

A portrait of a young girl with short, dark hair, looking slightly to the left of the camera with a neutral expression. She is wearing a bright green top with a decorative, patterned collar and sleeves. The background is a soft-focus green, suggesting an outdoor setting with trees.

POWER TO DECIDE

Accelerating adolescent girls' sexual
and reproductive health and rights

COUNTRY CASE STUDY REPORT

MALAWI

November 2020

Increased attention to the needs of adolescents in the Sustainable Development Goals, in particular the needs of adolescent girls and girls from vulnerable and marginalised communities, has translated to increases in donor interest and programme investments towards girls' empowerment. As investments have grown, so too has the global evidence base on what works to change the gender and social norms that support systems of inequality, to reduce or eliminate harmful traditional practices such as child, early, and forced marriage (CEFM), and to reach adolescents with information, education, and services that relate to their sexual and reproductive health and rights (SRHR).

Even with all this attention, progress remains slow for girls. Organisational and government efforts remain siloed and unable to address the full spectrum of adolescent girls' needs. In particular, a better understanding of how adolescent girls understand and exercise agency over their bodies, their sexuality, and their goals and aspirations, is paramount for institutions working towards improvements in girls' health and empowerment and gender equality.

Plan International UK has identified the need to focus new research on how and why girls exercise agency in their access to SRHR, and to include an analysis of power, intersectionality, and social and gender norms in order to better understand the underlying drivers of SRHR inequalities. The research consists of a global literature review and two in-depth country case studies, exploring different levers of agency for adolescent girls and young women in two contexts: peri-urban and rural settings in Zimbabwe and long-term disaster response in Malawi. The objectives of this work are to:

1. Identify factors that enable adolescent girls' in multiple settings and of diverse identities to take charge of and control their SRHR;

2. Use these factors of success to identify rights-based, girl-centred recommendations that Plan International UK can use to support advocacy work and engage with decision-makers, civil society partners, and other actors both within the field of adolescent SRHR and broader health; and
3. Inform policy and advocacy strategies focused on girls' empowerment and access to SRHR in order to enact changes to systemic and pervasive gender discrimination and sexism across development sectors.

This case study informs the global literature review on the social determinants of adolescent girls' agency and access to SRHR. It builds on Plan International's existing body of evidence to support the realisation of girls' rights with particular focus on the longitudinal *Real Choices, Real Lives* study, alongside annual reviews on topics related to girls' empowerment. This research elevates the voices of girls regarding their SRHR to help identify the policy pathways that enable changes to systemic and pervasive harmful gender norms within their communities.



Through their youth group, supported by Plan International, young people are able to learn SRHR information and take part in theatre performances to raise awareness of issues among parents and their community

METHODOLOGY

In December 2019, Plan Malawi staff, in collaboration with an independent consultant ('the researchers'), and supported by Plan International UK, conducted a study in southern Malawi with adolescent girls and young women aged 10-24 years. 'The aim of the study was to explore the factors that enable adolescent girls and young women to realise and exercise their agency regarding their bodily autonomy and SRHR.. The Malawi case study focused on adolescent girls and young women in communities impacted by the 2019 Cyclone Idai emergency and resulting displacement in two districts in southern region of Malawi.

The research was conducted through focus group discussions and structured interviews with girls in eight rural agricultural communities in Mulanje and Machinga districts in southern Malawi which were heavily impacted by Cyclone Idai. All communities have previously been included in Plan Malawi and other government and civil society organisation-led campaigns



focused on reducing child, early, and forced marriage and improving girls' empowerment through access to education and investments in child protection systems. Both districts were selected due to the impact of Cyclone Idai on their communities, with a focus on learning from adolescent girls and young women how short-term displacement and long-term climate insecurity impact their sexual and reproductive health decisions.

Key informant interviews were also carried out with community child protection officers, mothers' group members, village development committee members and local government staff. Plan Malawi staff researchers were young women working in and from the selected districts who had experience conducting previous research and programme evaluations with adolescent girls and young women on issues related to menstrual hygiene management and sexual and reproductive health. The researchers adapted interview and focus group guides¹ developed by the independent consultant along with youth co-researchers during related research conducted in Zimbabwe.²

This case study is based on the experiences and stories shared by 82 adolescent girls and young women through eight focus group discussions and six interviews conducted during the first week of December, 2019. Focus group participants were invited through Plan Malawi girls' networks and represented community diversity, including married, unmarried, and formerly married girls, in- and out-of-school girls, very young adolescents, girls who have experienced

violence, adolescent mothers, pregnant adolescents, orphans, and girls who had been displaced by Cyclone Idai. Interview candidates were identified through the focus group process as those who expressed dimensions of agency, defined by the researchers to include:

- a sense of confidence and self-efficacy;
- descriptions of independent decision-making; and/or
- self-reports of taking action to advance their rights.

