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NEEDS ASSESSMENT REPORT

ORGANISATION	**FORUM FOR AFRICAN WOMEN EDUCATIONALISTS MALA WI CHAPTER (FAWEMA)**
RESEARCH TITLE	**ASSESSING THE SEXUAL REPRODUCTIVE HEALTH (SRH) NEEDS FOR GIRLS IN THE RURAL AND URBAN AREAS IN MALAWI**
RESEARCH PERIOD	**NOVEMBER 2010 TO JANUARY 2011**
BENEFICIARIES	**RURAL AND URBAN ADOLESCENT GIRLS**
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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ABBREVIATIONS/ ACRONYMS

MDG: Millennium Development Goals
UNDP: United Nation Development Program
SRHR: Sexual Reproductive Health Rights
ACEM: Christian Educators in Malawi
FAWEMA: Forum for African Women Educationist in Malawi
PEA: Primary Education Advisors
FDG: Focus Group Discussion
SPSS: Statistical Package for Social Sciences
STI: Sexual Reproductive Health
NGO: Non-Governmental Organizational
TV: Television

ABSTRACT

Malawi is one of the countries with high infected and affected HIV/AIDS rates. These rates are high among the young and productive people especially girls. SRH challenges are the main causes of school dropouts among girls, hence increasing illiteracy levels among women. This study was therefore conducted to get a clear understanding from the girls themselves of what they would want to be done so that their sexual reproductive health (SRH) is improved. The other objective of this study was to improve the understanding of the barriers to sexual reproductive health rights for young people, with a view to inform policy makers on strategies that would be developed and implemented in Malawi. The study was conducted in two districts Lilongwe and Thyolo, representing urban and rural settings. Purposive sampling was used to select school zones with highest dropout rates in the two districts (Mwatibu and Mpinji zones; Lilongwe and Thyolo respectively). Ten schools were selected (4 primaries and 1 cdss) from each zone. Both quantitative and qualitative data was collected. A sample size of 200 school going girls was selected. The other categories of people who were interviewed were school drop outs, mother group leaders, headteachers and PEAs. Quantitative data entry, cleaning and analysis was done using SPSS version 16.5. Descriptive data anlysis was done by producing cross tabulation to compare the urban and rural, primary and secondary outcomes. Qualitative data from focus group and key informant interviews was analyzed by identifying the main themes of discussions in line with the discussion themes and topics. This study reveals that girls drop out of school due to early pregnancies, cultural practices which force them into early marrieges, orphanhood peer pressure and poverty. The study further reveals that school going girls in rural araes do not have adequate SRHR information and services compared to girls in urban settings. The study suggests that school dropout rate can be reduced if bursaries are provided to most needy girls, also if SRHR sensitisation campaign and services are provided to the school going girls to avoid teenage pregnancies. Communities should also be sensitized on the cultural practices which fuel the transmission of STIs including HIV/AIDS and early pregnancies among the youths. The needs assessment has also revealed that those who dropped out of school should be re-admitted back into school.

CHAPTER ONE

1.0. INTRODUCTION

1.1. Background information on SRHR situation analysis/ needs assessment

Malawi is one of the Sub-Saharan African countries which is highly infected and affected by HIV/AIDS. Malawi has a total population of 13, 077,160, according to 2008 Malawi population and housing census report, 46.2% are the youths. 12% of the population is HIV positive; the majority of these are in the productive age range of 15-24 (MICS, 2008). The pandemic has therefore posed a serious threat to the social economic development of the already poor country.

The fact that the majority of those living positively with HIV/AIDS are young people indicates that most of the youths are exposed to behaviors which influence them to start indulging in sexual activities at tender ages. This puts them at great risks of contracting Sexually Transmitted infections (STIs) including HIV/AIDS and teenage pregnancies. There are a number of factors that make youths more vulnerable. Some studies have revealed the main factors that put youth at risks of contracting HIV/AIDS and unwanted pregnancies such as; drug and substance abuse, cultural practices, poverty, peer pressure and curiosity to experiment sex. To some extent youths are denied access of suitable SRHR information and services. This is because in most local communities discussing issues about sexuality is taken as a taboo. This has therefore rendered the youth to lack suitable SRHR knowledge, services and skills. For insintance most people in the local communities especially girls have a wrong perception on buying or possessing condoms which may help them prevent contracticting Sexualy Transmitted Infections (STIs) including HIV/AIDS and teenage pregnancies.

To reduce these risks among the young people it was necessary that policymakers, service providers and advocates should generate strong evidence regarding the sexual and reproductive health and rights needs of Malawian youth. In so doing a secure and healthy future for adolescents would be assured.

1.2. Rationale/ problem statement for the study

Malawi like any other third world countries faces high school dropout rate in both primary and secondary schools. The MDG report 2007 also highlights that early school dropouts in both primary and secondary school due to early pregnancies and marriages are the main challenges Malawi is facing as regards girls education. These have significantly led to very low transition and completion rates of girls' education, thus increasing illiteracy levels among women in Malawi. Early pregnancies and marriages put the girls at risk of having complications during delivering which may lead to death thereby increasing the maternal mortality rate. Being mothers at the tender ages may also increase the already high fertility rate, which is currently at 5.6% (UNDP 2007 report)

1.3. Justification of the study

Girls' school dropout is a constant threat to literacy levels for women in Malawi. This has also a negative impact on the country's social economic development. A number of studies have revealed that most of school dropouts are caused by SRH related problems. The findings of the "Situation Analysis" study conducted on young people's SRH, by ShareFrame in Malawi between March and April 2010, show that despite several policies being put in place, more girls are still dropping out of school due SRH related problems such as early pregnancies. This study was also conducted to find the persistent SRH problems and also to asses the girls SRHR needs to ensure health nation and to promote their education.

