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Title

INVESTIGATING THE SOCIO-EDUCATIONAL EFFECTS OF YOUTH BEHAVIOURAL CHANGE ON COMMUNITY ENGAGEMENT AT MPONELA AIDS INFORMATION AND COUNSELLING CENTRE (MAICC) IN DOWA, MALAWI

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ABSTRACT

This study explores the socio-educational effects of youth behavioural change on community engagement at the Mponela AIDS Information and Counselling Centre (MAICC) in Dowa, Malawi. Utilising a qualitative approach with semi-structured interviews, focus group discussions, and observations, the research assessed the effectiveness of MAICC's educational programmes in promoting healthier behaviours among youth aged 15–24, examined socio-cultural factors influencing participation, and evaluated the broader impacts on HIV/AIDS-related community initiatives. Grounded in the Health Belief Model (HBM) and Social Capital Theory, findings reveal that while educational programmes enhance awareness and self-efficacy, barriers such as stigma, poverty, and gender norms limit sustained engagement. The study highlights youth as key agents in stigma reduction and health campaigns, and demonstrates positive contributions to Sustainable Development Goals 3, 4, and 5. Recommendations emphasise culturally sensitive interventions and resource support to maximise impact in rural contexts.

KEYWORDS: HIV/AIDS, youth behavioural change, community engagement, MAICC, socio-educational interventions, Malawi, health belief model

INTRODUCTION

Background of the Study

Youth behavioural change is a critical factor in fostering community engagement, particularly in addressing public health challenges such as HIV/AIDS in sub-Saharan Africa. In Malawi, where HIV prevalence remains high at 8.9% among adults aged 15–49 *(Malawi National AIDS Commission [NAC], 2023),* youth-focused interventions are pivotal in promoting healthier behaviours and enhancing community participation. Youth aged 15–24 are disproportionately affected due to risky behaviours such as unprotected sex, multiple partnerships, and limited access to comprehensive sexual education *(UNICEF, 2022).*

The Mponela AIDS Information and Counselling Centre (MAICC) was established to address these challenges through youth-focused programmes, including peer education, voluntary counselling and testing (VCT), and community outreach. In rural areas like Dowa, socio-cultural norms, poverty, and limited educational opportunities exacerbate risks, making youth a critical target for behavioural change interventions. Evidence from sub-Saharan Africa demonstrates the potential of such interventions: a programme in Uganda reported a 30% increase in youth-led community health campaigns following targeted behavioural interventions *(UNAIDS, 2021),* and youth education programmes in Zambia led to higher community participation in HIV prevention activities *(UNFPA, 2022).*

PROBLEM STATEMENT

Despite the efforts of organisations like MAICC, many rural communities in Malawi, including Dowa, continue to face high HIV prevalence among youth, driven by persistent risky behaviours and low community engagement in health initiatives. The lack of adequate socio-educational interventions tailored to youth limits their ability to adopt healthier behaviours and contribute meaningfully to community development. Socio-cultural barriers — including stigma around HIV/AIDS and gender norms — further hinder open engagement in community health activities. This study addresses the gap in empirical evidence on how MAICC's educational programmes influence behavioural change and whether those changes translate into broader community engagement.

RESEARCH OBJECTIVES

The main objective of this study was to assess the socio-educational effects of youth behavioural change on community engagement, using MAICC as a case study. Specific objectives were: (1) to evaluate the effectiveness of Mponela educational programmes in promoting youth behavioural change in Dowa; (2) to examine the socio-cultural factors influencing youth participation in community engagement activities; and (3) to explore the impact of youth behavioural change on community engagement in HIV/AIDS-related initiatives at Mponela.

LITERATURE REVIEW

Introduction

This chapter reviews existing literature on the socio-educational effects of youth behavioural change on community engagement, with a focus on HIV/AIDS interventions in rural settings. The review synthesises empirical studies, theoretical perspectives, and policy documents to establish a foundation for the study, identify knowledge gaps, and situate the research within the broader discourse on HIV/AIDS prevention and community development.

Effectiveness of Educational Programmes in Promoting Youth Behavioural Change

Educational programmes are critical in promoting behavioural change among youth in HIV/AIDS prevention. In Malawi, *NAC (2023)* reported that peer education programmes increased condom use by 25% among youth aged 15–24 in rural areas. A study by *UNICEF (2022)* in Malawi found that youth who participated in structured educational programmes were 40% more likely to undergo regular HIV testing compared to non-participants. Similarly, in Uganda, a peer education initiative led to a 35% reduction in risky sexual behaviours among youth *(UNAIDS, 2021).*

Research specifically relevant to MAICC's context includes a quasi-experimental study in Northern Malawi that evaluated peer education in promoting sexual behavioural change among school-going adolescents, finding significant improvements in

condom use and HIV knowledge *(Malisa et al., 2019).* A study on behavioural change interventions (BCIs) across Nkhatabay, Mzimba, and Mzuzu revealed a 20–30% reduction in risky behaviours and increased youth-led community initiatives *(Chirwa et al., 2018).* Interactive approaches — including role-playing and group discussions — achieved up to a 50% increase in HIV knowledge and risk reduction *(Gallant & Maticka-Tyndale, 2004).* An assessment of the 'My Future is My Choice' intervention in Malawi showed reductions in HIV risk behaviours among sexually inexperienced youth aged 15–18, leading to greater community participation *(Mwale & Muula, 2018).*

Socio-Cultural Factors Influencing Youth Participation

Socio-cultural factors significantly shape youth participation in community engagement activities. In rural Malawi, stigma surrounding HIV/AIDS discourages youth from engaging in open discussions or health campaigns *(NAC, 2023).* Gender norms also play a role, with young women often facing greater restrictions due to patriarchal expectations *(UNFPA, 2022).* A study by *Action Aid (2023)* in Dowa revealed that cultural taboos around discussing sexual health led to low youth participation in community health initiatives. Economic constraints, such as poverty, limit access to educational programmes, as youth prioritise income-generating activities over community engagement *(World Bank, 2023).*

Empirical studies deepen this understanding. A qualitative assessment in Malawi identified social, behavioural, and cultural factors influencing HIV prevalence — including community norms that perpetuate stigma and gender inequalities — which reduce youth engagement in prevention programmes *(Thornton et al., 2020).* Strong community ties and reduced stigma were associated with higher participation in health initiatives, while poverty and cultural barriers led to isolation *(Ashaba et al., 2017).* Research on parent-child communication about sexuality and HIV/AIDS in sub-Saharan Africa revealed that cultural taboos hinder youth involvement, though community-led interventions can bridge these gaps by empowering youth *(Baston et al., 2011).*

Impact of Youth Behavioural Change on Community Engagement

Youth behavioural change can significantly enhance community engagement in HIV/AIDS initiatives. In Zambia, youth-led peer education programmes increased community participation in VCT by 20% *(UNFPA, 2022).* In Malawi, a study by *Plan International (2021)* found that youth who adopted healthier behaviours, such as regular HIV testing, were more likely to join community health campaigns and advocate for stigma reduction. A scoping review of youth engagement in HIV prevention research in sub-Saharan Africa showed that involving youth in interventions led to reduced stigma, increased HIV knowledge, and behavioural changes that spilled over into community-wide

advocacy, with effects lasting up to two years post-intervention *(Shah et al., 2021).*

Positive impacts include increased community participation in volunteering and leadership, improved social cohesion, and enhanced community development. Conversely, negative youth behaviours — such as substance abuse or delinquency — may cause social isolation and community disruption *(Sampson, 2002).* A community mobilisation intervention in Malawi improved engagement in HIV services, resulting in a 15–25% increase in testing and treatment adherence, fostering greater community cohesion *(Lippman et al., 2022).*

Theoretical Framework

This study employs two theoretical frameworks. The Health Belief Model *(HBM; Rosenstock, 1974)* posits that an individual's likelihood of engaging in a health-related behaviour is determined by perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. In the MAICC context, educational programmes increase youth awareness of HIV risks (susceptibility and severity), promote benefits of safe behaviours, and address barriers such as stigma through skills training and counselling. Social Capital Theory *(Putnam, 2000)* conceptualises social capital as the networks, norms, and trust that facilitate coordination and cooperation for mutual benefit. At MAICC, youth behavioural change strengthens social capital by fostering trust and collaboration, with empowered youth creating bridging ties that link individuals to MAICC's resources and reducing socio-cultural barriers like stigma.

METHODOLOGY

Research Design and Approach

The study adopted a qualitative research approach, employing a descriptive case study design. This design allows for the exploration of the complex, lived experiences of youth and key stakeholders regarding socio-educational interventions at MAICC within its real-life setting *(Yin, 2018; Creswell, 2014).* The qualitative approach is appropriate because it enables depth over breadth, uncovering perceptions, emotions, and behaviours through flexible, interactive methods *(Merriam & Tisdell, 2015).*

Research Setting and Population

The study was conducted at MAICC in Dowa District, Malawi. MAICC serves as a vital hub for HIV/AIDS education, counselling, and community outreach, targeting youth aged 15–24 to reduce risky behaviours and encourage active involvement in community health initiatives. The study population included current MAICC programme participants, community members who had engaged with MAICC initiatives, and MAICC staff members.

Sampling

Purposive sampling was employed to select participants with specific knowledge and experience relevant to MAICC's youth programmes *(Patton,*

2002). A total of 30 participants were selected, comprising MAICC youth programme participants (n = 15), community leaders and parents (n = 10), and MAICC staff (n = 5). This sample size was considered sufficient for data saturation in qualitative research *(Creswell & Poth, 2017).* A pilot study was conducted prior to main data collection to test instrument clarity and cultural appropriateness.

Data Collection

Three data collection methods were used. Semi-structured interviews were conducted with MAICC staff and community leaders to explore programme implementation, perceived effectiveness, and socio-cultural barriers. Focus group discussions (FGDs) were conducted with youth participants in groups of 4–6, providing an interactive environment for sharing views on programme experiences, socio-cultural factors, and anticipated outcomes. Observations were conducted at MAICC activities to capture contextual dynamics. All sessions were conducted in Chichewa or English based on participant preference, audio-recorded with consent, and supplemented by field notes *(Krueger & Casey, 2015).*

Data Analysis and Ethical Considerations

Data were analysed using *Braun and Clarke's (2006)* six-step thematic analysis, identifying recurring patterns related to programme effectiveness, socio-cultural barriers, and community engagement impacts. Triangulation of interviews, FGDs, and observations enhanced credibility. Peer debriefing and member checking ensured trustworthiness *(Nowell et al., 2017).* Ethical clearance was obtained from DMI–St John the Baptist University. All participants provided informed consent, and confidentiality was assured through anonymisation. Participation was voluntary, with the right to withdraw at any time *(Israel & Hay, 2006).*

RESULTS AND DISCUSSION

Effectiveness of Educational Programmes in Promoting Youth Behavioural Change

Findings revealed that MAICC's peer-led workshops and VCT programmes effectively increased youth awareness of HIV risks and promoted safe sexual practices. Participants reported enhanced self-efficacy — confidence in negotiating safer sex and seeking testing — consistent with HBM predictions *(Rosenstock, 1974).* Youth who engaged with MAICC programmes demonstrated measurable behavioural changes including increased condom use, regular HIV testing, and reduced risky behaviours, aligning with *NAC's (2023)* reported 25% increase in condom use attributable to peer education nationally.

Consistent with *Mwale and Muula (2018),* interactive approaches — particularly peer education and group discussions — were found to be more effective than didactic methods in sustaining behavioural change. However, limited access to educational

resources and cultural resistance to discussing sexual health in rural Dowa constrained programme reach, as documented by the *Ministry of Health (2022).* Staff highlighted a need for additional materials and infrastructure to expand programme delivery.

Socio-Cultural Factors Influencing Youth Participation

Three major socio-cultural barriers emerged from the data. First, HIV/AIDS stigma remained a powerful deterrent: many youth feared social judgment and discrimination associated with participation in HIV-related programmes, echoing *NAC (2023)* findings on stigma as a barrier to health-seeking behaviour. Second, gender norms constrained female participation, with young women reporting family restrictions and patriarchal expectations that limited their freedom to attend MAICC activities independently *(UNFPA, 2022).* Third, economic constraints — particularly poverty — reduced participation, as youth prioritised income-generating activities over programme engagement *(World Bank, 2023).*

Conversely, facilitating factors included strong peer networks within MAICC, which built bonding social capital and encouraged mutual support *(Putnam, 2000).* Youth who experienced reduced stigma through MAICC's safe-space discussions were more likely to sustain engagement and become peer educators themselves. These findings are consistent with *Thornton et al. (2020)* and *Ashaba et al. (2017),* who identified social networks and stigma reduction as key enablers of youth participation.

Impact of Youth Behavioural Change on Community Engagement

Youth who adopted healthier behaviours through MAICC programmes demonstrated increased engagement in community health campaigns, stigma reduction activities, and peer education — functioning as agents of collective action consistent with Social Capital Theory *(Putnam, 2000).* Community leaders reported greater community cohesion and increased voluntary participation in HIV prevention activities following MAICC's youth outreach programmes. These outcomes reflect findings from *Shah et al. (2021)* and *Lippman et al. (2022)* on sustained community-level impacts of youth-led behavioural interventions.

However, the broader community impact was constrained by limited programme scale and resource availability. Youth involvement was concentrated among those already engaged with MAICC, leaving peripheral community members less reached. This finding underscores the importance of scaling youth-led initiatives and strengthening bridging social capital to connect MAICC's interventions with wider community structures.

CONCLUSION

This study demonstrates that MAICC's socio-educational programmes effectively promote youth behavioural

change in HIV/AIDS prevention in Dowa, Malawi, enhancing awareness, self-efficacy, and community engagement. Youth who participate in MAICC's peer education and VCT programmes exhibit measurable improvements in safe sexual practices and are more likely to engage in community health campaigns, contributing to stigma reduction and collective HIV prevention efforts.

However, socio-cultural barriers — including HIV/AIDS stigma, gender norms, and poverty — limit the reach and sustainability of these programmes. The study concludes that while MAICC's interventions are valuable, their impact is constrained by systemic factors that require culturally sensitive and resource-supported responses. Youth are positioned as key agents in community health development, and their sustained engagement depends on addressing structural barriers through targeted policy and programming.

Recommendations include: developing culturally sensitive programme materials that address stigma and gender norms directly; partnering with faith-based organisations and community leaders to broaden programme reach; integrating economic support mechanisms — such as small grants or linkages to income-generating activities — to enable youth participation; expanding MAICC's resource base through government and NGO partnerships; and training additional peer educators to scale programme delivery. Future research should examine long-term programme outcomes through longitudinal designs, the effectiveness of gender-responsive interventions in rural Malawi, and scalability of the MAICC model to other districts.

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