

Title

**EMPOWERING ADOLESCENTS THROUGH FEMALE CONDOM AWARENESS:
A CASE STUDY FROM AREA 23, LILONGWE**

Author

MEMORY BOTHA

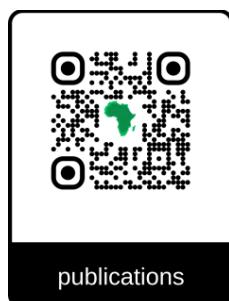
Co-Author

JUSTIN MAKAMO



Issued January 2026 Certificate

AR2026N218XQ



ABSTRACT

This study assessed the impact of orphanhood-related trauma on the academic, emotional, and behavioral performance of children at Children of All Nations in Chitipi, Lilongwe, Malawi. Orphaned children often experience traumatic events such as parental loss, neglect, poverty, and emotional deprivation, which can significantly disrupt their psychological wellbeing and learning capacity. Guided by existing literature on childhood trauma, the study employed a mixed-methods case study design involving 25 participants, including orphaned children, caregivers, and educators. Data were collected through in-depth interviews and limited quantitative records, and analyzed using thematic and content analysis techniques. The findings revealed that bereavement trauma was the most prevalent experience and was strongly associated with emotional distress, low self-esteem, behavioral challenges, and poor academic performance, including difficulties in concentration, irregular school attendance, and grade repetition. Although the institution provides basic care and educational support, psychosocial counseling services were found to be inadequate. However, children who received consistent emotional support from caregivers and teachers demonstrated improved coping skills and better academic engagement. The study concludes that addressing orphanhood trauma requires structured, trauma-informed psychosocial interventions alongside educational support to enhance resilience, learning outcomes, and overall wellbeing among orphaned children in institutional care.

Keywords: Orphanhood; Childhood Trauma; Academic Performance; Psychosocial Support; Institutional Care; Malawi

INTRODUCTION

Malawi is one of the countries in Africa whose population is growing at a very high rate over the past few years .the recent population census done from 3 to 23 September Counted 17 563 749 representing a 35% increment from 2018 count .its population mostly being youthful constituting 80% of the total population (2018 Malawi population & housing census) much care and emphasis is made to handle the situation making sure that every birth is wanted while reducing maternal mortality at the same time. Kasungu is one of the districts in Malawi. It is located in the central part of the country and its best known for growing tobacco and such being the case, there are high cases of school drop outs and early marriages giving a rise in the district population as well as the country. Different organization such as plan Malawi, save the children, Banja la Mtsogolo, management science for health just to mention a few together with government have joined hands to reach out to youths more especially the adolescents to sensitize and equip them with the rightful information on sexual reproductive health, modern family planning contraceptives and how or where they can access them enabling to make the informed choices and decisions affecting their lives.

Background of the study

The Malawi National Reproductive Health Programmer is the framework through which the ministry of health manages its SRH services .such services include F.P young people's sexual and reproductive health, prevention and management of STD including HIV & AIDS, elimination of harmful maternal practices ,and development of human resources for SRHR services among the many other offered services (*SRHR policy , April 2009*) various studies, however have been

done to explore the causes of population increases in Malawi with much emphasis on the utilization of modern family contraceptives by the reproductive age groups of 15 to 49 for instances , the Malawi F.P 2020 commitment .in as much this being the case, studies have shown high increment in school dropout, teenage pregnancies and early marriages amongst sexually active adolescents. Adolescents are those people between the ages of ten and nineteen years of age thus according to *World Health Organization, (W.H.O)*. The covid pandemic has worsened even the situation at hand giving a rise to the high maternal mortality rates.

Problem statement

Many are studies conducted towards Sexual Reproductive Health targeting the youths and many programs, initiatives introduced and being utilized by different stakeholders however the situation on the ground still showed an increase in teenage pregnancies, unsafe abortions, and school dropouts among adolescents.