1.4. Objectives

- To get a clear understanding from the girls themselves of what they would want to be done so that their sexual reproductive health (SRH) is improved.
- To improve the understanding of the barriers to sexual reproductive health services for young people, with a view to inform policy makers on strategies that would be developed and implemented in Malawi.

1.5. Study questions

1. What are the sexual and reproductive behaviors of girls at primary and secondary levels?
2. What are the sexual and reproductive behaviors of girls in urban and rural areas?
3. What causes a lot of girls to drop out of school due to early pregnancies and marriages?
4. How much knowledge do girls in primary and secondary have in sexual reproductive health (SRH) issues affecting them?
5. What are the attitudes of girls in SRH in urban and rural settings?
6. What are the skills of girls in SRH in both rural and urban settings?
7. What are the needs of girls in urban and rural areas as regards to SRH?

CHAPTER TWO

2.0 METHODOLOGY

2.1. Study design

The type of study is cross sectional and both quantitative and qualitative in nature where structured questionnaires were used to collect the required information from the respondents. Data was collected through self administering of questionnaires (i.e when the questionnaires are filled by the respondents themselves) and through focus group discussion.

2.2. Description and choice of the study areas

The study was conducted in two districts; Lilongwe and Thyolo. These districts are situated in the central and southern regions of Malawi respectively. The study was conducted in rural and urban settings. Five schools were selected as a sample from each of the following zones; Mwatibu representing urban schools and Mpinji representing rural schools (Lilongwe and Thyolo districts respectively). The selected schools from Mwatibu zone are; Mwatibu cdss, Mwatibu primary, Nathenje primary, bango primary and Nsanjiko primary. The selected schools from Mpinji zone are as follows; Mpinji cdss, Mpinji primary, Nachipere primary, Mbandanga primary and Mchima primary.

2.3. Preparations for the study

In preparation for this study six facilitators were trained to help in questionnaire administration and conducting the focus group discussions. This training was done by FAWEMA and was conducted right in the sampled schools. The training was done prior to commencement of data collection.

The training was aimed at equipping the facilitators with good questioning, facilitation and probing skills so that the required information is captured. This was done to ensure that good quality data is collected for easy entry and analysis.

To ensure sustainability and ownership of the whole Needs Assessment, some of the facilitators were girls from the sampled schools. However, one of the people involved was a member of FAWEMA national executive committee. These people also formed part of the technical committee for ShareFrame at an organizational level.

2.4. Sampling

The type of sampling method used in this study was the purposive sampling method. The sample frame was schools in Lilongwe and Thyolo districts. Ten schools were selected; five from each selected school zone (4 primary and 1 community day secondary schools). The schools were selected basing on the school drop out rates due early pregnancies. Those schools which registered higher rates at zone level were selected into the sample. The sample size for in-school girls was 200, 100 girls from each zone (urban and rural) and 20 girls from each school. Therefore there was a total of 160 in-school girls from primary and a total of 40 in-school girls from secondary schools.

2.5. Data management

2.5.1. Data collection

The data was collected using a number of data collection instruments. Quantitative data was collected through structured questionnaires which were self administered by the respondents. Qualitative data was collected through focus group discussion and also through in-depth interviews with key informants in the society.

2.5.1.1. Self administered questionnaires

Quantitative data was collected through self administered questionnaires by the respondents. 200 questionnaires (20 per school) were filled by the in-school girls to find out the challenges the girls are facing which are influencing sexually Transmitted Infections including HIV/AIDS and teenage pregnancies and marriages, how they overcome the challenges and any efforts by different stakeholders to overcome the challenges. Girls from standard 5 to standard 8 were the ones who took part in this study at primary level while form 1-4 girls took part in the study at secondary level.

Qualitative data was also collected through in-depth interviews. 100 (10 per school) girl-school dropouts were interviewed to find out the reasons why they dropped out of school and how to over come these problems. Qualitative data was also collected from influencial

individuals in the society. At community level these stake holders were community leaders, school head teachers, school mother group leaders and Primary Education Advisors (PEAs). These community leaders were to provide more details on the community's perception and response to teenage pregnancies and other SRHR related issues. The head teachers and PEAs were to provide information on the reasons for cases of teenage age pregnancies in the schools and a response from a technical point of view.

2.5.1.2. Focus group discussions

Qualitative data was also collected from focus group discussions. This brought together people of similar background characteristics to discuss a specific topic of interest to the research. These were normally composed of 6 to 10 people who were guided in the discussions by facilitator. Three categories of focus group discussions were conducted as follows; in-school girls, girl-school dropouts and mother groups. In total 30 focus group discussion were conducted. The FGD were used to determine SRHR services used, examine the cultural/community/beliefs/values/norms that create and sustain them and also to seek information from the girls and the communities themselves to increase the accessibility and what can be done to improve their SRHR.

2.5.3. Data entry and cleaning for quantitative data

The computer software used for data entry process was SPSS version 16.5 for windows, where it was entered directly on the data editor window.

2.5.4. Data analysis

Quantitative data entry, cleaning and anlysis was done using SPSS version 16.5 for windows. The quantitative data analysis was descriptives. Cross-tabulations were produced to compare the urban vs rural and also primary vs secondary results. The results were presented through crosstables and bargraphs.