Focus groups and interviews were conducted by the local researchers in Chichewa, audio-recorded, and transcribed in English. Supplementary interviews with local community heads, child protection officers, and women's group leaders were conducted in Chichewa with translation in one community in each of Mulanje and Machinga. Informed consent was collected from village heads and relevant guardians for participants under the age of 18. All participants, regardless of age, were offered the opportunity to reaffirm their participation and assent to audio recordings at the beginning of each focus group and interview. All participants were informed of the research purpose and the principles of voluntary participation. The researchers met daily during the collection period to discuss emerging themes, trends, and findings. Quotes and stories collected from the focus groups and interviews are included throughout this report as translated by the researchers and without identifying characteristics to maintain the privacy and confidentiality of research participants.

COUNTRY CONTEXT

The government of Malawi has multiple strong policies guiding implementation of interventions aimed at increasing access to youth-friendly health services, child protection, and preventing child, early, and forced marriage (CEFM).³ Malawi has invested significantly in expanding access to SRHR services through youth-friendly health services implementation and cross-sectoral investments in adolescent girls' and young women's development. Malawi also has a strong policy environment for child protection with a particular emphasis on preventing and responding to CEFM, even amending the constitution in 2017 to raise

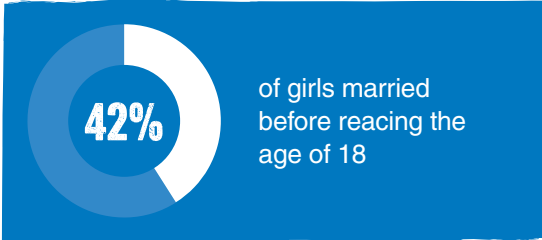
the age of marriage to 18 for adolescents of all genders. Despite the ongoing commitment and investments, economic, social, and climate factors continue to hinder progress on adolescent SRHR and gender equality, in particular for adolescent girls and young women.

Adolescent girls and young women in Malawi face multiple intersecting challenges to their development. Half the population of Malawi lives under the poverty line, and the economy is heavily dependent on agriculture and vulnerable to increasing climate insecurity.⁴

EDUCATION

School completion rates are constrained by economic barriers and social norms, with an average of only 35 per cent of students who enrol in school projected to continue through the full primary cycle,⁵ and a national average of only 9.8 per cent of women aged 20-24⁶ having completed secondary school. Inequities in access to education are compounded by gender, poverty, and location: women in the lowest wealth quintiles and rural women have the lowest rates of educational attainment, with respective medians of 1.6 and 2.7 years of schooling, respectively.⁷ High levels of poverty and low levels of access to education and health services contribute to high rates of early pregnancy and marriage: despite a constitutional minimum age of marriage set to 18 with no exceptions, Malawi

has the 12th highest rate of child, early, and forced marriage in the world, with 42 per cent of girls married before reaching the age of 18.⁸ The connections between school dropouts, early marriage, and pregnancy are exacerbated by a government policy mandating a 12-month leave of absence for pregnant adolescents.⁹ Despite efforts from the Malawi Ministry of Education, Science and Technology and local civil society to implement a school reintegration policy for young mothers, returning to school remains out of reach for far too many adolescent girls and young women. In Machinga, one of the districts where this research was conducted, up to one-third of secondary school dropout among adolescent girls are due to pregnancy.¹⁰



YOUTH FRIENDLY HEALTH SERVICES

The government of Malawi started implementing youth-friendly health services with a focus on reducing adolescent and unintended pregnancy in 2007. Initial efforts focused on policy change, building the capacity of health workers for delivering youth-friendly health services, developing accreditation standards for youth-friendly health service facilities, awareness-raising campaigns, and building strong government and community structures to support expansion of youth-friendly health services. To improve on these initial investments, and in response to a 2014 evaluation that found initial programmes had not achieved their goals, the government expanded their commitments to adolescent girls and young women. The government of Malawi is currently implementing its National Strategy for Adolescent Girls and Young Women (AGYW 2018-2022), which invests in adolescent girls and young women as powerful agents for economic and social empowerment within their communities. The strategy

acknowledges that because adolescent girls and young women face many diverse challenges, addressing their needs requires a multisectoral response and the collective action of national stakeholders, guided by a common coordinating mechanism, an agreed-upon strategy and a common monitoring and evaluation framework.

Despite overall progress in access to contraception and education and increasing government investments in youth-friendly health services, Malawi continues to see high levels of unmet need for contraception among adolescents and young women aged 15-19,¹¹ with increasing adolescent birth rates among the poorest quintile (44 per cent, as compared to 31 per cent national average).¹² Despite nearly universal (98 per cent) awareness of modern contraception, only one-third of sexually active unmarried girls ages 15-19 are currently using family planning,¹³ indicating significant economic, social, cultural, and gendered barriers to their use.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

In addition to unintended pregnancy, adolescents, and adolescent girls in Malawi in particular, face significant challenges to the realisation of their SRHR. Rates of both sexual and physical violence are unacceptably high among adolescents, with 22 per cent of adolescent girls and 15 per cent of adolescent boys reporting experiences of sexual violence before reaching the age of 18.¹⁴ Thirty-eight per cent of adolescent girls and 10 per cent of adolescent boys report that their first experience of sex was forced or coerced, increasing not only the

risk of early or unintended pregnancy but also thoughts of suicide, mental distress, and the potential to perpetrate violence later in life.¹⁵ Poverty, lack of jobs and economic opportunities, early pregnancy, and school dropouts, and inequitable gendered social norms all contribute to high rates of CEFM. The government of Malawi has committed to ending CEFM by the end of 2020, with high-profile leadership from the First Lady and a National Plan of Action to Combat Gender-Based Violence in Malawi, but continues to struggle with enforcement.



ONLY 1 IN 3

girls who enrol in school complete their primary education

CLIMATE INSECURITY AND CYCLONE IDAI

Malawi is a landlocked country that is economically dependent on the agricultural sector, which employs nearly 80 per cent of the population,¹⁶ and it has been historically vulnerable to variations and shifts in climate and weather patterns. Malawi borders and depends on Lake Malawi and on precipitation not only to irrigate the country's vast farmlands but also to power its hydro-power grids. Rapid climate change has quickly contributed to growing water scarcity in Malawi, compounded by multi-year droughts and unpredictable rainfall associated with El Nino in 2015 and 2016.¹⁷

Annual combinations of dry spells, flooding, and early cessation of rains contributed to hunger affecting nearly three million people in 2014 and 2015 and over eight million in 2016. Flash floods displaced nearly 15,000 people in Malawi and neighbouring Mozambique in 2016. Plan Malawi has noted consistent increases in CEFM, school dropouts, early pregnancy, and sexual violence accompanying the growing climate insecurities.¹⁸

In early March 2019, Cyclone Idai hit the southern coast of Africa, bringing with it a swathe of destruction across Mozambique, Zimbabwe, and southern Malawi. The flooding associated with Cyclone Idai affected over 868,900 people in southern Malawi, with nearly 87,000 people displaced by the damage to their homes, leading the government to declare a state of emergency.¹⁹

Among the districts most affected by the storm were Machinga and Mulanje. The Malawi Department of Disaster Management Affairs established a need for emergency humanitarian assistance for over 130,000 people in Machinga and over 8,500 in Mulanje in the immediate response to the floods.²⁰ Displaced people in Machinga and Mulanje were housed in camps and where possible in churches, schools, and other community structures that had not been damaged in the cyclone.



The flooding associated with
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KEY FINDINGS

CLIMATE INSECURITY AND ECONOMIC PRESSURE

Very little is known, globally, about the SRHR needs of displaced adolescents, and how programmes designed to meet these needs have performed.²¹ What few studies have been conducted have focused largely on adolescents in acute crisis settings or in long-term camps and displacement settings. The needs and unique barriers faced by girls in short-term displacement or in a long-term, non-acute crisis are largely underexplored and misunderstood. Girls who were displaced by Cyclone Idai in March 2019 described discomfort, fear, and embarrassment resulting from the conditions in the temporary camps, which involved multiple families and frequently dozens of people, not necessarily from the same community, sharing a single sleeping area.

“Eventually they had problems with taking care of their reusable pads during monthly periods because they require to be washed and dried properly. Even the girls who were pregnant had problems with relaxing at the camp as well as having enough space.”

Adolescent girl, 15-19 years, Machinga

“The number of sexual relationships increased at the camp.”

Adolescent girl, 15-19 years, Machinga

“There was one man at the camp who kept harassing me, touching me while I slept, and trying to convince me to go for a walk with him. It was hard and I was glad to be home and away from him.”

Adolescent girl, 15-19 years, Machinga

The girls interviewed for this research had all returned home at the time of the research and spoke of their time in the camps as a difficult time but in the past. One participant said she had married due to the cyclone, as her parents could no longer afford her keep. Plan Malawi reported that during and after the cyclone response they supported child protection officers to work with families to invalidate or reverse over 60 marriages conducted during and as a result of the cyclone and provided mental health and trauma counselling and support sessions to hundreds more girls.²²

Both girls and village leaders impressed upon the researchers the sense that while the cyclone had immediately impacted them in the form of displacement, the ongoing climate crisis and the impact on agricultural crops was of more concern:

“It was a bad year, but this is a bad year and so will next year be.”

Village head, Mulanje

POVERTY AND OPPORTUNITY

Youth unemployment is high with only 0.4 per cent of economically active youth being salaried workers, largely without any contract, while about 6 per cent are self-employed. According to the Malawi NSO (2014) among employed adolescents aged 15-19yrs, two out of three work in the agricultural sector, with 68 per cent of girls employed in agriculture often exploited and underpaid.²³

Girls, and their communities, feel immense economic pressure which shapes their decision-making about education, marriage, and childbearing. Ongoing economic uncertainty in Malawi, combined with increasingly unpredictable weather patterns impacting the agricultural livelihoods that defined all of the communities included in this study, remains the looming background against which girls are making choices about their futures. While education is highly valued in the community, it is also seen as economically unattainable or as having little impact:

“I want to educate my daughters, but what will they do then? There are no jobs here.”

Male child protection officer, Mulanje

“I decided to drop out of school because I have never seen the importance of education. I am growing up here but no one has managed to do well because of school.”

Adolescent girl, 15-19 years, Machinga

“I want to attain a degree, but my parents can't afford school fees. But they still expect that I should be educated, be rich, and be their financial support one day.”

Adolescent girl, 15-19 years, Machinga

Perceptions of the value of education and economic opportunities are also deeply gendered. Girls are expected to be more focused on work at home, while boys are expected to need more education in order to be better able to provide for a family, either through managing the outputs of the family farm, or through travelling to the nearest towns or across the border to Mozambique or South Africa in search of employment. This type of economic migration places increased expectations on girls and women to be able to manage a household and raise children, skills that are not seen as tied to or dependent on formal education.

“Everyone we know is farming. Why should I stay in school when my mother needs help at home and so will my husband someday?”

Adolescent girl, 15-19 years, Mulanje

“One of the girl participants said she does not believe that she could be the CEO one day because she comes from a very poor family which cannot even sponsor her education. Hence she believes that having such ambitions can only lead to frustrations.”

Adolescent girl, 10-14 years, Machinga

Against this backdrop, relationships, marriage, and childbearing are seen as a route to economic support. Girls encourage their peers to seek out boyfriends and marriage as a way to get resources unavailable to them at home, or look to relationships and marriage as a way of relieving the financial burden on their families:

“I made a decision to get married because my friends told me to get married because marriage is good and full of resources.”

Adolescent girl, 15-19 years, Mulanje

“She made a decision to get married. She was upset by the level of poverty in her home, she believed that when she gets married her status is going to change. Now she is happily married, and she is able to get soap and food with the help of her husband.”

Adolescent girl, 15-19 years, Mulanje

“My friends always had good clothes of which they said their secrets were boyfriends who always provided money for them. I found mine and a few months later was discovered pregnant which caused the boyfriend to dump me and I dropped out of school.”

Adolescent girl, 10-14 years, Machinga



Mother and baby living in a temporary shelter after being displaced by Cyclone Idai

SCHOOL VS. SEX

“I have made a decision to break out the cycle of poverty in my family by being educated. I am working hard at school and am abstaining from sexual activities so that I don’t get unwanted pregnancy which has led a lot of girls to early marriage. I want to experience city life in Lilongwe one day.”

Adolescent girl, 10-14 years, Machinga

All of the participants in the research seemed to view sex and education as mutually exclusive: they frequently presented their decisions as an either-or choice between continuing their schooling or “enjoying” sex:

“Once I have tasted the sweetness of sex, why would I care to finish school?”

Adolescent girl, 10-14 years Mulanje

“I made a decision to go to school, I also made a decision to break up with my boyfriend who was forcing me to have sex; now I have made a decision to never ever have sex until I finish my school.”

Adolescent girl, 15-19 years, Mulanje

“She made a decision not to sleep with men. She says men can be a distraction to her life: she better wait until she finishes her education.”

Adolescent girl, 15-19 years, Machinga

“The girl does not use any forms of family planning now: she says she made a decision not to sleep with any man because now she wants to go back to school.”

Adolescent girl, 15-19 years, Machinga

Given the lack of access to contraceptives for unmarried adolescents and the government policy requiring pregnant adolescents to leave school for 12 months, it is unsurprising that for many adolescents sexuality and childbearing are the marker of the end of their education. Many adolescents have internalised these messages, believing that they must also make a choice between education and sexuality, contributing to conflict within peer groups when girls make different choices than their friends:

“Most of the girls my age dropped out, so I changed friends to choose the ones who were excelling so we can pursue our dreams together. I felt like I would be safe to have those with a similar vision to me at school. My former friends became enemies; they thought I was full of pride and self-centred. So I traded my friends for the sake of my education.”

Adolescent girl, 15-19 years, Machinga

Girls feel the responsibility not only for deciding between sex and their education, but also for taking on the responsibility for protecting themselves from STIs and unintended pregnancy.²⁴ Young mothers are expected to take on the burden of childbearing, with or without the father's help and often even without the acknowledgement of his role in the pregnancy. As in many contexts, adolescent girls and young women bear the brunt of community stigma and responsibility for early or unintended pregnancy:

“The girl was influenced by her friends to have a boyfriend. She was then impregnated and the boyfriend refused the responsibility of the child and left her alone. The girl regrets the decision of having and sleeping with the boyfriend. She said that she will go back to school after her child has grown. She is very eager to embarrass all the people who think bad about her [and] that she cannot do anything else.”

Adolescent girl, 15-19 years, Machinga

“She says she suffers stigma from the village because she has a child without a father. She thought of ‘going missing’ after the boyfriend married someone else; her sister helped her decide to stay home and work towards going back to school.”

Adolescent girl, 15-19 years, Machinga



PLAN INTERNATIONAL

Two young women taking part in a youth group meeting

INITIATION RITES AND SEXUAL EXPECTATIONS

The adolescent girls and young women included in this research were relatively matter-of-fact and direct about their experiences with sex and sexuality. In Mulanje and Machinga, as with other areas in southern Malawi, information about sexuality is traditionally passed on through formal adulthood or initiation rites that take place near to the onset of puberty, usually before the age of 14. Girls describe the social value of these rites as a place to learn about morals, respect, and community traditions, but also told us that the ceremonies are meant to be the start of their sexual lives as well. The association of the ceremonies with sexuality may contribute to the girls' open attitudes about sex and willingness to discuss sex with each other, but may also add to the pressure girls face when coming out of these rites to begin having sex:

“Most of the girls in [the] group had babies at that age and they said that they learned some of the things in Simba [initiation]. Where they are told that when a man proposes sex they should not reject him because it’s an abomination to the society.”

Adolescent girl, 15-19 years. Mulanje

“At the Simba we are taught ‘kusasa fumbi’ – to sleep with men as soon as we leave the camp. We are also taught to respect elders.”

Adolescent girl, 15-19 years, Mulanje

“During initiation, we are told we need to start practising sex in order to prepare to be good wives.”

Adolescent girl, 15-19 years, Mulanje

“The Chinamwali [initiation ceremonies] are where we learn to respect elders, handle men, and also [learn about] personal hygiene.”

(Adolescent girl, 15-19 years, Machinga)

“The Anankungwi [traditional counsellors] are responsible for teaching girls good morals, so that we should maintain the good moral standards for our area.”

Adolescent girl, 10-14 years, Machinga

These initiation rites are ubiquitous but also vary immensely from community to community with no clear standard for what is discussed or how. The initiation ceremonies help to normalise sexuality and sex as part of adulthood and womanhood, but are also overly focused on male pleasure and the importance of knowing how to please a husband as part of preparation for marriage. The combination of teaching on morality, respect, and a version of sexuality that is focused on training girls to please and remain subservient to men contributes to a troubling sexual double standard which requires girls to be both sexually expert and chaste at the same time.



Two girls who are living in a temporary shelter in Mulanje district after the impact of Cyclone Ildai

ACCESS TO SERVICES

As in much of the world, sexual double standards allow for sexuality to be seen as a sign of strength for adolescent boys and young men, while adolescent girls and young women face high social costs if they are known to be sexually experienced.²⁵ This double standard continues to create an environment in which adolescent girls and young women experience sexuality as both hidden and open: they are expected to have sex, but stigmatised for talking about sex or seeking out services and information to protect themselves from unintended pregnancy:

“I once visited the VCT centre to get tested for HIV after being influenced by a youth programme on the radio. I did not tell anyone about this but I had the courage to go get tested.”

Adolescent girl, 10-14 years, Mulanje

“Everyone wants to treat us as kids hence they hide [SRHR] information from us. Had I known that there are family planning services I wouldn't have a child at my age.”

Adolescent girl, 10-14 years, Machinga

According to policy, family planning services in Malawi should be available at no cost to adolescent girls and young women through government health providers. In practice, however, girls report having limited access to government clinics, being asked to pay fees for ‘free’ services, encountering bias and stigma from health providers, or having to resort to private health clinics to get their preferred family planning methods.²⁷ Given the limited financial resources available to girls in these communities, combined with the expectations that what earnings they have from small businesses or selling produce at market are immediately returned to the family, the lack of truly free, accessible health services means that family planning is a luxury, not a right.

GENDER NORMS AND SELF-DEFINITION

“Adolescents are the leaders (bosses) of tomorrow. But girls are usually prepared to be the wives of the future leaders, hence the main aim of getting education is to prepare them for such leaders.”

Adolescent girl, 10-14 years, Machinga

In southern Malawi, as in many places, adolescent girls face strong community and social norms dictating what opportunities and behaviours are available to and preferable for them. Taboos around the open discussion of sexuality are both widespread and inconsistently applied: girls both reported that they were under considerable pressure from their peers and friends to pursue sexual relationships for both financial gain and sexual pleasure, and that they were restricted in where they could go or who they could associate with for fear of being seen as ‘loose’ or sexually promiscuous.

“My friends all make fun of me because I decided not to have sex until I finish school. They tell me sex is so sweet I will forget about books.”

Adolescent girl, 15-19 years, Mulanje

“We [girls] do not go out at night, or to the bars or anything like that – if we were there, they would say we were prostitutes or that we have HIV and things like that.”

Adolescent girl, 15-19 years, Machinga

Girls spoke of the particular burden on them to protect themselves and their reputations, while expressing frustration with the gendered double standards, agreeing that boys should be subject to the same restrictions on going out at night, or to bars, and that they should take on more responsibility or help out more in the household. Girls’ expectations for what roles and opportunities are available to them are deeply gendered: though many thought that boys should be subject to more of the same pressures, they also found pride in being seen as more responsible and reliable than their male peers:

“We’re financial helpers when we grow up: parents expect that we will take the responsibility of taking care of them.”

Adolescent girl, 15-19 years, Mulanje

“Girls are considered to be more faithful in helping out parents when we grow up.”

Adolescent girl, 15-19 years, Machinga

“For us this thinking makes us proud and we want to work hard and support them as expected.”

Adolescent girl, 10-14 years, Mulanje

DISCUSSION

Our research set out to explore the social dimensions and policy and programming factors that enable adolescent girls and young women to exercise free choice and agency in accessing sexual and reproductive health services through a better understanding of how social and cultural norms influence their decision-making

processes. It is apparent from this research that despite a favourable policy and child protection environment in Malawi, adolescent girls and young women are still constrained in their decision-making about sexuality and reproduction by overarching social and contextual factors, in particular poverty and gender inequality.²⁸

FEAR AND CONTROL OVER GIRLS' SEXUALITY

Persistent gender inequalities, underpinned by a sexual double standard by which girls are responsible for understanding their reproductive risks and also stigmatised for seeking out protective services and information, contribute to high levels of unintended and early childbearing, frequently correlated with early marriage. Girls describe a system through which they are meant to be sexually chaste, the “upholders of community morals” while also expected to be subservient and sexually available to the boys and men around them: a system that is perpetuated through traditions that centre girls’ value in their sexual prowess and reproductive capacity. At the same time, these double standards contribute to ongoing violence towards girls, in particular sexual violence, while also holding girls responsible for taking actions to limit their mobility or restrict their movements in order to reduce their risk.²⁹

Adolescent girls and young women are constantly aware not only of risks they take in seeking out relationships, expressing sexual interest, or accessing information and services related to their sexual and reproductive health, but also of the inherent unfairness of the burdens placed on them by gendered double standards. Plan International’s *Real Choices, Real Lives*

longitudinal study has posited the idea of ‘glitches’ in gender and social norms, wherein girls are both aware of and motivated to act against expectations for them that they perceive to be unfair.³⁰ These moments are particularly prevalent as girls move from childhood into adolescence, which is when for far too many girls social norms related to the control of their sexuality and bodies become more restrictive and contrast more visibly with the increased freedoms available to their male peers.^{31,32} It is at this age that girls are “noticing, questioning, or rejecting expectations around their behaviour and roles,”³³ and, in the communities in Malawi, are still connected enough to their peer groups to be able to support each other to counteract social expectations, or to police and replicate these norms. Investments in girls’ agency and empowerment have examined the immense potential of safe social spaces, positive role modelling and mentorship for adolescent girls,³⁴ and our research both confirms these findings and offers a note of caution: safe spaces alone will not be sufficient for changing social norms unless they are supported with programming that encourages girls and their communities to value difference and support each other to make their own individual and unique choices about their health, bodies, and lives.

CHILD, EARLY AND FORCED MARRIAGE

In addition, our research both confirmed the value of integrated child protection and SRHR programming, in particular in response to CEFM, and the need to structure such programming to ensure that girls' voices and agency are not sidelined in the implementation. In Mulanje and Machinga, Government child protection officers are embedded at the community level and are known by and accessible to adolescent girls and young women. NGO messaging about the value of education and the importance of delaying marriage is prevalent and well-distributed within communities, and we heard multiple cases of girls using the existing child protection system to report cases of violence and forced marriage in their social circles. Yet much of the child protection system in Malawi is still overly dependent on adult decision-making, which is frequently privileged over and conducted without the full participation or understanding of the adolescents. Many girls who have had their marriages invalidated through the child protection officers or by traditional leaders were already pregnant or mothers, and self-reported the intention to remarry the same partner when they reached legal age. Even when girls were present at family or community meetings about their marriages, which was not always the case, social norms dictated that they remain quiet and respect the decisions made by adults and local authorities. While child protection officers and village heads in communities in Malawi have been empowered to cancel or

invalidate marriages and mediate in cases of family conflict, when they operate within the established age-based hierarchies which disenfranchise and silence adolescents, they may end up failing to create meaningful or sustainable change for girls.

The communities visited for this research in Mulanje and Machinga were well-reached by civil society and government programmes to promote girls' education, delay marriage, and promote sexual and reproductive health, most likely due to a combination of selection bias in using Plan Malawi's networks to recruit participants and an influx of funding in the wake of Cyclone Idai. While our findings should not be generalised to the entire country, they do offer some interesting insight into the diffusion of messages connected to adolescent empowerment, and the impact of child protection systems that are integrated within existing community hierarchies. There was a clear difference, for example, in the way messages about the value of education had reverberated in communities among adult decision-makers and with girls themselves. While both adult decision-makers and adolescent girls self-reported that communication was good between them, we heard frequently from adults that they could not convince the girls in their communities of the value of school, largely because neither they nor the girls could see any economic opportunities beyond the village farms.

POVERTY, OPPORTUNITIES AND ASPIRATIONAL DECISION-MAKING

The impact of poverty on girls' visions of their potential is underexplored in the empowerment literature, but not unfamiliar. Programmes that combine SRHR with economic empowerment and small-scale entrepreneurship skills-building have shown promise in both health and empowerment-related outcomes,^{35,36} though more frequently the focus has been on the impact of poor access to SRHR on economic outcomes, rather than the reverse.^{37,38} In Mulanje and Machinga it is clear that the impacts of poverty and economic scarcity on girls' SRHR decision-making cannot be overlooked: many girls see motherhood as their best and only option, and make decisions about their education, family planning, and sexuality from within this context.³⁹ Our findings are supported by complementary research in Zimbabwe⁴⁰ and the *Real Choices, Real Lives* study, which found that, from early adolescence, girls view their health, education, and self-worth through the prism of the economic situation of their families.⁴¹

What we heard from adolescent girls in Malawi was a broad variation of motivations

to attend school (or not), marry (or not), start childbearing (or not), or some combination of the three, as well as a sense that decisions about their futures were being made for them by parents, village heads, and other adults. Girls judge their own decisions on their own internal set of merits, but also against community standards of courage, morality, and value. The adolescent girls and young women included in this study had individual and community standards for what it meant to hold value, be strong, and exercise choice in their lives. For many, finding power in their decisions involved choosing the best of the options available to them, as defined by the circumstances of their lives; for example, the young woman who married to escape an abusive family, and the young woman who reported her parents to the community child protection officer in order to escape being forced into marriage: both made considered and reasonable decisions based on the options they saw as available to them. Both described their choice as a moment where they felt both uncertainty but also strength in their own decisions, a key component of agency.

AGENCY AND EMPOWERMENT

Crucially, any work focused on empowering adolescent girls and young women must endeavour to understand how girls define and are able to exercise agency within the constraints of their own lives. All too frequently, programmes seeking to empower girls and young women focus on a pre-defined set of characteristics and indicators to determine empowerment, presuming motivations and desires on the part of the adolescents that may or may not be present. Attempts to deconstruct

and measure empowerment must be centred in the knowledge that the material and non-material resources available to girls, women, and other marginalised or disenfranchised groups play a key role in how individuals and communities define what "being empowered" looks like.⁴² In particular, our findings brought to the fore the tension between "what is within our grasp" and "what remains outside our power" that defines the space where girls and young women operate and find agency.⁴³

CONCLUSION

A few promising areas for investment emerge from this analysis. In particular, girls find strength and confidence in their decision-making through their interactions with other girls and with female role models. While cross-generational discussions of sexuality are taboo, it is clear that adolescent girls and young women are not only having sex but talking to their friends and peers about it. The ubiquity of initiation ceremonies, and their role in both normalising sexuality and instilling community values, offers an interesting opportunity for embedding social norm

change messages into traditional practices. Girls and young women have frequent opportunities for interaction as part of their household responsibilities: gathering at the water pump and walking with each other daily. Finally, social and child protection systems are available and invested in the empowerment of adolescent girls and young women at every level. All of these factors offer both clear opportunities and the potential for sustainable change, if they are structured and supported to work with girls' agency and ownership of their lives, bodies, and health at their centre.

The findings support the need for a feminist approach to girls' agency and empowerment, which:

- **Tackles discrimination and inequality at the root level**, including through naming and analysing the power structures and imbalances that shape girls' experiences, and addressing and transforming the economic, legal, and social systems that underpin and prop up patriarchal institutions and power structures;
- **Takes an intersectional view** of how gender influences individuals' experiences and access to power and opportunities alongside identities such as age, race, class, ethnicity, migration status, marital status, sexual orientation, dis(ability), and others;
- **Centres agency and human rights**, including valuing girls' expressions of their individual agency and rights, and recognises the diversity of identities and choices available to women and girls; and
- **Prioritises meaningful collaboration and participation** with girls', women, and marginalised groups through thoughtful and supported inclusion in all aspects of programme design and delivery, policy decision-making, and research.

Malawi has a strong policy environment for girls' and young women's SRHR, one which prioritises access to health services alongside cross-sectoral collaboration for child protection, and benefits from deep community commitment to improving girls' lives. In order to achieve the broad,

structural changes that can sustain improvements in health outcomes, however, investments will need to be made not only in the implementation of the existing policies, but also in balancing child protection with girls' rights, agency, and economic empowerment.

RECOMMENDATIONS

The following areas for increased investment have been collected from both the adolescent girls and young women interviewed, as well as from the additional research and discussions among co-researchers and Plan Malawi. They highlight three key areas of concern and opportunity: increasing girls' self-esteem and valuing of their own decisions; improving access to economic empowerment; and working within traditional and community structures to shift social norms.

CORE PRINCIPLES

These principles are for all actors working to advance girls' rights and underpin the recommendations detailed below.

- Promote the **meaningful participation** of adolescent girls in all aspects of decision-making in their lives through the establishment of strong standards for their engagement and the elimination of age-based discrimination and hierarchies.
- Ensure that programmes, policy, and outreach include clear **analysis of the diversity** of adolescent girls and the vulnerabilities they face and are designed to respond to the intersectional needs of individual girls.
- Invest in programmes that centre **adolescent sexuality, agency, and bodily autonomy**.
- Mainstream **gender and intersectional feminist principles within organisational systems and structures and challenge existing assumptions**, including culture, values, and policies, to ensure gender equality is at the core of all sectors within development work.
- **Mitigate backlash** by supporting girls' and marginalised groups to take on leadership roles within community structures to change social norms and create new social norms based on existing community values on gender, equity, fairness and non-discrimination.
- Ensure that adolescent girls **can live free from violence** by prioritising services which work towards preventing, mitigating and responding to all forms of violence. These services should be responsive to the needs of girls in all their diversity through specific and targeted services and be prioritised during fragile and conflict settings.



INCREASING SELF-VALUE

- Expand psycho-social support programmes available to girls at community level with a focus on relieving stress and anxiety related to economic and social pressures.
- Work within existing peer support and safe spaces initiatives to expand support for self-esteem and individual decision-making with a focus on diversity.
- Ensure health policies, in particular those focused on youth-friendly health services, include mental health coverage and services.



ECONOMIC EMPOWERMENT

- Remove financial barriers to education and health services.
- Create support for youth-led small businesses and entrepreneurship.
- Integrate job skills and financial literacy into education programmes and curricula.
- Create scholarships and other continuing education support programmes for girls who complete secondary education.



SOCIAL NORMS CHANGE

- Explore systems for prioritising girls' voices and ensuring that their perspectives are valued in community child protection practices.
- Ensure existing social norms initiatives include focus on reducing peer pressure, supporting diverse choices, and reducing stigma.
- Work with traditional initiation rites to integrate positive consent and SRHR messages.

ENDNOTES

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