SRHR (Girl Effect & Women Deliver, 2021; Murombo et al., 2020). These channels are accessed via personal devices or shared devices in the family or school. Mobile coverage in Malawi and Zambia among young people however remains quite low. Just more than half of women (53%) and two-third of men (66%) in Zambia owned a mobile phone (Zambia Statistics Agency et al., 2019). In Malawi, one third (33%) of women and half of men (52%) of men owned a mobile phone (National Statistical Office - NSO/Malawi & ICF, 2017). In both countries, ownership was lowest among 15–19-year-olds and lower in rural than in urban areas.

Young people also face several barriers and challenges when using online platforms to access SRHR-related information. These include lack of access to mobile/devices, lack of internet bundles, lack of digital literacy, language barriers, lack of inclusivity and misinformation. It is important to note that many of these challenges are disproportionally affecting girls and women although platforms are often steered towards them (Druce, 2021; Girl Effect & Vodafone Foundation, 2018; Klason, 2016; Rafaeli, 2020). The digital divide still mainly affects girls and women, people living in rural areas, and people living with disabilities around the world and in Malawi and Zambia specifically (Klason, 2016; Rafaeli, 2020)

1.2. What is YouthWyze?

YouthWyze is an intervention implemented under the Break Free! programme by SRHR Africa Trust (SAT). YouthWyze aims to disseminate information and education around SRHR and establish linkages to SRH services for young people. In Zambia, YouthWyze was started in 2019, while in Malawi, it started in 2021. YouthWyze is active in Botswana, Mozambique and currently being rolled out in different countries across Eastern and Western Africa, including Kenya, Uganda, Burkina Faso and others. YouthWyze, globally, targets young people between 12 and 28 years.

The multi-channel intervention in Malawi and Zambia runs via a Facebook page per country, which is used to share SRHR-related information, and has an offline component with young people organized in youth hubs (in capital cities) or clubs (in rural areas) and delivery of SRH services for young people. Content shared across country Facebook pages is usually the same, however, information about

service provision usually differs. The youth officers at SAT along with other key appointed volunteers function as administrators who manage the page but work with SRHR experts to answer specific queries young people raise in their direct messages (DMs) or in the comments on the page. In Botswana, where YouthWyze has been running the longest, the chatbot has an operational bookings function which automatically provides young people with time slots for SRH services. In Malawi and Zambia, this is not yet functional and YouthWyze publicizes their outreach for SRH services via the platform instead.

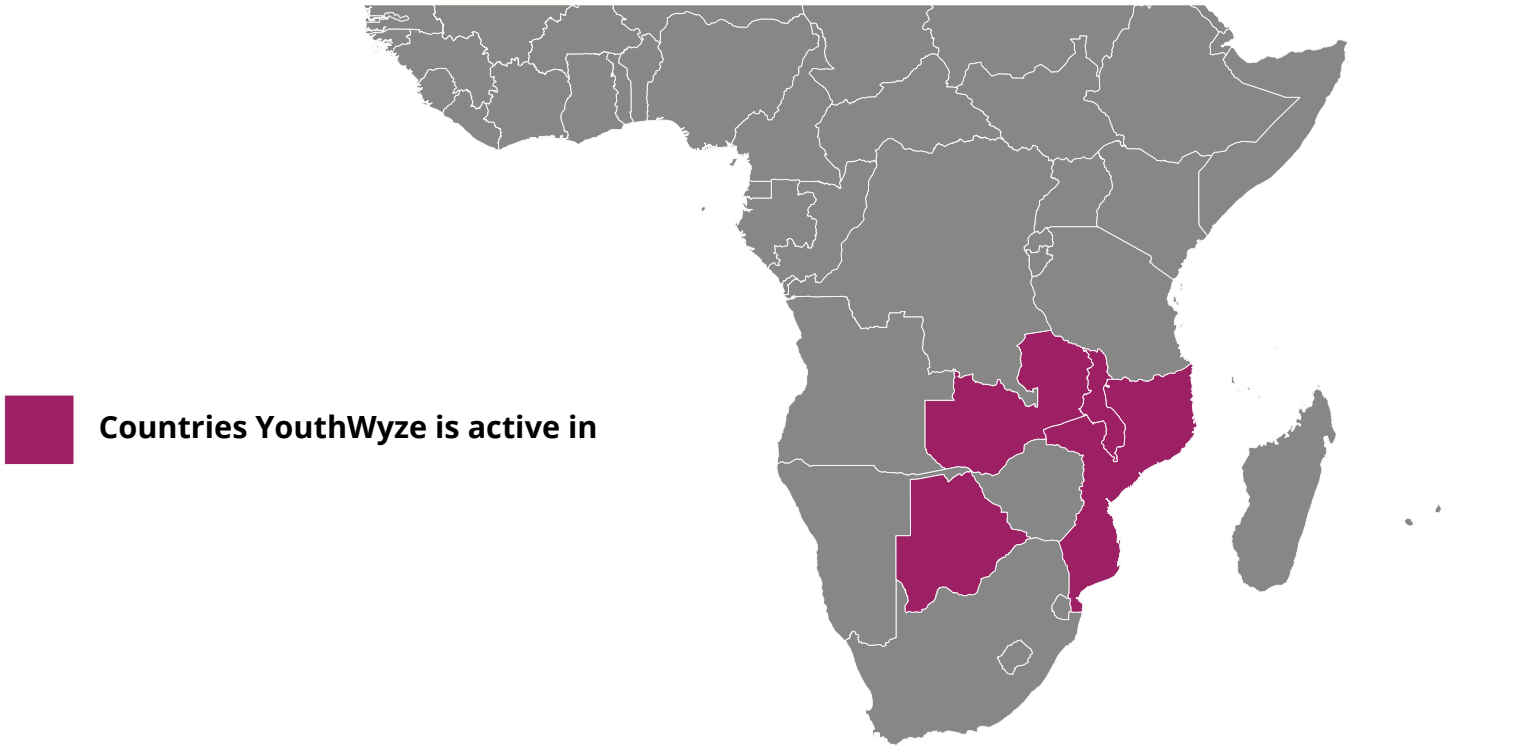


Figure 1: Countries YouthWyze is active in

1.3. Study Objectives

1. To **identify the type of SRHR information and the digital channels** young people use to access SRHR information in Malawi and Zambia

2. To assess the **challenges and opportunities that young people face in accessing SRHR information** in general and through YouthWyze in Malawi and Zambia

3. To identify the **type and the quality of the information shared** via the online YouthWyze platform in Malawi and Zambia

4. To assess if the **use of YouthWyze results in behaviour change** (for example. safe sex, service uptake, taking part in advocacy and information dissemination) of young people in Malawi and Zambia

5. To gain insight into **how YouthWyze is linked to other programmatic interventions** to improve SRHR outcomes in Malawi and Zambia

6. To **outline lessons learned** and make **future-proof recommendations** on how the intervention can be implemented and scaled in other Break Free! countries (Niger, Burkina Faso and Sudan)

2. Methodology

2.1 Study setup

2.1.1 Study team composition

The core research team composed of young people under the age of 30, including two reseachers from KIT and a researcher in each country (Malawi and Zambia). The core research team was supported by a Youth Reference Group. A senior researcher with extensive experience supported the process, provided quality assurance and contributed to data analysis. The in-country researchers were responsible for primary data collection while the team based at KIT led the online data collection and the analysis of secondary data. All members of the study team were involved in the data analysis, writing, validation and dissemination of the study.

In the figure of the study team below, the orange arrows represent reporting lines while the green arrows represent the direction of support given.

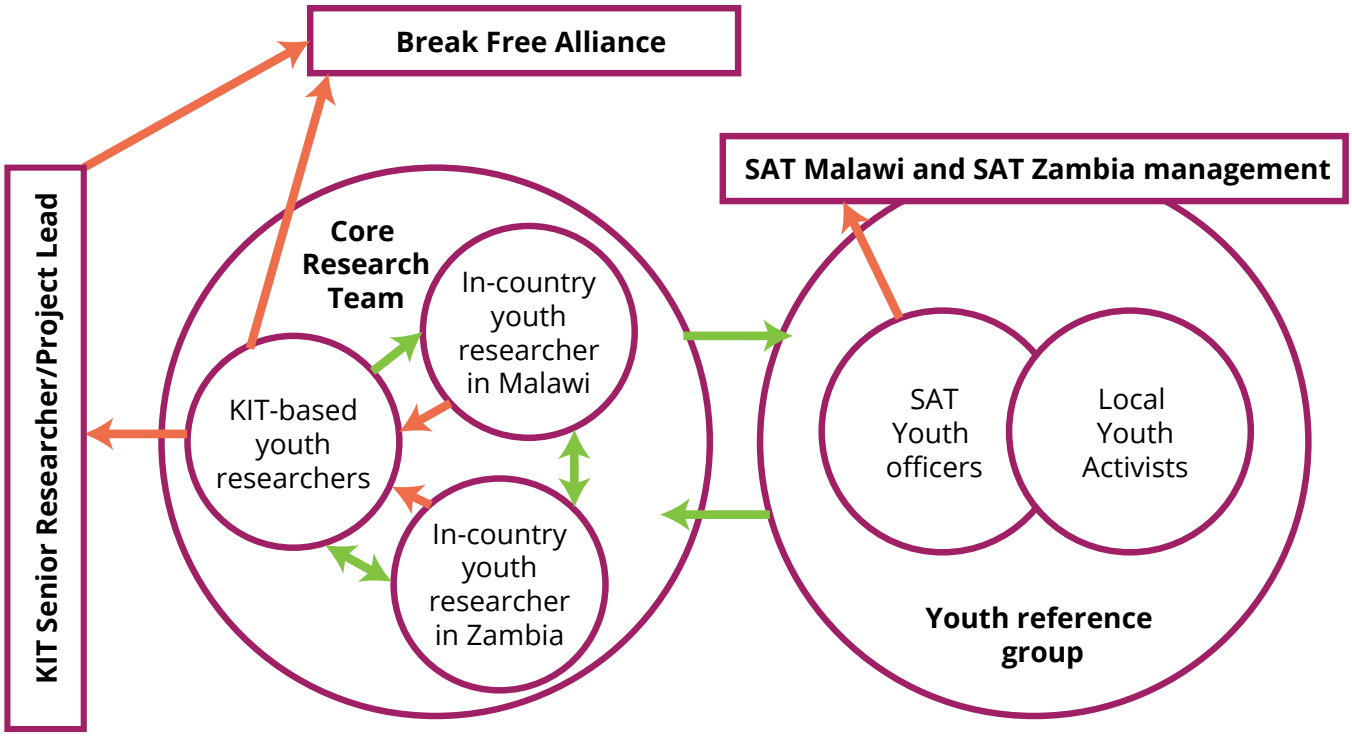


Figure 2: Composition of the study team

2.1.2 Youth Reference Group

A Youth Reference Group (YRG) was set up to support the study and assure more involvement of young people. Along with the Youth Officers (employees of SAT) who are leading the YouthWyze interventions in their respective countries, young people from both countries who are active in SAT activities, including YouthWyze, were included. The selection of YRG members was based on their motivation, their involvement in YouthWyze and the adherence to the age limit of 30 years. The group originally consisted of four young men and two young women, however, one young woman could not participate due to other commitments.

The Youth Officers were closely involved in the study conceptualization phase, while the YRG members were engaged after developing a concept note for the study. The YRG gave feedback on the study methods and co-created the qualitative and quantitative study tools through four working sessions. Since YRG members are users of YouthWyze or are associated with SAT, they were not involved in the actual data collection and the preliminary analysis to ensure independence of the study. YRG members were involved in the validation and dissemination of the findings, including co-creating a youth-friendly product to disseminate findings both on social media, and the youth hubs and clubs. Group members received an honorarium for their participation.

2.2 Study areas

The study areas included urban and rural areas as the online component saw more uptake in the former while the latter had more concentrated offline activities. In Malawi, the Break Free! intervention areas are Traditional Authority (TA) Njerwa in Lilongwe (including Lilongwe city) and TA Chiwalo in Machinga district, while in Zambia, the areas are Chipata, Chipangali and Kasenengwa districts in the Eastern province. In Zambia, Chipata and Kasenengwa districts were chosen as study sites for feasibility purposes and because as per SAT staff, youth in Chipata and Kasenengwa were more active. The study areas also included Lusaka as the capital city.

2.3 Study Methods

The study used a variety of methods to address the objectives.

2.3.1 Secondary data

A selection of Facebook analytics were extracted and analysed to give insight into the reach of the YouthWyze Facebook page in both Malawi and Zambia. These included number of likes of the page (disaggregated by demographic characteristics (including location, age and gender), likes and reactions of the posts, new page likes and new visits as well as analytics per post, including the reach, likes, link clicks, comments and sharing of posts. The posts that were present on the page between the period from November 2021 and April 2022 were included. This time period was chosen as Inceptia (an external agency) was contracted and was working on boosting content creation and improving the platform at this time.

2.3.2 Primary data

Online Survey

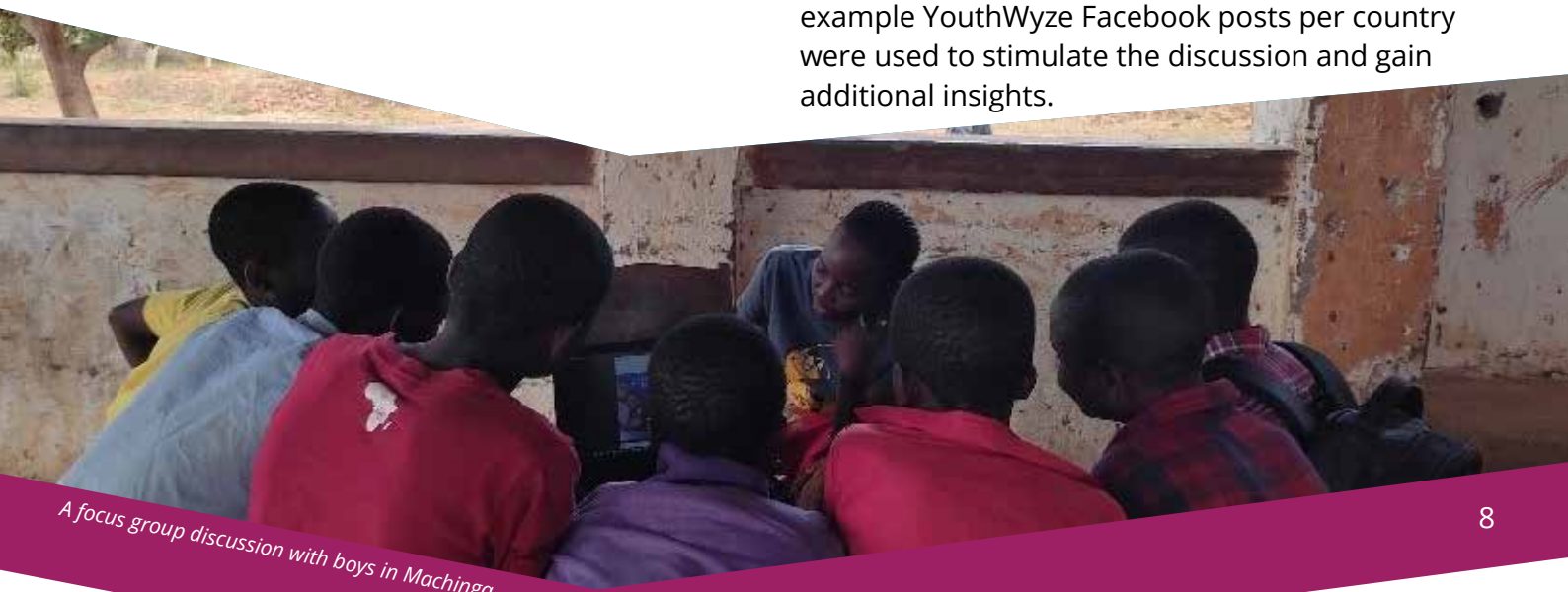
An online survey was conducted between July 27 and August 15, 2022, in both countries. The survey was conducted using SurveyMonkey. The survey was shared via the YouthWyze Facebook pages in Malawi and Zambia and via YouthWyze-affiliated WhatsApp groups.

The survey targeted young people who were users of the page between 15 and 24 years, however those falling outside the age group but were 35 years or below were also welcome to fill the survey, given the wider reach of the Facebook page. The survey dived into the perceptions and experiences of YouthWyze users with the Facebook page interface, the quality of information they received, their use of related services, and any change they experienced due to the intervention.

Given the number of likes and page engagement in each country, the survey aimed to reach a sample size of 50 participants per country. The sampling was purposive and aimed to give an indication about user perceptions and experiences and cannot be generalized to youth in the country or YouthWyze users in other contexts.

Focus Group Discussions (FGDs)

FGDs were conducted with young people between 15 and 24 years. They included between six and eight participants per group and were gender-segregated. The participants were recruited via youth clubs in the rural study sites in Malawi and via youth groups accessing youth-friendly health spaces in health facilities in the rural study sites in Zambia. FGDs addressed young people's experiences accessing SRHR information, challenges and opportunities using YouthWyze, the quality and type of information provided, the impact of the information and intervention in terms of behaviour change, and recommendations on improving the intervention. In the FGDs, two example YouthWyze Facebook posts per country were used to stimulate the discussion and gain additional insights.



A focus group discussion with boys in Machinga

Individual interviews:

In the same rural catchment areas, service providers were reached out to for in-depth interviews (IDI's). In Zambia and in Machinga, Malawi, the interviewed service providers worked on offline activities, while in Lilongwe City, the interviewed service provider also responded to queries on the online YouthWyze page. Lastly, interviews were also conducted with young people in the capital cities who are engaged with the Facebook page (regardless of frequency of use) via youth hubs. These interviews included user journeys. Young people were asked to fill a short online diary with guiding questions to give insight into their daily use of internet, their daily interaction with SRHR information and an opportunity to document this using text and visuals through sharing a daily photo.

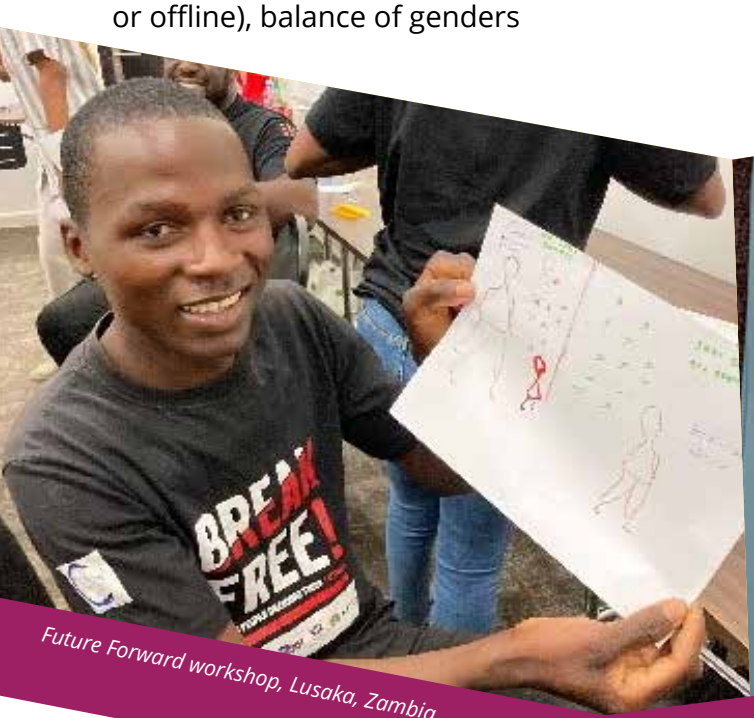
Key informant interviews:

Two interviews were conducted with key staff in each country. An interview was also conducted with a key informant working at SAT at the regional level. Youth Officers and staff in the respective study sites assisted with recruitment of participants for the qualitative data collection, specifically the FGDs and IDIs with young people and service providers.

The eligibility criteria for the participants of the qualitative component included those with prior participation or exposure to YouthWyze (online or offline), balance of genders (including those who identify as non-binary or 'other'), varying levels of involvement and varying levels of education, employment, marital status and language preferences (English and non-English speaking). Attempts were also made to sample persons with disability. These criteria were selected as they would allow gaining insight into whether YouthWyze is inclusive of persons with different backgrounds and characteristics. The interviews were conducted using a mix of English in both countries and Chichewa in Malawi and Nyanja in Zambia, depending on the preference of the participants.

'Future Forward' foresight workshop:

A foresight workshop exploring the future of SRH services using foresight methods was conducted with young people in each country. Young people from Lusaka and Lilongwe involved in YouthWyze, SAT activities or in other civil society organisations (CSOs) who were knowledgeable about SRHR and had prior experience with using SRH services were invited. Youth service providers were also included. Young people based in the capital cities where the online page is most used were the main target group since a large part of the qualitative data collection had focused on the rural intervention areas. However, two young people from Chipata and one young person from Machinga and another from Njerwa also attended the workshops. Preliminary findings were discussed and validated after which the future of SRH service provision was deliberated on using young people's imagination as additional data.



Future Forward workshop, Lusaka, Zambia

Future Forward workshop, Lilongwe, Malawi

Study method	Study participant	Malawi	Zambia	Global	Total
Online Survey	Young men and women (15-35)	40	67		107
Focus Group Discussions (FGDs)	Young women (15-24)	2	2		4
	Young men (15-24)	2	2		4
In-depth Interviews (IDIs)	YouthWyze-linked service providers	4	4		8
Individual user journeys	Young women (15-24)	2	1		3
	Young men (15-24)	1	1		2
	LGBTQIA+ community (15-24)	0	1		1
Key Informant Interviews (KIIs)	SAT staff	2	2	1	5
Foresight workshop	Young people (average age of 20)	15	15		30

Table 1 Overview of primary data collection methods per country

2.4 Data processing and analysis

Data from the online survey were analysed through descriptive statistics via SurveyMonkey and Stata 15. Data from Facebook analytics were analysed using descriptive statistics via the Facebook platform itself and Excel. An overview of posts and related content were downloaded and imported into Nvivo to assess the type of information and its quality.

As for qualitative data, interviews were audio recorded upon consent. They were transcribed verbatim and simultaneously translated into English. Data analysis was conducted using Nvivo and a coding framework that was developed based on the topic guides. Emerging themes were added. The analysis and writing was conducted during a face-to-face workshop held in Lilongwe where data from both countries were analysed together by the research team. Data from the foresight workshop, including feedback on the preliminary findings was collected via drawings made by participants and related discussions were documented in writing and photos, and added to the overall analysis.

2.5 Quality assurance

Through the course of the study, and during data collection in particular, there was regular communication between the in-country researchers and the team at KIT. After data collection, a quality check of the transcripts was conducted by team members not involved in the data collection, while coding was done together by the research team. The senior researcher was responsible for quality assurance and peer reviewed the report. The Youth Reference Group also had a quality assurance role, particularly during the development of study tools.

2.6 Ethical considerations

Study participants were persons who are linked to the intervention and participate in SAT's activities. Due to this, and since questions asked focused on the intervention, ethical approval was not necessary. For any use of content from the Facebook page, the Facebook privacy policy applied, and since the YouthWyze page is public, and only public content was used, this did not require any additional consent. The online survey was accompanied with an explanation about the study, with any potential risks and benefits outlined. For the qualitative data collection, written consent was taken from all participants above 18 years, while assent was taken from minors along with consent from a parent or a guardian. The research team explained the possible risks and any benefits to all participants and emphasised the consent process and their right to withdraw from the interview.

3.Demographics

3.1 Quantitative

The survey respondents (n=107) were on average 24 years in Malawi, and 23 years in Zambia. Most respondents lived in the capital cities, however one person from Machinga and 11 persons from Chipata also completed the survey.

Many respondents had completed school at the senior secondary or university level, and some had a diploma. Many respondents identified as single while some were in a relationship in both countries, and very few were already parents. Most of them were not working, while a few were employed. Overall, across both countries, participants overwhelmingly identified as Christian.

Table 2 Overview of Demographics (in numbers)

Characteristics	Malawi			Zambia			
	Female	Male	Total	Female	Male	Other	Total
Age							
Average (in years)	23.4	25.4	24.0	22.2	24.2	23.0	22.9
SD (in years)	2.3	2.5	2.5	2.7	3.2	0.0	3.0
City of Residence							
Lilongwe, Malawi	23	9	32				
Rumphi, Malawi	2	2	4				
Other[1]	0	4	4				
Lusaka, Zambia				28	16	1	45
Chipata, Zambia				8	3	0	11
Other[2]				2	2	0	4
Education status							
Yes	12	9	21	19	13	0	32
No, I finished school	13	5	18	22	8	1	31
No, I dropped out	0	1	1	2	1	0	3
No, I never went to school	0	0	0	1	0	0	1
Highest level of education completed							
Junior primary	0	0	0	1	0	0	1
Senior primary	0	1	1	1	1	0	2
Junior secondary	0	0	0	1	1	1	3
Senior secondary	4	3	7	23	9	0	32
University level	15	7	22	12	7	0	19
Vocational education	0	0	0	2	0	0	2
Diploma	6	4	10	2	4	0	6

1 Includes one male each from Blantyre, Zomba, Machina and Mzuzu in Malawi

2 Includes one female each from Choma, Kasama and one male from Solwezi and Mongu in Zambia

Table 2 Overview of Demographics- continued

Characteristics	Malawi			Zambia			
	Female	Male	Total	Female	Male	Other	Total
Relationship status							
Single	14	9	23	28	15	0	43
I have a girl or boyfriend(s)	8	5	13	12	5	1	18
Married	3	1	4	1	2	0	3
Divorced	0	0	0	2	0	0	2
Widowed	0	0	0	0	0	0	0
Parental status							
Yes	5	2	7	6	4	0	10
No	20	13	33	37	18	1	56
Work status							
Not working	18	13	31	34	14	1	49
Employed	3	2	5	3	5	0	8
Piecework	0	0	0	0	1	0	1
Own business (hustle)	1	0	1	0	0	0	0
Volunteer work	2	0	2	2	2	0	4
Other (please specify)	1	0	1	3	0	0	3
Religion							
Christianity	25	14	39	41	22	1	64
Islam	0	1	1	1	0	0	1
Total study participants	25	15	40	44	22	1	67

3.2 Qualitative

In Zambia, individual user journeys, henceforth referred to as in-depth interviews (IDIs) were held with young people in the capital. One of the participants identified as a member of the LGBTQIA+ community. While the two male service providers in Kasenengwa were young (under 26 years), the female and male service providers in Chipata were much older (above 40 years). In the FGDs in Zambia, many young people were in school while some others had completed secondary school. Very few were pursuing tertiary education. While most participants were unmarried, some of them did have children. All participants identified as Christian and many of them belonged to different youth groups/clubs. About half of the participants of FGDs in Kasenengwa had access to smartphones while in Chipata, fewer had access. All service providers interviewed in Zambia were government service providers.

In Malawi, the majority of the 40 people who participated in the interviews and FGDs were above the age of 18. Around one third of the participants above the age of 18 were married and had one or two children. Having children was a lot more common among the participants in Machinga than Lilongwe. Twenty-five participants said they were Christians and 15 were Muslims. All the Muslim participants lived in Machinga and only one respondent in Machinga was a Christian. All the participants in Lilongwe said they were Christians. All the participants indicated to have attained some form of education. Twelve participants indicated to have only attained primary education or still be in school. The education level among the participants in Machinga seemed to be lower than in Lilongwe. In Malawi, three of the service providers interviewed were governmental service providers while one service provider in Lilongwe was associated with a non-governmental organisation (NGO).

Young people in Malawi during an FGD

4. Findings

4.1 Young people's SRHR and aspirations

4.1.1 Youth aspirations

In both Malawi and Zambia, the youth hub members in the capital cities talked about their aspirations. Most talked about their aspirations concerning future work or positions, such as being a doctor, judge in the Supreme Court or running their own organization or business. In Lilongwe, the three young people interviewed all spoke about expanding upon their current experience of being a youth hub member. For example, they wanted to improve young people's SRHR and to improve the situation for street children.

4.1.2 Sexual debut

Two male SRH service providers (25 and 26 years, IDI) in Kasenengwa, an older male SRH service provider (IDI) and young women (FGD 15-24 years) in Chipata reported that sexual debut comes quite early, at age 11-13, because of a lack of education. The service provider in Chipata related this to culture (i.e., initiation ceremonies where adolescents are 'encouraged to have sex'), peer pressure and lack of parental guidance. The 26-year-old SRH service provider in Kasenengwa also said that people find it important to have children and that if you are older and do not have a child, people would mock you.

A non-governmental and a government SRH service provider in Lilongwe reported that girls could start sex at age 12, but that in general, they start at age 14 or 15, while for boys, it is around age 17 or 18. Both providers also mentioned that sexual debut is related to sexual feelings, peer pressure. For some girls in rural areas, sex is used to obtain money or goods. A young woman (FGD) in Machinga also talked about transactional sex, where young women get lotions and soap in exchange for having sex. Like in Chipata, the government SRH service provider in Lilongwe and both SRH service providers in Machinga also stressed the influence of peer pressure and initiation ceremonies on sexual debut, where in rural areas, girls and boys in the range of 10 to 14 years are stimulated to experiment with sex:

> *"Cultural traditions like Chinamwali. What they learn there is often not age appropriate. Without fully understanding the reasoning behind it a young person will go ahead and try it out. The moment they do they get hooked." (Female SRH service provider, IDI, 33-years old, Machinga, Malawi)*

In relation to being initiated or having 'become an adult' after first menstruation, a 32-year-old male SRH service provider in Machinga explained that young girls are called 'abiti'[3] , making them feel that they are older than they are, and therefore they engage in sex at an early age.

3 Abiti loosely translates as "daughter of" and is often combined with the first name of the young woman's father. It is a title that is given to indicate their family ties.

4.1.3 Sexual activity

A key informant in Malawi reported that young people in secondary school tend to have sexual relationships, more than those in primary schools.

In the FGDs with young men in Njerwa, Lilongwe, participants openly talked about their sexual relationships. They talked about having sexual feelings, which urge them to have sex, preferably without a condom ('plain sex'), as it increases pleasure for the man and the woman. They were knowledgeable about risks of pregnancy and sexually transmitted infections (STIs). One participant explained that young couples tested for STIs and HIV, but not each time when having sex with occasional partners. Another participant explained that a young man and woman could agree to have unprotected sex, after which the young woman would take the emergency pill to prevent pregnancy. The growing trend of emergency contraception being used as regular contraception was also highlighted by participants of the Future Forward workshop in Zambia. Another participant spoke of observing their partner's menstrual cycle, so that they could have 'seven days of plain sex' right after the menstruation. Two participants brought up that men can take herbs or pills to increase their libido, and one referred to the importance of male circumcision to prevent STIs, including cervical cancer.

A key informant in Lilongwe thought that 'plain sex' was often requested by young men, and that women could not propose condom use, because the man should make that decision. Girls who propose condom use would be questioned and could be regarded as 'prostitutes'. Indeed, in the Future Forward workshop in Malawi, participants discussed that in Malawi the focus often lies on the need for contraceptive use among women, instead of on use of condoms. They expressed that due to gendered power dynamics, young women are not yet comfortable to be insistent on condom use if their partner is against it.

Young women in an FGD in Chipata also spoke about sex without condom being nicer than sex with condom. One participant mentioned that boys feel like men if they do not use condoms:

> *"…Other boys just say they want to feel that am a man if I have sex without a condom, but others who have information about SRHR they actually know that having sex without a condom is nice, but it exposes you to STIs and early pregnancies." (Young woman, FGD, 15-24 years, Chipata, Zambia)*

4.2 SRHR Issues faced by youth

4.2.1 Fear for teenage pregnancy and STIs

In Malawi and Zambia, many participants including youth and service providers spoke about the experience of and fear for teenage pregnancy as the most prominent SRHR issue faced by the youth. According to a key informant in Malawi, fear for pregnancy is higher than fear for STIs, because STIs – including HIV – are treatable and survivable individual problems that do not need to be known by others. Teenage pregnancy can result in school drop-out, early marriage, being socially excluded by parents and friends, or (medical) abortion.

4.2.2 Lack of access to SRHR information and services

Another prominent problem, as brought up by SRH service providers and key informants in Zambia and Malawi was that young people can have problems in accessing SRHR information and services, because they are found to be too young by service providers[4] and are told to abstain from sex. Additionally, stigma and judgement from the community, misbeliefs and misinformation influence the access to SRHR information and services. This results in young people lacking adequate knowledge about SRHR, including how to protect themselves from pregnancy and STIs. More challenges are described in section 4.4.

4.2.3 Child or forced marriage

Young women in an FGD in Machinga, Malawi talked about 'Zitomero', which is a practice where a young Malawian man (working in South Africa) asks his parents to find a future wife for him, by paying a bride price to the parents of the future wife. The (often teenage) girl is then 'reserved', often without her consent, for the young man when he returns from South Africa. While parents from both parties arrange this, the girl's parents are motivated by financial gain and ensuring the daughter marries a man with money.

Other cases of child marriage were also referred to. An SRH service provider in Machinga, Malawi spoke about cancellation of child marriages as sometimes having negative consequences, if the cases lack follow-up:

> *".. When the marriage is dissolved there is need to provide the victims with support such as [school] fees and all that, but there are no resources for that. So that is also a challenge for those that have chosen to end the marriage. In the end it makes them feel like the marriage was better." (Male SRH service provider, IDI, 32 years, Machinga, Malawi)*

4.2.4 Sexual violence

A 26-year-old man in Njerwa, Lilongwe, Malawi spoke about sexual violence in universities, where younger students are forced by older students to engage in sex. A young woman (23 years) in Lilongwe also spoke about being exposed to verbal sexual abuse during outreach activities from men suggesting they try SRHR commodities such as condoms on her.

4.2.5 Homophobia, increasing impacts of climate change and mental health issues

A few young people in the Future Forward workshop in Zambia, in particular, talked about homophobia and the legal framework in Zambia which criminalised the freedom of sexual orientation. This led to unsafe sexual practices among members of the LGBTQIA+ community. This, alongside the negative impacts of climate change on health (including SRH) and of mental health contributing the unsafe sex were discussed as some of the challenges faced by young people in Zambia.

4 In Zambia, a key informant explained that the age of sexual consent is 16 years, and this is a barriers to access SRH services for children under the age of 16. This was confirmed by participants of the Future Forward workshop in Malawi.

4.3 Youth access to SRHR information

Young people in both countries reported that they have access to SRHR information from online and offline sources. Almost all young participants reported to have used an offline source before, compared to the use of online sources, which was more common among those who had access to devices like smart phones.

4.3.1 Offline sources

Many participants in both countries indicated that most young people get SRHR information from youth clubs and outreach programmes in their communities. Outreach programmes were reported to create space for young people who are in or out of clubs as well as older people to receive SRHR information and SRH services including the provision of contraceptives from health service providers in their community. For young people who are members of youth clubs, information was provided by health service providers and also by other youth who had been trained by NGOs like SAT.

"A lot of the times they [young people] come to the hospital. And also, through youth clubs. We developed a system to move around and support youth clubs. We talk with them. All the concerns that they may have are answered there." (SRH service provider, IDI, 40 years, Lilongwe, Malawi)

Participants in both countries also mentioned that young people get SRHR information from their friends and many indicated that this is one of young people's preferred sources of information.

Aside from NGOs working directly with youth clubs, NGOs also provide SRHR information through general campaigns at community level.

"I have once received such a message through mobile vehicles 'Chimkuza mau', that time they were passing through our village that was PSI [Population Services International] guys spreading information concerning family planning methods" (Young man, FGD, 15-24 years, TA Njerwa, Malawi)

More young participants in Malawi mentioned school as their source of SRHR information than in Zambia. In Malawi, teachers were said to be providing SRHR information through subjects like life skills or deliberately creating room to speak with girls about menstruation. On the other hand, in both Kasenengwa and Chipata, young participants in FGDs also referred to books as a source, but this was not mentioned in Malawi.

Young women in both countries mentioned parents or relatives as their source of information, particularly about puberty. One health provider in Malawi also indicated that parents are becoming more open and comfortable to speak with their children about SRHR and that they sometimes encourage their children to talk to service providers.

Church and traditional counsellors/leaders were also mentioned as young people's source of information. Although initiation ceremonies were perceived to be encouraging sexual debut at a very young age (see section 4.2.1), ceremonies like *Chinamwali* and *Jando* in Machinga and *Gule wamkulu* in Zambia were said to open conversations between young people and adults (traditional counsellors) about SRHR, particularly issues concerning coming of age and sex. Some young men in an FGD in Machinga reported to have previously accessed SRHR information by listening to local music, and through direct messages on their phones.

4.3.2 (Dis)advantages of offline sources

The most frequently mentioned advantage of offline SRHR information sources was that information was more age-appropriate, detailed and offline sources provided room for young people to ask questions about SRHR. As mentioned earlier, since most young people did not have access to devices and online platforms, offline sources like health facilities, youth clubs and outreach activities provide a cheaper way of getting SRHR information and in most cases this information is presented in a language that all young people could understand.

A key informant in Malawi also said when young people meet with service providers physically, they create a bond which creates room for openness. However, what was mentioned a lot in the FGDs in both countries is that young people are very often judged by service providers, parents and friends for accessing SRHR information at a young age. According to a young man in an FGD, Lilongwe, often times the idea of enquiring about SRHR topics is taken to be directly linked with the person's interest in sex. Therefore, most young participants indicated their discomfort when talking about SRHR with their parents or unfamiliar service providers. An SRH service provider (IDI, Lilongwe) mentioned that since there are only a few service providers trained in providing youth-friendly services, young people struggle to connect to new faces and may abandon their quest for answers when these providers are unavailable.

A young man (FGD) in Chipata and a service provider in Lilongwe (IDI) explained that in-person explanations by service providers are long-winded and full of information that a young person is not really interested in. This affects young people's attention and willingness to access information face-to-face. A young woman (FGD) in Chipata also shared that young people avoid going to facilities or outreach activities to get SRHR-related information as they are afraid they will run into someone they know.

> *"Chances are high that you can be seen by family and friends during these mobile clinics which is a challenge. They would know you went to get contraceptives. You can be shy to go and not participate in anything related to SRHR." (Young woman, FGD, 15-24 years, Lilongwe, Malawi)*

A similar sentiment was expressed by another young woman (FGD) in Chipata who added that in most cases youth clubs comprise of people who know each other personally therefore creating an unconducive environment for a young person to open up and access SRHR information.

4.3.3 Online sources

Almost all participants in both countries reported that young people could indeed access SRHR information from online sources. However, there was a marked difference in access to online sources between the participants in the rural areas versus the urban areas.

In both countries, participants indicated that the majority of young people did not have smart phones to access platforms like WhatsApp, Facebook, Twitter and Instagram.

"Can't comment much on the use of internet, because ee... some of us here know less about internet but of course we just hear from most people that there is this thing trending on WhatsApp." (Young man, FGD, 15-24 years, TA Njerwa, Malawi)

Young participants in FGDs in Chipata reported to have used Facebook, particularly the YouthWyze page to get SRHR information, whilst those in Kansenengwa and Malawi had only heard a bit about it.

The young FGD participants who did have access to internet in both countries reported to access SRHR information online from Facebook on the YouthWyze page in Zambia, and Zaku bedi and Chikondi Sakakamiza pages in Malawi. A young man and woman in Lilongwe also indicated to be receiving SRHR information from an online page called Mothers to mothers, while a young man (IDI, Lilongwe) mentioned the SAT and Youth Wave websites as online sources.

"Yes, I have done some research. There is a page on the internet called Mothers to mothers, on that page you can ask whatever you want to know, and you get answers there. Whether you want to know things to do with sex, or how one can protect him/herself from sexual transmitted diseases etc. it is all there and is done on the phone of course." (Young man, FGD, 15-24 years, TA Njerwa, Malawi)

"I got it from a WhatsApp group called Mothers to mothers. You can ask questions and they can reply to you." (Young woman, FGD, 15-24 years, Lilongwe, Malawi)

4.3.4 (Dis)advantages of online sources

Most participants felt that online sources are quicker and easier to access, because one can do it in the comfort of their home and at any time of the day. Other advantages mentioned were privacy and anonymity.

The use of the English language was one of the most mentioned disadvantages of online sources of SRHR information, because a majority of the young people cannot comprehend it due to low literacy levels and unfamiliarity with online platforms.

"I think there a lot of people that cannot afford the digital platform. They also didn't go far with education. So being on social media is not the strongest point. They can be there, but they wouldn't understand what's going on." (Male SRH service provider, IDI, 32 years, Machinga, Malawi)

This is in addition to issues of most young people not having access to devices like smartphones as well as lack of internet data bundles. Many participants also indicated that they find online information not very reliable because there is a lot of information that can mislead young people. This was possible due to several unreliable sources that have the freedom to post anything on the internet.

4.4 SRHR information young people look for

Participants indicated a variety of topics that they searched for online and offline in both countries. According to an SRH service provider in Kasenengwa, young people often search for information about prevention of STIs, HIV/AIDS, teenage pregnancies and child marriage. Many participants in both Malawi and Zambia mentioned that young people also often search for information relating to use of contraceptives such as condoms, and SAYANA (injectable).

As confirmed by a key informant in Malawi, young men from FGDs in both areas in Malawi said they have talked to friends about sex and how to prevent pregnancy. Participants also explained that young people search for information about puberty from parents, teachers and counsellors.

> *"There was a counsellor in our community that was chosen to teach girls that have come of age how to take care of themselves. Then when it happened to me, I went to show her, she gave me some advice saying if I sleep with a man, I can get pregnant and also get diseases. A girl like me needs to bathe regularly to be clean. She also told me that if I know I am very curious about sex I need to meet with my fellow young people in clubs to learn more about the family planning methods I can follow." (Young woman, FGD, 15-24, Lilongwe, Malawi)*

These counsellors also provide information about traditional practices like 'kusasa fumbi'[5] which was said to be a very common practice in Machinga for young people that have come of age.

A young woman in Kasenengwa (FGD) mentioned that she has taught her siblings about the importance of having protected sex, prevention of pregnancy, and safe abortions if they happen to fall pregnant.

With reference to previous conversations about youth rights, a young man in Chipata said that he looked for the topic of gender-based violence (GBV) and its relation to sexual intercourse, while another said they looked for what the link was between drug and substance abuse and high cases of teenage pregnancies and child marriage.

5 Kusasa fumbi or 'shaking off the dust' is a sexual cleansing rite where young women are encouraged to have sexual intercourse with a specific older man known as the 'hyena' as part of their initiation process

4.5 Access to SRH services

4.5.1 Challenges in accessing SRH services

There are challenges faced by adolescents and youth aged 15 to 24 visiting the youth-friendly spaces in the selected districts of both Malawi and Zambia. One of the challenges that was emphasised was a lack of privacy. According to some youth participants, at times, SRH providers were unprofessional as they violated the privacy of their young clients, particularly when they were in need of treatment.

At the same time, two key informants from Zambia pointed to the policy and legal environment of the country which stipulates that the age of sexual consent is 16 years old. This may be a barrier when an adolescent needs to access SRH-related services because they could be denied as they are not considered to be having sex at that age.

One young person from TA Njerwa, said that the shortage of service providers is also a challenge and had contributed to the delay in accessing services and being attended to. The person further explained that while the opening time for the facility could be late, the facility always closed on time.

The findings also indicate another challenge, that of lack of contraceptives and related health commodities. A few young women (FGD) from TA Njerwa said that sometimes when they visited their nearest facility seeking contraceptives, these commodities were unavailable. They further explained that sometimes they preferred health care providers doing outreach activities because health care providers usually have enough contraceptives during outreach activities.

Both young women and men of Kasenengwa and TA Njerwa faced the challenge of long distances to the nearest health facility resulting in limited number of visits to the clinic over long periods of time.

4.5.2 Opportunities

A key informant and an SRH service provider in Chipata mentioned that youth now had a chance to freely share SRHR information amongst themselves as they had created youth-friendly spaces in health facilities and also in communities which they call “information hubs”. Young people had fixed days in a week during which they met and discussed sex education and had recreational activities. YouthWyze staff in these youth-friendly spaces were also young hence creating an opportunity to interact and share some of the most needed services freely and privately.

This was also mentioned by a few young women in TA Njerwa. They explained that since the health care providers in charge of providing SRH services at the local facility were in the same age range as themselves, they provide a good and comfortable environment to be open about their needs and to demand for (more) condoms or contraceptives.

Self-test kits were distributed and used by young people in both countries. They could test at their own time, which provided them insight into their HIV status and later they could accept counselling given by their own peers if they tested positive.

4.5.3 Actual use of SRH services

Most young men in Machinga said that the condom is the most used and preferred contraceptive as it is easily accessible, followed by the emergency pill in cases where the condoms were not available at the time of intercourse.

A young man (FGD) in Chipata, Zambia said that he found a condom to be reliable, accessible and portable. He said that he carries a condom with him just in case he would find a female partner who he may have a physical relationship with.

"The one I used it's a condom because they are the ones which are common, and I also learned how to use a condom if you want to have sex. So, after I learnt I found it to be a preventative measure of different diseases." (Young man, FGD, 15-24 years, Chipata, Zambia)

A young woman (FGD) in Machinga said that she prefers using SAYANA compared to other contraceptives, because it lasts for 3 months, and one can self-administer it at home.

HIV testing by health providers or by self-testing were also amongst the commonly used services.

A 26-year-old young man in TA Njerwa also spoke of accessing post-exposure prophylaxis (PEP) at the hospital after he had injured himself and suspected he had been in contact with a person living with HIV.

Future forward workshop, Lusaka, Zambia

5. Experiences with YouthWyze

5.1 The basics

5.1.1 Perceptions of YouthWyze

In terms of overall likes on the Facebook page, in the study period, there were 599 new likes in Zambia, of which a considerable number occurred in January, and many of these were paid likes.

Figure 3 Total reach of the Facebook page in Zambia (November 1 2021 to April 31 2022)

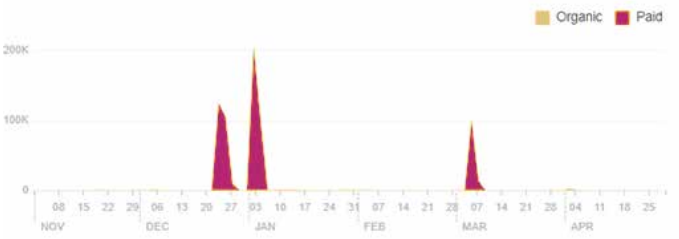


Figure 4 Total reach of the Facebook page in Zambia (November 1 2021 to April 31 2022)

In general, many young people who participated in the study from Malawi and Zambia, particularly in the urban areas had heard about YouthWyze, as per the qualitative data. The data suggest that the term 'YouthWyze" was associated with the online component, while it was not always clear for the youth participants if the offline activities, they were involved in were also part of YouthWyze. Youth participants from the rural areas often associated these offline activities with SAT or Break Free! or simply youth club activities. This was confirmed during the Future Forward workshop in Malawi. Their knowledge about the YouthWyze page was limited, and in Kasenengwa, a rural and remote intervention area in Zambia, youth participants had not heard of YouthWyze at all. In TA Njerwa, a rural intervention area located close to Lilongwe city, many participants had heard about the page, however some of them did not know what exactly the page consisted of, but had only heard of the name or seen it on T-shirts worn by other young people. A few heard about it from friends, or SAT, and in an exceptional case, a young man (FGD) in Chipata was tagged in a comment on the page as his friend knew he was looking for information about condom use.

A few young people in both countries in the rural intervention areas had an idea that the platform was meant to be used via a smart phone and that it shared SRHR-related information.

I[6]: "Ok, I would like to know if you have ever heard about YouthWyze?" P4[7]: "I just heard it in passing..." P3: "Those with smart phones would know..." I: "Yes feel free..." P4: "My friend has a smart phone so she told me that it's something on Facebook that talks about sexual reproductive health and how one can take care of him or herself." (Young women, FGD, 15-24 years, Machinga, Malawi)

6 'I' refers to the interviewer

7 P' refers to a participant in the FGD. The subsequent number indicates the participant number assigned to the person to ensure anonymity,

Another young woman (FGD) in Chipata was aware of the fact that the page had questions, and you could book services to get condoms.

"Aah I started following it after I heard of it from people from SAT because even on the page there are questions answered and you can book to go and get condoms and mostly people here are not aware of it, but they are not connected, there is no network so here in eastern province we need sensitization about it as we have a lot of high rates of pregnancies from Chipangali." (Young woman, FGD, 15-24 years, Chipata, Zambia)

While youth study participants were not aware of YouthWyze and its online and offline components together, service providers interviewed in the intervention areas understood the intervention to have these two components and saw the added value of both components.

Young woman from Malawi showing her phone

5.1.2 Who is using YouthWyze?

The online YouthWyze Facebook page is used by older youth in both countries. Facebook analytics show that the pages are mostly liked by people in the age ranges of 18-24 and 25-34 years (Figures 5 and 6).

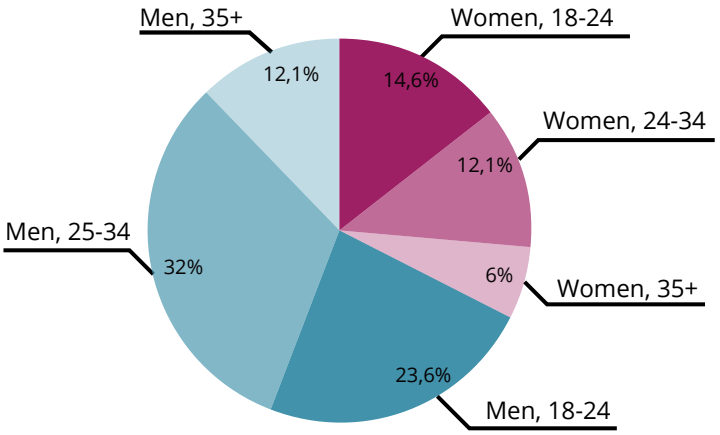


Figure 5 Likes on YouthWyze Malawi Facebook page distributed by age and gender

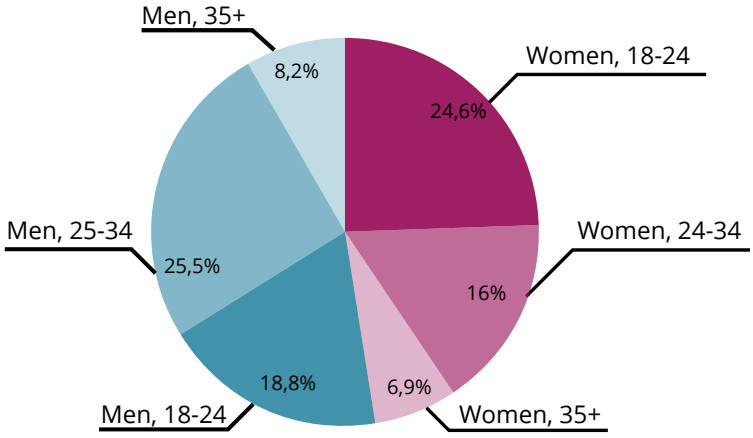


Figure 6 Likes of YouthWyze Zambia Facebook page distributed by age and gender

In Malawi, most people (45.4%) who liked the YouthWyze Facebook page were based in Lilongwe, followed by Blantyre with 26% of the likes coming from there. Machinga, one of the Break Free! implementation areas, was hardly presented and is therefore not depicted in Figure 7. Similar to Malawi, in Zambia, most page likes came from the capital city (Figure 8). Chipata accounted for 2.7%.

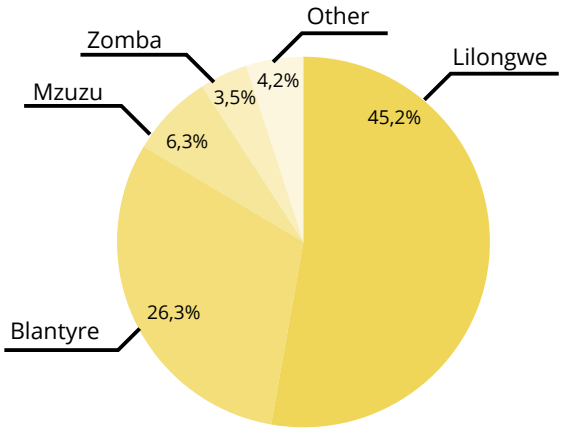


Figure 7 YouthWyze Facebook Page likes by top cities – Malawi

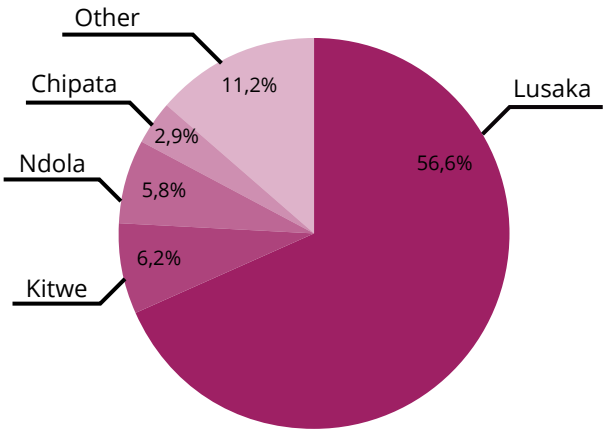


Figure 8 YouthWyze Facebook Page likes by top cities – Zambia

Most of the survey respondents reported having heard about YouthWyze via a friend (27 out of 61 respondents) or a youth club or hub (28 out of 61 respondents). Only two respondents (one from Malawi and one from Zambia) heard about YouthWyze from a health worker, two heard it from SAT, two came across the page via Facebook and none of the respondents mentioned teachers.

Young people who participated in the FGDs, who were part of youth hubs or clubs, were unaware of the YouthWyze Facebook page. They participated in their hub/club activities but did not label such activities as being part of YouthWyze, as also presented in section 5.1.1.

5.1.3 How are young people using YouthWyze?

Among the survey respondents who knew about YouthWyze, the majority had been involved with the intervention through use of the Facebook page (N=41, 17 in Malawi and 24 in Zambia). Twenty-seven (27) respondents reported that they participated in in-person activities of YouthWyze (18 in Malawi, nine in Zambia). The majority of the respondents who used the Facebook page checked it daily (n=22), weekly (n=14) or multiple times a day (n=13). The majority of the respondents only recently (between 0 and 3 months ago) started using the YouthWyze Facebook page (n=18). Eight respondents used it for 4-6 months, nine for 7-9 months, ten for one year, seven for 1.5 years and nine respondents used it already for two years.

Survey respondents were asked whether they used any of the face-to-face SRH services offered by YouthWyze. A total of 33 (out of 61) respondents said they did (19 in Malawi and 14 in Zambia). Thirty-two respondents indicated to have used SRH services from other providers and 17 respondents indicated to have never used SRH services before.

Among the 31 respondents who ever used face-to-face YouthWyze services (two respondents dropped out before this question), nine respondents in Malawi heard about these services from SAT, eight through the YouthWyze page and one heard it from a health provider. In Zambia, six respondents knew of the YouthWyze services from the Facebook page, four from SAT and three from friends. Six respondents in Malawi and only one in Zambia booked an appointment for the face-to-face service via the Facebook page.

Most of the 31 respondents who ever used face-to-face YouthWyze services used STI/HIV testing (13 in Malawi and ten in Zambia). In Malawi, most of these respondents received condoms (n=11) and contraceptives (n=11). About half of these respondents in Zambia received condoms (n=5) and contraceptives (n=4). Counselling services were used by nine respondents in Malawi and five in Zambia (Figure 9).

When asked about YouthWyze services specifically, thirty-one respondents respondents indicated not to know that YouthWyze offers face-to-face SRH services, of which 24 were from Zambia and seven from Malawi. Four people in Zambia did not know the existence of SRH services at all. Seven respondents in Zambia and two in Malawi said they never needed SRH services before. One respondent from Malawi said that they were afraid of being judged and found it too embarrassing.

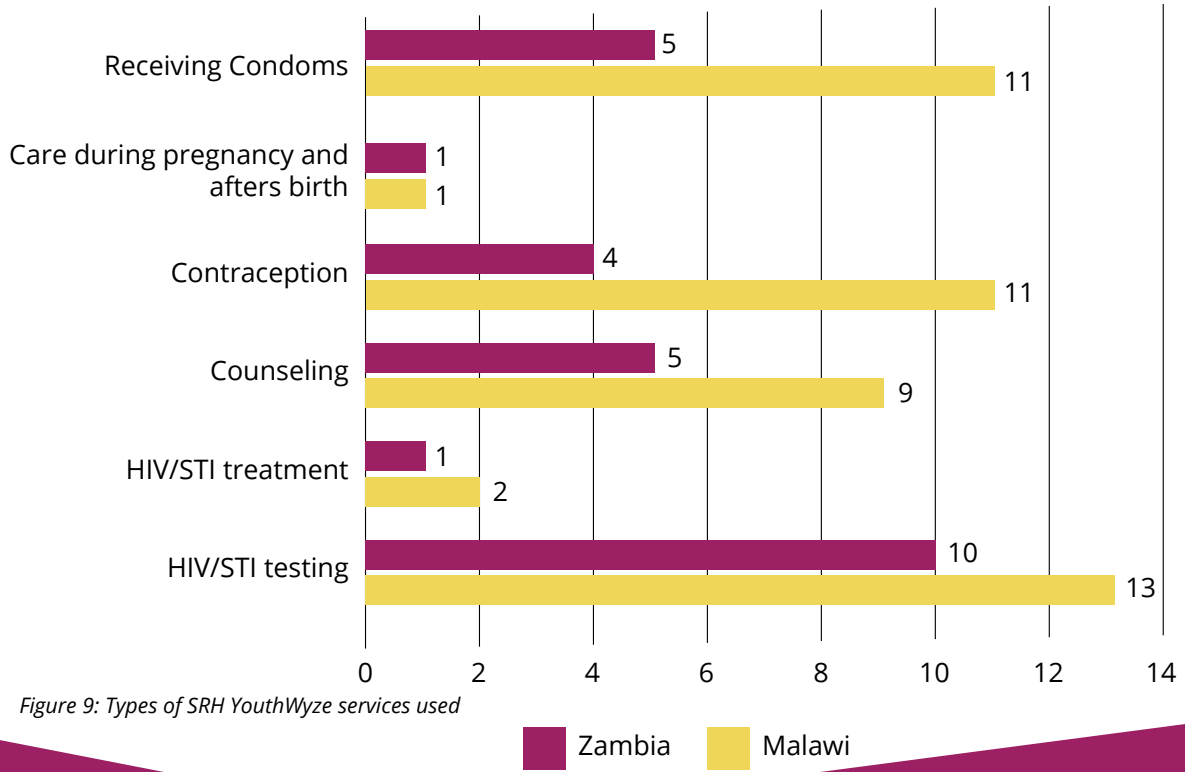


Figure 9: Types of SRH YouthWyze services used

5.2 Type and content of online information

5.2.1 Type of content

Between November 1, 2021 and April 30, 2022, YouthWyze Malawi posted 74 posts of which 72 contained a post image and text like the one in Figure 10, one was a video and one included only text. This was similar to YouthWyze Zambia, which posted 68 posts, of which 66 were images and text and two included a video. The majority of posts (57 out of 74) in Malawi and (45 out of 68) in Zambia aimed to inform the audience about different topics related to SRHR, personal development, COVID-19 and more. Thirty posts referred to the possibility to contact YouthWyze for more information or services, while ten posts in Malawi and six posts in Zambia invited the audience to tune in to different online and offline events. Lastly, nine posts in Malawi and 12 posts in Zambia called the audience to action, to for example sign a petition, start talking about GBV, ask questions about oral sex and HIV, seek advice about Covid-19, or to use a certain hashtag on Facebook.

Figure 10 Sample post of the YouthWyze Facebook page (Source: Facebook page Malawi)

The topics of the posts (Table 3) in Malawi ranged from SRHR to behaviour in school and COVID-19. In general, YouthWyze also focuses on information around international days, such as World AIDS Day, International Human Rights Day and International Women's Day (18% of posts), personal goals (16% of posts) and publicity for YouthWyze and outreach activities (15%).

In Zambia, the posts with the most reach included those addressing contraceptives (two posts with a reach of 399,033 and 88,815 persons), online platforms for free educational courses (220,274), YouthWyze page promotion (188,994), gender-based violence (GBV) (145,060). These were followed by posts promoting services offered by YouthWyze (2,859), PEP and HIV (2,079). In general, many of the posts addressing HIV and contraceptives had a higher reach (more than 1000) compared to other topics. The post with most reach on contraceptives also had the most likes (276). The most comments (40) and most shares (23) were for a post promoting YouthWyze and giving out prizes.

In Malawi, the posts with the highest reach included those addressing personal development (112,683 people reached) and those giving away prizes (108,381 people reached), followed by two posts on side effects of the contraceptive pill (99,857 and 63,439 people reached). The post where prizes could be won and the first post on side effects of the contraceptive pill were also the two posts getting most reactions (likes, love, surprise, etc.) with 290 and 138 reactions respectively. As for Zambia, the most comments (74) and shares (47) were on the post giving out prizes. Interestingly, posts about COVID-19 and vaccinations were shared relatively often when compared to the reactions and likes on the posts.

Those posts that had a reach above 2,000 were also those that were posts for which advertisement costs were paid.

Survey respondents were asked which topics they learned about through the YouthWyze

Topic	Malawi	Zambia
Behaviour in school (e.g. learning tips, tips against bullying, etc.)	7 (9.5%)	7 (9.5%)
Contraceptives	5 (6.8%)	10 (6.8%)
COVID-19	10 (13.5%)	13 (13.5%)
GBV	10 (13.5%)	9 (13.5%)
HIV/AIDS or STIs	10 (13.5%)	10 (13.5%)
International days and events	13 (17.6%)	7 (17.6%)
Laws	1 (1.4%)	1 (1.4%)
Personal goals	12 (16.2%)	14 (16.2%)
Relationships	2 (2.7%)	2 (2.7%)
Meaningful Youth Involvement		1 (0.0%)
Gender equality/Human rights		7 (0.0%)
Finance		2 (0.0%)
YouthWyze publicity and outreach activities	11 (14.9%)	6 (14.9%)
Total	**74 (100%)**	**68 (100%)**

Table 3 Topics of Facebook posts of YouthWyze Malawi and YouthWyze Zambia

page. Contraception and HIV/AIDS were the most mentioned topics in Malawi by 24 out of 30 respondents, followed by STIs and condom use (both 19 out of 30 respondents). The least mentioned topics that respondents learned about through the YouthWyze page were masturbation and menstruation (7 and 12 out of 30 respondents respectively). When asked what topics they would like to learn more about, relationships and dating and personal development were the most popular topics among female Malawian respondents, mentioned by six out of 18 respondents. Among male Malawian respondents, masturbation, personal development and STIs were the most chosen topics they would like to learn more about.

In Zambia, respondents indicated to have learned most about condom use and HIV/AIDS via the YouthWyze page, mentioned by 23 and 22 out of 31 respondents respectively. Learning about peer pressure was also an important topic among female respondents in Zambia (13 out of 25 respondents). Like Malawi, regarding the topics they would like to learn more about, masturbation and personal development came out as the most popular topics among both female and male respondents.

Respondents were asked which format they appreciated on the page and what they would like to see more of. Posts and quizzes, or games were the most appreciated format in Malawi (24 and 23 out of 30 respectively) in comparison to posts and stories in Zambia (26 and 17 out of 31). Quizzes or games followed close after in Zambia, mentioned by 15 out of 31 respondents. There were no differences in the popularity of these formats between genders. Overall, in both countries, young people wanted to see more quizzes or games on the pages, along with live chats with experts, particularly mentioned by female respondents in Malawi.

5.2.2 Perceptions of quality

Key informants in Malawi and Zambia explained that the YouthWyze page content is developed and checked by various health professionals (in the field of HIV and mental health, for example). This is to assure the posts are of good quality. For the offline component of YouthWyze, the programme also works together with health service providers, trained young people, and people with knowledge about laws and policies.

YouthWyze content online was found relevant, attractive, age appropriate and complete

Among the 61 survey respondents, 36 respondents found the quality of the YouthWyze Facebook page very good, 10 rated it as good, 11 rated it as neutral, three said it is bad and one said it is very bad.

While male and female FGD participants in Machinga did not know the YouthWyze Facebook page, after having seen examples of posts (one of GBV and one on HIV), they said they liked the posts and found them relevant, and they liked that one could get in touch to pose questions. Young men and women (IDIs) in Lilongwe also found the shown posts relevant and age-appropriate. A young woman (FGD, 15-24 years) from Njerwa succinctly summarized the message of the second post:

> *"It is about someone who is under treatment [for HIV] and the person thinks they are okay. Is a question to say, 'do I have to stop because I look healthy'. It also shows how some people have troubles of wanting to stop treatment after looking healthy. It's not the right thing to do. It's like when you have malaria and you start feeling better, you should not stop until you finish your medication. Similarly, you don't have to stop taking your treatment just because you look good. You need to get an approval from the doctor."*

Figure 11 Sample post on STIs from YouthWyze Zambia

Young people who participated in FGDs in Zambia, while not familiar with the YouthWyze Facebook page, were attracted by the post on STIs (Figure 11). Young women (FGD) in Chipata said:

> *"Aah the news that's written there [on the YouthWyze page] is amazing, it's useful, whether sexually active or not." (Young woman, FGD, 15-24 years, Chipata, Zambia)*

A service provider in Lilongwe said that the second post that was shown would attract young people (they would like to know, "why are these young people holding each other?") (figure10). The provider said that the posts on the YouthWyze page could provide a good base for further discussion with a health provider, because young people sometimes ask questions based on what they have seen on the Facebook page. A 45-year-old male service provider in Chipata, Zambia also found

the shown YouthWyze posts nice, as he said it is genuine and the content comes from young people themselves, which stimulates others to 'open up'. The 26-year-old SRH service provider in Kasenengwa, who was familiar with the YouthWyze Facebook page, had the same opinion. He added that the information on the site is easy to understand and stressed that YouthWyze offers better quality than other online platforms:

"I think it all comes down to information, because not every [online] platform provides proper information. Most are misleading so YouthWyze we know. For YouthWyze it's properly handled by qualified people when they help the youth and there's privacy. So, it is much better compared to other platforms because there [on the YouthWyze page] you can feel comfortable and safe. From the information that they provide, you know that they are youth-oriented." (Male SRH service provider, IDI, 26 years, Kasenangwa, Zambia)

A key informant in Zambia also indicated that the YouthWyze Facebook page offers complete information:

"If you go to YouthWyze to find out about a condom, YouthWyze will tell why you should be using a condom, why should not be using a condom, it will also tell you how to use a condom it will also tell you were to get the condom; that's what it does. So, it completely completes the communication circle, satisfying the person that is inquiring."

The same key informant stressed that YouthWyze posts information about other things than sex (e.g., personal development, relationships with family and friend), to ensure that information is balanced and covering important aspects of young people's lives.

Survey respondents were asked whether they agreed with several statements that concern the quality of the Facebook page. The findings support the qualitative findings above and are presented in Figure 12.

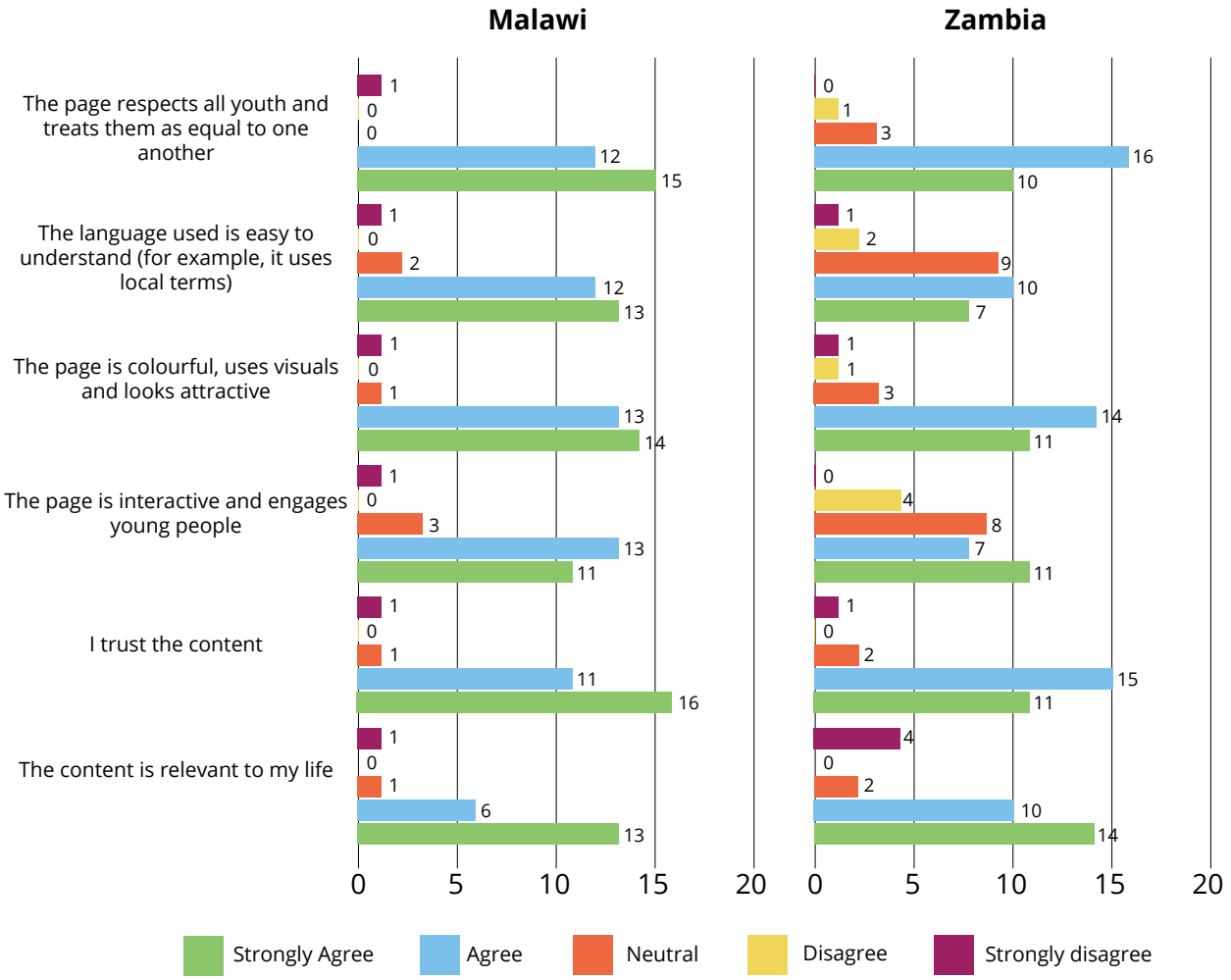


Figure 12: Level of agreement with statements about the quality of the YouthWyze Facebook page (n)

YouthWyze online content could improve by making it more diverse, context-specific and in the local language

Participants also provided more critical feedback on the shown YouthWyze posts. A 25-year-old SRH service provider in Kasenengwa and a 22-year-old woman interviewed in TA Njerwa, Lilongwe, thought that the pictures in the post should also include adolescents in a village setting, and not only show urban settings.

While the post on GBV(not shown) attracted attention because the young participants wanted to know why the young man on the post looked surprised, the post was interpreted differently among the participants (was the young man surprised, confused, or being slapped in the face?). The abbreviation 'GBV' was neither understood by the young women in the FGD, nor was it by a health provider in Lilongwe. The second post, shown in Malawi (Figure 10) was generally more appreciated by the young people, because it was found clearer. However, one young woman (16-24 years) in an FGD in TA Njerwa, Lilongwe said:

"The picture of people holding each other is a bit confusing. It's difficult to advise young people not to be dating at a young age and yet you are showing them such a picture. As a leader, you have to be exemplary. Some people do well when they are motivated by others."

In Zambia, while most young people liked the post about the survey (Figure 5), some indicated that it was unclear about the specifics of the survey.

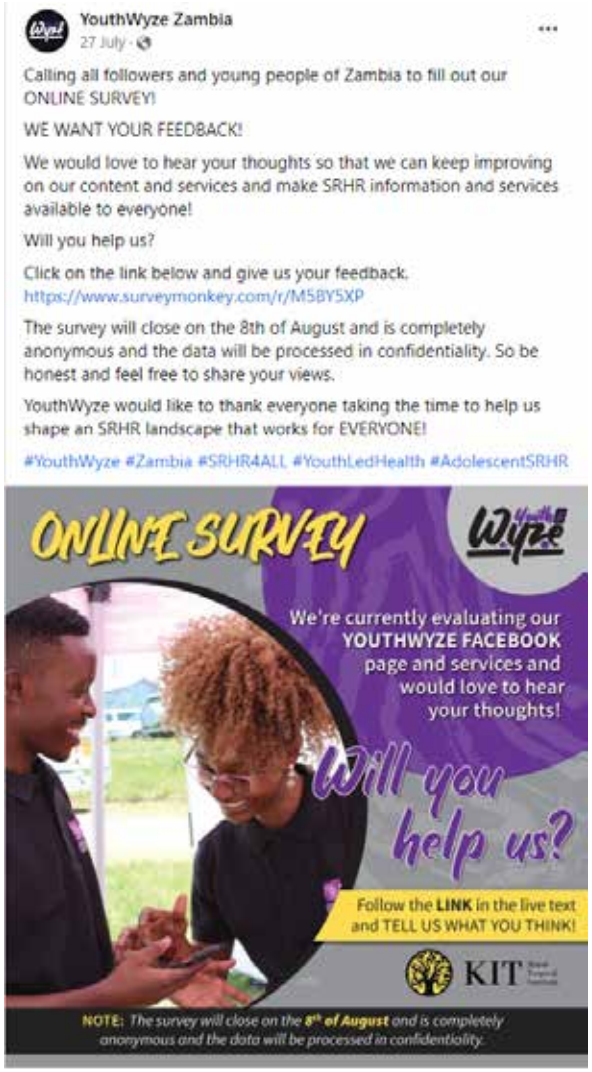


Figure 13 YouthWyze Facebook post about study survey

Quality of offline YouthWyze services rated as good and associated with professional staff

Among the survey respondents who said they accessed face-to-face SRH services offered via YouthWyze (n=18 in Malawi and n=13 in Zambia), the majority rated the quality of the services as excellent or good, only one respondent in each country (one female and one person of another gender than female or male) found it 'okayish'.

As per young men (FGD) in Chipata, service providers in the youth-friendly services section of the health facility have a degree making the information they provide reliable.

5.2.3 Quality check mechanisms

Survey respondents who were familiar with the YouthWyze Facebook page (n=61) were asked how they check if the information is accurate and correct. The answers showed a similar pattern in Malawi and Zambia. A total of 33 respondents said they trust what they read on the YouthWyze page. Twenty-five respondents said the look up the same thing on other online sources to verify quality. Twenty-two of all respondents said they check the source of the information provided, and 14 said they ask a health worker. Only two respondents said they ask a friend, one used other reference materials such as books and articles, and one respondent indicated to check WHO guidelines. None of the respondents chose the answer option about asking a trusted adult.

In the qualitative study component, there were only two references from young people about quality checks. Young men in an FGD in Machinga did not fact-check online information. In an FGD with young men in Chipata, one participant indicated that on the YouthWyze page, young people would know that information is reliable if many other young people comment that this information helped them.

One key informant was asked about whether administrators of the YouthWyze Facebook pages delete or react on comments that provide misinformation. He indicated that this is not done, unless really needed, because people should feel they can engage, and there are often other users who react on misinformation posted in comments by others.

Future Forward workshop in Malawi

5.3 Opportunities and challenges

Young people have limited access to mobile phones and internet, especially in the rural areas

A service provider in Kasenengwa (IDI, 45 years) pointed to the challenge of the lack of access to devices (referring to mobile phones, laptops or computers) in the area. They indicated that SAT had promised them that they had bought devices for them, however, these devices had not yet been delivered by SAT and that the service provider himself and the community was waiting on these. The provider did mention that while it was not feasible to give each young person a device, the idea was to create a mobile arrangement where young people could access the devices.

The use of English on the YouthWyze page is exclusionary

A service provider in Lilongwe shared that the type of young people they worked with were not literate due to which they cannot read the YouthWyze page which is in English and called for the complementary use of Chichewa on the platform. This was confirmed by a young woman (IDI, 23 years) in Lilongwe who shared that she would be unable to share the page with the guard at her home as he would not be able to read English.

There is a lack of monitoring on behaviour change for the YouthWyze page

A young woman (IDI, 23 years) from Lilongwe shared that aside from a top fan badge rewarded to users who liked a lot of posts (there was confusion whether Facebook does this, or the administrators of the page), there was no monitoring of whether young people are understanding the content presented or share the information provided themselves.

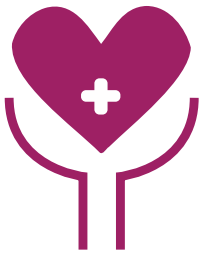
Confidentiality is provided by health providers

According to young women in an FGD in Machinga, Malawi, unlike youth clubs where young people know other people, going to the doctor offers an opportunity to speak to someone who you do not personally know, and health providers offer you confidentiality and privacy. Another participant shared that the private rooms in the health facility help with this, which they learnt about in the youth clubs. In addition, another participant spoke of the introduction of the youth-friendly service room by the Break Free! programme once youth indicated a need for it. While some young people appreciated the confidentiality offered by YouthWyze, a key informant in Zambia shared that they were not always a 100% sure about the confidentiality systems in place at a health facility and wished for an audit of facilities to ensure the same.

There is ease of access to information and services

A young person interviewed in Lusaka (IDI, 23 years) shared that the YouthWyze page had several advantages. These included the ability to access health-related information instantly and anonymously without the shyness felt when interacting with service providers at a health facility or inability to travel to the facility.
As per a young man (IDI, 26 years) in Lilongwe, given busy schedules and the inconvenience of going to the health facility, the page offered a quick way at hand to look for relevant information. He did however, point out the need for two-way communication, while another young man (IDI, 20 years) in Lusaka shared that the responses still take time to come through and that privacy on the page is compromised even though young people are running it.

A female key informant from Zambia also pointed to the fact that young people could independently access information on the page, which was often a missing link for other models of working and organisations.



In an FGD with young women (15-24 years) in TA Njerwa, a participant shared the ease of speaking freely and directly on the page, as opposed to other groups where they would use the cover of jokes to inquire about information or avoid going straight to the point. A young woman (IDI, 23 years) from Lilongwe shared that the page is an open page and gives accurate information, where one can ask questions. As per a young man (FGD) from Chipata, the page offered a source of clear information to use in other SRHR-related activities as he did not have access to other materials. The diversity of topics addressed on the page was also pointed out as an advantage by a key informant.

While they cannot access services online, young people can access information on the page, and they are referred to services in a clear way, as per a key informant in Malawi. On this note, participants from the Future Forward workshop in Zambia pointed to how they could not book services online yet.

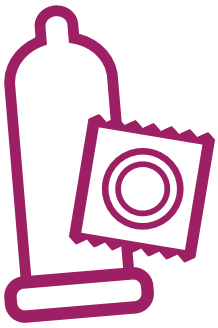
There is some youth involvement

Many of the young people involved in running the YouthWyze page as well as supporting offline activities were present in the Future Forward workshops in both countries and they reported being enthusiastic and involved in the programme.

According to a young person from Lilongwe (IDI, 26 years), the young people running YouthWyze were friendly and kept youth involved and updated about meetings and current issues, which helped youth development. Youth had their own hub space for activities. As per a key informant from Zambia, young people expressed which services they were looking for to access, to inform the outreach provided by YouthWyze.

> *"..ok as I mentioned if on Tuesday, we create an outreach for instance the online platform allows us to tell people or young people on the platform that on Tuesday we going to be in Ibex Hill, what kind of services would you like, then they say we want condoms, contraceptives and so forth then we have linkages to the health centres in Ibex Hill." (Key informant, Lusaka, Zambia)*

There are no stock outs of health commodities...mostly



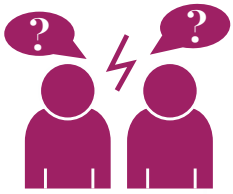
As per two key informants in Zambia, YouthWyze would not post or advertise about providing services that they would not have so they could match demand and supply.

"The barrier of availability is also completely erased, because we are working in such a fashion that with time when these outreaches for instance will happen and then we tell young people next week we're going to be in this area at a time when we're saying that we've already agreed with our partners who provide commodities." (Female Key informant, Lusaka, Zambia)

"You raise the demand of people saying come and get condoms, yet you only have 10. What YouthWyze correctly does is to make sure we have enough supplies for the entire demand." (Male Key informant, Lusaka, Zambia)

At the same time, however, one of the key informants did indicate that there were instances where outreach activities were cancelled or postponed as government service providers were out of certain commodities. Furthermore, the frequency of outreach activities by YouthWyze in Malawi had decreased from twice a month per area to once a month due to changes in the budget.

Societal members have misconceptions about youth who attend YouthWyze activities



According to a young woman in an FGD in TA Njerwa, when young people go to outreach activities to access contraceptives, they are perceived by some societal members as 'sleeping around or prostituting' since they believe that contraceptives are only meant for married persons or adults. Moreover, a young woman in Machinga (FGD) shared that she encouraged her friend to come to the youth club with her but when she told her parents, they reprimanded her for going to the club and asked her to stop being friends with the said participant as she was teaching her about sex. Another participant spoke of other cases wherein parents have misconceptions and do not allow young women to join the youth clubs.

Despite this, some young women sneak away and attend the clubs as they find the information beneficial. In Zambia, these misconceptions were not found as such.

5.4 Perceived changes in knowledge & behaviour

5.4.1 Knowledge

The findings of the online survey presented in Figures 14 and 15 show that most respondents from both Malawi and Zambia who had heard of YouthWyze before (strongly) agreed that YouthWyze increased their awareness about their rights as a young person. Especially female respondents from Malawi tended to agree strongly with the statement (6/10 respondents).

From the qualitative data, only some of the participants in both countries and of both genders improved their knowledge because of YouthWyze activities and the Facebook page. It should be noted that the participants of the qualitative data collection were living mostly in rural areas. Knowledge especially increased on family planning methods, contraceptives including female condoms, safe motherhood, the consequences of child marriage and their rights to refuse marriage, sexual assault and the need to report it, prevention of STIs, the need to take care of one's own health, and identifying emotional violence including insults. At the same time, some participants indicated to feel more empowered to follow up on this knowledge because of YouthWyze.

It should be noted that many of the participants of the interviews had not heard about YouthWyze before, hence they did not know if their knowledge had been improved as a result of YouthWyze as described further under section 5.1.1.

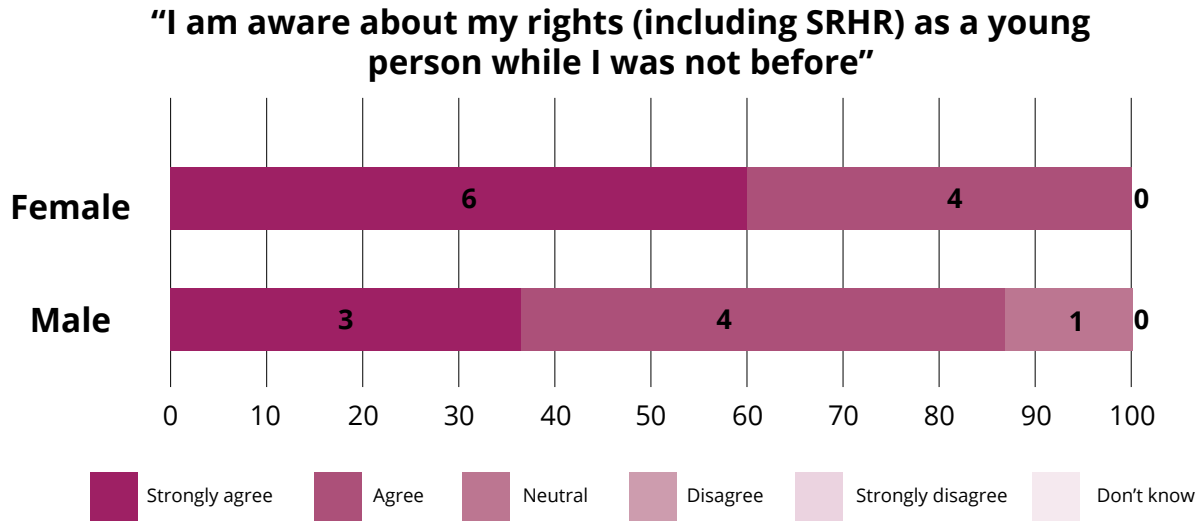


Figure 14 Perceived change in knowledge of survey respondents in Malawi in percentages

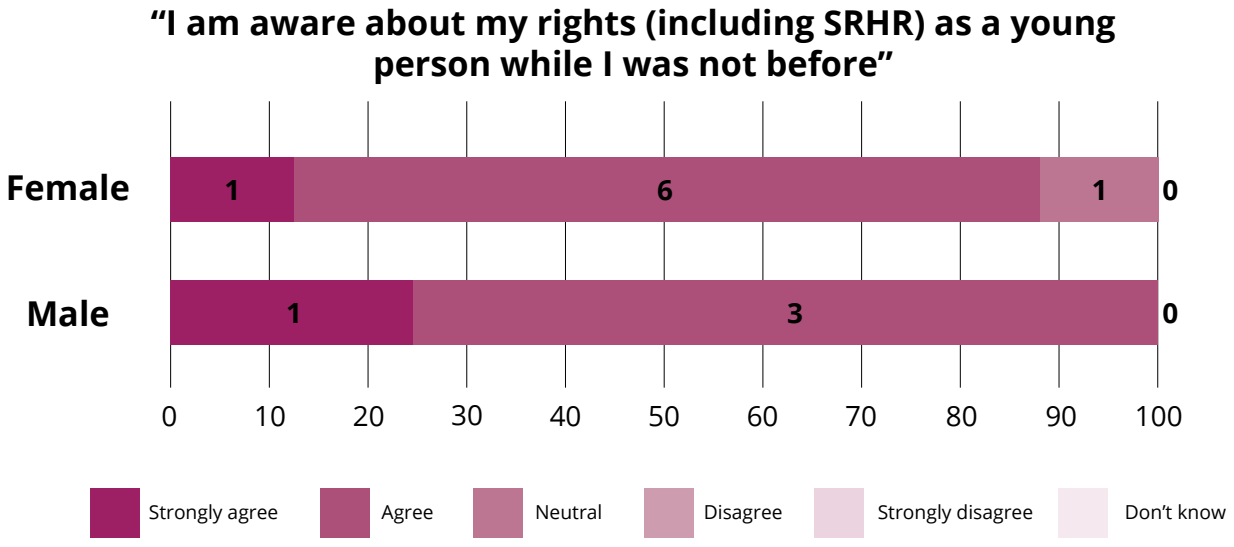


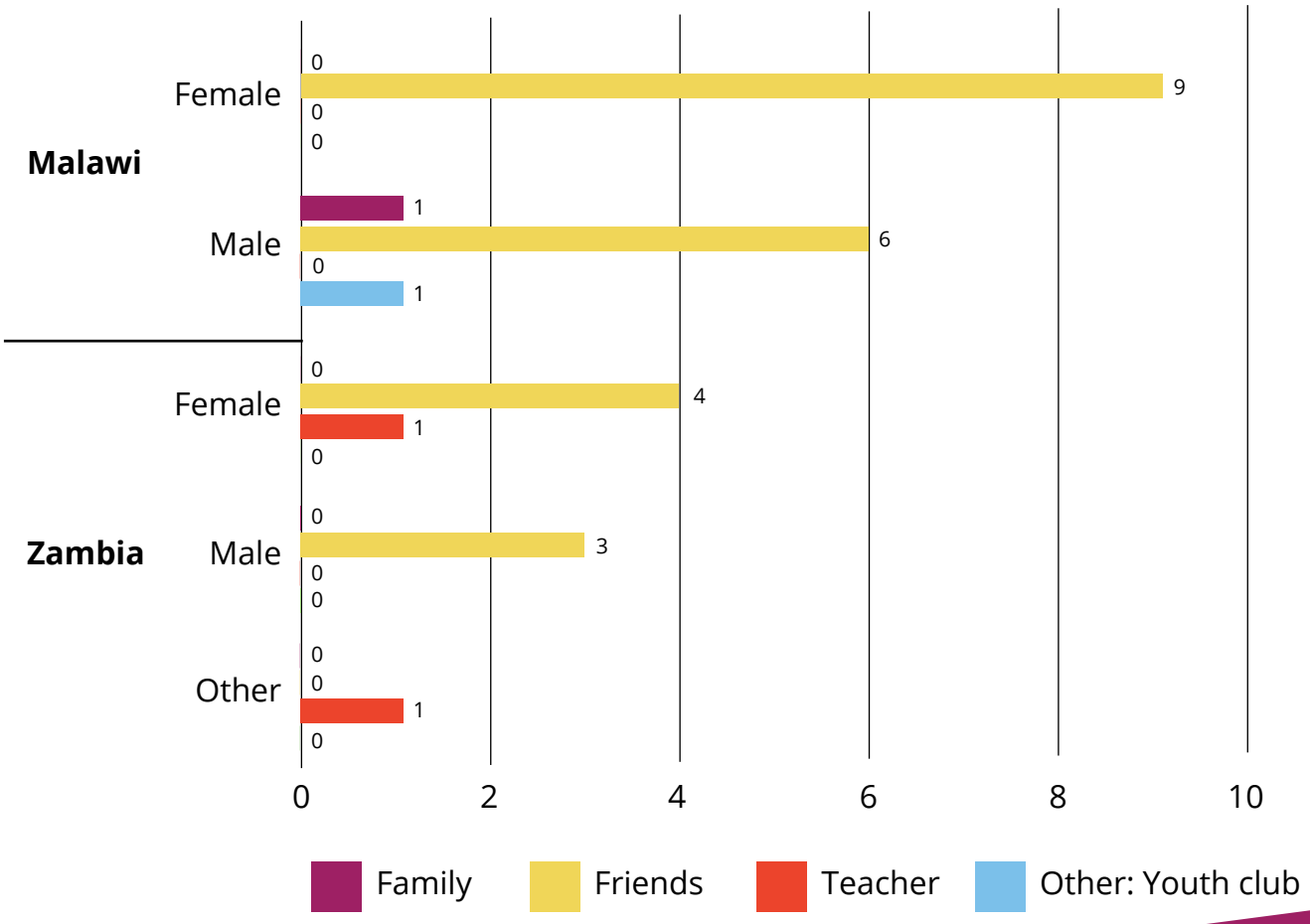
Figure 15 Perceived change in knowledge of survey respondents in Zambia in percentages

5.4.2 Sharing information and improved communication

Overall, the young people who shared that their knowledge had increased through YouthWyze, were also eager to share this new knowledge with their family, friends and online. Some of the young people and service providers who were not familiar with the online components of YouthWyze reflected on the sample Facebook posts and indicated that they would recommend the page to their friends or their clients. The findings from the online survey showed the same pattern. The majority among all genders and countries (17 of 18 respondents in Malawi and 9 of 13 respondents in Zambia) agreed that they had shared information they received through YouthWyze with others, mostly with their friends (Figure 16).

Throughout the interviews and FGDs, siblings, friends and other relatives, including parents and grandparents, were the most mentioned audience which whom young people shared the information they gathered through outreach activities, the Facebook page and WhatsApp groups affiliated with YouthWyze. They especially encouraged each other to make use of the SRH services available, such as accessing emergency pills or going for HIV testing. One young woman in the FGD in Machinga even verbally shared information from the YouthWyze page she received from a friend with another friend. She mentioned that it was common in their community to share things they read on their phone with others that did not have this type of access. The content of what they shared differed per group. During the FGD with young men in Machinga, they agreed that they were more inclined to share information about content than about services. For example, they mentioned that they did not want their friends to know they had an STI, so they would only disclose their status if the results were negative. They would however encourage each other to go for testing. Only two people (IDI, young man, 23 from Lusaka and IDI, young woman, 22 in Lilongwe) shared the information received through YouthWyze with their girlfriend or boyfriend and accessed services together.

Figure 16 Number of responses per gender and country to the question: if ever, who have you shared information from YouthWyze with?



Indeed, the majority of survey respondents who participated in YouthWyze (strongly) agreed that they had changed their approach to love and relationships. In Malawi, eight out of 10 female and eight out of eight male respondents agreed with this statement. In Zambia, five out of eight female and three out of three male respondents (strongly) agreed. The young man from Lusaka (IDI, 23 years) also explained that unprotected sex was not negotiable for him anymore after learning more from YouthWyze. He encapsulated this as: "No condom, no erection". Lastly, one young woman (IDI, 22) from Lilongwe shared that she even shared information from YouthWyze with a teacher to explain more about a certain contraceptive:

"I was also a doing a presentation this other time at school and I mentioned the interprevelon ring, I realized my lecturer wasn't even aware of it. He was surprised that I know it and was able to learn from me." (Young woman, IDI, 22 years, Lilongwe, Malawi)

Next to interpersonal communication and sharing information face-to-face, some young people with access to phones also shared that they often screenshotted and reposted the information from the Facebook pages or WhatsApp groups of YouthWyze on their own status and encouraged their friends to do the same.

In addition, from the perspective of healthcare providers, YouthWyze made it easier to share information with young people and reach a larger number of young people with information. A healthcare provider from Lilongwe explained that they referred them to the Facebook page for more information. Another healthcare provider from Machinga added that young people seemed to source more information on their own since the arrival of YouthWyze in the community which was echoed by a service provider from Chipata:

"The more they know, the more they can challenge the facility health personnel." (Male SRH Service provider, IDI, 45 years, Chipata, Zambia).

5.4.3 Service uptake

YouthWyze has brought services closer to young people through outreach activities. A Malawian key informant explained that young people now had better access to contraceptives. Similarly, a service provider from Kasenengwa explained that they had the impression that since YouthWyze was introduced, young people were going back to school and that the number of STIs, early marriages and pregnancies had dropped. He also explained that they could see the effects of YouthWyze through the young people that kept coming back for services, such as to accessing contraceptives. Young people throughout the FGDs in Malawi indeed indicated that they were eager to go for STI and HIV testing and contraceptives during the outreach after hearing from their friends that these services were available. In Machinga, even adults went to the outreach activities to get contraceptives and family planning methods, as mentioned in the FGD with young women in Machinga.

The findings from the online survey confirm that young people are indeed using more services, including accessing contraceptives than prior to learning of YouthWyze. Especially young men in both Malawi and Zambia (strongly) agreed that they were now taking better care of their SRH by accessing SRH services (eight out of eight and three out of three respondents respectively)(Figure 17 and 18). The responses to the statement "I now use contraceptives and condoms, while I did not do that before" are more spread out in both countries. Some females in both Malawi and Zambia disagreed with the statement, while males generally agreed (figure 17 and 18).

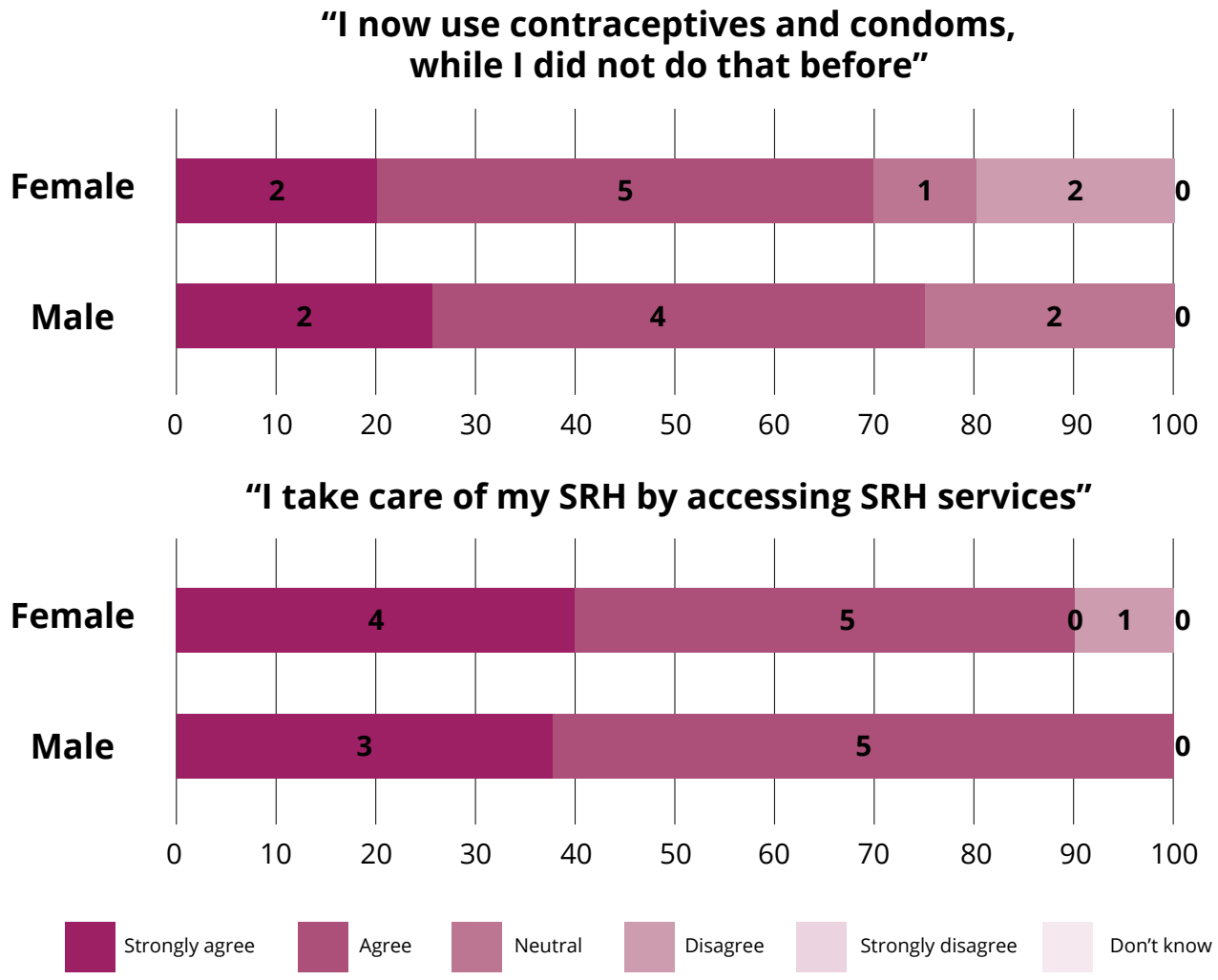
The increased use of services through the outreach activities also became obvious by looking at the number of young people participating in them, as indicated by both key informants in Malawi and Zambia. According to them, in Malawi, the people accessing services during outreach increased from 50 to 150 people per outreach, while in Zambia, it increased from 20 to 100 young people

per outreach. However, the key informant in Malawi clarified that they lacked insight into the numbers of the clinics of the youth-friendly health services in Lilongwe. They could therefore not say whether the number of young people going for services outside of the outreach activities had actually increased and whether this was due to the online information provision. In Lusaka, where they did have insight into these numbers, it did not provide the hard evidence needed to link it back to YouthWyze, because young people were not asked how they learned about the availability of services when they came to outreach activities of YouthWyze.

5.4.4 Participating in programme activities and advocacy

Only few participants provided some examples of the impact of YouthWyze on participation in other programme activities or advocacy. A service provider in Lilongwe pointed out that YouthWyze created the opportunity for them to get a better sense of what young people need. At the same time, young people in Chipata built their own youth space in their community because they learned about the importance to have their own space. Furthermore, a key informant from Zambia explained that young people who had been involved in YouthWyze, now sat in strategic positions at other NGOs or government strategic working groups in which they took along their experiences of YouthWyze. In line with these findings, the online survey showed similar results. Although the sample was small, most of the survey respondents that used YouthWyze used the knowledge to raise awareness within their communities about SRHR issues. In Malawi, nine out of 10 female respondents and seven out of eight male respondents agreed with this statement. In Zambia, all respondents (strongly) agreed that they now raised awareness compared to before using YouthWyze.

Figure 17: Change in service uptake and contraceptive use in Malawi after using YouthWyze in percentages (source: online survey)



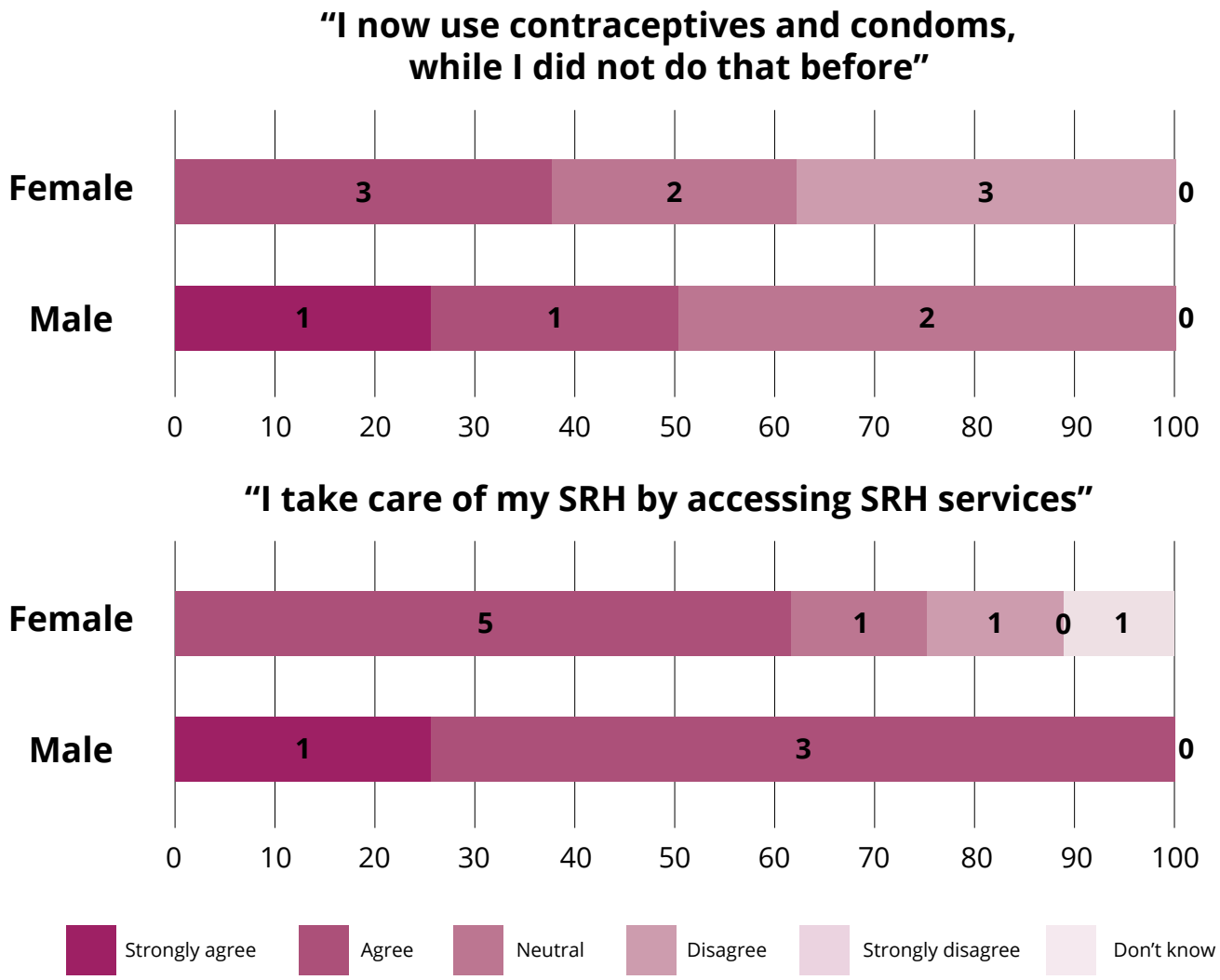


Figure 18 Change in service uptake and contraceptive use in Zambia after using YouthWyze in percentages (source: online survey)

5.5 Linkages of YouthWyze with other initiatives

5.5.1 Linkages between online and offline components of YouthWyze

The YouthWyze intervention that originated in Botswana models the need for strong linkages between the provision of offline services to adolescents and youth and the SRHR information they can access online, through Facebook, WhatsApp or any other chosen online channels. The quote below illustrates the need for having strong linkages between online components and offline services:

"So it was very clear for us from the onset but for YouthWyze to fly, it must be strongly linked to access to services. There must be a clear call to action around what they [young people] do with the information they just got, either in terms of seeking counselling, get into an outreach site or check into in this." (Key informant, 49 years)

The data of Malawi and Zambia, however, suggested that these linkages between online and offline components of YouthWyze were not yet clearly established. This especially became apparent when many young people that had participated in SAT outreach activities did not know that these were part of YouthWyze. At the same time, YouthWyze was largely referred to as the online Facebook page as described under section 5.1.1. The survey respondents who had used the Facebook page reported mixed opinions about whether the online page and offline activities were connected. In Malawi, 15 of 17 respondents indicated that they did not feel that the online page and the offline activities were connected while in Zambia, 10 out of 12 thought they were well connected. The key informants in Malawi and Zambia described how they promote the Facebook page and WhatsApp groups during offline activities. One key informant from Malawi, for example, shared that they provide posters introducing the Facebook page to schools, youth clubs and youth groups in Machinga.

The link between the online Facebook page and offline services was more apparent in the capital cities. Key informants in both Malawi and Zambia explained that the online Facebook page referred young people to linked service providers and outreach activities.

The other way around, the service providers that were interviewed did not refer to the Facebook page as much, as indicated by both a key informant from Lusaka and the service providers themselves. Even if they had heard about YouthWyze, they did not actively use it, as indicated by two service providers in Malawi and the two interviewed service providers in Chipata. A government service provider from Lilongwe (IDI, 40) agreed that after being shown two posts by the interviewer that the posts could facilitate more discussion between young people and service providers. He confirmed:

"I would [recommend the page]. It would bring out even more topics for us to discuss. Some young people ask things basing on what they have seen." (Male SRH service provider, IDI, 40 years, Lilongwe, Malawi).

5.5.2 Linkages with government services, other programmes and CSO efforts

Overall, the key informants in both countries agreed that government, NGOs and CSOs are fighting for the same causes: improving the access to information and SRH services for young people and reducing the impact of unintended pregnancies and child marriages.

"It's all about complementing one another. We all want to achieve one goal, make a better Malawi and have young people that are vibrant, responsible, and empowered to make decisions." (Male key informant 49 years)

However, the extent to which YouthWyze and SAT linked to programmes from other NGOs varied per country and district. A service provider from Kasenengwa, for example, shared that they were trained by YouthWyze on one

topic and by other NGOs on other topics without clear linkages. A young man from Machinga (FGD, 15-24 years), on the other hand, explained that NGOs really worked together to get girls back to school after a pregnancy. Furthermore, a service provider from Lilongwe (IDI, 29 years) explained how SAT and an NGO closely worked together during outreach activities with young people in the communities and had built a partnership with the government to source commodities. The same goes for the collaboration with the Machinga District Health Office and the YouthWyze intervention in Machinga. From Zambia, no clear linkages with other programmes or government initiatives emerged from the data.

The motivation to collaborate with other NGOs and government initiatives was sustainability, a key informant in Malawi explained, to ensure that young people will still be able to access SRH services after the Break Free! Project ends. A key informant from Zambia added that YouthWyze was supposed to complement the government health services. He shared: "There is already a massive movement of organisations that are trying to increase access or uptake of SRHR services for young people and what YouthWyze is doing is modelling a way those organizations and government departments can use to attract more young people." That is why a strong referral system is needed between the different services, another key informant explained. In that way, YouthWyze could even act as an advertisement system for other programmes or youth-friendly health services.

5.6 Recommendations from study participants

5.6.1 Online

Several young women from the FGD in Machinga pointed out that they could not provide recommendations because they had no access to the page.

Young men (FGD) in Njerwa suggested that topics of HIV, GBV, STIs, and the influence of culture on young people must be addressed by the page. Access to HIV testing in specific was flagged by a young man (IDI, 23 years) in Lusaka while two service providers in Machinga shared the need for more information on STIs. The young man continued to share that mental health needs wider conversation and the information on YouthWyze should also cater to men, and not only women. This was confirmed by a few participants in Zambia in the Future Forward workshop. A young person in the workshop also emphasised the need for an intersectional approach to the content, which could also cater to members of the LGBTQIA+ community.

Young men in Njerwa also desired more content in audio formats and cartoons while a young man in Lusaka (IDI, 23 years) shared the need for quick and succinct messages. While a service provider in Kasenengwa talked about the potential of quizzes to increase engagement, a key informant in Zambia emphasized games and a young key informant in Malawi talked of increasing live chats with experts. Some young people in both countries shared that they wished to see stories from young people themselves (as opposed to hypothetical cases). This was emphasized by a young woman (IDI, 22 years) in Lilongwe who shared:

P: "I would love that they include pictures of people that even the people in rural areas can relate to. For example, they can take a picture of a guy like that (pointing at the boy walking by) those pictures almost everyone can relate to. They are real life situations because most of these young people hustle and after they get some money they go out and sleep with prostitutes. So, let's bring the initiatives closer to young people. There is a certain video going around of a lady taking her antiretrovirals (ARVs), she was able to post about it."

I: "Is she from Malawi?"

P: "I don't think so but it was posted on the youth hub group and people were commenting to say how nice it would be to make such videos and post them. She was taking he pills while dancing to music. It was very interesting. That's what we need to do. It needs to be very fun because young people like things like that. I do too. The topic can just be made fun. It should not be off topic but just make it more interesting for a young person." (IDI, young woman 22 years Lilongwe)

Communication in local languages on the page, alongside English was mentioned as a recommendation by a wide variety of participants, including youth and a key informant, particularly in Malawi. However, the Future Forward workshop in Zambia also recognised the politics and difficulty of choosing which language to run the page in or which one to translate information in, given the diversity of local languages in the country. Some young people in Zambia also had a suggestion to use more slang in the language used on the page. However, other young people indicated that parents already perceived the internet to be unsafe and the use of slang would do more harm than good. They also pointed to the often misogynistic roots of slang words, concluding that its use would not be wise.

Service providers also had relevant suggestions. In particular, the NGO service provider in Lilongwe believed that shorter response times were needed on the YouthWyze page.

A service provider in Machinga also shared that they would like to be more exposed to the page as they struggle to respond to young people who refer to a certain post on the page when they seek the provider's help. This also aligned with another service provider's (Lilongwe) suggestion that the page should increase

its presence in hard-to-reach areas. A key informant in Zambia suggested collaborations with mobile networks like MTN, Airtel and Zamtel which could help facilitate this and could even sponsor campaigns on the YouthWyze page as an incentive.

Although a few participants in both countries shared that WhatsApp could be used more by YouthWyze, there was no consensus in both countries on whether YouthWyze should expand to other social media platforms such as TikTok, Instagram and Twitter.

5.6.2 Offline

Young males from Njerwa, Malawi suggested the creation of the Youthwyze programme in local languages on all the local radio stations due to its wide and inclusive coverage, particularly if solar radios would be used. Similarly, magazines and leaflets could also be created to be used in schools, as suggested by a service provider in Lilongwe who advocated for YouthWyze to better reach those in rural areas. This sentiment was confirmed by a key informant in Malawi. Moreover, as per some young men in Chipata, the provision of equipment for sports, skill-building and recreational activities would provide an alternative and productive option for young people who would otherwise engage in unsafe sexual activities. This was also mentioned during the Future Forward workshop in Zambia, particularly by participants from Chipata. In general, across both countries, young people also called for more outreach activities, particularly those in the rural intervention areas. Training more youth community-based distributor agents may assist in increasing outreach activities, as suggested by a young man in Njerwa. In a similar vein, creating more youth-friendly spaces may facilitate an increased uptake by young people who live further away, as shared by a young man in Machinga. This was also confirmed by a service provider in Lilongwe, who suggested the introduction of peer educators who could reach those young people who lived in more remote areas. This is already happening in Kasenengwa, Zambia. A 26-year-old service provider in Kasenengwa also added that an increase in funds could assist SRH service providers to conduct more outreach activities. The Future Forward workshop in Zambia also suggested the need for evidence and data, particularly around the reasons for SRH commodity stock-outs, including the long time taken to process requests by service providers. Hence, they imagined a digital system which could help young people know which services or commodities were available in a certain health facility for the future. To ensure sustainability, a service provider in Machinga raised the importance of training a local extension worker when training youth champions, who could continue the work once the programme ends.

6. Discussion

The study findings highlight the **urban-rural divide in terms of where young people access information on SRHR**. Overall, young people in urban areas tend to use more online sources compared to young people in rural areas who prefer getting information from offline sources, such as friends, family and service providers. This is in line with the evaluation of Tune Me (Murombo et al., 2020) and the baseline studies of the Break Free! Programme (Davies et al., 2021b, 2021a) and data from the demographic and health surveys, which show that mobile coverage in both rural Zambia and Malawi remains low, especially among young people aged 15-19 years (National Statistical Office - NSO/Malawi & ICF, 2017; Zambia Statistics Agency et al., 2019). None of the sources on SRHR information are without challenges. Indeed, the participants highlighted advantages and disadvantages for both online and offline sources. Therefore, the **combination and complementarity of online and offline SRHR information sources is undeniable**. The findings show that this combination and complementarity of information sources can be improved in YouthWyze. Service providers, both in urban and rural areas, should be more knowledgeable about YouthWyze and sensitised on the available online sources of information that can support their work and that young people can be referred to. Social behaviour change (SBC) focused **digital health interventions should be linked with other SBC approaches**, such as interpersonal communication, community engagement, mass media, and improvements in service delivery (HIPs, 2018). This also points to the parallel need that the connection to offline SRHR information and services could expand on the YouthWyze Facebook page.

Young people expressed various opportunities and barriers in accessing SRHR information through online platforms such as YouthWyze. In line with previous research about other mHealth interventions and online information and services (Girl Effect & Women Deliver, 2021; Klason, 2016; Murombo et al., 2020; Tallarico et al., 2018), young people said that YouthWyze provides **more privacy, confidentiality and youth-friendly services than mainstream SRH services**. The evaluations of the Girl Effect and Tune Me interventions found that accessing information at a time suitable for youth was a large advantage of online information (Girl Effect & Women Deliver, 2021; Tallarico et al., 2018). While this was partly the case for accessing SRHR information on the online platform of YouthWyze, this study found that the services provided online, such as the booking system and the chat with healthcare providers did not work optimally: they either lacked the option to 'book services' or it took too long for a response to messages sent by users. In addition, the timing and timeliness of the offline YouthWyze component needs to be improved. Participants shared that the number of outreach activities in the communities were low and had decreased over the previous months. Additionally, they said that since young people in youth clubs sometimes got to know each other very well, they no longer felt comfortable to express themselves about SRHR issues.

Young people rate the type and quality of the information shared via the online YouthWyze platform as good. Even the young people in the FGDs who had not accessed the online YouthWyze page before saw the value of the information and said that they would recommend the page to their friends. A major **drawback was the use of the English language**. While young people recommended using the local language themselves, this need was evident during the FGDs when some participants interpreted the message solely based on the image in the post. The language challenges were already pointed out during the

baseline study of Break Free! in Zambia (Davies et al., 2021b) and have been highlighted by Klason (2016) and Rafaeli (2020). Young people also pointed out that **more relatable pictures** should be used in the posts to ensure that all young people, whether living in urban or rural areas, can identify with the people in the posts. The use of more 'real personal stories' of young people themselves would also contribute to this **sense of self-identification**. Prior research has found that such contextualisation could be possible by **engaging the target group in the development of digital health applications** to make it suitable to their digital capabilities and needs (HIPs, 2018). In a similar vein, while this did not emerge from the data, the need for **digital or technical literacy** in using devices, Facebook or apps is also an important factor for YouthWyze to consider in (if any) future promotion of the online intervention to rural areas. This is also linked to the ability of young people to not only understand the interfaces of these channels, but also to understand the risks and opportunities that accompany them. The findings touch upon some of the strategies used by young people to fact-check online information, as also found by Girl Effect & Women Deliver (2021).

Lastly, the findings point to the need for YouthWyze to cater to the SRH needs of young men, including discussions on gender equality and health sexual relationships, which **do not reinforce gendered power dynamics in relationships**. This is in line with the evaluation of TuneMe that showed that the content puts a large emphasis on the responsibility of women, neglecting the role of men and boys (Murombo et al., 2020; Rogers et al., 2020). Similarly, the findings in Zambia also indicated that the **inclusion of LGBTQIA+ communities** in the content would also benefit a key population that was widely stigmatised in the country.

The ultimate goal of YouthWyze is that young people are better able to make informed decisions on their SRHR and have good access to youth-friendly SRH services. The study therefore also looked into whether the intervention actually led to behaviour change. In general, the findings show that the **change remains at an individual level, namely at the level of improved knowledge and sharing of information** with friends and family. This is in line with the findings from the Tune Me evaluation that found statistically significant improvements in knowledge and peer-to-peer communication on SRHR (Murombo et al., 2020). There were fewer examples of young people who had changed their health-seeking behaviour or took part in advocacy or programme activities. These findings have to be interpreted with caution due to the limited time the intervention has been implemented in both countries, the limited sample of young people in this study, and the absence of a monitoring system of YouthWyze which tracks behaviour change. A few service providers mentioned that young people bring up information they have learned through the online YouthWyze platform, but this is not documented. During outreach activities organised by SAT, there is no monitoring in place that tracks where young people learned about the outreach activities, which could provide valuable information about the reach and pathways of the YouthWyze intervention. Lastly, young people indicated taking screenshots of the YouthWyze page to repost it on their WhatsApp status and groups. An **improved monitoring system** is therefore needed to follow these changes in behaviour.

The study additionally reflected on the YouthWyze intervention as part of the Break Free! Programme and its links to other SRHR programmes in Zambia and Malawi. Overall, the establishment of links seems to be in an early stage. In terms of SRH services, YouthWyze largely builds on existing facilities through working with government and NGO service providers. This is important for streamlining and avoiding the duplication of efforts. The downside is that sometimes, there are stock-outs of contraceptives and HIV and STI tests in government facilities, and that government SRH service providers need to be paid allowances for conducting outreach activities. This makes the **sustainability** of the arrangements questionable. As discussed above, the link between the online and offline components

of YouthWyze seems rather limited and needs further improvement, especially in Malawi where the majority of survey respondents thought the two were not well connected. This was not only due to the non-possession of smartphones in rural communities, but was also because of the missing branding of offline activities (outreach, youth hubs or clubs) as YouthWyze activities, and the lack of referral to the online page during offline activities, and vice-versa. The rural implementation areas of the YouthWyze intervention are aligned with the intervention areas of the Break Free! programme, however, SAT – the lead of the YouthWyze intervention – is not present in all of these areas. The potential of YouthWyze could be better used – reaching more young people with SRHR information and services – **if the online and offline components are intensified and better connected**.

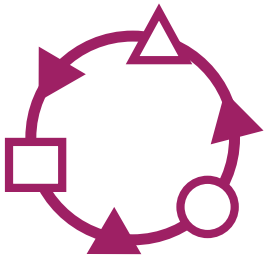
The YouthWyze intervention seems to have **potential to gather input for advocacy activities and to engage young people to take action**. The Facebook page, for instance, occasionally calls on young people to sign a petition or join a certain SRHR movement. Additionally, the youth hubs that support YouthWyze in their outreach activities and in the content for the page represents a good basis to advocate for policy changes. During the Future Forward workshop in Malawi, for instance, youth hub members expressed that they want to continue advocating for a conducive legal environment that supports young people's access to SRHR, better implementation of strategic commitments such as the ESA commitment, Abuja declaration and Maputo Plan of Action, and better sexuality education.

The study had different strengths and limitations. Firstly, the use of a multiplicity of data sources, including secondary data analysis, a survey, semi-structured interviews, FGDs and the Future Forward workshops allowed the validation and triangulation of findings as presented throughout the report. At the same time, however, the available secondary data was limited due to the absence of a clear monitoring system of the YouthWyze intervention and beyond. Therefore, limited signs of behaviour change could be observed, as described above. Secondly, not all respondents to the online survey which was targeting young people who use YouthWyze actually had heard of YouthWyze before. This was especially the case in Zambia where 20 out of 58 respondents had not heard of YouthWyze before. Nevertheless, their answers still provided valuable insights in where young people access information on SRHR and what challenges they face. Although gender-segregated FGDs may have created safer spaces for young women and men to discuss SRHR, it also reinforced existing siloes between the two genders in discussing sexuality-related topics. Lastly, this study aimed to learn from the experiences of YouthWyze in Malawi and Zambia and is not meant to be seen as an extensive evaluation.

7. Recommendations

1

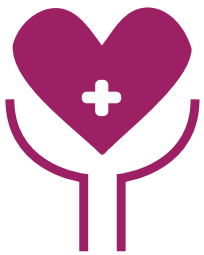
Adapt the YouthWyze intervention to local (not only national) realities.



The study findings clearly show that young people in rural and urban areas access information on SRHR differently. The YouthWyze intervention should therefore not only be contextualised per country, but also per setting. In line with the recommendations from the key informants, we also advise, in rural areas, to start building strong community presence first before complementing it by information online. Additionally, the information from the YouthWyze page could be shared during community meetings or through drama groups. In urban areas, however, the current approach of building a strong online presence next to offline outreach activities seems to work well.

Sensitize service providers on the availability of YouthWyze.

There is a large untapped potential in both Malawi and Zambia for the use of YouthWyze by service providers. Service providers can use the online page as a youth-friendly reference for SRHR information for their own work, but also for referring this source to young people. The offline activities can serve a similar purpose. The Break Free! Programme should therefore invest time in advertising YouthWyze among governmental and non-governmental service providers and creating a small information package that service providers can use to refer young people to the page for reliable information.



2

3

Continue breaking taboos around sexuality and promote open communication within relationships.

YouthWyze has the potential to normalize conversations around sexuality among peers and in relationships. The online YouthWyze page should therefore continue promoting inter-personal communication and negotiation for safe sex through personal stories and campaigns.

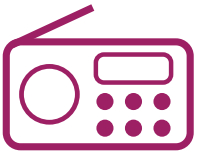
Build on the potential and reach of YouthWyze to advocate for better access to SRH services.

The Break Free! alliance should build on the potential of YouthWyze for strengthening young people's involvement in advocacy and integrate YouthWyze into the programme's advocacy strategy. They should use the personal experiences of the youth hub members and data from YouthWyze to do advocacy for better access to SRH services. This can for instance be done by engaging young people in advocacy movements through the online page and offline activities and by using the invitations of youth hub members to strategic consultations as opportunities to bring input collected from young people to the table.

4

5

Work more closely in line with other Break Free! activities, such as the Break Free! radio initiated by Plan.



The Break Free! programme combines successful efforts of the different consortium partners into one programme. The alliance should build on these efforts and more closely together and seize common opportunities.

Improve outcome monitoring to show behaviour change

The findings showed that YouthWyze is contributing to some individual-level behaviour change. Break Free!, and in particular SAT should therefore continue monitoring the outcomes and behaviour change resulting from YouthWyze. This includes collaborating with service providers (linked and not linked to YouthWyze) to regularly assess whether young people accessing services were using YouthWyze, using the Break Free! outcome harvesting sessions to dive deeper into YouthWyze, and using more polls and survey among users of YouthWyze.

6

8. References

Davies, N., Chames, C., Philips, T., Ziervogel-Wessels, W., Percival, S.-L., & Chikwanda, M. (2021a). *Country Report Malawi. Baseline Study of the Break Free! Programme*. Southern Hemisphere.

Davies, N., Chames, C., Philips, T., Ziervogel-Wessels, W., Percival, S.-L., & Chikwanda, M. (2021b). *Country Report Zambia. Baseline Study of the Break Free! Programme*. Southern Hemisphere.

Druce, N. (2021). *Information Asymmetries in the Digital Sexual and Reproductive Health Space* (Issue March). UNDP.

Feroz, A. S., Ali, N. A., Khoja, A., Asad, A., & Saleem, S. (2021). Using mobile phones to improve young people sexual and reproductive health in low and middle-income countries: a systematic review to identify barriers, facilitators, and range of mHealth solutions. *Reproductive Health, 18*(1), 1–13. https://doi.org/10.1186/s12978-020-01059-7

Girl Effect, & Vodafone Foundation. (2018). *Real girls, real lives, connected.* https://static1.squarespace.com/static/5b8d51837c9327d89d936a30/t/5bbe7bd6085229cf6860f582/1539210418583/GE_VO_Full_Report.pdf

Girl Effect, & Women Deliver. (2021). *Going Online For Sexual and Reproductive Health: Meaningfully Engaging Adolescent Girls and Young Women for Smarter Digital Interventions*. Girl Effect and Women Deliver.

High-Impact Practices in Family Planning (HIPs). (2018). *Digital Health for Social and Behavior Change: New technologies, new ways to reach people.* USAID. http://www.fphighimpactpractices.org/briefs/digital-health-sbc/

Ippoliti, N. B., & L'Engle, K. (2017). Meet us on the phone: Mobile phone programs for adolescent sexual and reproductive health in low-to-middle income countries. *Reproductive Health, 14*(1), 1–8. https://doi.org/10.1186/s12978-016-0276-z

Klason, L. (2016). *Connecting young women in Malawi to ICTs Strengthening SRH information as a pathway to*. Lund University.

Ministry of Health. (2017). *National Sexual and Reproductive Health and Rights (SRHR) Policy* (2017-2022).

Murombo, G., Chirwa, M., Simwanza, A., Chisvo, M., Mafuse, D., & Mugiya, D. (2020). *Evaluation of Behaviour Change of Young People Using TuneMe in Southern Africa*. UNFPA.

Nash, K., O'Malley, G., Geoffroy, E., Schell, E., Bvumbwe, A., & Denno, D. M. (2019). "Our girls need to see a path to the future" - Perspectives on sexual and reproductive health information among adolescent girls, guardians, and initiation counselors in Mulanje district, Malawi. *Reproductive Health, 16*(8), 1–13. https://doi.org/10.1186/s12978-018-0661-x

National Statistical Office - NSO/Malawi, & ICF. (2017). *Malawi Demographic and Health Survey 2015-16.* https://dhsprogram.com/publications/publication-fr319-dhs-final-reports.cfm

Rafaeli, T. (2020). *Girl-focused life skills interventions at a distance.* Institute of Development Studies.

Rogers, E., Hemal, K., Tembo, Z., Mukanu, M., Mbizvo, M., & Bellows, B. (2020). Comprehensive Sexuality Education for Adolescents in Zambia via the Mobile-Optimized Website TuneMe: A Content Analysis. *American Journal of Sexuality Education,* 15(1), 82–98. https://doi.org/10.1080/15546128.2019.1635546

Tallarico, R., De Beer, T., Bakaroudis, M., Samarthya-Howard, A., & Baust Markus, H. (2018). Tune Me: A mHealth Initiative to Increase Young People's Knowledge and Skills to Promote the Adoption of Protective Sexual Behaviours. T*he Journal of Development Communication*, 29(1), 101–110.

Zambia Statistics Agency, Ministry of Health/Zambia, & ICF. (2019). *Zambia Demographic and Health Survey 2018.*