Despite growing national efforts to promote adolescents sexual and reproductive health in Malawi, the use of modern family planning methods remains low among adolescents in area 23, Lilongwe. This community continues to experience high rates of unintended teenage pregnancies and related health risks. Barriers such as limited knowledge, negative cultural perceptions, fear of stigma and lack of access to youth friendly contraceptives services hinder effective uptake. This study seeks to assess the awareness ,attitudes ,and utilization of modern contraceptives among adolescents in area 23,with the aim of identifying key challenges and informing strategies to improve adolescents reproductive health outcome.

RESEARCH OBJECTIVES

Main objective

- To assess the use of female condom as modern contraceptives method among adolescents on their sexual reproductive rights. A study of area 23, Lilongwe.

Specific objective

- To assess the level of awareness and knowledge of female condoms among adolescents in area 23, Lilongwe.
- To determine the extent of use of female condoms as a contraceptive's method among adolescents in area 23, Lilongwe.
- To identify factors influencing the use or non-use of female condoms among adolescents in area 23, Lilongwe.

Research questions

- What is the level of awareness and knowledge of female condoms among adolescents in area 23, Lilongwe?
- To what extent are female condoms used as a contraceptive's method by adolescents in area 23, Lilongwe?
- What factors influence adolescent's decisions to use or not to use female condoms in area 23, Lilongwe?

Significance of the study

This study gave an overview of what the adolescents are facing and provided a platform of how best to deal with them and in return help to promote mental health and empower the adolescents to better citizens of the country, It also helps reduce unplanned pregnancies and sexually transmitted infections (STIs).this study is important because it will not only help

young people understand and access female condoms but will also give health providers and decision-makers the information they need to improve reproductive health services for adolescents in area 23.

LITERATURE REVIEW

Definitions of terms

- **Condoms**

Condoms are barrier devices, typically made of latex or polyurethane, used during sexual intercourse to reduce the risk of sexually transmitted infections (STIs) and prevent pregnancy. According to *World Health Organization* (2022).

- **Contraceptives**

Contraceptives are methods or devices used to prevent pregnancy. According to *United Nations Population Fund* (2023).

- **Contraceptives Methods**

Contraceptives methods refer to the various ways people can prevent pregnancy. According to *Center for Diseases Control and Prevention*. (2022).

- **Rights**

Rights are legal, social or ethical principles of freedom or entitlement. According to *United Nations* (1948).

- **Sexual and reproductive rights**

Sexual and reproductive rights refer to the right of all individuals to make decisions concerning their sexual activity and reproduction free from discrimination, coercion, and violence. According to *United Nations Population Fund* (2023)

Theoretical Framework

This study is grounded in the Health Belief Model and supported by the Theory of Planned Behavior, which together provide insight into adolescent behavior related to the use of female condoms.

- **Health Belief Model (HBM)**

Developed in the 1950s, the Health Belief Model is widely used to predict and explain health-related behaviors by focusing on individual attitudes and beliefs. The model comprises six key components:

Perceived Susceptibility: Adolescents' belief in their risk of contracting STIs or facing unintended pregnancies.

- **Perceived Severity:** Beliefs about the seriousness of these outcomes on their education, health, or social life.
- **Perceived Benefits:** Belief in the efficacy of the female condom to prevent adverse health outcomes.
- **Perceived Barriers:** Concerns such as embarrassment, cultural taboos, cost, or access issues.
- **Cues to Action:** Triggers such as educational programs or peer influence prompting use.
- **Self-Efficacy:** Confidence in the ability to obtain and properly use female condoms.

This model is appropriate for the study as it considers how knowledge, beliefs, and perceptions influence health behaviors, particularly in the context of contraceptive use among adolescents (*Rosenstock et al.*, 1988).

- **Theory of Planned Behavior (TPB)**

Proposed by *Ajzen* (1991), the TPB complements the HBM by incorporating social dimensions of behavior. It

emphasizes:

- **Attitude Toward the Behavior:** Adolescents' overall evaluation of using female condoms.
- **Subjective Norms:** Perceived social pressure to use or not use contraceptives.
- **Perceived Behavioral Control:** The ease or difficulty of performing the behavior (e.g., accessing condoms).

The TPB is instrumental in understanding how adolescents' social environment and personal intentions affect contraceptive behavior, particularly when decisions are influenced by peers, guardians, or societal norms.

RESEARCH METHODOLOGY

Research Design

The study employs a qualitative research design, specifically using case study and phenomenological approaches. Case study design allows for an in-depth exploration of a bounded system, in this case adolescents in Area 23, while phenomenology focuses on participants' lived experiences and perceptions. *Creswell (2018)* emphasizes that phenomenology is particularly useful when the goal is to understand how individuals make sense of their experiences, while case study provides contextual richness by situating findings within a specific community. This design is appropriate because the study seeks to understand meanings, attitudes, and behaviors rather than measure numerical trends. By combining these approaches, the study is able to capture both the contextual realities of Area 23 and the subjective experiences of adolescents navigating reproductive health challenges.

Research Setting

The research was conducted in Area 23, Lilongwe, a densely populated urban settlement characterized by high adolescent populations, limited youth-friendly health services, and cultural taboos surrounding sexual and reproductive health. Qualitative research emphasizes the importance of context, and as *Gautam (2023)* notes, the social and cultural environment in which participants live significantly shapes their responses and behaviors. Area 23 thus provides a rich setting for exploring how adolescents navigate reproductive health challenges, particularly in relation to contraceptive use and their understanding of sexual and reproductive rights.

Study Population

The study population consisted of adolescents aged 15–19 living in Area 23, as well as key informants such as health workers, youth leaders, and parents. Adolescents were selected because they are at a critical stage of initiating sexual activity and making reproductive health choices. Including multiple perspectives from both youths and adults enhances the richness of qualitative inquiry, as triangulation of viewpoints strengthens validity and ensures that findings are not limited to a single perspective (*Creswell & Poth, 2018*). This diversity of participants allowed the study to capture both the lived realities of adolescents and the broader community influences shaping their reproductive health decisions.

Sampling Technique

A purposive sampling technique was used to select participants who could provide relevant and diverse perspectives on female condom use and sexual and reproductive rights. Purposive sampling is widely used in qualitative research to

ensure participants have direct experience with the phenomenon under study (*Hossain et al.*, 2024). This included adolescents with varying experiences, both users and non-users of female condoms, as well as health professionals and community leaders. By deliberately selecting participants with relevant knowledge and experiences, the study was able to generate rich, contextualized data that provided deeper insights into the research questions.

Sample Size

The study engaged approximately twenty participants, including adolescents through focus group discussions and health workers, youth leaders, and parents through key informant interviews. The sample size was determined by the principle of data saturation, where new interviews no longer yielded fresh insights. *Hossain et al.* (2024) argue that saturation is a key marker of rigor in qualitative research, ensuring that findings are comprehensive and not superficial. This principle guided the decision to stop data collection once recurring themes became evident and no new information was emerging.

Research Instruments

Three instruments were used in the study: focus group discussion guides, interview guides, and observation notes. The focus group discussion guide was designed to explore adolescents' collective views, experiences, and challenges regarding female condom use. The interview guide was used with key informants to gather expert and community perspectives, while observation notes captured non-verbal cues, group dynamics, and contextual factors during discussions. The use of multiple instruments enhances credibility through methodological triangulation, a

strategy *Creswell* (2018) highlights as essential for strengthening qualitative validity.

• Data Collection Procedure

Data collection involved conducting focus group discussions with adolescents in safe, private community spaces and holding semi-structured interviews with health workers, youth leaders, and parents. All discussions were recorded and transcribed verbatim in Chichewa, then translated into English to ensure accuracy and inclusivity. Ethical clearance was obtained, and informed consent (and assent for minors) was secured before participation. These procedures align with best practices in qualitative fieldwork, where trust and rapport are critical for eliciting authentic responses (*Gautam*, 2023).

• Pilot Study

A pilot focus group discussion was conducted with a small group of adolescents in Area 23 to test the clarity and relevance of questions. Adjustments were made to ensure cultural sensitivity and participant comfort. Pilot studies are essential in qualitative research to refine instruments and ensure cultural appropriateness, as *Creswell* (2018) emphasizes in his guidelines for qualitative inquiry. This preliminary step helped strengthen the reliability of the instruments before the main data collection began.

• Data Analysis

Data were analyzed using thematic analysis, a widely recognized method in qualitative research for identifying recurring patterns and themes. *Braun and Clarke* (2006) provide a systematic framework for thematic analysis, emphasizing coding, theme development, and interpretation as key stages. Transcripts were coded to highlight themes related to awareness, utilization,

influencing factors, and understanding of sexual and reproductive rights. Themes were compared across focus group discussions and interviews to ensure consistency and depth. This approach allowed the researcher to move beyond surface-level responses and identify underlying meanings and social dynamics influencing adolescents' reproductive health behaviors.

DATA ANALYSIS AND DISCUSSIONS

- **To assess the level of awareness and knowledge of female condoms among adolescents**

The responses suggest that there is a range of experience with female condoms among adolescents in area 23, Lilongwe. While some respondents had used a female condom, others had not, and there were concerns about effectiveness, comfort, and accessibility.

- **Understanding of SRHR and YFHS and if can be discussed issues of SRH with parents**

Most respondents have a vague understanding of SRHR, with some associating it with the right to make decisions about their own bodies. However, their explanations are often incomplete or unclear, indicating a lack of in-depth knowledge about the concept. For example, one respondent says, "*I think SRHR means Sexual and Reproductive Health Rights, but I am not really sure.*" This suggests that while they have heard of the term, they are not confident in their understanding of it.

A striking theme across the statements is the lack of communication about SRH

issues with parents. Most respondents indicate that they do not discuss SRH issues with their parents, citing it as a taboo or uncomfortable topic. For instance, one respondent says, "*I have never really discussed SRH issues with my parents; it is not something we talk about at home.*" This lack of communication may contribute to the respondents' limited understanding of SRHR and their uncertainty about where to seek information and services.

While most respondents have a limited understanding of SRHR, one respondent stands out as having a more nuanced understanding of the concept: "*I think SRHR is about our rights to make decisions about our own bodies, and it's important for us to have access to information and services.*" This respondent also mentions having an open and supportive relationship with their mother, which may have contributed to their greater awareness and understanding of SRHR

- **Services found at youth structure and where one can find them**

Most respondents have heard of youth structures, but their understanding of the services offered is limited. Some respondents associate youth structures with places where young people hang out, while others think they offer specific services such as condoms and STI testing. For example, one respondent says, "*I've heard of youth structures, but I don't know what services they offer.*" This suggests that while they have heard of the term, they are not clear about the purpose or services provided by youth structures. I think youth structures are places where we can get condoms and STI testing, but I'm not really sure. I've never been to one before.

Many respondents' express uncertainty or misconceptions about the services offered by youth structures. Some think they are just social spaces, while others are unsure about the specific services available. For

instance, one respondent says, "*I think they're just places where young people hang out, but I'm not sure.*" This uncertainty may be a barrier to accessing the services, as young people may not know what to expect or may be hesitant to visit a youth structure if they are unsure about what is offered.

One respondent stands out as having a more positive and informed experience with youth structures: "*I know that youth structures offer a range of services, including condoms, STI testing, and counseling. I've been to one before, and it's a safe and supportive space.*" This respondent's experience suggests that youth structures can be a valuable resource for young people, providing a safe and supportive environment where they can access a range of services.

- **Role's adolescent, parents and government can take in increasing awareness of SRHS and YFHS**

Most respondents believe that adolescents should take an active role in promoting SRH awareness and services. They suggest that adolescents can talk to their friends and peers about SRH issues, seek out information and services, and advocate for their own rights. For example, one respondent says, "*I think adolescents should take a lead role in increasing awareness and advocating for our own rights.*" This indicates a sense of empowerment and ownership among adolescents, recognizing the importance of their role in promoting their own health and well-being.

Respondents also emphasize the importance of parental involvement in promoting SRH awareness and services. They suggest that parents should be aware of SRH issues, have open conversations with their children, and be more supportive and involved. For instance, one respondent says, "*Parents should be aware*

of these issues and have open conversations with their children." This highlights the need for parents to be more engaged and supportive in promoting their children's SRH.

All respondents agree that the government should provide more resources and funding for SRH services, especially in rural areas. They emphasize the importance of government support in ensuring that SRH services are accessible and available to all adolescents. For example, one respondent says, "*The government should provide more resources and support for SRH services, especially in rural areas.*" This highlights the need for government investment in SRH services to address the unique challenges faced by adolescents in different contexts.

CONCLUSION OF THE STUDY

In conclusion, this study affirms that the female condom, despite its potential as a woman-initiated tool for dual protection against pregnancy and STIs, remains an underutilized and largely inaccessible contraceptive option for adolescents in Area 23, Lilongwe. The core aim of assessing its use within the context of sexual and reproductive rights reveals a situation where rights awareness is low and practical access to a rights-based, comprehensive method is effectively absent. The low awareness is not an information vacuum but is filled with misinformation and ambiguity. The non-use is a systemic outcome, not merely an individual choice, driven by a confluence of cultural stigma, gendered power imbalances, and health system shortcomings that fail to prioritize or cater to adolescent-specific needs.

Ultimately, the study concludes that improving the uptake of female condoms and by extension, improving adolescent SRHR outcomes requires moving beyond mere commodity distribution. It demands a transformative approach that

simultaneously tackles informational deficits, dismantles harmful gender norms, strengthens the youth-friendliness of health systems, and actively fosters adolescents' understanding of their inherent rights. Without this multi-pronged strategy, the female condom will remain a symbol of unfulfilled potential in the effort to empower Malawian adolescents to take control of their sexual and reproductive health.

RECOMMENDATIONS OF THE STUDY

For the Ministry of Health and District Health Authorities

Revitalize and Tailor Demand Creation: Launch sustained, multimedia social and behaviour change communication (SBCC) campaigns specifically designed for and with adolescents. These campaigns should demystify the female condom, using relatable language and platforms (social media, community radio, school clubs) to explain its benefits, correct use, and address myths. Messaging should frame it as a tool of empowerment and shared responsibility, not just a contraceptive.

Mandate and Monitor Youth-Friendly Service Standards: Operationalize and strictly enforce national standards for Youth-Friendly Health Services (YFHS) across all facilities, especially in high-density areas like Area 23. This includes ensuring guaranteed privacy, confidentiality, and non-judgmental attitudes from all staff. Female condoms and information about them must be prominently available in dedicated, adolescent-accessible spaces within these facilities.

Targeted Training for Healthcare Providers: Implement compulsory sensitization and training programs for healthcare workers on adolescent SRHR, counselling techniques for young people,

and the specific benefits and insertion techniques of the female condom. Training must address provider bias and equip them to offer a full, unbiased method mix to adolescent clients.

For the Ministry of Education and School Authorities

Scale Up Comprehensive Sexuality Education (CSE): Accelerate the integration of robust, scientifically accurate, and rights-based CSE into the national curriculum at all appropriate levels. This education must explicitly include information on all contraceptive methods, including the female condom, focusing on its role in protection and empowerment. Teacher training is crucial to deliver this content effectively and sensitively.

Establish School-Based Health and Information Points: Partner with health authorities to create sustainable systems for SRH information dissemination and, where legally and culturally feasible, facilitate linkages to service provision. School clubs led by trained peer educators can be effective channels for discussing methods like the female condom in a trusted environment.

For NGOs and Community-Based Organizations (e.g., