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EDUCATION PROMOTING GIRLS’ SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN RURAL MALAWI

ABSTRACT

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The purpose of this thesis was to assess the girls' empowerment, and their knowledge and attitudes regarding sexual and reproductive health and rights in their living environments in rural Malawi. The study observed and collected information on how lacking quality education and cultural traditions increasing inequality are limiting the possibilities of comprehensive agency of girls and women in schools and communities. Also it explored the effects of a development project which aims to empower girls and build capacity in communities to support girls' education.

The thesis was carried out with mixed methods; data triangulation and method triangulation. The data was collected in 2018 and includes literature review, questionnaire, interviews and verbal declarations. The thesis was focused on the subjective experience of empowerment of female learners and determine the sexual and reproductive health and rights friendliness of local schools. The data collected was compared between corresponding schools in and out the project.

According to the findings of the study, the experienced empowerment among the female learners is higher in non-project schools. The learners at project schools had more knowledge of condom use and contraceptives. Overall, the project has not made a big impact on female learners' knowledge, attitudes and practices on studied divisions. Project has not managed to raise the subjective feel of empowerment. However, it is important to remember this study is not comprehensive assessment of the outcomes and does not include all project regions.

Conclusion is that comprehensive sexuality education is much needed in rural Malawi. Teachers are lacking knowledge, training and materials, and they openly share their beliefs and misconceptions. Further measures are needed to train teachers on scientifically accurate information as well as on their personal attitudes and values and indent the teachers to project objectives.

Keywords: sexuality education, human sexual rights, Malawi, outcome assessment, human rights, cultural competence, girls' empowerment

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1 INTRODUCTION

The global challenge of inequity and denied access to quality education is affecting millions of people every day. The Convention on the Rights of the Child recognizes that every child has a right to go to school and learn. Sustainable Development Goals are addressing the quality of education. To increase equity the education needs to help children with the disadvantages they face when born in to poor and illiterate environments. (UNICEF 2016, 42.)

In Sub-Saharan Africa two out of three children live in multidimensional poverty lacking what they need to survive and develop. Number of children not attending to school has been increasing since 2011 and a big portion of those who do attend are not learning and will only complete less than four years of education. (UNICEF 2016, 42–43.)

Girl children in developing countries are extremely vulnerable to child marriages, teenage pregnancies, human trafficking, harmful cultural traditions and gender based violence (GBV) which all contribute to low attendance and learning rates in schools. Education is an empowering human right which allows people to make advocate choices and grow independent. Behavior change needs to happen for people to let go of harmful cultural norms and practices. Teachers hold the key positions in sharing accurate and up to date information of all aspects of life to in-school children.

The Family Federation of Finland (FFF) is striving the matters of education with several development cooperation projects in developing countries. One of them is taking place in Malawi which is a small landlocked country in South-East Africa with exceptionally fast growing population of over 18 million people. The project is targeting unsafe school and community environment for girls' education, sexual and reproductive health and rights (SRHR) and parents' poor economic possibilities to support girls' education.

The purpose of this thesis is to assess the female learners' empowerment as a developer of gender equality and sustainability, and their knowledge, attitudes and practices regarding their SRHR in rural Malawi. The study also assesses the effects of the FFF project, collects tacit knowledge of cultural practices and map current situation of sexuality education in rural Malawi. This thesis is a mixed method study combining data and method triangulations. Research was done by using human rights-based approach and keeping a special interest on sexual rights and education and focusing on girls' empowerment.

Findings show that the project has had no significant effect on the knowledge, attitudes and practices of the teachers and learners. The teachers are lacking knowledge, training and materials needed to deliver quality sexuality education. They may share false information in their classes based on their beliefs. The harmful traditional practices (HTPs) are common in the studied area and often include sexual abuse. The project has not been able to advance the learners' feel of capability and autonomy or gender equality.

2 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN MALAWI

This chapter includes the background information of the context of this thesis. It is very crucial to understand the cultural features and challenges to be able to understand an importance and a manner of approach of this study.

2.1 Malawi and girls' education

Malawi is small (118 000 km2) landlocked low-income country situated in South-East Africa sharing borders with Zambia, Tanzania and Mozambique. Estimated population is 18,1 million people. In 2018 Malawi was rated to be the 3rd poorest country in the world. It's estimated that 52,6% of the population live multidimensional poverty. Over 50% of the population are children at the age under 18 years. Malawians are part of the large Bantu population of South-East Africa. Official language is English while national language is Chichewa. English is more often a second language but remains important due to the country's history as a British colony. However, there are estimated to be 16 languages spoken in Malawi. (UNDP 2019; UNICEF 2019a, 2; the World Bank. Malawi. Country profile; Worldatlas. Articles. What languages are spoken in Malawi?)

Primary education lasts 8 years and it is free and compulsory by law (Malawi Government 2013). However, the learners are required to purchase their own school uniforms, pens and notebooks which many families find difficult due to financial reasons. Therefore, not all children attend to school and those who do there are many dropouts especially among the girls. The primary education age group is officially from 6 to 13 years but due to coming in and out of school and repeating years the pupils vary in ages. Only one out of three children complete the primary school. The transitioning ratio to secondary school is only 38,4% and there are not enough secondary schools in rural parts so many learners don't get to continue to secondary education. There are not enough qualified teachers compared to the learners, average of 70 learners for one teacher in primary education. Particular shortage is of female teachers. (Mussa Black, personal

communication November 2, 2018; Ravishankar, El-Tayeb El-Kogali, Sankar, Tanaka & Rakoto-Tiana 2016, 4; The World Bank. Pupil-teacher ratio, primary – Malawi.)

Many female students abstain from school due to helping family at the market or farming and poor sanitation in schools. Bullying and abusive teachers are common. Sometimes the long commute to the school might not be safe enough for female students since rape and other types of violence occur a lot. Students who only use a piece of cloth for sanitary protection end up staying away from school when on their periods due to many schools lacking clean water and changing rooms. Toilets are a deep hole in the ground or floor to squat over and often have no water available. Toilets have walls around and a roof but mostly no door to close for privacy. (Mussa Black, personal communication November 2, 2018; Williams 2012.)

Girls' education is affected by many sexual and gender related problems such as teenage pregnancy, unsafe abortion, early and forced marriage and gender-based violence (GBV). Household poverty is also pushing parents to use girls as a tool for income generation for example forced marriages, domestic workers, farm workers or even sex workers. Boys are preferred for higher education and this increases the gender inequalities. Due to culture, coercion and socioeconomic status women and especially girls have limited access to information and resources necessary for good health. Women and girls are lacking empowerment and decision-making capacity concerning their sexuality which may often result in early sexual debut, having sex against their will and lack of self-confidence to seek out SRH information and services. (The Family Federation of Finland, Mannerheim League for Child Welfare, the Martha Association & Youth Empowerment and Civic Education 2015, 7; Ngwinjo & Namphande 2007; The World Bank. Girls' education.)

Life skills syllabus contains school-based sexuality education starting from Standard 5. Previous studies align with the syllabus; sexuality education provided emphasizes Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS), but doesn't teach about other sexually

transmitted infections (STIs) or unwanted pregnancy and provides no information about abortion. The sexuality education is also extremely “abstinence only”-orientated. During the interviews educators uniformly reported that they were uncomfortable with the current materials and were lacking training and materials to teach comprehensively. Similar results can be seen in previous studies. (Mussa Black, personal communication November 2, 2018; Jackson, Johnson, Gebreselassie, Kangaude & Mhango 2011; Ministry of Education, Science and Technology.)

Teachers seem to believe that if they teach students about sex and sexuality or for example give out condoms, students would immediately go have sex. All the interaction in masculine cultures, such as Bantu cultures, is related to the teacher - student relationship where no information is neutral. Teacher gives the student more than information; he/she encourages to act like taught. Reliability and authenticity depend on who the information comes from. If it is an authority – a teacher, spiritual leader, older relative - passing on the message it is more true than if it was passed by a student or young volunteer worker. (Kemppainen 2011, 46–47.)

2.2 Sexual health challenges

> It [sexual health] is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. (WHO. Sexual and reproductive health. Defining sexual health.)

In 2015, parliament of Malawi approved Marriage, Divorce and Family Relations Act which changed the minimum age of marriage for girls from 15 to 18 years (Malawi Government 2015). Based on teacher interviews and personal observation, in reality this did not change anything since the communities and village chiefs still support traditional practices including early marriages.

Traditional marriages are not recorded anywhere which makes monitoring impossible. Also early marriages are socially acceptable even by officials.

Sexual and reproductive health and rights policy (Ministry of Health 2009) promises access to health services without distinction of ethnicity, gender, disability, religion, political belief, economic, social condition or geographical location to all people of Malawi. The rights of health care users and their families as well as providers and support staff shall be respected and protected.

Recognizing the gender inequality and SRHR related problems is a first step for change. New laws and policies show the recognition has been made by the decision makers in Malawi but there is a long way down to reach all the citizens especially in the rural areas of the country. Women and girls are very vulnerable for HIV, GBV and cultural practices that affect their health and sexual rights. (Malawi Government 2015; the Republic of Malawi 2015; Malawi Government 2011; Ministry of Health 2009.)

Official HIV prevalence rate in Malawi is among the highest in the world, estimated to be around 9,2% (CIA. World Fact book). HIV is not only affecting the infected people but also their families and communities. Nearly one million children have lost one or both of their parents to AIDS. Because of the gender inequalities women are in higher risk to contract HIV. Most of the households looking after the orphans and other children in a vulnerable situation are women headed households and for that reason economically very poor. (USAID 2016.)

Malawi has constantly reported one of the highest maternal mortality rate (MMR) in the whole world, latest estimations being from 349 to 570/100.000. In developed countries average MMR is 12/100.000 live births, when in developing areas it is as high as 239/100.000. Sub-Saharan Africa accounts for the highest MMR in the world, almost double than developing countries average. Unsafe abortion is a leading cause of maternal death in Malawi. (Polis et al. 2017, 2; Jackson et al. 2011, 134; Indexmundi. Malawi. Maternal Mortality Rate; UNICEF 2019b; the World Bank. Maternal Mortality ratio - Malawi.)

In Malawi abortion is only legal to save the woman's life and a punishment of attempting to procure abortion is 7 to14 years imprisonment. Contrary to common belief, regions with restrictive abortion laws do not have lower abortion rates than those with liberal laws but women in restrictive settings are more likely to experience morbidity and mortality stemming from unsafe abortion. 15% of all abortions in the world happen in Africa but at the same time it contributes 65% of all abortion related deaths. Most women in childbearing age in Africa live in countries with restrictive abortion laws. Apart from serious health risk, unsafe abortions pose high financial costs and service burdens on families and on the national health system. (Polis et al. 2017, 2; Jackson et al. 2011, 133–134.)

Most commonly women in Malawi seek abortion services from private clinics and traditional healers or attempt to self-induce abortion using unsafe methods. It's estimated that about 141.000 induced abortions occurred in Malawi in 2015. Most of them are performed under unsafe conditions. 53% of all pregnancies are unintended and 30% of them end in abortion. The stigmatized nature of the procedure often leads to delays or avoidance of seeking medical care for the possible complications, which increases the risk of death. (Anonym, personal communication November 8, 2018; Polis et al. 2017, 2; Jackson et al. 2011, 133–134.)

2.3 Harmful traditional practices

Most Malawians believe and maintain traditions, beliefs and superstition. Some are beneficial, some are harmful and some are neutral. In this chapter I go through some of the harmful traditional practices (HTPs) that are practiced in Malawi repeatedly.

In Malawi families are commonly big and fertility rate in 2018 was still high at 4,2 children per woman despite the increase on contraceptive use. That shows that the aspiration of having many children remains still high. Girls start childbearing at a very young age, the adolescent fertility rate being currently at 132/1000. That continues to drive rapid population growth and contribute to poor health. As

mentioned before, the contraceptive rate has been growing lately but yet there are still many women who fail to reach family planning services. This happens because of long distances to health facilities or husbands or other family and community members being against it. Sooner or later these girls and women end up having children they didn't intend to have. (CIA 2016; the World Bank. Malawi. Country profile.)

Early and forced marriages are common especially in the rural areas. Bridal price (*Kupimpira*, *Kupawira* or *John Culture*) is commonly paid by the fiancé to the bride's family but in Malawi the price can be paid of such young girls as 8 years old to guarantee the marriage when the girl reaches puberty. After the bridal price is paid the parents of the bride often think their daughter's future is now sealed and she doesn't need to attend school anymore. (Mussa Black, personal communication November 2, 2018.)

The age of sexual consent is 16 (Malawi Government 2011) but still youth initiate sexual activity and childbearing at a young age: 37% of adolescent girls and 60% of adolescent boys 15–19 years old have had sexual intercourse, and a third of young women have begun childbearing. In previous studies approximately a third of adolescents aged 15–19 years have reported having a close friend who tried to end a pregnancy as did a fifth of those aged 12–14. Inadequate knowledge of sexual and reproductive health, reluctance to access health services, early marriage and sexual debut and low rates of contraceptive use make Malawian teens particularly vulnerable to sexual and reproductive health problems, including complications of unsafe abortion. Currently there are several organisations and programs across Malawi promoting youth friendly health services (YFHS) including SRHR. YFHS program by the government began in 2007 but there is still a lot to do to ensure youth friendly services to all adolescents in Malawi. (Ministry of health, 1; Gunya 2018; Jackson et al. 2011, 134.)

The contributing factors for teenage pregnancies are also cultural practices and belief that girl has reached adulthood when she starts to menstruate (commonly between ages 10 and 15 years). Historically grandparents or other older relatives have had the responsibility to teach adolescents about puberty, sexual acts and

manners. Parents talking about sexuality or contraception to their children is still a taboo in Africa. The teaching takes place at initiation ceremonies (*Chinamwali* and *Jando*). Those are also the most common cultural practice affecting adolescents' knowledge of SRHR and sexual behaviour. (Mussa Black, personal communication November 2, 2018; Kaphagawani & Kalipeni 2017; Limaye, Rimal, Mkandawire & Kamath 2015; Kemppainen 2011, 46.)

Girls and boys separately attend initiation ceremonies that can last from a day or two to even up to three months. The village elders teach them for example of puberty, sex and marriage as passage to adulthood. For boys this ceremony traditionally includes circumcision and for girls visit by *hyena* also known in literature as *fisi*. *Hyena* is an older man, referred a sexual expert, who is ordered to come to the ceremony to teach girls how to please their future husbands by having intercourse with all of them. Sexual cleansing after initiation ceremony (*kusasa fumbi*) is another tradition that may replace the visit of *hyena.* This means practicing sex for a first time after the initiation. Some churches have now come up with their own initiation rites also known as "counselling" to replace the traditional one. In churches instead of teaching about sexual acts the church elders encourage the girls to abstain until marriage. (Mussa Black, personal communication November 2, 2018; Kaphagawani & Kalipeni 2017; Limaye et al. 2015.)

There is a lot of contradictory information about female genital cutting (FGC) happening in Malawi. Some internet sources such as Nyasa Times, the Nation and Wikipedia are talking about FGC happening in certain areas of the country. However, female genital mutilation (FGM) type 4 is very common all over the country. Mostly as a practice called *makuna* where the labia is pulled to stretch to ensure easier access for the man to penetrate during a sexual act (Bettie Namale, personal communication October 22, 2018).

2.4 Gender inequality

Apart from SRHR and education related inequalities in younger age, women face discrimination through their whole life. National Gender Policy (The Republic of Malawi 2015) considers that especially in rural areas gender inequalities are a huge problem. The policy is recognizing the inequalities between men and women and is aiming to reduce them.

> Increasing cases of gender based violence; high HIV and AIDS infection rates especially among women and girls; limited male involvement in reproductive health, HIV and AIDS programmes, continued high dropout rates for girls from schools; high poverty levels particularly amongst women; limited participation and representation of women in decision-making processes at all levels; inadequate enforcement of laws; and huge disparities in access and control over resources by the majority of women. (The Republic of Malawi 2015.)

Gender inequality is a huge factor even in family level. The culture is very gender binary and children are raised to act on their assumed gender and traditional gender roles. Women have limited education and employment opportunities which contribute to their poverty level being higher than men's. With no education and poor employment opportunities an early marriage becomes one of the viable options for economic survival. Wife is often considered as the husband's property since his family paid bridal price when getting married. Domestic violence is very common and wife beating is considered normal way for a man to show authority and prove masculinity. (Bettie Namale, personal communication October 22, 2018; Kemppainen 2011, 53–55.)

If a woman is not married or is widowed with no education, her options of making the living may be very limited. Extremely vulnerable are orphan girls and single mothers. Sometimes the only viable option is to practice prostitution. It becomes the way of surviving; buying food, clothes, medicine and accommodation. Transactional relationships are frequent; a woman gets material goods, such as money, phones, clothes or even cars, in return for company and sex. Differentiate from prostitution transactional sex includes emotional attachment and continuous

while prostitution is a livelihood. (Mussa Black, personal communication November 2, 2018; Kemppainen 2011, 47, 49, 53, 55.)

Death of husband is a huge tragedy for the wife in rural areas. The wife will lose not just a spouse but most likely her source of income as well. Most of the time the family of the husband will come take the house, the livestock and even the kids while the widow is left with nothing especially if she refuses to become a new wife of her brother in law (wife inheritance). She may also be left outside of her community and social safety network. If she doesn't have income on her own, her only viable option is to be inherited by the brother or another male relative of her late husband. Often this includes wife cleansing which means the inheritor raping the wife of her late brother – often this happens during the funeral with witness supervision. (Mussa Black, personal communication November 2, 2018; Kemppainen 2011, 53.)

3 GIRLS' SEXUAL RIGHTS

This study was planned, implemented and evaluated by honoring the universal human rights and rights of the child. Main focus was kept on girls' empowerment as a developer of gender equality and sustainability. Education is a key to all the other rights and sustainability and can't be emphasized too much. This study explored the effects of a development project which aims to empower girls and build capacity in various communities to support girls' education.

3.1 Family Federation of Finland as the working life partner of the study

The Family Federation of Finland (FFF) is an organization working on social and health sector for total wellness of the population. FFF provides services and acts as an advocate to support families, parenthood and partner relationship. It is also an important human rights actor in Finland as well as in its cooperation projects around the world. (Väestöliitto. Järjestö.)

FFF was founded in 1941 due to the worry of low fertility and low well-being of the families with children in Finland. In 1945, after the Winter War in Finland, SRHR became part of the activities in FFF. The Population Research Institute was founded in 1946 and the global development work started in 1985 to help the improve SRHR internationally. (Väestöliitto. Järjestö. Historia.)

FFF is funding several development cooperation projects focused on SRHR in developing countries. *Promotion of sexual and reproductive health and rights and education of girls in rural Malawi* is one of their long- lasting projects and has been existent since 2013. Project is implemented with Malawian organization called Centre for Youth Empowerment and Civic Education (CYECE) as well as the Finnish partners Mannerheim League for Child Welfare (MLL) and the Martha Association (MA) and funded by Finnish Ministry for Foreign Affairs (MFA). The global development unit of FFF wished me to survey the need of sexuality

education and the current situation of cultural practices and girls' education during my practical placement in Malawi.

The key development problem of the project is targeting on is unsafe and unfriendly school and community environment for girls' education, SRHR and parents' poor economic possibilities to support girls' education. The overall objective being "improved well-being and health of Malawian girls" the aim of the project is to change schools, community structures and local policies to be supportive for girls and empower parents' economical and nutritional situation. (The Family Federation of Finland et al. 2015, 1.)

The second phase of the project is being implemented in 2017–2020 in the districts of Mangochi (Southern Region) and Dedza (Central Region) in Malawi. Project is engaged with 12 primary and secondary schools and their surrounding communities. It is targeting the minimum of 6000 school girls and 70 teachers among other beneficiaries. Project activities are implemented in rural villages where attitudes in schools and communities are generally negative towards girls' education and advancing girls' SRHR. The immediate objectives of the project are:
Objective 1: School environment is safe and SRHR friendly
Objective 2: Community environment is supportive of girls' education and SRHR
Objective 3: Girls are empowered
Objective 4. Women are empowered to support girls SRHR and education
Objective 5: Project models are accommodated in local policies and programs
(The Family Federation of Finland et al. 2015, 18–19.)

This study is focused on assessing the outcomes of objectives 1 and 3.

3.2 Human rights-based approach

Human rights-based approach means all actions and interventions must honour human rights. Human rights are ensuring every human is living life with basic standards and dignity. The human rights were set by United Nations and adopted

as the Universal Declaration of Human Rights in 1948. The acceptance of this Declaration in most countries around the world gives great moral value to the fundamental principle that all human beings, regardless of age, sex, religion, income or wellbeing status, must be treated equally and with respect. (United Nations. The Universal Declaration of Human Rights.)

In addition, there are other conventions on rights of marginalized or underprivileged groups. One of these is *Convention on the Rights of the Child* which was approved in 1989. This Convention sets out the civil, political, economic, social, health and cultural rights of all children under 18 years of age. (United Nations. Convention on the Rights of the Child; UNICEF. Convention on the Rights of the Child. Human rights approach.)

Promotion of sexual and reproductive health and rights and education of girls in rural Malawi as much as this study are carried by using the human rights-based approach (The Family Federation of Finland et al. 2015, 34). I wanted to map the knowledge, attitudes and practices of human and child rights, since the corner stone of fulfilment of these rights is the knowledge of every person being entitled to all of them. As a Bachelor of Social Services the work is always about defending, supporting and guiding underprivileged people and this starts from universal human rights.

The right to education is one of the most important human rights. It is called empowerment right because it is the key to use other human rights. The goal is all individuals know their rights and are empowered to act on them. In schools, children learn about their human rights and how to promote and respect human rights of others. Respecting the right to opinion and voicing it determines whether one gets heard or has the courage to speak up. Too often women and children are silenced in masculine cultures, such as in Malawi. To learn about their rights among other things children need to attend school regularly. The school environment and atmosphere must be safe for all to precondition for using the right to education and enable learning. (Ilmonen & Korhonen 2015.)

The safe school environment consists of physical, psychological, social and pedagogical safety. Bullying is an obstacle for obtaining psychologically and socially safe environment as well as physical punishments in schools are damaging all four extents. Sexual harassment by teachers makes the environment unbearable for learners. Children are entitled to right to information of their rights and responsibilities. With the right information child is able to make conscious choices considering his/her life and future. All children must have a right for same necessities and privileges regardless of the sex, ethnicity, colour or religion. (The Family Federation of Finland et al., 2015, 35; United Nations. The Universal Declaration of Human Rights.)

Based on human and child rights (United Nations) marriage is for persons of full age. This indemnifies the right to childhood for all children. Everyone should have a right to choose who to marry, or to stay unmarried. The girls and women need to have a right to control their bodies and everyone should be able to choose the number of children they wish to have and to decide when to have them. Motherhood and childhood should be entitled to special care and protection.

I believe sexual rights, including right to a safe abortion, are human rights. All persons have a right to choose when to have children and how many. Everybody has a right to their body and choose if they want to be sexually active and give birth to a child and if so at what age. Everyone should have a right to information and make advocate decision concerning their own lives. Without fulfilment of sexual rights, the other human rights cannot come true.

3.3 Girls' empowerment and Sustainable Development Goals

Empowerment is goal orientated process of transformation which has been used to obtain basic opportunities for marginalized and underprivileged people and groups. In social work empowerment values human dignity, social equity and autonomy. It means influencing the capability of individual, group and/or community to gain control of their lives and achieve wanted outcomes through human agency, decision-making, increased knowledge and helping others.

Empowerment as an approach in social work can be led by workers but also, and preferably, by peer educators. Interaction between peers includes less uneven power relations. (Hokkanen 2009, 317–319, 326)

Level of empowerment can be measured by the value and importance a person gives to his/her roles, duties, work, and purpose in life in relation to his/her own standards or ideas. This includes the self-esteem and feel of capability to make decisions, feel self-value and importance in surrounding interconnections. It also means economic autonomy and economic decision making at household level. Empowerment can be creating sustainable income opportunities and teaching financial management and rights.

I perceive the girls' empowerment in the project Promotion of sexual and reproductive health and rights and education of girls in rural Malawi being supporting girls, their families and communities understanding the importance of girls' education. When more girls attend school regularly the knowledge increases and more girls will become able to make conscious choices considering their lives and futures. Eventually more girls will grow up to be more independent and know their worth.

Girls' empowerment is the key tool to advance sustainable development. United Nations (UN) Sustainable development goals (SDGs), also known as Agenda 2030, are set to end poverty, ensure success in life for all and protect our planet and ecosystem. 193 countries of UN General Assembly adopted these 17 goals in 2015 and engaged targeting each goal for the next 15 years. SDGs are universal and for them to be reached everyone needs to do their share; governments, executive committees, public and private sector actors as well as every individual person. (UN. Sustainable Development Goals.)

I believe SDGs impact girls' empowerment, and vice versa, both directly and indirectly. Empowerment through *quality education* (goal 4) helps individuals to make a better living not only for themselves but the whole family. Educated women also tend to have fewer children, which contributes to the goal 1: *End poverty*. With gained education girls' empowerment and health improves as

stated in Goal 3: *Good health and well-being*. This includes sexual health and ability to seek for health services. Healthy girls and women feel more empowered and capable. *Quality education* must also include comprehensive sexuality education to all. This will encourage women to be in charge of their own lives and offer the knowledge of how to control birth. This will also improve their participation of decision-making. (United Nations. Sustainable Development Goals.)

I'm also aware of that with girls' empowerment *inequalities* and power relations between men and women will be *reduced* (goal 10). Girls and women will gain independence and GBV rates will drop. G*ender equality* (goal 5) will be achieved eventually with the lead of empowered women. (United Nations. Sustainable Development Goals.)

More educated women tend to be healthier, participate more in formal labour market, earn more income, have fewer children and provide better health care and education to their children (The World Bank. Girls' education). I believe all that will eventually *improve the well-being* of all individuals and lift households *out of poverty*. Raised awareness of rights empowers women to take more active role in society which reflects in increased wellbeing of all family members and surrounding community.

3.4 Comprehensive sexuality education

In sub-Saharan Africa wide spreading of sexuality education has come to respond to the HIV epidemic during the recent decades. Various approaches have been used but the education has been focused on dangers of sex and aiming to stop the risk behaviour. Sexuality education focusing on "abstinence only"-approach and condom distribution have showed limited results in behaviour change despite the increase of knowledge. To address the weaknesses of existing sexuality education many experts are suggesting a more social framework; rights-based comprehensive approach. (Browes 2015, 655–656.)

Comprehensive sexuality education (CSE) is proven to be more effective in leading people to healthier and more responsible sexual behaviour and reducing risk behaviour compared to “abstinence only”-approach. CSE includes scientifically accurate information about human development, anatomy and reproductive health as well as information about contraceptives, childbearing and STIs, including HIV, and reproductive rights. It also consists information of relationships, family life, gender roles and culture but also includes discussions of threats such as sexual abuse or gender inequalities. CSE promotes healthy lifestyle and self-esteem as well as encourages critical thinking. CSE is good to start from a young age and it doesn’t lead to earlier sexual activity. (UNESCO 2018, 16–18; Browes 2015, 656.)

CSE should be delivered by employing participatory teaching techniques and respect the learners’ capability to critically encage based on their personal experiences and information available. Schools play a central role on delivering CSE, but also community-based approaches are important especially in the areas where there are many out of school children and youth. Also people who attend to school benefit on community-based programmes that they attend to. For example in Malawi it is forbidden to demonstrate condom use in school classes but this could be allowed in community-based settings. (UNESCO 2018, 19–20.)

Holistically thinking CSE is working towards achieving global SRHR goals. This includes those protected in the Convention on the Rights of the Child and the right to complete and accurate information on SRHR issues. It also includes the goals set at the 1994 International Conference on Population and Development, where 179 countries, including Malawi, vowed to ensure their citizens had the right to decide the number and spacing of their children, the right to the information and services to support them in doing so and the right to the highest attainable standard of sexual and reproductive health, free from discrimination, coercion and violence. (Browes 2015, 656; Ministry of Health 2009, 1.)

Based on a previous study it may be challenging for the teachers to deliver CSE in sub-Saharan African cultural context. It was shown that the information was

interpreted to cultural norms by the teachers, but also by the learners. The culturally sensitive topics, for example homosexuality and masturbation, were left out in almost all observed discussions. Findings also revealed emphasizing the abstinence and problem-based focus on adolescent sex. Nonetheless CSE was found effecting the learners positively and normalising the sexuality. Researchers recommend the teachers should undergo extensive and comprehensive pre-programme training that addresses not just their knowledge but also their attitudes and values. In addition to teacher the training should reach all school staff members as well as the learners' parents to be effective. (Browes 2015, 656, 661, 662, 667.)

3.5 Cultural competence

Working with people with backgrounds that varies from one's own requires knowledge and understanding of cultural habits, traditions and values (Purnell, 2005, 9). Sexuality being a sensitive topic and working closely with young people required me to get to know the cultural environment before actual data collection. Good knowledge was gained during three months of practical placement and living in Malawi before creating and implementing the questionnaires and interviews. During this period I did a lot of observing, studying and had a lot of discussions with local colleagues and friends.

Cultural competency means an understanding that everybody has their cultural background and how it affects their everyday life. It also means understanding culture is complex and multidimensional concept. Culturally competent person knows the difference between stereotyping and generalization. Culture affects personal and professional values and believes as much as the way we see and experience the surrounding environment and society. Culturally competent social worker understands his/her own cultural background and is capable of providing guidance and support taking into account the patterns, beliefs, values, customs, lifeways and everything else that is mould by the family and society of one's cultural upbringing. (Purnell, 2005, 8–9, 14–15.)

One way to explore the cultural background of oneself and others is to use Purnell model. The model provides framework for learning and understanding culture. Purnell (2005, 9) sees cultural competence as continuous process rather than a goal to be reached. First level is unconscious incompetent level where person is not aware of lacking knowledge of another culture. When person comes aware of needed knowledge, he/she has reached the level of conscious incompetence. When the person is learning of the customer's culture and providing culturally competent interventions, he/she has reached the level of conscious competence. This can be followed by the unconscious competent level where person automatically provides culturally suitable interventions. Unconscious competence is difficult to reach and might be risky since it may lead to stereotyping instead of meeting customer's individual needs.

Purnell model is a circle with 4 different "layers" which represent from out to in global society, community, family and person. The interior is divided to 12 sections, each with one of 12 cultural domains. In the middle is a dark circle representing unknown phenomena. Jagged line under the circle represents the nonlinear concept of cultural consciousness. Professionals can use the domains to learn to understand their own cultural beliefs, attitudes, values, practices and behaviours as well as measure their knowledge and understanding of foreign culture. (Purnell 2013, 16.)

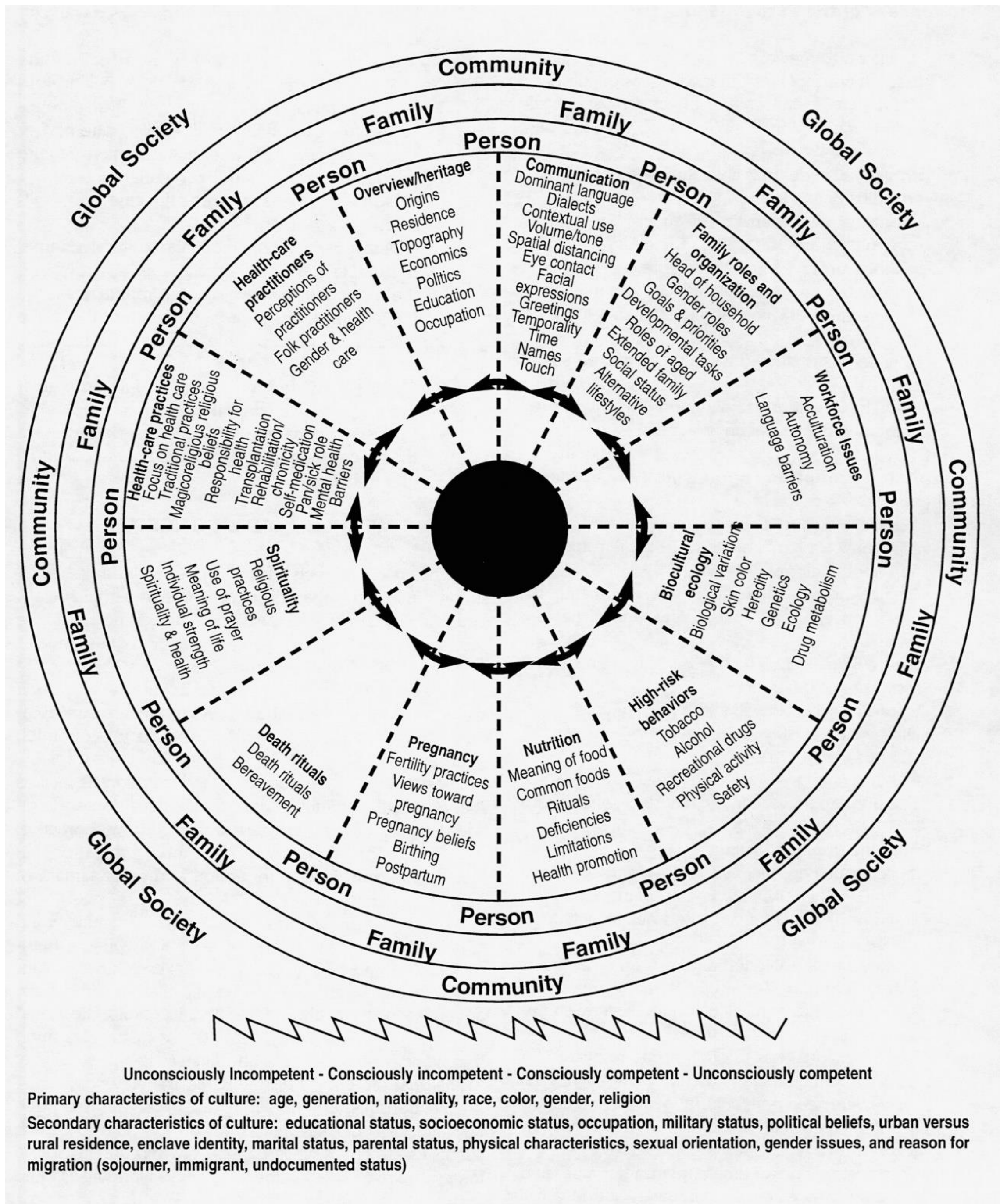

FIGURE 1. Purnell model for cultural competence (Purnell 2005, 11)

4 RESEARCH IMPLEMENTATION

This thesis is a triangulation research which is meant to illustrate the urgent need of comprehensive sexuality education and tacit knowledge of HTPs in rural Malawi. This study is also assessing impacts of the FFF project to learners' knowledge, attitudes and practices on SRHR. The aim is to gain understanding of Malawian culture and traditions and its effects to sexual rights. This study was conducted to improve the status and education of girls and women in Malawi.

4.1 Research questions

I started to study about Malawian culture already before leaving Finland. Conducting the literature review gave me a good knowledge about culture in general but also traditional practices, beliefs and social norms. In Malawi I had several communications with locals in and out of my workplace to make sure I have sufficient understanding of all cultural aspects. Also living in a local community gave me good sense of the power structures and daily struggles people face in their lives. I understood there were huge differences between the cultures of people living in urban areas compared to rural ones. I also got a chance to visit few schools in Dedza district before the data collection of this study.

Research questions were shaped throughout the process. In the beginning they were more extensive and as the implementation proceeded they got more specific. Carte blanche to modify the focus of this research was given to me by FFF. Most important factor when molding the questions was to keep the focus on the request of to map the current situation of sexuality education and determine valuable information.

The final research questions were:

1. What is the current situation of HTPs and sexuality education in rural Dedza?

2. What is the impact of the project on the female learners' knowledge, attitudes and practices on SRHR?
3. What is the teacher's influence on girls' education and SRHR?

4.2 Research methodology

The research was carried out by triangulation method. Data triangulation means several methods used to collect data from different sources for the same study. In this study I used literature, verbal declarations, key informant interviews, KAP questionnaires and observation. Sources were previous studies, colleagues, teachers, learners and indirectly communities and Malawian society. I also used analyse triangulation, since the data was analysed using SPSS and content analyse. When these triangulations are used together it can be called multi triangulation. The purpose of triangulation is to raise reliability and validity of a research if one method or source is not enough. (Saaranen-Kauppinen & Puusniekka 2006.)

Primary data was collected by using the questionnaire and key informant interviews. 24 female learners filled out the questionnaire with a help of my colleague and I interviewed 12 teachers with partial or full translating help of my colleague.

I created a KAP (Knowledge, Attitudes and Practices) questionnaire to interview the female learners and an interview guide to interview teachers. The KAP questionnaire was determined to evaluate the girls' empowerment and to provide comparable data between project and non-project schools. As feeling empowered is subjective, it made sense to ask the girls how empowered they feel. On the same questionnaire there were questions about sex, family planning and STIs to map their knowledge and questions about GBV and cultural practices to see if the current situation on implementation areas aligns with the previous researches. The reason to use KAP survey is for it to reveal misconceptions or misunderstandings that may represent obstacles to the activities that the project

is implementing and potential barriers to behavior change (USAID. The KAP Survey Model).

Teachers were interviewed by following a key informant interview guide. The interview guide included 21 semi structured questions keeping the focus on knowledge, attitudes and practices on safe school environment and sexuality education. I was expecting to be able to conduct the interviews mostly by English with a little help from a colleague translating, but very soon I noticed that most of the teachers didn't speak English well enough to get reliable data in English. I made the decision to let my colleague to carry through the interviews in Chichewa every time I noticed the teacher lacking English skills. I was observing and supervising the interviews to see how teachers react on sensitive topics such as sexuality and harmful cultural practices. Interviews were all audio and video recorded.

I did not run a pilot surveys before the data collection because the questions were going to be translated to Chichewa. I trained my colleagues to understand the purpose of the study and together we translated all the questions to make sure everyone had the same understanding of them like I had meant them. I did have my doubts about how comfortable the learners and teachers would be about talking to me or providing the information asked. I made the interview guide as well as questionnaire quite extensive to make sure I will have enough information even if some parts would fail.

Secondary data was collected to give me an understanding of Malawian culture and traditions as well as help me understand and analyse the findings of the study. The information collected also helped me to prepare for the primary data collection and create the tools for it.

I conducted a literature review as part of the participatory and research-orientated development course early during this thesis project. This gave me a good understanding of the background and culture of Malawi before primary data collection. I also did literature searches several times while analysing the findings

and writing this report. Verbal declarations were collected from my colleagues at CYECE.

Statistics of enrolment and drop out numbers were asked from each of these 6 schools starting from the year 2013. These statistics were not analysed due the fact that 4 out of 6 schools did not have all the numbers from the past years and even the ones that they had were in separate pieces of papers and in some cases the head teachers came up with drop out numbers trusting their memory. It was not possible to analyse the effects of the project based on these numbers.

4.3 Data collection

The data collection was implemented in Dedza District in November 2018 by the data collection team which encased myself with three colleagues from CYECE, including a driver. Data collection was implemented during three days period and the schedule was extremely tight due to long distances and difficult roads to hard-to-reach communities.

I chose one out of two project districts to narrow down the data that need to be collected and to keep it reliable. Target group was 24 female learners at the age of 13-17 years old attending classes standard 7 or 8 in six different primary schools. 12 of the girls were to be from the three schools that have been part of the project since 2013 and other 12 from the three schools that are not part of this or any other similar projects. The schools were identified by the colleagues at CYECE Dedza office to meet the intake criteria. They also contacted the schools on my behalf to get consent for the study and inform them about our schedule. Schools were also asked to provide us the records of enrolment and drop out numbers from the years 2013 to 2018. All primary data was collected on school premises.

Unlike the original plan one of the schools we identified was a secondary school. This school is one of the project schools and had to be included since I wanted 3 schools to be involved that have been part of the project since the year 2013.

Unfortunately we were not able to find a comparable secondary school in the same or similar area since secondary schools are very few in Dedza District. I was aware that this may affect the results of the study and was ready to make adjustments when analysing the data if needed.

Me and my colleague interviewed teachers with respect and by honouring their right to determine how much they were willing to talk about each subject. I have previous experience of working with an interpreter and this helped me a lot. It is important to talk directly to the interviewee, not to interpreter, and keep an eye contact. It was also good to keep in mind that in Malawian culture touching others and big gestures are normal.

I created the KAP in English and it was verbally translated to Chichewa by my colleague. I was personally observing surveys as they were happening and making notes of respondents' behaviour and reactions while the survey proceeded. I wanted to observe if there were any behaviour change or embarrassment because of the sensitive and personal topics.

I wanted my female colleague to conduct the interviews and surveys because I was thinking it is easier for the girls and teachers to speak to a woman about sexuality and other sensitive topics. However, due to delays and limited time to spend in Dedza I had to ask a male colleague to help me with key informant interviews. Contrary to my suspicions I did not notice any differences in ways interviewees interacted with male and female colleague.

Time management turned out to be challenging in a culture which interprets time very different from Finnish one. One of the reasons was an extra interview I wanted to conduct but mostly it was my colleagues being late in the mornings and taking their time with the interviews as well as on their breaks which made us to be way behind our schedule. I consider myself having good organizing skills and I was prepared for the delays. Still I found it difficult to remind colleagues about our schedule without hurting anybody's feelings. With little adjustments, such as longer working hours and male data collector stepping in, we managed to finish the data collection in three days as originally planned.

Some other unexpected modifications to the study had to be made as well. Due to the secondary school to be included on the study, two of the respondents in KAP survey were 18 years old, although the initial target group was 13-17-year-olds. The statistics of enrolment and drop-outs were insufficient in most of the schools and we had to use a lot of time waiting for the head teachers to trying to find us the information I needed. We surprisingly were able to identify a girl who had had an abortion and I decided to do an extra interview with her, to get some valuable insight, if not for this research then at least for FFF to use in the future.

4.4 Analyzing the data

Analyse triangulation included SPSS analyse for quantitative data and content analyse using deductive approach for qualitative data.

The recorded interviews were translated and transcribed by a colleague from CYECE. Transcripts were total of 52 pages. Content analysis started with reading the transcripts through several times and highlighting important topics and topics that came up repeatedly in several interviews. Soon I was able to start comparing the topics with literature I had read before.

For analysing the quantitative data of the questionnaires I created a database using IBM SPSS Statistics (SPSS). SPSS is a statistical software platform used for analysing quantitative data, as here the data collected from the female learners. The answers of project school learners were compared to non-project school learners' answers and that way making it possible to recognize significant differences.

Very soon I started to see similarities in SPSS analysis and interview topics I had highlighted from the interviews. I decided to analyse the translated and transcribed interviews by using a deductive approach. I reflected the interviews on themes that came up from the questionnaires. The idea was to find explanations or reasons for the answers the learners had given me and also to

confirm the information gathered previously from the secondary data. (Saaranen-Kauppinen & Puusniekka, 2006.)

Knowing sexuality is a taboo in Malawi the amount of information I received exceeded my expectations. Young girls were surprisingly open about their experiences and I got a feeling they trusted us. Some facts may have been embellished, but a lot of good information was shared. The sensitivity of the topic made me accomplish a delicate approach.

There are very few studies about SRHR conducted in Malawi and literature is very limited. Information in this thesis relies a lot on personal communications of Malawian colleagues of mine. This may affect the feeling of reliability of the information this thesis is providing.

The participant take for the questionnaires was too little to reliably be able to state the statistical differences. The project is aiming to reach 6000 girls and 70 teachers in 12 schools together in two districts (The Family Federation of Finland et al. 2015, 17). It needs to be considered that there were only 24 female learners and 12 teachers taking part in this study. If there were more participants the results could be different. The learner participants were randomly picked and the teacher interviewees were identified by the head teacher of the school in question. The questionnaire did not include questions about the level of participation to project activities. There is a possibility that the head teachers may have chosen the teachers based on what they thought we wanted to hear.

No reliable enrollment statistics were kept by the schools. This is the reason I could not evaluate whether the project has actually reduced dropouts.

5 FINDINGS

In this section I present the findings I found most useful considering the evaluation and possible next phase of the FFF project and planning and implementing other projects in similar context. I concentrate on the findings that may not align with previous studies or where the results between project and non-project schools vary significantly. The results of KAP questionnaire are combined with the analysis and the quotes of the teacher interviews to show the cause-effect relationship.

5.1 Current situation of HTPs and sexuality education

Based on the findings of this study traditional practices are common in Dedza District. 92% of the learners mentioned some harmful sexuality related traditional practices as well as did all of the teachers. Initiation ceremony and forced marriages were mentioned most commonly. Also widow inheritance (*chokolo*), sexual cleansing for girls after initiation ceremony (*kusasa fumbi*) and sexual cleansing for widow (*kulowa kufa*) were mentioned.

Apart from poverty the teachers most commonly mentioned initiation ceremonies and early marriages as reasons to drop out of school. Also cultural beliefs of women not needing the education were mentioned several times. Some teachers didn't believe that initiation ceremonies would affect girls' education since those were organized over the weekends and school holidays. Teachers mentioned the big celebration and gifts after the initiation ceremony. They believed those are part of the reason why the parents want their daughters to participate in them. Some teachers had experienced difficulties on sexuality education caused of the information delivered at initiation camps differing from what they teach at school.

> Community is not supportive for girls' education. Once the girl has reached puberty, they are given a lot of gifts at the initiation

> ceremony and regarded as ready for marriage. (Teacher 3, non-project school.)
>
> Cases of early marriages happen in this area. People also celebrate initiation ceremonies, but [that] doesn't affect education much because after the initiation some girls choose to get married while other stick to education. (Teacher 9, project school.)
>
> Cultural practices don't affect girls' education because they do the *chinamwali* during weekends not school days. (Teacher 12, project school.)

71% of the learner respondents reveal that they have gone through an initiation ceremony. The factual percentage might be higher, due to young age of some of the respondents. Initiation ceremonies with *fisi* or *hyena* are more common in the other project region Mangochi (Mussa Black, personal communication, November 2, 2018; The Family Federation of Finland et al. 2015, 3), which explains why responses to this study didn't include *fisi* for initiation. Sexual cleansing after initiation ceremony was mentioned by 25% of the learners. *Fisi* for procreation instead was mentioned more frequently by both, teachers and the learners.

Female genital mutilation was mentioned by 12% of learners, but a test for virginity and pulling the labia by the most respondents. There was no specifying question of what type of mutilation but it can be assumed being something not mentioned separately (for example piercing or cutting).

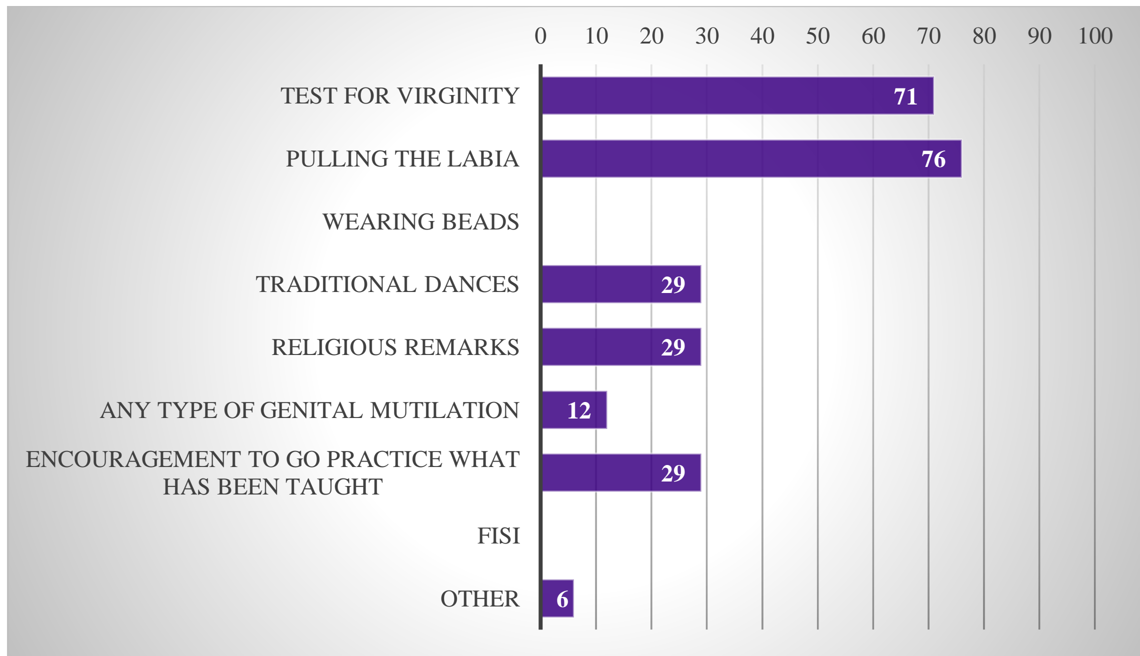

FIGURE 2. Responses to KAP questionnaire question 61: Initiation ceremony included the following (%) N=17

Different types of sexuality information was shared during the ceremonies as shown in figure 3. All girls remember being told to abstain from sexual acts. Puberty, education, HIV and AIDS and adulthood have been common topics as well. Condom use was discussed in 12% of the initiation ceremonies the respondents went through. Abstinence-orientated guidance and cultural practices with sexual acts conflict strongly and this must cause a lot of confusion to adolescents.

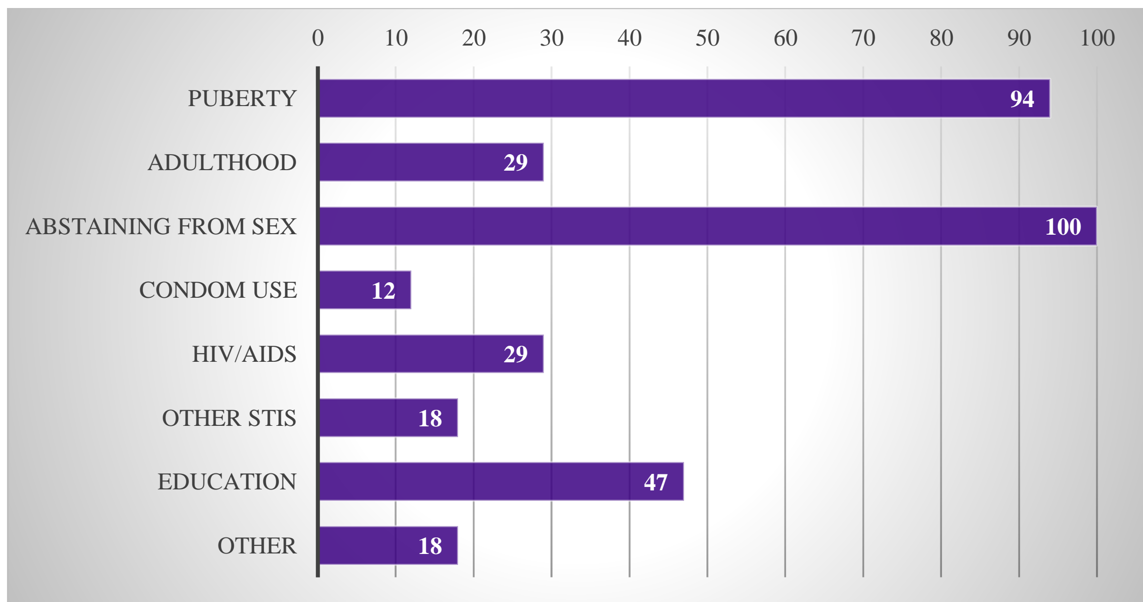

FIGURE 3. Responses to KAP questionnaire question 62: Initiation ceremony included information of... (%) N=17

5.2 Knowledge, attitudes and practices on SRHR

Findings indicate that the sexuality education is “abstinence only” –orientated. This was strongly visible in the responses of the teacher interviews and endorsed by the responses of learner questionnaires. Teachers also stated not having enough materials or training to provide quality sexuality education. Traditional practices contradict the sexuality education provided. This may cause confusion and misunderstandings to both, learners and teachers.

Every respondent knew one gets pregnant through sexual intercourse. Most known way to prevent pregnancy was to abstain from sex and this aligns well with the abstinence-orientated sexuality education. All 12 interviewed teachers also found abstaining the best way to prevent pregnancy and mentioned it as one of the topics he/she teaches the learners at school. It clearly shows in the interviews how teachers’ attitudes towards premarital sex are extremely negative. There were no signs shown of the project affecting teachers’ knowledge, attitudes or practices on SRHR.

> In class we advise learners to avoid sexual relations to prevent pregnancy and contracting STIs and HIV. (Teacher 9, project school.)
>
> We are teaching children the best way is to abstain. (Teacher 6, non-project school.)
>
> We teach them how they can control themselves as they are growing up. (Teacher 7, non-project school.)
>
> The advantage of the sexuality education is that children are aware of the dangers of premarital sex. (Teacher 5, non-project school.)
>
> The learners should not do premarital sex to avoid HIV/AIDS and early pregnancies. (Teacher 2, project school.)
>
> We teach girls they should keep themselves away from boys until they have finished school. (Teacher 4, non-project school.)

Figure 4 is showing how the girls in project schools are more aware of the use of condoms and other contraceptives for birth control compared to non-project schools. 13% of all the learner respondents also believe having only one partner can prevent pregnancy - the percentage being higher in project schools.

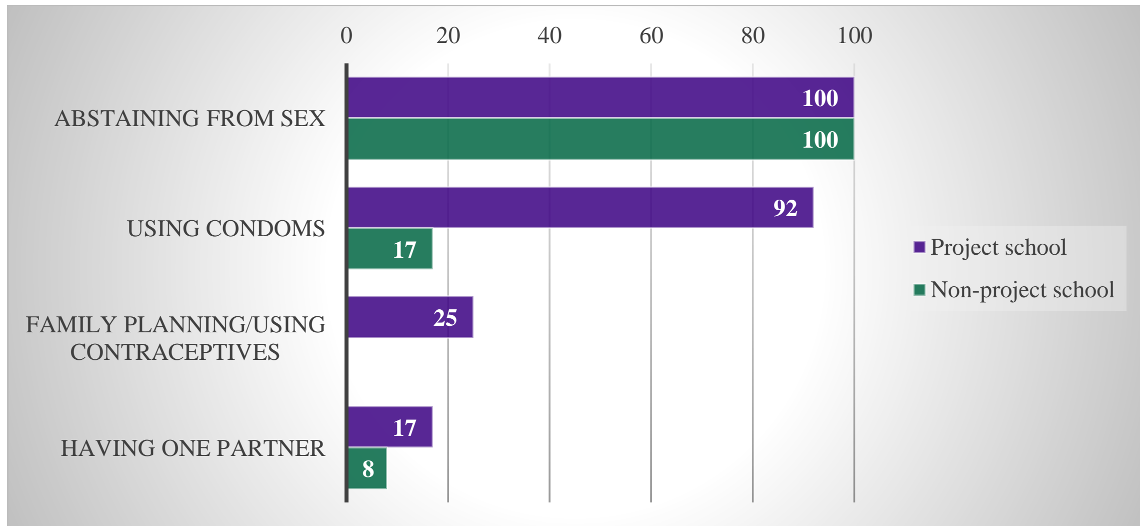

FIGURE 4. Responses to KAP questionnaire question 11: How does one prevent pregnancy (%)? N (project schools)=12; N (non-project schools)=12

All 24 learner respondents felt comfortable talking about sexual acts to someone. Most common interlocutor was a friend, but also siblings and teachers were mentioned. 67% of all the teachers interviewed believed that learners can comfortably come talk to them about sexual acts but learner respondents felt

differently. Only 16% of the non-project school respondents brought up teachers while none in project schools did.

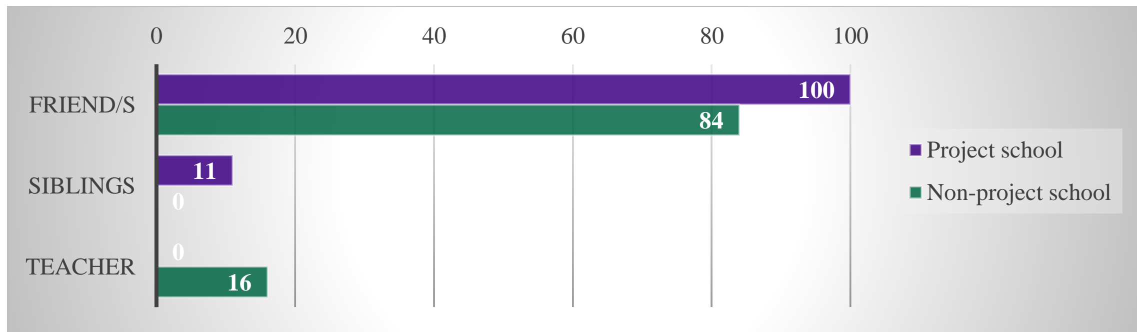

FIGURE 5. Responses to KAP questionnaire question 9: Who do you feel comfortable talking about sex (%)? N (project schools)=9; N (Non-project schools)=6

Figure 6 is showing where the respondents have gotten information about sex. 92% mentions school as one of the informants, but there is no difference shown between the project and non-project schools. Findings indicate that the project school learners get information from their parents and peers more often than in non-project schools, which may demonstrate the results of the project activities involving the parents and peer education.

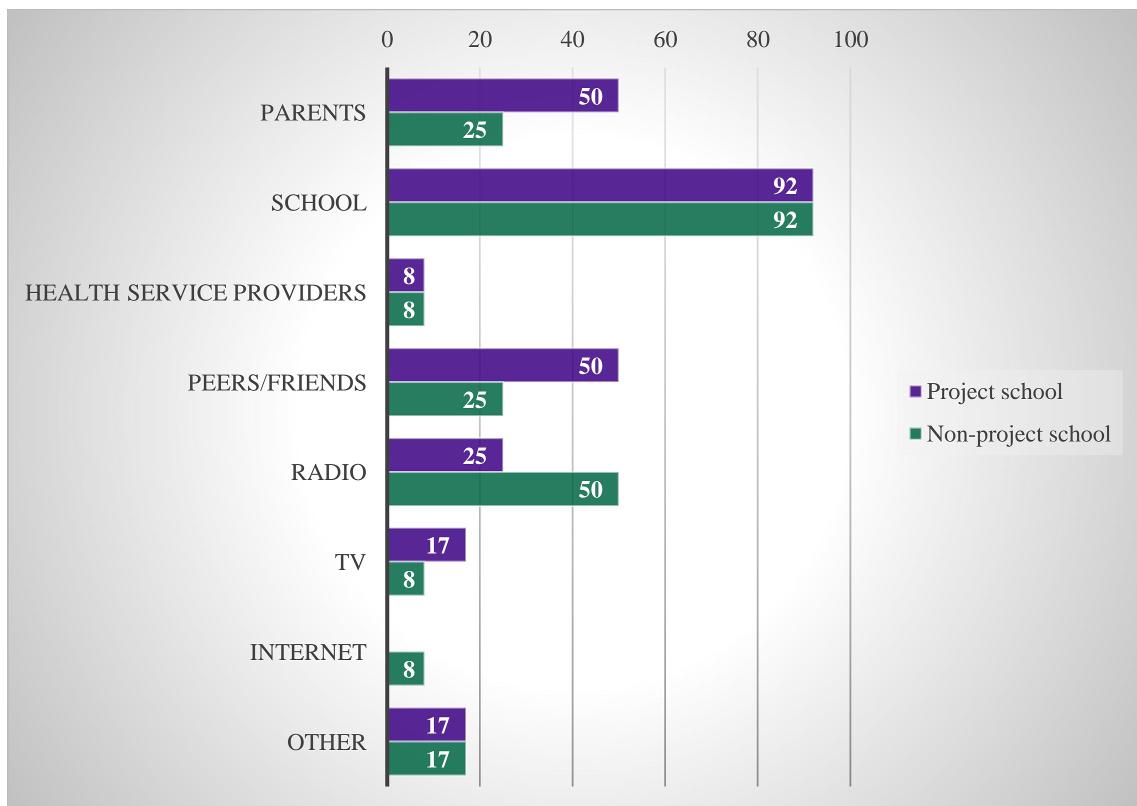

FIGURE 6. Responses to KAP questionnaire question 12: Where have you gotten information about sex (%)? N (Project schools)=12; N (Non-project schools)=12

Findings indicate that project school learners are more aware of contraceptive methods, but they also believe in serious adverse effects and mistrust them preventing pregnancy. Figure 7 is showing the contraceptive methods the learners knew about. Pill, implant and natural method (coitus interruptus) seem to be more known in project schools. Teachers' interviews are showing, not all want to recommend using hormonal contraceptives.

> It is not good (to access family planning methods), because the best way is to abstain. If they start accessing family planning methods then they will not abstain. (Teacher 6, non-project school.)
>
> A primary school girl should not use contraceptives because [that] may encourage learners to indulge in sexual relationships. Rather they should abstain. (Teacher 9, project school.)
>
> It is not good for girls to use contraceptives because the girl will be having sex more. (Teacher 4, non-project school.)
>
> It (accessing family planning methods) is encouraging learners to indulge in sexual activities which are bad. (Teacher 8, non-project school.)
>
> For the girl to be using contraceptives I consider that the girl is indulging in sexual activities and it is not acceptable. (Teacher 2, project school.)

Only two teacher interviewed think family planning and contraceptives should be available for school girls. One teacher was from a project and another from a non-project school.

> Because of the cultural beliefs in this community I think it is good to provide family planning services to girls so that they can finish school. (Teacher 5, non-project school.)
>
> It is good for the girls because not all of them can manage to abstain from sex. (Teacher 1, project school.)

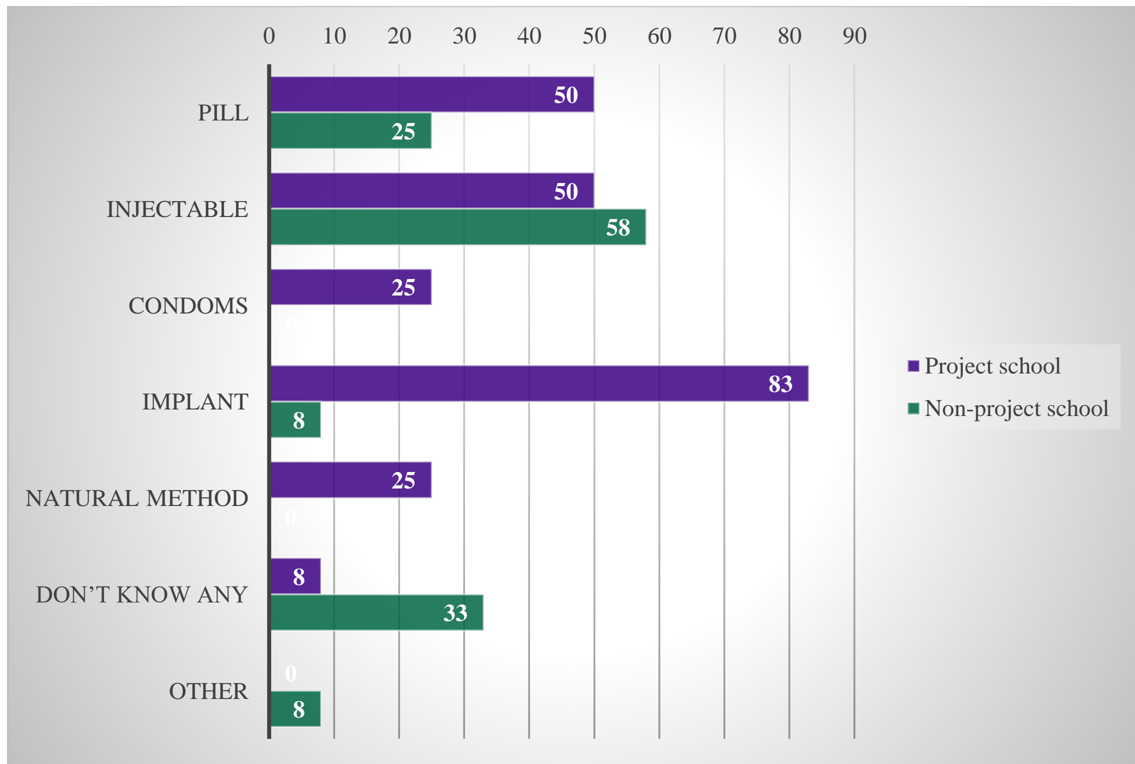

FIGURE 7. Responses to KAP questionnaire question 18: What contraceptive methods do you know (%)? N (Project schools)=12; N (Non-project schools)=12

Findings about beliefs of results of using hormonal contraceptives are concerning. 42% of project school respondents know the contraceptives prevent pregnancy whilst in non-project schools it was not mentioned at all. Misconceptions were also visible in teacher interviews.

> I cannot encourage any female to use contraceptive methods. They are not safe and are harmful for their health, especially the ladies who have never given birth. They cause miscarriages for the woman and disabilities for the babies. (Teacher 3, non-project school.)

> I would prefer if they could abstain from those [family planning and contraceptive] services because it's not healthy for them. (Teacher 12, project school.)

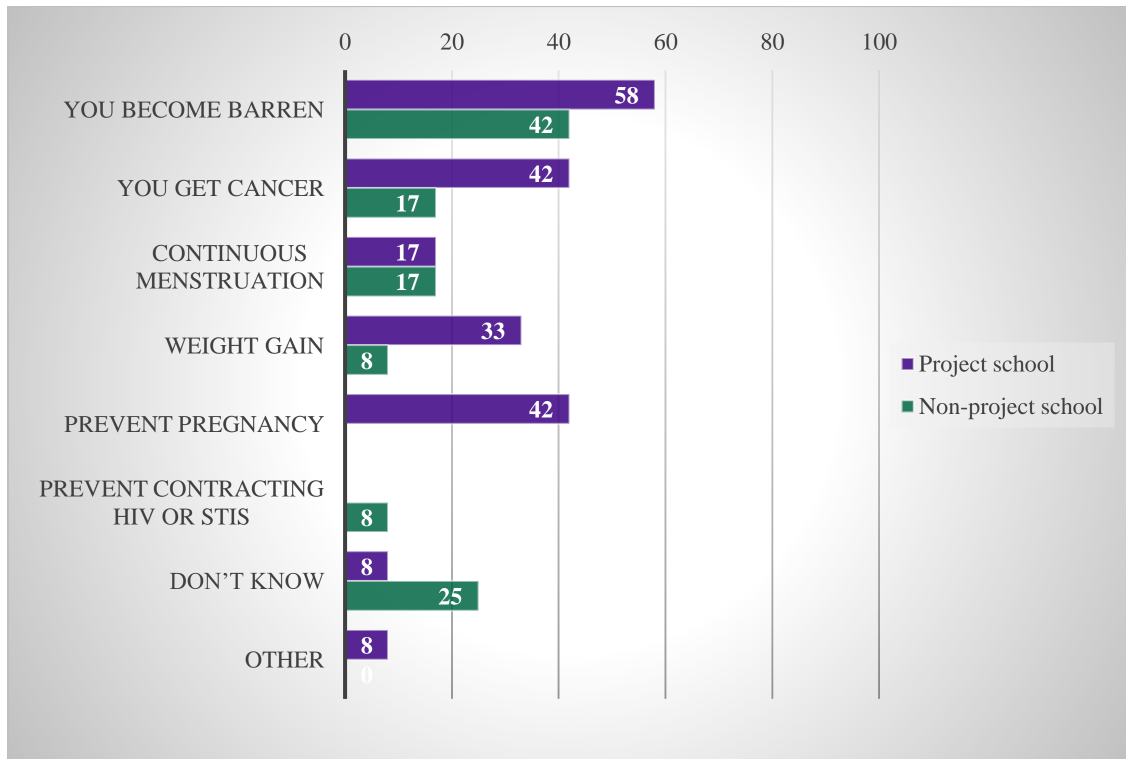

FIGURE 8. Responses to KAP questionnaire question 19: What is the result of using hormonal contraceptives (%)? N (Project schools)=12; N (Non-project schools)=12

All of the learner respondents mentioned knowing someone who got pregnant under the age of 18 years old. 88% of them also knew someone who had had an abortion before. These were expected findings and compatible with reference materials of commonness of teenage pregnancies and abortions in rural Malawi.

Figure 9 shows where the abortions they have heard of took place. Most commonly the abortions take place at home, but also sometimes in a hospital. By referring to the hospital the respondent may have also meant private clinics. The interview of a girl who had had an abortion was filled with the similar information. She told she had her operation in a traditional clinic where she was given about 20 paracetamol tablets to swallow. She experienced severe pain and heavy bleeding for several days. She was aware of some clinic providing abortion services, but they were too far to go without her parents noticing and she had no money for the transportations. She told us her cousin had almost died because of complications after having an abortion so she was aware of some of the risks she was taking. She was very scared of the stigma pertaining abortion.

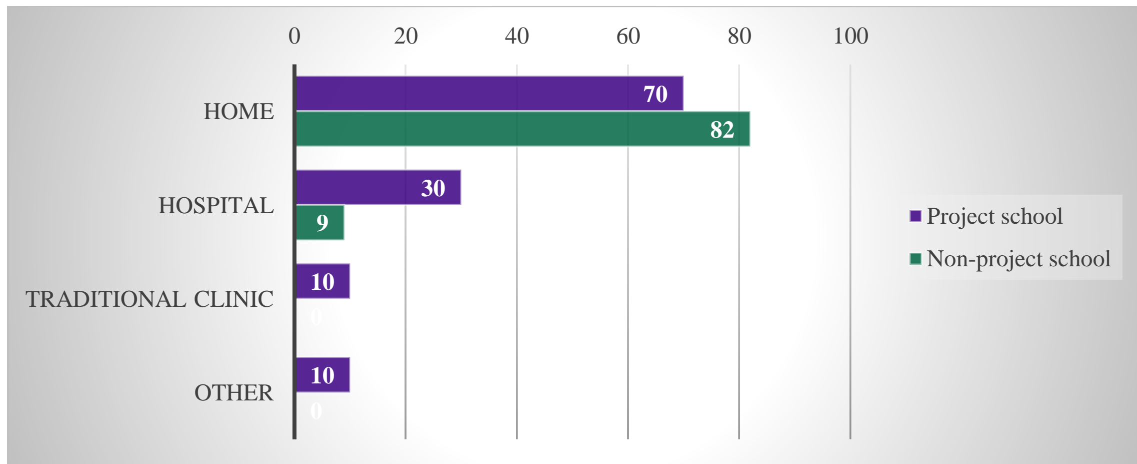

FIGURE 9. Responses to KAP questionnaire question 25: Where did the abortion(s) take place (%)? N (Project schools)=10; N (Non-project schools)=11

The learner respondents were aware of STIs to be transmitted through sexual acts by all respondents in non-project schools but only 67% in project schools. In project schools the respondents also more commonly believe the STIs cannot be prevented and one respondent did not know what the STIs are. Different types of STIs seem to be better known in non-project schools as shown in the figure 8. Gonorrhea, syphilis and HIV were the most known.

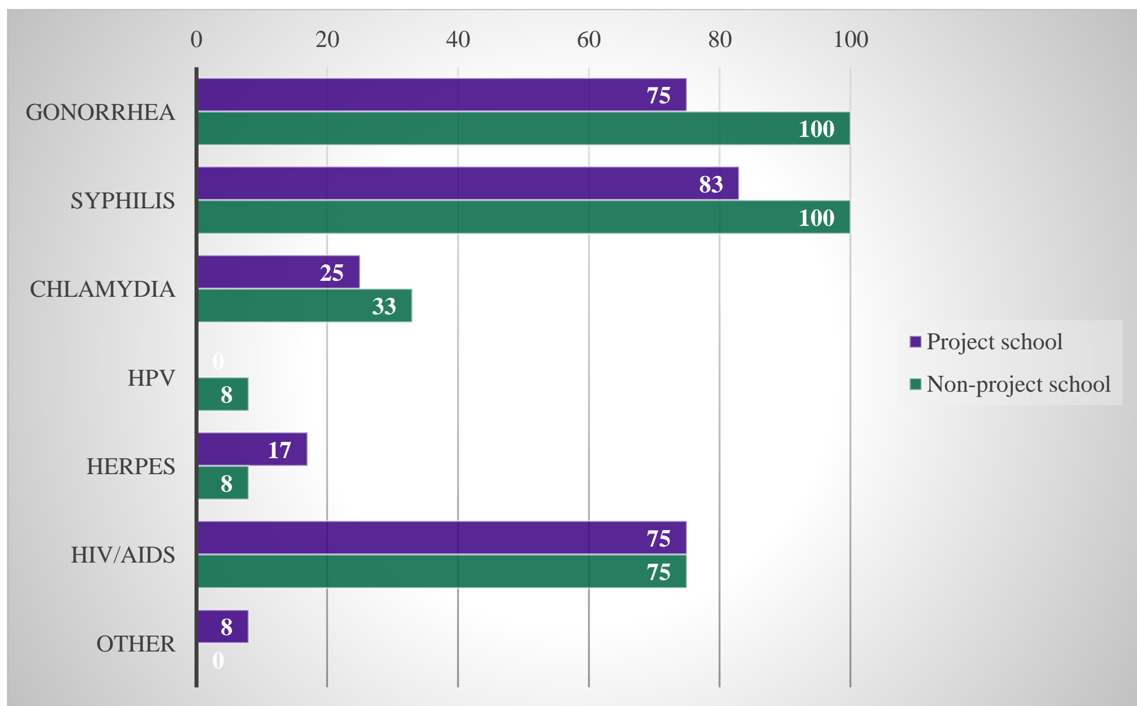

FIGURE 10. Responses to KAP questionnaire question 27: What are the different types of STIs (%)? N (Project schools)=12; N (Non-project schools)=12

All respondents in project school knew the STIs can be transmitted through unprotected sexual acts and multiple sex partners can raise the risk of contagion. Some misconceptions also occur in their responses. Some of the respondents believed STIs can be transmitted through kissing or sharing clothes. Someone mentioned STIs being transmitted through razor blades.

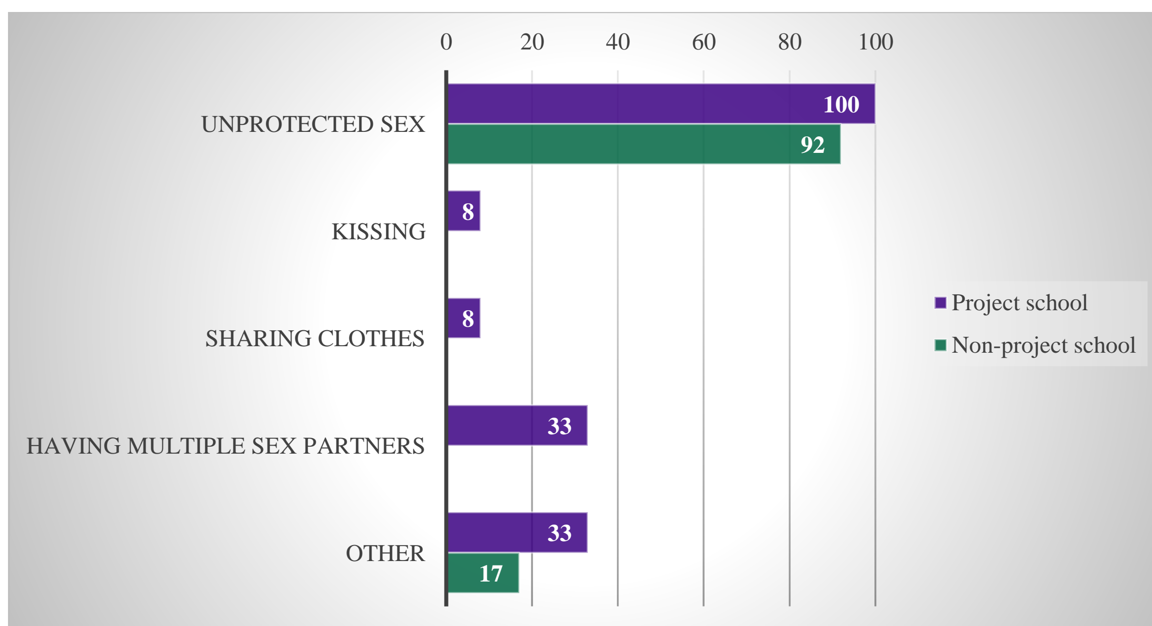

FIGURE 11. Responses to KAP questionnaire question 28: How does one contract STIs (%)? N (Project schools)=12; N (Non-project schools)=12

Among the learner respondents the abstaining from sexual acts was known as the best way to prevent contracting STIs and using condoms was second most common answer. Project school respondents mentioned abstinence and condom use a little more often than non-project school respondents. They also believed more often that having only one partner can lower the risk of contracting STIs.

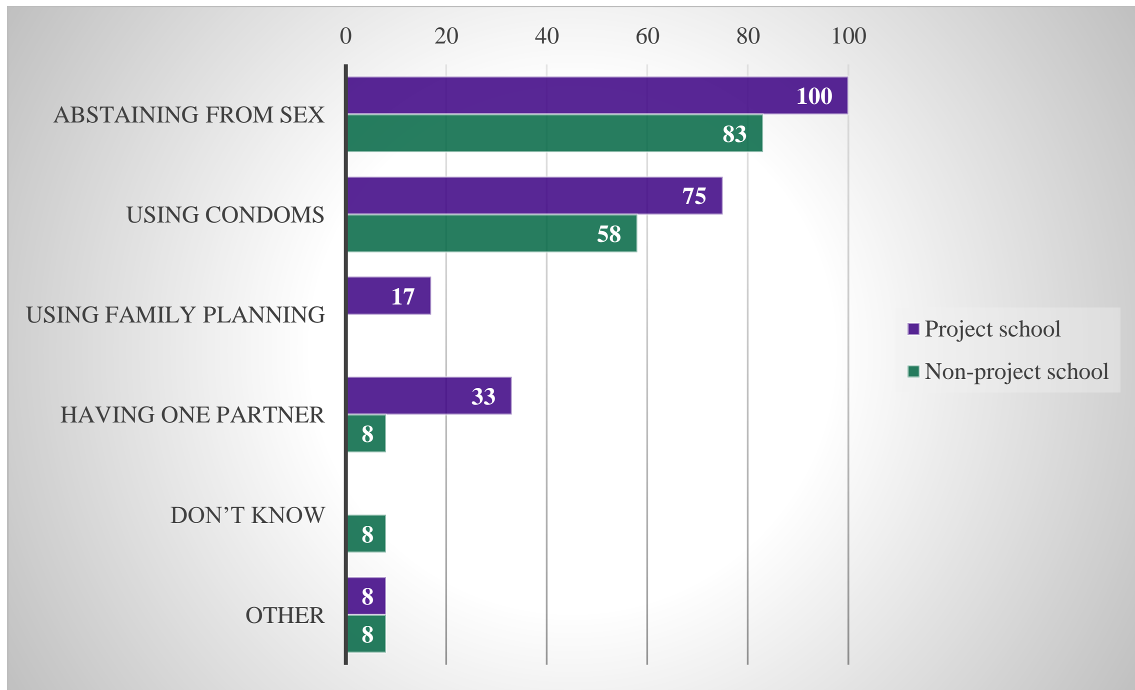

FIGURE 12. Responses to KAP questionnaire question 29: How can one prevent contracting STIs (%)? N (Project schools)=12; N (Non-project schools)=12

Findings show that schools are the most common place to get information about STIs as shown figure 13. Over half of the respondents of project schools also mentioned youth clubs. They may mean the youth clubs that are implemented as one of the FFF project activities or other youth clubs. Also 33% of the non-project school respondent mentioned youth clubs.

The FFF project activities also include peer education which may contribute to higher incidence of information shared between peers in project schools. Findings also show parents sharing information about STIs to their daughters more often than in non-project schools. This is a similar result as about the information shared about sex in general. Half of the non-project school learners answered “other” which included most commonly radio but also newspaper and NGOs were mentioned.

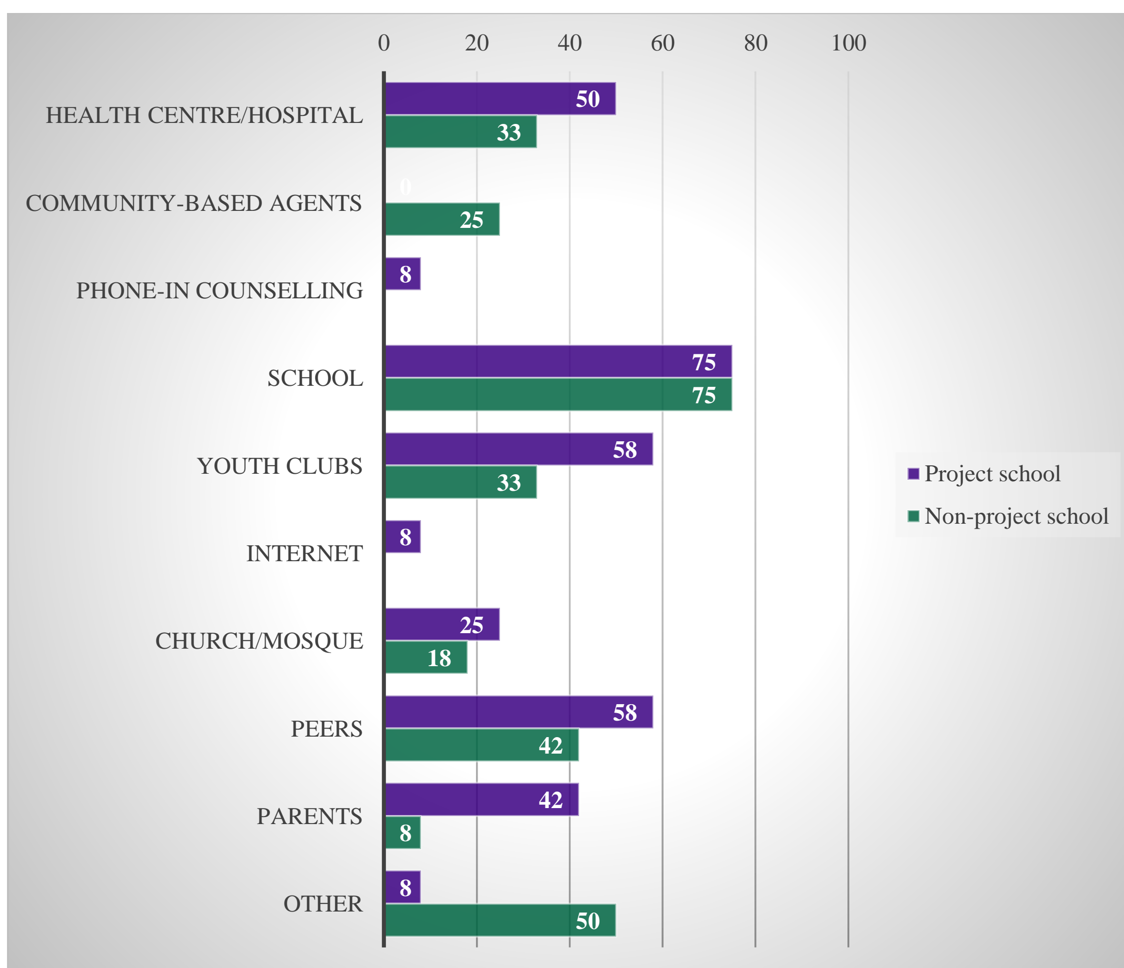

FIGURE 13. Responses to KAP questionnaire question 33: Where did you get your information about STIs (%)? N (Project schools)=12; N (Non-project schools)=12

5.3 Girls' empowerment

As a part of the questionnaire I asked the learners about their subjective feel of empowerment and possibilities on making decisions. This was done with statements to be assess on Likert scale. I created 18 statements to describe if the respondent agrees with the statement. Likert scale was used as following; 1=Strongly agree, 2=Agree, 3=Disagree and 4=Strongly disagree. Answers were analysed with SPSS. Statistically significant differences were found by using SPSS ANOVA table. Significance is marked with * when the value is less than 0,05 (5%) and (*) meaning it is very near the 0,05 value.

TABLE 1. Informants' opinion on girls' empowerment. Scale 1-4, 1=Strongly agree, 4=Strongly disagree. N=23-24

Tell us your opinion on the following statements	Mean, Project schools	Mean, Non-project schools	Sig.
68. Girls and boys have equal rights.	2,42	2,08	
69. Girls should be able to marry below 18 years.	3,25	3,58	
70. Girls don't need secondary education.	3,33	3,58	
71. Women are meant to stay home to take care of the family.	2,75	2,92	
72. Boys are smarter than girls.	3,17	3,33	
73. My parents are supportive and want me to continue my education in secondary school.	1,58	1,17	
74. Girls openly share their views and ideas in school on issues that affect their lives.	1,92	1,50	*
75. Girls participate in decision making processes in school.	2,00	1,67	
76. Girls views and ideas are heard and respected in school.	2,08	1,67	
77. Girls views and ideas are considered in school.	2,09	1,67	(*)
78. Girls openly share their views and ideas in communities on issues that affect their lives.	2,09	1,67	
79. Girls participate in decision making processes in communities.	2,25	1,64	*
80. Girls views and ideas are heard and respected in communities.	2,42	1,82	(*)
81. Girls views and ideas are considered in communities.	2,50	1,75	*
82. I feel protected when attending to school.	1,92	1,50	*
83. I feel protected at home and in the community.	1,83	1,42	*
84. I want to finish secondary school.	1,67	1,25	*
85. I know what I want to be when I finish my schools.	1,00	1,08	

Findings demonstrate that the values are not on the far ends (1 and 4) of the scale when the girls were asked any of the gender equality related questions (Q68-72). This shows that the respondent don't strongly believe in gender

equality. Based on the responses the female learners in non-project schools have more faith in equality.

From the table 1 it is noticeable that those statements where the significance was found the mean value shows the non-project school learners experience more empowerment and possibilities on decision making than project school learners. Non-project schools were identified based on not only the similar infrastructure with project areas but also based on the fact the schools didn't have similar SRHR and empowerment related projects being implemented in them. This excludes the possibility of other project interventions at school causing the higher feel of empowerment. I did not map the other projects implemented in the study areas. There is a possibility of empowerment-orientated projects were executed in the surrounding communities.

Ten out of 12 teachers believed girls and boys have equal opportunities when it comes to education. Two teachers stated they don't believe the opportunities are equal. The other one didn't explain herself more, but the other one believed girls have better opportunities because of non-governmental organizations are only considering the girls. Teachers were not able to explain the communal benefits of girls' education.

> The benefit of girls' education is that she will be able to read and follow hospital instructions; she can cook good food and is able to take care of the family. (Teacher 6, non-project school.)
>
> When girls are coming to school they learn a lot that help them to know a lot of things. (Teacher 10, project school.)
>
> They benefit a lot of from school because they learn a lot of things and they have a lot of knowledge on how to take care of themselves. (Teacher 11, project school.)

Sampling of only 24 respondents causes even one deviant response affecting the mean value considerably. In this study the difference was never caused by one response deviating the others. The non-project school respondents used more of peripheral expressions (1 Strongly agree, 4 strongly disagree) compared to project school respondents who were more reserved with their responses and

used the lighter expressions (2 agree, 3 disagree). This difference is causing the divergence in the mean values in this study.

Findings don't show the reasons of differences in subjective feel of empowerment between project and non-project schools. Discovering the causes would need further studies and evaluation of interventions and the level of participation of project school respondents. Also comprehensive mapping of existing and past projects and interventions in the surrounding communities would be needed.

Although the statistics of enrolments and drop outs were not usable to analyse weather the project has had an effect on these numbers, let it be mentioned that one constant value from the statistics was the dropouts among the girls being higher than the boys in same grade. I can generalize the fact that there are always more girls than boys enrolling on 1st grade, but the learners who graduate from the 8th grade only one third are girls. According to WHO report from 2016 only one out of three children complete the primary school in Malawi but looking at the statistics I collected it looks more like approximately only one fifth of the learners graduate from primary school in the study areas (Ravishankar et al. 2016, 4). Biggest drop out numbers being on grades 4, 5 and 6. This difference can be explained with the alterations of urban and rural areas. It is likely that there are less drop outs in urban areas, which explains the average of one out of three.

6 DISCUSSION

My aim was to adduce the importance and purpose of sexuality education in multicultural social work. I found it extremely important to knowledge cultural customs and traditions when working with people of different backgrounds. Personal experiences and environments we grow up in shape us to become who we are. In social work the professionals need to recognize the effects of the cultural dimensions, without forgetting to encounter the person as a unique individual.

6.1 Previous studies supporting the observation

The data I collected in Malawi aligns well with the literature review. The knowledge from the previous studies of SRHR and gender equality in Malawi prepared me well for the culture and issues I was to confront. Visiting the project site before the data collection widened my understanding of the project activities, infrastructure and culture in the rural villages in Dedza. I got to observe the interactions and power structures and got to know the school system.

The official teaching language in Malawi is English. In lower grades teaching happens in Chichewa, although all the books and materials are in English. Based on my observation most of the teachers do not speak English well enough to teach in it. Children do not know English before going to school. I believe here is a gap where education goes wrong. Quality education has to be delivered in a language the learners speak and understand for them to be able to learn. When the teaching language, skills and materials do not go hand in hand it creates problems for learning.

I noted the classes are very big (commonly I counted 40-60 children in lower classes) and teachers are not always qualified. Teacher training programs in Malawi are 2-year college programs, but based on the interviews, not all the teachers have the certificate. The school premises are not sufficient, and are

lacking running water and proper sanitation. Books are very few and some children wear tattered uniforms. All this impinges the learning.

Not all children are attending to school. On market days (usually 1 or 2 days in a week) I saw a lot of school aged children selling fruits and vegetables on the markets during school hours. Based on the literature review and verbal declarations this is just a tip of an iceberg. Many children help with house chores and farming or other ways help to bring the income to the households. Teachers adduced several female learners missing school on market days. Teachers have noted this is causing the learners to fall behind in education and sometimes affecting their motivation.

Masculine culture with strict gender roles and harmful cultural practices, which abrogates children's and women's rights, cannot be supportive for gender equality. Assumed girls and women are expected to be nurturing and accommodating and forever value their fathers, brothers, husbands and sons over female equals or themselves. This was very visible in all contexts during my stay in Malawi. In urban areas I met some educated individuals who wanted to believe in gender equality and equal personal capacities, but the strong traditions still affected their behaviour strongly. In Malawian context they seemed progressive, but in Finland their behaviour and opinions would be reprehensible and outdated.

Malawians believe very strongly in traditions, beliefs and superstition. This contributes to gender inequalities and make it more difficult to deliver scientifically accurate information. During the interviews some of the teachers were clearly struggling on deciding what to tell us. Based on my observation there was a gap between on what they know is scientifically right and what they personally think is right. It is possible that the teachers didn't give us fully honest answers on their personal attitudes and values.

6.2 Project supporting sexual health?

Project *Promotion of sexual and reproductive health and rights and education of girls in rural Malawi* project had been running in Malawi for over 5 years before this study was conducted. I had high expectations of the possible impacts on teachers' and learners' knowledge, attitudes and practices as well as girls' empowerment. The findings of this study did not meet my expectations.

In the project schools the female learners are more aware of different contraceptive and birth control methods. Some methods they mentioned are not trustworthy (for example natural method). Since the project is also working with the parents and the whole communities, it is important to note it might be an achievement of the project that the learners stated they receive more information on SRHR from their parents than the non-project school learners. Also peer education is big part of the project and that may contribute to sharing more information with peers.

It is very clear with all the literature reviewed and data collected that abstaining from premarital sex is not working for all of the adolescents. Sexuality and sexual activity should be normalized in the communities, and instead of teaching the learners how to abstain the teachers should be teaching the adolescents how to protect themselves and promoting lifelong healthy sexuality as well as autonomy when it comes to deciding when to have sex and with who. While abstinence is theoretically effective in preventing pregnancy, in actual practice, intentions to abstain from sexual activity often fail. "Abstinence only"-teaching method often lacks important information or even shares a false one. Comprehensive sexuality education has favourable effects on sexual initiation, number of sex partners, frequency of sexual activity, use of protection against pregnancy and STIs, frequency of unprotected sexual activity, sexually transmitted infections (including HIV) and pregnancy. (UNESCO 2018, 84–85)

Findings of the study shows that the teacher are lacking right information and skills to teach sexuality education. They have gaps in their knowledge and they have misconceptions. Teachers seem to have very variable opinions about the

suitable age of learning about sexuality. Many teachers feel embarrassed to teach about sexuality and with no proper quality control they often only teach about the puberty, HIV & AIDS and to abstain from sex. Knowing the sexuality is a complex phenomenon, I claim the teachers don't have enough tools to support children and especially girls on their growth to become sexually healthy, balanced and empowered.

Most of the challenges could be addressed by providing training and having clear policies at ministry as well as school levels. Teachers should be encouraged to develop their skills and confidence in sexuality education. Training needs to address teachers' attitudes and values among the knowledge so that sharing misconceptions can be avoided. Teachers are not only the informants, but also role models and their opinions are respected in the communities. Teachers should be aware of the influence they have on learners and other community members and use this advantage wisely.

Findings show that initiation ceremonies are very common. All of the learner respondents who had gone through initiation ceremony mentioned they were advised to abstain from sex. This does not align with the previous studies where it seems the main thing to teach at the initiation is how to please the future husband. Verbal declarations indicate this to be more common in other tribes than the *chewa* and *ngoni* in Dedza. Pulling the labia (FGM type 4) and testing for virginity were common practices, also sexual cleansing was mentioned several times. These sexual practices together with a request to avoid premarital sex must be very confusing. This together with shyness about sexuality may cause misunderstandings to adolescents at least if not the whole population.

When analysing the feel of empowerment and gender equality I saw the non-project school learners giving, what are in my western mind, better answers – cheering for more equality and higher autonomy and recognition. I first thought that the project school girls may have more knowledge of their rights and capability and that is why they are wanting more possibilities, support and consideration for their views and ideas. I thought this would explain the significant difference until I took a closer look to other parts of the questionnaire and realized

the project school learners didn't have more knowledge on SRHR nor human and child rights compared to non-project school learners.
The project school learners did know more about contraceptives but at the same time they also had more misconceptions concerning them. That makes it unlikely for them to seek family planning services now or in the future. Contrary to my expectations the non-project school respondents had more or equal knowledge in all the other questions compared to project school learners. Further studies would be needed to find out the reasons why.

6.3 Reliability and ethics

In quantitative research the validity is measured by the transparency. In this report I explain the detailed process of the research. The use of data and purpose of the research were explained personally to every participant and school representative. The reliability is measured with repeatability, meaning someone else using the same data with me should get the same results. (Hirsjärvi, Remes & Sajavaara 2004: 216–218.)

Me being part of the interviews and observing the survey might have both positive and negative effects. I was a white European female, in a way "a guest of honour", that may have needed to be impressed. On another hand, I think they know in Europe people are more open to talk about sexuality and equality and that may have given them more courage to open up.

It is also good to be considered, that I do not understand Chichewa. I created the questionnaire and interview guide in English and those were translated to Chichewa by different individuals. This may have affected the credibility of the replies answering the original questions. The interviews were transcribed and translated by another colleague who was not present when the interviews were conducted and that may have changed the meanings of the answers.

Anonymity has been well kept. I made sure it was explained in the beginning of each interview and survey that information they share will only be for this thesis.

The recordings of interviews will not be used for anything else. No-one will know who said what and only the results of the entire research will be used for future purposes. It was told to everyone they get to share what they want to and if they wish to stop at any time it would be perfectly fine. After analysing the materials will be disposed in a proper way.

One big ethical question that I struggled with is assessing how selfish it is for me to go and ask about the female learners' personal lives. I wondered if it is justifiable for me to be asking all these questions for my thesis, for my personal and professional growth. This thesis is not officially part of the project evaluation, which would make it more acceptable since the project is there to improve the wellbeing of these girls and their communities. My interest was to provide new information so the beneficiaries of the project could benefit more in the future. This is what I tried to explain and make transparent to all the learners and teachers. How they were able to understand my goals, remains a question.

6.4 Professional development

This thesis was the first academic research I have done. I learned a lot of all sectors including planning, carrying out and evaluating the research process. Planning the data collection and developing the tools I found difficult since it was all new to me, but with the help of colleagues and already tested questions I got an idea of what I should be asking in the questionnaires and interviews. I learnt how hard it is to keep focus on the research questions when there are so many interesting things you would want to know more about.

In my studies I am specialised multicultural social work and have special interest on development cooperation work and working abroad. Thesis process has only strengthened my dreams and proofed I have the qualities needed for leading and possibly for supervising positions. I had a difficulty of letting other people manage tasks, but eventually I learnt to trust my team and understood the outcome can be desirable even if the means slightly varies from mine.

During the data collection I learnt a lot of cultural sensitivity and time management. I developed new coordinating and leading skills, which I hope to use in the future. This study also developed my skills in working in infrastructure not familiar to me. It made me able to react on quickly changing and unpredictable situations and enhanced my stress control skills. I also learnt new things about myself as a leader, and how much I enjoy working with forever changing situations.

Analysing the data must have been the hardest part for me. Finding right methods, learning how to use SPSS and knowing when enough is enough were time consuming and hard for me personally. I used too much time trying to discover the positive impacts of the project using the data I collected. Teacher's help was needed for me to be able to give up and accept the fact, that the project hasn't had the expected impact, was also an important finding.

Experiences abroad have strengthened my communication skills and cultural sensitivity. My goal is to work in development cooperation work in the future. This thesis project together with the internship abroad has given me valuable knowledge for following my future plans. I came to gain better understanding on different work culture in different societies and cultures.

Thesis process made me understand the importance of evaluating and assessing the project and your own work. I learnt to understand the pressure caused by outside funding and its continuation and this made me comprehend the significance of excellent reporting skills and strong ethical backbone.

Empowerment can't be achieved without the dialogue of power relations between different actors (Hokkanen 2009, 325). In my case it also needs to be understood that I have something called "white privilege" which always affects the power relations not just between me and my non-white clients, but also between me and my non-white colleagues. "White privilege" exist because of historic, enduring racism and biases, and recognizing having it is extremely important to be able to understand that my truth is not everybody's truth.

It is important to assimilate the purpose of the work you are doing. Empowering the girls and empowering their communities is important. I see that from the European or Western perspective and I see that as a social work professional. This is not a perfect starting point when we are thinking about customer orientated approach or social justice. Every professional is required to use their ethical discretion to determine which ethical principle outweighs the other considering the circumstances and comprehensive context.

7 CONCLUSIONS

The current situation of HTPs in rural Malawi is alarming. Findings show that a lot of sexuality related traditions and beliefs occur in the study area. Together with abstinence-orientated sexuality education they are inconsistent and creating confusion among not only learners but teachers as well.

Teachers are lacking materials and training and they feel shy and are embarrassed to deliver sexuality education. Teachers need comprehensive training on their knowledge as well as on their attitudes and values concerning human sexuality. To deliver efficient sexuality education the teachers need encouragement and support by adding CSE in curriculum and policies.

Education in Malawi could be more effective if it was delivered with a language that both teachers and learners spoke and understood fluently. Teachers are in need of more training in all fields, but sexuality being a taboo raises a different kind of difficulties. To implement truly functional sexuality education project all the stakeholders, including all educators, must be trained and fully committed to project goals and values.

This thesis project strengthens my beliefs that projects like *Promotion of sexual and reproductive health and rights and education of girls in rural Malawi* are much needed in rural areas of Sub-Saharan Africa. To accomplish to reach the SDGs it is very crucial to target these remote areas and advocate the parents and stakeholders on importance of girls' education. In addition on getting all girls to school the quality of education needs to be addressed with boarder teacher training programs.

The main goal of this project is to *improve well-being and health of Malawian girls and women*. By assessing the experienced empowerment of the girls, we get to know how effective the project has been. By assessing girls' and teachers' knowledge, attitudes and perceptions on SRHR related topics, we gain more understanding on cultural dimensions. With increased understanding it is

possible to plan and implement more effective projects and activities. This thesis is available for to be used to evaluate this and plan other projects in the future.

Sustainability of the project objectives has not been achieved yet. The teachers along with the head teachers need to fully understand the achievements gain from safe and SRHR friendly school environment as well as the importance of gender equality. When the schools start to take responsibility and find the resources of maintaining the activities such as peer student training and teaching comprehensive sexuality education, we can start talking about sustainability.

I recommend a new phase of the project with concentration on effective teacher training including the use of materials and manuals provided. Since the stakeholders and communities have been open for the NGOs implementing the project activities in their areas it is justified to continue working with the already engaged communities.

Results of this study can be used for modifying projects in Malawi and other developing countries. It must be acknowledged that impact assessment needs to be done regularly and the results are more reliable when done by an outsider. During the first phase of the project the mid-term assessment was done by the Centre for Reproductive Health (CRH) and the University of Malawi’s College of Medicine in the fall of 2014. Based on findings of this study it is crucial to assess not only the impacts but also to find out the reasons for that are holding back learning.

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ATTACHMENT 1. Interview guide – Teachers

Introduction*:* My name is ……………………………. Thank you for agreeing to participate in this study. You have been asked to participate in this study because we believe that your views, ideas and opinions about girls' education, SRHR, empowerment and safe school environment in this school and community will contribute greatly to the outcome of this study which can therefore be helpful in promoting girls education, SRHR, participation and safe school environment. We would like to reiterate that your participation is voluntary and confidential. Please let us know if you would like to stop at any time.

TEACHERS BACKGROUND AND KNOWLEDGE *1. Female 2. Male*	
1	Could you tell us about your professional and educational background? • *For how long have you worked as a teacher and in which schools?* • *What is your education?*
2	What is your experience of sexuality education (SRHR)? • What type of information did your education include of teaching sexuality education? • How and what do you teach about SRHR and to who? • Is sexuality education mentioned in the curriculum you follow? How?
3	What is your experience of teaching of human/child rights? • What should be taught of human/child rights in primary schools? • How and what do you teach about human/child rights and to who?
ATTITUDES AND PERCEPTIONS OF SEXUALITY EDUCATION IN PRIMARY SCHOOLS AND SRHR	
4	What do you think are the advantages of sexuality education in primary schools? What about disadvantages?
5	What do you think the sexuality education in primary schools should include? *(Probe on knowledge on different aspects of sexuality education such as puberty, HIV and STIs and family planning as well as respecting your own body and rights to make your own decisions)* • Which grade/age children should learn these things you just mentioned?
6	What materials have you used (or have available) to teach sexuality education? • Where did you get the materials from? • What type of materials would you wish to have more?
7	What are some of the limiting factors of effective sexuality education? • Who has been against teaching sexuality education? • What knowledge and skills you feel like you are missing as a teacher What can be done to address the challenges faced and what would you recommend as best practices?
8	What type of activities you have in this school to promote SRHR? • How are the nurse visits? • What type of safe space you have for learners to discuss of SRHR?
9	How are girls' needs considered in this school environment? What more could be done?
10	What do you think about girls who access services such as family planning and contraceptives?

ATTITUDES AND PERCEPTIONS OF TEACHERS ON GIRLS EDUCATION, SAFE SCHOOL ENVIRONMENT AND HUMAN/CHILD RIGHTS	
11	What do you think are the benefits of girls going to school?
12	Do you think girls and boys have equal rights to education and participation? If no, why not?
13	Are there any government laws or any bylaws that support girls' education and participation in this community? (*Probe on knowledge on community bylaws promoting education, participation and SRHR and government laws on participation, SRHR and education*)
14	What are some of the reasons why girls drop out of school? (Present a case scenario that there are more girls in Standard 1 and less girls in Standard 8, what are the reasons why girls to drop out of school as they transcend into upper classes? (*Probe on cultural, economic, social, religious factors that lead to dropouts)* What factors would motivate girls to remain in school? *(Also probe on social, cultural, religious reasons why girls remain in school)*
15	Who has a right to make decisions on girl child attending or dropping out of school? *(Probe on knowledge of human/child rights, compulsory education of every child)*
16	Why do you think this school is a safe environment for all the students to attend? • What type of girls/youth clubs you have in this school? • What type of antibullying campaigns you have in this school? • What could be done to make it safer? (Present a case scenario that parents don't want their girl child to attend school after reaching puberty because they fear losing parental control or the girl to get pregnant) (Present another case scenario that girl doesn't want to attend the school after her breasts started to develop because of the attention she is getting from male teachers and boy learners)
17	What type of punishments do you use for children who violate school rules? What type of punishment do your colleagues use? What type of a guideline are you following for punishment that should or should not be used in primary schools?
ATTITUDES AND PERCEPTIONS OF TEACHERS ON CULTURAL PRACTICES	
18	Explain some of the cultural beliefs and practiced in this community that affect girls' education, SRHR and human/child rights?
19	What roles do you play as teacher to end harmful cultural practices?
20	How do initiation ceremonies/camps affect girls' education? How do they show in school environment? • Are there more drop outs after the ceremony/camp?
21	What interventions/support/projects/programs are running in this school? What do they promote/talk about?

ATTACHMENT 2. Questionnaire for 13-17 years old girls in primary schools.

Introduction*:* My name is ……………………………. Thank you for agreeing to participate in this study. You have been asked to participate in this study because we believe that your views, ideas and opinions about girls' education, SRHR, empowerment and safe school environment in this school and community will contribute greatly to the outcome of this study which can therefore be helpful in promoting girls' education, SRHR, participation and safe school environment. We would like to reiterate that your participation is voluntary and confidential. Please let me know if you would like to stop at any time.

I. RESPONDENT'S GENERAL BACKGROUND

PARTICIPANT DEMOGRAPHICS			
1. Age		**2. Grade**	
3. Marital Status: (circle one)	*1. Single/Never married 4. Live-in with Partner 7. Widow/Widower 2. Married (Monogamous) 5. Separated 3. Married (Polygamous) 6. Divorced*		
4. If married, in what age did you get married?			
5. Who do you live with? *(Circle all that apply)*	*1. Mother 3. Grandparent/s 5. Cousins 2. Father 4. Siblings 6. Uncle 7. Aunt 8. Partner 9. Other:* ______________		
EDUCATION			
6. Have you ever dropped out of school?	*1. Yes 2. No*		
7. Reasons for dropping out or never been in school *(Circle all that apply)*	*1. Lack of school fees 2. Lack of interest 3. Got married 4. Bullied in school 5. Harsh punishments 6. Got pregnant 7. Sexually abused by teachers 8. Sexually abused by peers 9. Poor performance 10. Illness 11. Lack of parental support 12. Long distance to school 13. Peer pressure 14. Other (specify)*____		

II. KNOWLEDGE, ATTITUDES AND PRACTICES (KAP) ON SRHR (sex, family planning STIs, HIV & Gender based violence).

KAP on sex and family planning			
Question	**Response**	**Question**	**Response**
8. Is there someone you feel comfortable talking to about sex?	*1. Yes* *2. No*	**9. If yes on Q8, who do you feel comfortable talking to about sex?** *(Circle all that apply)*	*1. Partner* *2. Friend/s* *3. Mother* *4. Father* *5. Siblings* *6. Nurse at school* *7. Health service providers* *8. Teacher* *9. Community Elderly* *10. Other_______________*
10. How does one get pregnant?	*3. Sexual intercourse* *4. Oral sex* *5. Holding hands* *6. Kissing* *7. Playing with a boy* *8. Hugging* *9. Witchcraft* *10. Don't know* *11. Other___________*	**11. How can one prevent pregnancy?** *(Circle all that apply)*	*1. Abstaining from sex* *2. Using condoms* *3. Family planning/using contraceptives* *4. Having one partner* *5. Don't know* *6. Other___________*
12. Where have you gotten information about sex?	*1. Parents* *2. School* *3. Health service providers* *4. Peers/Friends* *5. Radio* *6. TV* *7. Internet* *8. Initiation ceremony* *9. Other___________*	**13. Have you been taught about sexuality in school?**	*1. Yes* *2. No*
14. Have you had sex before?	*1. Yes* *2. No*	**15. If yes on Q14, at what age did you first have sex?**	
16. If yes on Q14, who made the decision for you to have sex the first time?	*1. Myself* *2. Friends* *3. Boyfriend* *4. Mother* *5. Father* *6. Uncle* *7. Aunt* *8. It was part of cultural practice (initiation ceremony)* *9. Other________*	**17. If yes on Q14, did you use a condom last time you had sex?**	*1. Yes* *2. No, why not? ____________*

18. What contraceptive methods do you know? *(Circle all that apply)*	1. *IUD* 2. *Loop* 3. *Pill* 4. *Injectable* 5. *Condoms* 6. *Implant* 7. *Spermicide* 8. *Natural method (ex. bead method)* 9. *Don't know* 10. *Other______________*	**19. What is the result of using contraceptives?** *(Circle all that apply)*	1. *You become barren* 2. *You get cancer* 3. *Continuous menstruation* 4. *Weight gain* 5. *Prevent pregnancy* 6. *Prevent contracting HIV or STIs* 7. *Don't Know* 8. *Other___________*
20. Have you ever been pregnant?	1. *Yes* 2. *No*	**21. If yes on Q20, at what age did you have your first pregnancy?**	1. *12 years or under* 2. *13-14 years* 3. *15-16 years* 3. *17-18 years*
22. Do you know anyone who got pregnant below 18 years?	1. *Yes* 2. *No*	**23. Do you know anyone who had an abortion before?**	1. *Yes* 2. *No*
24. Have you ever had an abortion? *(Girls only)*	1. *Yes* 2. *No*	**25. If yes on Q23 and/or 24, where did the abortion take place?**	1. *Home* 2. *Clinic* 3. *Hospital* 4. *Traditional Clinic* 5. *Don't Know* 6. *Other____________*
KAP ON STIS (incl HIV/AIDS)			
26. What are sexually transmitted infections (STIs)?	1. *Transmitted through sex* 2. *Not-preventable* 3. *Air-borne diseases* 4. *Don't know* 5. *Other___________________*	**27. What are the different types of STIs?** *(Circle all that apply)*	1. *Gonorrhea* 2. *Syphilis* 3. *Chlamydia* 4. *HPV (Human papillomavirus)* 5. *Herpes* 6. *HIV/AIDS* 7. *Don't know* 8. *Other___________*
28. How does one contract STIs (incl HIV/AIDS)? *(Circle all that apply)*	1. *Unprotected sex* 2. *Unprotected oral sex* 3. *Holding hands* 4. *Kissing* 5. *Sharing clothes* 6. *Mosquito bites* 7. *Sharing drinks/foods* 8. *Having multiple sex partners* 9. *Hugging* 10. *Witchcraft* 11. *Don't know* 12. *Other_________________*	**29. How can one prevent contracting STIs (incl. HIV/AIDS)?** *(Circle all that apply)*	1. *Abstaining from sex* 2. *Using condoms* 3. *Using family planning* 4. *Having one partner* 5. *Don't know* 6. *Other___________*

30. Do you think HIV/AIDS is treatable?	*1. Yes, you can be cured* *2. Yes, the symptoms are treatable* *3. No, but it doesn't affect your life* *4. No, you will live in pain for the rest of your life* *5. No, you will die sooner*	**31. If yes on Q30, what are the possible treatments?**	*1. Having sex with a virgin* *2. Herbal medicine* *3. Antiretrovirals (ARVs)* *4. Having sex with a mad woman/man* *5. Praying* *6. Don't know* *7.Other__________*
32. Where can you get condoms in your community? *(Circle all that apply)*	*1. Health Centre/Hospital* *2. Community-based agents* *3. Peers* *4. Parents* *5. Shops* *6. Don't know* *7. Other________________*	**33. Where did you get your information about STIs (incl. HIV/AIDS)?** *(Circle all that apply)*	*1. Health Centre/Hospital* *2. Community-based agents* *3. Phone-in counseling* *4. Schools* *5. Youth clubs* *6. Internet* *7. Church/Mosque (circle one)* *8. Peers* *9. Parents* *10. Traditional healers* *11. Don't know* *12. Other__________*
34. Where can you get screened for STIs (incl. HIV/AIDS)	*1. Health Centre* *2. Hospital* *3. Community-based agents* *4. Traditional healers* *5. Don't know* *6. Other________________*	**35. When did you last get screened for STIs or HIV?**	*1. Less than 2 months ago* *2. 2-6 months ago* *3. 6-12 months ago* *4. 1-2 years ago* *5. Over 2 years ago* *6. I have never been screened* *Why?_____________* *_________________*
KAP on gender-based violence (forms of violence in school)			
36. Have you ever experienced any form of violence or abuse?	*1. Yes what type?_____________* *_________________* *_________________* *2. No*	**37. If yes on Q36, where did you experience the abuse/violence?** *(Circle all that apply)*	*1. Home* *2. School* *3. Community* *4. Friends home* *5. Youth club* *6. Health Clinic/Hospital* *7. Other__________*

38. Has anyone ever hit, beaten, kicked or done anything else to hurt you physically? *(Thrown something at you? Pushed you or pulled your hair? Choked or burnt you on purpose? Threatened with or actually used a gun, knife or other weapon against you?)*	*1. Yes* *2. No*	**39. If yes on Q38, who hurt you physically?** *(Circle all that apply)*	*1. Mother* *2. Father* *3. Uncle* *4. Aunt* *5. Grandparent/s* *6. Male peer* *7. Female peer* *8. Male teacher* *9. Female teacher* *10. Unknown male* *11. Unknown female* *12. Brother* *13. Sister* *14. Other__________*
40. Has anyone ever touched you and made you feel uncomfortable? *(Touched your private parts ie. breasts, thighs? Touched you for too long? Touched you in an inappropriate place/time?)*	*1. Yes* *2. No*	**41. If yes on Q 40, who has touched you and made you feel uncomfortable?**	*1. Mother* *2. Father* *3. Uncle* *4. Aunt* *5. Grandparent/s* *6. Male peer* *7. Female peer* *8. Male teacher* *9. Female teacher* *10. Unknown male* *11. Unknown female* *12. Brother* *13. Sister* *14. Other__________*
42. Has anyone ever approached you verbally asking for sex or any sexual act and made you feel uncomfortable?	*1. Yes* *2. No*	**43. If yes on Q42, who approached you verbally and made you feel uncomfortable?**	*1. Mother* *2. Father* *3. Uncle* *4. Aunt* *5. Grandparent/s* *6. Male peer* *7. Female peer* *8. Male teacher* *9. Female teacher* *10. Unknown male* *11. Unknown female* *12. Brother* *13. Sister* *14. Other__________*

44. Have you ever been forced or proposed to have sex or any sexual act against your will? *(Rape? Sex for money or other goods?)*	*1. Yes* *2. No*	**45. If yes on Q44, who forced or proposed to you to have sex or any sexual act against your will?**	*1. Mother* *2. Father* *3. Uncle* *4. Aunt* *5. Grandparent/s* *6. Male peer* *7. Female peer* *8. Male teacher* *9. Female teacher* *10. Unknown male* *11. Unknown female* *12. Brother* *13. Sister* *14. Other__________*

III. KNOWLEDGE, ATTITUDES AND PRACTICES (KAP) ON HUMAN RIGHTS AND CHILD RIGHTS (FORMS OF CHILD RIGHTS VIOLATIONS)

46. What are human rights?	*1. Basic rights and freedoms that belong to every person in the world* *2. Freedom to do anything you want* *3. right to live your life regardless of what happens to others* *4.Other____________*	**47. Mention some of the human rights you know.**	
48. Mention some of the child rights you know.		**49. Who is a child?**	*1. A person who is not married* *2. A person who has no children* *3. A person who has never had sex* *4. A person who hasn't reach puberty* *5. a person below 18 years* *6. A person who is still in school* *7. Don't know* *8. Other_______*
50. Who has a right to education?	*1. Girls* *2. Boys* *3. Women* *4. Men* *5. Other________*	**51. Who has a right to safety?**	*1. Girls* *2. Boys* *3. Women* *4. Men* *5. Other__________*

52. What does it mean to be equal?		**53. Who has a right to own land and/or house?**	*1. Girls* *2. Boys* *3. Women* *4. Men* *5. Other_____*
54. Who has the right to choose who you marry?	*1. Mother* *2. Father* *3. Grandparent/s* *4. Aunt/Uncle* *5. Sister* *6. Brother* *7. Myself* *8. Religious leader* *9. Traditional leader* *10. Other___________*	**55. Who in the family has a right to make decisions on use of money?**	*1. Mother/Grandmother* *2. Father/Grandfather* *3. Boys* *4. Girls* *5. Other_________*

IV. KNOWLADGE, ATTITUDES AND PRACTICES (KAP) ON CULTURAL PRACTICES

56. Are there any cultural practices concerning sexuality in your community?	*1. Yes* *2. No*	**57. If yes on Q56, mention the cultural practices?** *(Circle all that apply)*	*1. Chinamwali/Jando* *2. Khomba* *3. Kusasa fumbi/Fisi for initiation* *4. Kulowa kufa* *5. Forced marriages/Kupimbira* *6. Fisi for procreation* *7. Chokolo* *8. Other____________*
58. Have you gone through an initiation ceremony/camp? *(Chinamwali, Khomba)*	*1. Yes* *2. No (go to Q66)*	**59. If yes on Q58, how old were you when you went through the initiation ceremony/camp?**	
60. If yes on Q58, did you miss school because of the initiation?	*1. Yes, For how long?* __________ __________ *2. No*	**61. If yes on Q58, which of the following did the ceremony/camp include?** *(Circle all that apply)*	*1. Test for virginity* *2. Pulling the labia/makuna/ kukuna* *3. Wearing beads* *4. Traditional dances* *5. Religious remarks* *6. Any type of genital mutilation* *7. Encouragement to go practice what you have been taught* *8. Fisi at the initiation or right after* *9. Other_________*

62. If yes on Q58, what kind of information did you receive during the ceremony/camp? *(Circle all that apply)*	*Information of…* *1. Puberty* *2. Adulthood* *3. Abstaining from sex* *4. Sex/How to please the future husband sexually* *5. Condom use* *6. HIV* *7. Other STIs* *8. Contraceptives* *9. Marriage and childbearing* *10. Education* *11. Other_________*	63. If yes on Q58, did the ceremony/camp include sexual act with ***fisi*** or someone else?	*1. Yes* *2. No*
64. If yes on Q63, was condom used during the sexual act?	*1. Yes* *2. No*	**65. Who made the decision for you to participate in initiation ceremony/camp?**	*1. Mother* *2. Father* *3. Uncle* *4. Myself* *5. Aunt* *6. Grandparent/s* *7. Other_______________*
66. Have you ever gone through any other cultural practices?	*1. Yes Which one/s?___________* *_________________* *2. No*	**67. If yes on Q66, who made the decision for you to participate in the mentioned cultural practice/s?**	*1. Mother* *2. Father* *3. Uncle* *4. Myself* *5. Aunt* *6. Grandparent/s* *7. Other_______________*

V. GIRLS EMPOWERMENT

Tell us your opinion on the following statements			
68. Girls and boys have equal rights.	*1. Strongly agree* *2. Agree* *3. Disagree* *4. Strongly disagree* *5. Don't know*	**69. Girls should be allowed to marry below 18 years.**	*1. Strongly agree* *2. Agree* *3. Disagree* *4. Strongly disagree* *5. Don't know*
70. Girls don't need secondary education.	*1. Strongly agree* *2. Agree* *3. Disagree* *4. Strongly disagree* *5. Don't know*	**71. Women are meant to stay home to take care of the family.**	*1. Strongly agree* *2. Agree* *3. Disagree* *4. Strongly disagree* *5. Don't know*
72. Boys are smarter than girls.	*1. Strongly agree* *2. Agree* *3. Disagree* *4. Strongly disagree* *5. Don't know*	**73. My parents are supportive and want me to continue my education in secondary school.**	*1. Strongly agree* *2. Agree* *3. Disagree* *4. Strongly disagree* *5. Don't know*

74. Girls openly share their views and ideas in school on issues that affect their lives.	1. *Strongly agree* 2. *Agree* 3. *Disagree* 4. *Strongly disagree* 5. *Don't know*	**75. Girls participate in decision making processes in school.**	1. *Strongly agree* 2. *Agree* 3. *Disagree* 4. *Strongly disagree* 5. *Don't know*
76. Girls views and ideas are heard and respected in school.	1. *Strongly agree* 2. *Agree* 3. *Disagree* 4. *Strongly disagree* 5. *Don't know*	**77. Girls views and ideas are considered in school.**	1. *Strongly agree* 2. *Agree* 3. *Disagree* 4. *Strongly disagree* 5. *Don't know*
78. Girls openly share their views and ideas in communities on issues that affect their lives.	1. *Strongly agree* 2. *Agree* 3. *Disagree* 4. *Strongly disagree* 5. *Don't know*	**79. Girls participate in decision making processes in communities.**	1. *Strongly agree* 2. *Agree* 3. *Disagree* 4. *Strongly disagree* 5. *Don't know*
80. Girls views and ideas are heard and respected in communities.	1. *Strongly agree* 2. *Agree* 3. *Disagree* 4. *Strongly disagree* 5. *Don't know*	**81. Girls views and ideas are considered in communities.**	1. *Strongly agree* 2. *Agree* 3. *Disagree* 4. *Strongly disagree* 5. *Don't know*
82. I feel protected when attending to school.	1. *Strongly agree* 2. *Agree* 3. *Disagree* 4. *Strongly disagree* 5. *Don't know*	**83. I feel protected at home and in the community.**	1. *Strongly agree* 2. *Agree* 3. *Disagree* 4. *Strongly disagree* 5. *Don't know*
84. I want to finish secondary school.	1. *Strongly agree* 2. *Agree* 3. *Disagree* 4. *Strongly disagree* 5. *Don't know*	**85. I know what I want to be when I finish my schools.**	6. *Strongly agree* 7. *Agree* 8. *Disagree* 9. *Strongly disagree* 10. *Don't know*

Thank you for your participation. We look forward to sharing the results of this baseline study with you.