Qualitative data from focus group and key informant interviews was analyzed by identifying the main themes of discussions in line with the discussion themes and topics.

CHAPTER THREE

3.0. DATA ANALYSIS AND STUDY FINDINGS

3.1. DESCRIPTIVE ANALYSIS RESULTS FOR THE QUANTITATIVE DATA

The data was collected in ten schools, five from each of the following two school zones; Mwatibu, representing the urban area and Mpinji, representing the rural areas. The sample frame contains school going girls of both primary and secondary schools. A sample size of 200 school going girls was chosen, where 20 girls were interviewed from each selected school.

3.1.1. Respondents background characteristics

The demographic and social factors for the respondents have an important influence on the school going sexual reproductive health needs. **Table 1 (appendix):** provides some important background characteristics for the respondents as follows; type of residence; urban 100 (50%) and rural 100(50%), School level; primary 160 (80%) and secondary 40 (20%). All the girls were in the age range of 8-20.

3.1.2. Sexual and reproductive health behaviors of girls in primary and secondary school.

Table 2 (appendix) shows that out of all the 200 girls interviewed only 42 (21.0%) had boyfriends. Out of 42 students with boyfriends 28(17.5%) are primary school girls while 14(35.0%) are secondary school girls. Only 31(15.5%) girls who have boyfriends have sex with their boyfriends 23(14.4%) of these are primary school girls while 8(20.0%) are secondary school girls. Of all the students who have sex with their boyfriends, 23(11.5%) have ever used contraceptives or condoms. 17 (10.6%) of these are primary school girls while 6(15.0%) are secondary school girls.

3.1.3. Sexual and reproductive health behaviors of girls in urban and rural areas.

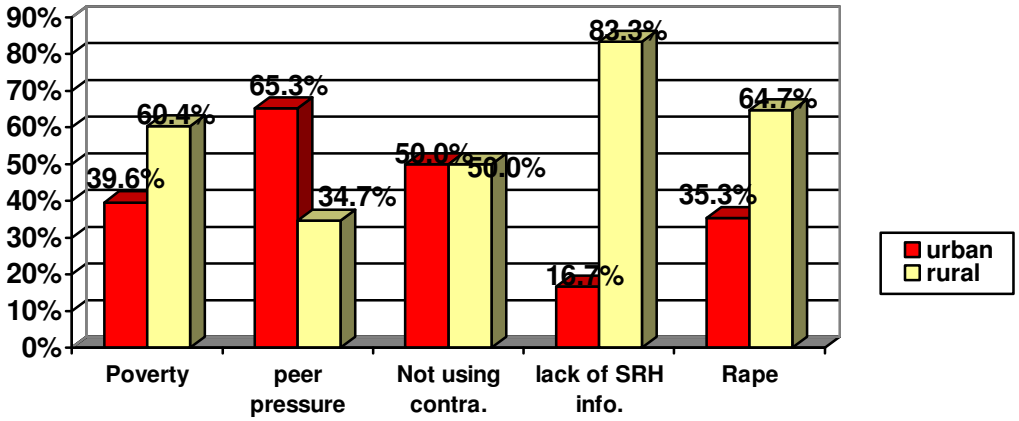
Table 3 (appendix) shows the results that out of 200 girls interviewed in both urban and rural areas, 42 have boyfriends. 34(81.0%) of those with boyfriends are from urban while

8(19.0%) are from rural areas. 31of those with boyfriends have sex with them. 27(87.0%) of those having sex with their boyfriends are from urban and 4(13%) are from rural areas. 23 of those who have sex with their boyfriends have ever used contraceptive methods or condoms. 19(82.6%) of those ever used contraceptives or condoms are urban girls and 2(8.4%).

3.1.4. Causes of girls school dropouts due to early pregnancies and marriages

Table 4 (appendix) shows that out of 200 girls interviewed, 101 indicated that poverty is the main cause of school dropouts due to early pregnancies. 40(39.6%) of these are girls from urban schools and 61(60.4%) are from rural schools. 72 girls indicated that peer pressure is the causative. 47(65.3%) are from urban schools and 25(34.7%) are from rural schools. 4 indicated that not using contraceptives/ condoms is the reason. 2 (50%) were urban school girls and 2(50%) are rural school girls. 6 girls indicated that lack of SRH information as the causative. 1 (16.7%) are urban girls and 5(83.3%) are from rural schools. 17 girls indicated rape as the causative of early pregnancies. 6(35.3%) are urban school girls and 11(64.7%) rural schoolgirls.

Figure 1: A bar graph showing the main causes of girls' school dropouts due to early pregnancies and marriages.



3.1.5. Sexual and reproductive health knowledge of girls in primary and secondary schools

Table 5 (appendix) shows that most girls (106(53.0%)) in both primary and secondary schools indicated that antenatal clinics are the main sources of SRH information, 89(55%) and 17(42.5%) respectively. This is followed by "mothers" with 33(20.6%) and 9(22.5%). 121(60%) of all the 200 girls indicated that checking the exipirely date for condoms before

use is necessary. 100(62.5%) are primary school girls and 21(52%) are secondary school girls. 45(22.5%) indicated that use of two condoms can increase the effectiveness of the condoms, 32(20%) are primary school girls and 13 (32.5%) secondary school girls. 12(6.0%) indicated that washing the condoms to be reused is also a right way, 4(5.0%) are secondary school girls and 8(10%) are primary school girls. Out of the 200 girls, 91(45.5%) indicate that use of condoms can prevent STIs. 71(44.4%) are primary school girls and 20(50%) are secondary school girls. 81(45.5%) indicated that use of contraceptives can prevent STIs, 63(39.5%) and 18(45.5%) are primary and secondary school girls respectively. 155(77.5%) of the 200 girls know the consequences of early pregnancies. 118(73.8%) and 37(92.5%) are primary and secondary school girls respectively.

3.1.6. Sexual reproductive health attitudes for girls in rural and urban areas

Table 5 (appendix) shows that 116 of the 200 girls think that condoms are not effective, 54(46.6%) and 62(53.4%) of these are urban and rural school girls respectively. 172 out of the 200 girls think that girls must start receiving SRH information and services after reaching puberty. 92(52.3%) and 82(47.7%) are urban and rural school girls respectively. Of the 200 girls interviewed, they think that, some girls don't use condoms because of the following reasons; 46 girls think that condoms are scarce, 19(41.3%) and 27(58.7%) of these are urban and rural school girls respectively. 31 of these think that girls don't need condoms, 16(51.6%) and 15(48.4%) are urban and rural school girls respectively. 47 think that condoms are not effective, 18(38.3%) and 29(61.7%) of these are urban and rural school girls respectively. 76 think that having sex while using condoms is not satisfying, 39(51.3%) and 37(48.7%) of these are urban and rural school girls respectively.

3.1.7. SRH skills for girls in both rural and urban areas.

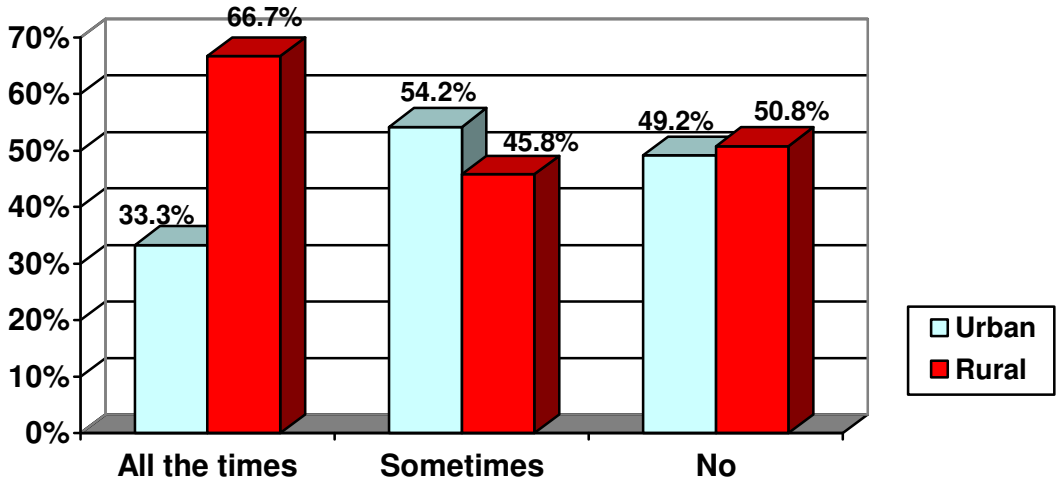
The indicator used to asses the girls SRH skills in this study is the girl's assertiveness to say **NO** if asked for sex.

3.1.7.1. Distribution for girls who are forced to have sex in both urban and rural areas.

Of the 200 girls 9 indicated that they are usually forced to have sex. 3(33.3%) and 6(66.7%) are urban and rural school girls respectively. 59 indicated that they are sometimes forced to have sex. 32 (54.2%) and 27(45.8%) of these are urban and rural school girls. 132 of the

200 girls indicated that they are not forced to have sex. 65(49.2%) and 67(50.8%) are urban and rural school going girls.

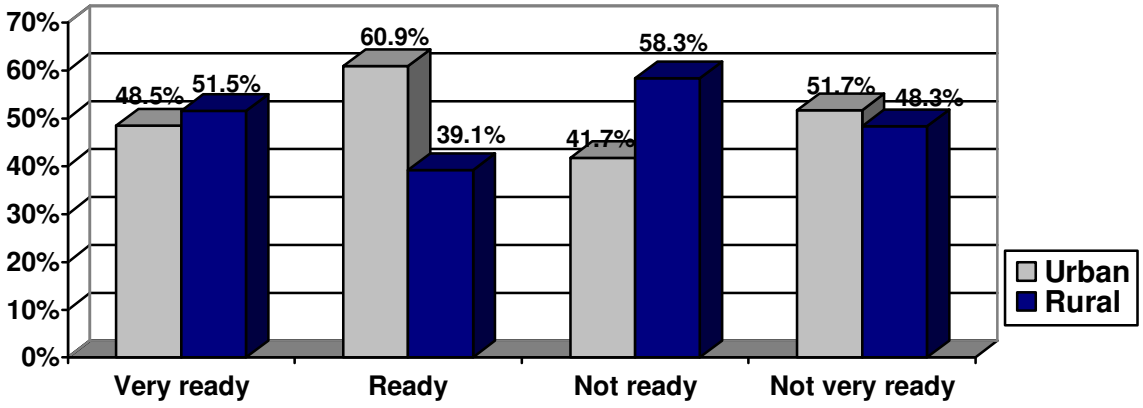
Figure 2: A bar graph showing the percentage distribution of girls forced to have Sex.



3.1.7.2. Distribution for girls in both urban and rural areas, indicating their assertiveness if asked for sex

Out of the 200 girls interviewed, 136 girls indicated they are very certain that they can say **NO** if asked for sex. 66(48.5%) and 70(51.5%) are urban and rural school going girls. 23 indicated they can manage to say **NO** but not certain if asked for sex. 14(60.9%) and 9(39.1%) are urban and rural school going girls. 12 girls indicated that they cannot manage to say **NO** if asked for sex. 5(41.7%) and 7(58.3%) are urban and rural school going girls. 29 girl indicated that they are certain that they cannot say **NO** if asked for sex. 15(51.7%) and 14(48.3%) are urban and rural school going girls.

Figure 3: A bar graph showing the percentage distribution for girls in both urban and rural areas, Indicating the girls assertiveness if asked for sex.



3.2. RESULTS FOR QUALITATIVE DATA

Qualitative data was collected from the following categories of people; school going girls, school dropouts, school mother group leaders (through focus group discussion), head teachers and primary education advisors (PEAs).

3.2.1. Results for focus group discussion for school going girls in both urban and rural schools.

The questions for this category of respondents were categorized as follows; social influences on sexual behavior, self perception, exposure to message about SRHR and family planning, knowledge of and attitudes to sexually transmitted infections, views about sexual reproductive health services and dreams and opportunities.

3.2.1.1. Social influence on sexual behavior.

Most school going girls indicated that they do not exactly know what Sexual reproductive health is all about. Some girls mainly from urban schools think that SRHR is about early pregnancies among teens while others in rural school think that it's about giving birth and raising children. Most girls in rural schools indicated that they got SRH information from

their teachers, radios and from their peers while in the urban areas most girls indicated that they got SRHR information from the following; school, friends, radios, TVs and newspapers. Most girls in both urban and rural schools indicated that they would want to hear about SRHR from female teachers, radios, religious counselors and their parents. Some girls from rural school indicated that they are usually forced to have sex by their friends and sometimes by their boyfriends even elders to observe some cultural practices. While most of the girls from the urban settings indicated that they are sometimes forced have sex by friends/boyfriends. Most groups in both urban and rural areas indicated that some of their friends had already started having sex before marriage. In the rural areas some girls started having sex at ages between 7-15 while in the urban at the ages between12-15. In both urban and rural areas, girls who got married at tender ages started having children at ages even below 15.

3.2.1.2. Self perception

In both urban and rural school, most groups indicated that; abstaining from sex is the only method they can follow for them to remain health and have a bright future. Others indicated that if they can't abstain they should always use a condom. On top of these some groups indicated that girls should also work hard at school to attain their dreams.

3.2.1.3. Exposure to message about SRH and family planning.

Most groups from rural schools indicated that they don't have regular chances to get SRHR information. While others especially from urban schools usually have this chance from the print and electronic media.

3.2.1.4. Knowledge of and attitudes to sexually transmitted infections

Most girls from both urban and rural school could indicate some of the common signs of STIs such as sores in the private parts, persistent illnesses and thinness. The most frequently mentioned consequences of catching STIs were infertility, death and dropping out from school. Most girls in both urban and rural indicated that they could feel very depressed if found with STIs, others indicted that they could follow the pieces of advice from hospital. Other girls indicated that they could even commit suicide. Most of the groups from both urban and rural areas indicated that abstinence and use of condoms are the only modes of avoiding catching STIs. Most girls said that if protected from STIs, one can fulfill her dreams.

3.2.1.5. Views about sexual reproductive health services

Most groups in both rural and urban areas indicated that girls should be encouraged to join youth clubs where they could easily access SRHR information. Some groups indicated that parents and elders should set up dates in their communities to counsel the girls on SRHR issues. Most groups indicated that they need enough SRHR information from school, parents and NGOs. Most of the groups from both rural and urban areas indicated that condoms are not effective because they sometimes burst during intercourse. Most girls feel that girls should be empowered and should take part in youth clubs to access SRHR information from their peers, church leaders should also be on the fore front on counseling the girls on issues likely to affect their sexual and reproductive life, male teachers should be severely be punished if they have sexual relationships with school going girls. Lastly most girls suggested that everyone in the community should take part in changing the SRH behaviors for the girls.

3.2.1.6. Dreams and opportunities

Most girls in both urban and rural areas indicated that they want to finish their education successfully and have a good career life. Most groups suggested that this can be achieved if the girls abstain to avoid teenage pregnancies and STIs and also by working hard at school.

3.2.2. Results for the school dropouts for both urban and rural areas.

Most of dropouts in both rural and urban areas left school because of total poverty, orphanhood and also due to early pregnancies. Some dropouts from urban areas left schools because their fathers who were drunkards could not take of their needs. Other dropouts from rural areas left school because they could not afford to pay end of term examination fees. Most dropouts in both areas suggest that these problems could be ended if girls who dropout of school due to poverty and orphanhood should have access to bursary and girls should also be encouraged to abstain if not, they should have access to contraceptives/ condoms to avoid early pregnancies. Dropouts should also get readmitted to schools.

In both urban and rural areas the dropouts indicated that when girls reach puberty they start having sexual relationships others mostly in urban areas start putting on clothes like min-skirts, and see-throughs just to attract men. Peer pressure increases. Most dropouts in both urban and rural areas the dropouts indicated they need good clothes, food, cosmetics and guidance counseling on issues affecting their sexual life by the parents and elders. Most dropouts in both areas stated these girls could be helped if they are supplied with casual work, engage in small scale businesses to get their daily needs. These girls can also be given guidance and be encouraged to abstain.

The school dropouts in both urban and rural areas, indicated that there are cultural practices which fuel the rate of school dropouts. In the urban area (Nathenje Lilongwe) there are cultural practices such as gule wankulu, chokolo, fisi and mkangali (which exposes the girls breast and attract men). In the rural (Mpinji in zone Thyolo) the cultural practices fueling school dropouts are as follows; kusasa fumbi, chinamwali and kugula mwana (where parents marry off their daughter in advance to a man while she is still young and without her consent). The dropouts in both areas suggested that these cultural practices can be discouraged by civic educating the communities on the bad effects of these cultural practices. Girls should be discouraged from attending such cultural practices. However the dropouts in both areas suggest that there are some other cultural practices which must be encouraged such as ulangizi done to girls who have reached puberty in different churches and also counseling done by elder women in the communities. The suggestions given by dropouts in both urban and rural areas to encourage the good cultural practices are as follows; NGOs should go around in the communities civic educating on the good cultural practices and also traditional counselors must be civic educated on the right SRHR information to be given to the girls. In both areas the dropouts suggested that teachers should take part in giving good guidance to the girls. Teachers should make sure that their syllabi contain the light information of how the girls' bodies develop. Male teachers should not be having sexual relationships with the school going girls.

3.2.3. Results for the school, community and mother group leaders in both urban and rural areas.

Most of these leaders in both areas indicated the rate of school dropouts is mainly influenced by the following factors; poverty, peer pressure, lack of parental care and guidance, orphanhood and also bad cultural practices. These problems could be put to a

halt if the government and NGOs provide bursaries to needy girls. Providing civic education to the concerned girls, parents and the community leaders.

Most of these school and community leaders in both urban and rural areas indicated that when girls reach puberty in both primary and secondary schools they usually have the following sexual behaviors; start having sexual relationships, peer pressure and fancy dressings such as wearing min-skirts, see-through, make ups on lips, fingers and nails. They also suggested that the teenage girls in both urban and rural areas need to be supplied with the following SRH needs in their schools; sanitary pads and bathrooms. The leaders in both areas suggest that the girls must be assembled in their schools and counseled by the female teachers, elder women and also by NGOs to enhance a health sexual and reproductive life among school going girls.

The leaders in both urban and rural areas site out some of the cultural practices as follows; chokolo, gulewankulu, mkangali and fisi (for urban). Chinamwali, kusasa fumbi and chitomero (rural areas). However the leaders suggest that there are some practices which must be promoted like chilangizo done by church counselors and also by elder women in society when a girl reaches puberty. The leaders suggested that these practices must be promoted by sensitizing the communities on such good practices. the leaders in both urban and rural areas suggest that teachers (especially female teachers) must be on the fore front giving proper guidance to school going girls so that can understand their reproductive life. They also suggest that teachers must also be exemplary and male teachers must not engage in sexual relationships with the school going girls.

CHAPTER 4

4.0 DISCUSSIONS AND CONCLUSIONS

4.1 Discussions

This study mainly focuses on assessing the SRH needs of school going girls in both urban and rural areas, so that school drop out rate of girls can be reduced.

4.1.1. Sexual and reproductive health behaviors of girls in primary and secondary

Sexual and reproductive health behaviors of girls in both primary and secondary schools contribute to their failures and successes. Some few girls in primary and many in secondary levels are adolescents. The majority of girls start having sexual relationships at this stage. The study reveals that girls in secondary schools are most likely to engage in sexual relationship than those in primary school. This is so because most of the girls in secondary schools had already reached puberty. The study further reveals that of those who engage in sexual relationships ever used contraceptives/ condoms but rarely use them. This explains why some girls dropout of school due to early pregnancies.

4.1.2. Sexual and reproductive health behaviors of girls in urban and rural areas

The sexual and reproductive health behaviors are sometimes influenced by the community settings thus whether it is urban or rural. Out of all the girls who have boyfriends and have sex with them, the majority are from urban schools. This so because life style for the girls in urban areas has so many needs such as; good clothes, cosmetics, enjoyment and also girls in the urban settings are more prone to peer pressure than those in the rural areas. Most girls in the urban areas therefore engage in sexual relationships so that they can get their daily needs.

4.1.3. Causes of girls school dropouts due to early pregnancies and marriages

School dropout is a major problem in promoting the girls' education. This study reveals that the dropout rate is higher in rural areas than in urban areas. The cause of school dropouts is mainly lack of SRH information and contraceptives. Most girls do not have enough

access to SRH information. Most girls in urban areas are exposed to sources of information such as radios, TVs newspapers and accessibility of contraceptives from clinics compared to girls in rural areas. Poverty is also a major cause of school dropouts in rural areas. On average most poor families are in rural areas hence the higher rate. Since the sample frame for rural schools was from Thyolo district where tea is the main cash crop most dropouts left school to work in tea estates. Raping means having sex with somebody without his/her consent. Most girls in rural areas are forced to have sex by their boyfriends or other men. This can also be the reason for the higher dropout rate due teen pregnancies. This study further reveals that most dropouts in urban areas are due to peer pressure, this is so because most rural settings have people of different backgrounds, some girls copy down fancy life styles of different people which may make them start having sex while still at school. In rural settings, cultural practices are valued much compared to urban areas, therefore the increased school dropout rate in rural areas, is also influenced by some of these bad practices such as kusasa fumbi, chokolo, kutomera and mkangali.

4.1.4. Sexual and reproductive health knowledge of girls in primary and secondary schools

It is observed that SRH knowledge is so vital for the school going girls to have a bright future. Girls in secondary school seem to have more SRH knowledge than those in the primary school. Most secondary school girls are old enough to easily understand some of the concepts in their sexual and reproductive life. Secondary school syllabi mainly in Biology and Life skills cover topics on human reproductive system and also contraception. Teachers and elder women feel more comfortable to talk about SRH issues to secondary school girls, because most of them had already reached puberty than primary school girls. Since some of the sources of SRH information are newspapers, magazine, books and radios which are usually presented in English language, secondary school girls easily understand the language than the primary school girls. However most girls in secondary school do not have enough SRH knowledge, such that there is still a need for them to be equipped with enough knowledge.

4.1.5. Sexual reproductive health attitudes for girls in rural and urban areas

Positive attitude towards SRHR issues and also contraception are keys for the girls to start applying and using these skills. Most girls in both urban and rural areas have negative

attitude towards the use of condoms. Most of them suggest that condoms are not effective and girls are not supposed to carry condoms. Others have negative attitude towards contraceptives in general for they think that these methods have chronicle side effects. These may be due to religious and myths. However some girls have positive attitude towards use of contraceptives for family planning. Some girls have a negative attitude towards somebody talking about SRH issues because in some circles they are classified as obscene language.

4.1.6. Sexual reproductive health skills and needs of girls in rural and urban areas

Girls in both urban and rural areas must always be equipped with skills which can help them to withstand some of the sexual and reproductive health challenging situations. This study reveals that some of sexual reproductive health problems encountered are due to lack of adequate SRH knowledge. This study has also revealed some of the SRH needs of girls in urban and rural areas. Girls should not be denied of accessibility to contraceptives and condoms to prevent early pregnancies.

4.2. Conclusions and recommendations

4.2.1. Conclusions

The study was carried with the central purpose of finding a clear understanding from the girls themselves of what they would want to be done so that their sexual reproductive health rights is improved, thereafter find the way of reducing the girl-school dropout rates due to SRH related issues. The study has revealed that most of school dropouts due to early pregnancies and marriages were because of poverty, orphan hood, lack of SRHR information and services, cultural practices, lack of parental care and to some extent due to peer pressure.

This study as per its objectives it has revealed that most needy school going girls need financial assistance inform of bursaries to support their education needs, adequate SRHR information and services and also communities must be sensitized on the importance of encouraging girl child education. The study has also shown that the girl-dropouts need to be supported and get readmitted into schools.

5.2. Recommendations

Since education is a key to social economic development of every country, governmental, Non Governmental Organizations (NGOs) and policy makers should consider of supporting the girls education. Needy girl students should have access to bursaries. The government must consider of abolishing the tendency for some schools which ask students to pay terminal examination fees which are usually high. This makes some students miss exams and later drop out from school. Girls should frequently access SRH information and services such as contraceptives to reduce school dropouts due to early pregnancies. The government must also consider of setting up a date where girl-students can assemble in their communities and schools to receive SRHR information and services. Girl-school dropouts must receive support and encouragement so that they can get readmitted into schools.

From the practical standpoint, the findings of this study may be used to implement some intervention programs in girl child education. To make sure that sexual reproductive health is promoted and girl school dropout is reduced the girls SRHR needs must be taken into account when implementing the girl child education programs.

5.1. Data quality assurance

Several quality assurance measures were adopted. Adequate training was provided to the research assistants and the consultant monitored the field and data entry activities closely to ensure homogeneity, completeness, reliability, accuracy and consistency of the data. Research assistants and their field supervisors were meeting at the end of each day to review progress, problems and challenges and explore ways to improve data collection activities.

5.2. Data cleaning

The data was entered separately on two different sheets which were later used for cleaning and consistency checks. When the two entry processes were done, range checks were carried out. The descriptive summaries were carried out for the two data sets, which were used to observe if there are any differences. If the inconsistence were spotted out, verifications were done by going through the questionnaires before collecting them. This process was mainly done to ensure that the information entered is consistent and that no information is missing for analysis.

5.3. Limitations of the study

- Sampling error, since the study was supposed to come up with the general conclusions for the two districts, the sample size is considered to be small to give a true representation for the for whole the district.
- Due to the nature of the questions some respondents probably didnot give suitable responses.
- Many more others, especially school dropouts, were asking for incentives in form of money. Such that other respondents decided to abscond the interviews.

5.4. REFERENCES

National Statistical Office (NSO) and UNICEF, 2008, Multiple Indicator Cluster Survey 2006, final report, Lilongwe Malawi, NSO and UNICEF.

National Statistical Office (NSO) 2008 Housing and Population Census, preliminary report.

APPENDIX

Table 1: Percentage distribution of the respondents background characteristics.

Background characteristic		Frequency	Percent
Age			
	8	1	0.5
	9	1	0.5
	10	4	2.0
	11	16	8.0
	12	22	11.0
	13	39	19.5
	14	45	22.5
	15	34	17.0
	16	19	9.5
	17	10	5.0
	18	8	4.0
	19	1	0.5
Total		**200**	**100**
Type of residence			
	Rural	100	50
	Urban	100	50
Total		**200**	**100**
School level			
	Primary	160	80
	Secondary	40	20
Total		**200**	**100**

Table 2: A cross tabulation showing some sexual reproductive behavior of girls in Primary and secondary

Behavior indicator	School level		Total
	Primary	**Secondary**	
Has a boyfriend			
Yes	28 (17.5%)	14 (35.0%)	**42 (21.0%)**
No	132 (82.5%)	26 (65.0%)	**158(79.0%)**
Total	**160 (100%)**	**40 (100%)**	**200(100%)**
Has sex with the boyfriend			
Yes	23 (14.4%)	8 (20.0%)	**31 (15.5%)**
No	137 (85.6%)	32 (80.0%)	**169(84.5%)**
Total	**160 (100%)**	**40(100%)**	**200(100%)**
Has ever used contraceptives /condoms			
Yes	17 (10.6%)	6(15.0%)	**23(11.5%)**
No	143(89.4%)	34(85.0%)	**177(88.5%)**
Total	**160(100%)**	**40(100%)**	**200(100%)**

Table 3: A cross tabulation showing some sexual reproductive behaviors of girls in Urban and rural areas.

Behavior indicator	Type of residence		Total
	Urban	Rural	
Has a boyfriend			
Yes	34(81.0%)	8(19.0%)	42 (100%)
No	66(41.8%)	92(58.2%)	158(100%)
Total	**100(50%)**	**100(50%)**	**200(100%)**
Has sex with the boyfriend			
Yes	27(87.0%)	4(13.0%)	31 (100%)
No	73(43.2%)	96(56.8%)	169(100%)
Total	**100(50%)**	**100(50%)**	**200(100%)**
Has ever used contraceptive or condoms			
Yes	19(82.6%)	2(8.4%)	23(100%)
No	81(45.7%)	98(55.3%)	177(100%)
Total	**100(50%)**	**100(50%)**	**200(100%)**

Table 4: showing the SRH knowledge of girls in primary and secondary schools

SRH knowledge indicator		School level		Total
		Primary	Secondary	
Knowledge on where to get SRH information				
	Teachers	18(11.2%)	5(12.5%)	**23(11.5%)**
	Mother	33(20.6%)	9(22.5%)	**42(21.0%)**
	Father	2(1.2%)	0(0.0%)	**2(1.0%)**
	Aunt	2(1.2%)	0(0.0%)	**2(1.0%)**
	Church	3(1.9%)	1(2.5%)	**4(2.0%)**
	Friends	1(0.6%)	1(2.5%)	**2(1.0%)**
	Antenatal clinics	89(55.6%)	17(42.5%)	**106(53.0%)**
	Media houses	12(7.5%)	7(17.5%)	**19(9.5%)**
Total		**160(80%)**	**40(20%)**	**200(100%)**
Knowledge on how to use condoms				
	Smelling	15(9.4%)	1(2.5%)	**16(8.0%)**
	Checking expirely date	100(62.5%)	21(52.5%)	**121(60.5%)**
	Keeping them in the sun	5(3.1%)	1(2.5%)	**6(3.0%)**
	Using two condoms	32(20.0%)	13(32.5%)	**45(22.5%)**
	Washing the condom to be reused	4(5.0%)	8(10.0%)	**12(6.0%)**
Total		**160(80%)**	**40(20%)**	**200(100%)**
Knowledge on how to protect from STIs				
	By having sex while standing	14(8.8%)	0(0.0%)	**14(7.0%)**
	By withdrawing the penis before ejaculation	12(7.5%)	2(5.0%)	**14(7.0%)**
	By using two condoms	71(44.4%)	20(50%)	**91(45.5%)**
	By using contraceptive pills	63(39.5%)	18(45.5%)	**81(45.5%)**
Total		**160(80%)**	**40(20%)**	**200(100%)**
Knowledge on problems of early pregnancies				
	Yes	118(73.8%)	37(92.5%)	**155(77.5%)**
	No	42(26.2%)	3(7.5%)	**45(22.5%)**
Total		**160(80%)**	**40(20%)**	**200(100%)**

Table 5: showing the SRH attitudes of girls in rural and urban areas.

SRH attitude indicator	Types of residence		Total
	Urban	Rural	
Condom not effective			
Agree	54(46.6%)	62(53.4%)	**116(100%)**
Don't agree	46(54.8%)	38(45.2%)	**84(100%)**
Total	**100(50%)**	**100(50%)**	**200(100%)**
After puberty girls must receive SRH information			
True	90(52.3%)	82(47.7%)	**172(100%)**
False	10(35.7%)	18(64.3%)	**28(100%)**
Total	**100(50%)**	**100(50%)**	**200(100%)**
Why girls don't use condoms			
Scarcity of condoms	19(41.3%)	27(58.7%)	**46(100%)**
Girls don't need condoms	16(51.6%)	15(48.4%)	**31(100%)**
Condoms are not effective	18(38.3%)	29(61.7%)	**47(100%)**
Sex using condoms not satisfying	39(51.3%)	37(48.7%)	**76(100%)**
Total	**100(50%)**	**100(50%)**	**200(100%)**
Is the information on SRH received enough			
Yes	77(55.8%)	61(44.2%)	**138(100%)**
No	23(37.7%)	39(62.3%)	**61(100%)**
Total	**100(50%)**	**100(50%)**	**200(100%)**
Is it important to use contraceptives			
Yes	80(51.3%)	76(48.7%)	**156(100%)**
No	20(45.5%)	24(54.5%)	**44(100%)**
Total	**100(50%)**	**100(50%)**	**200(100%)**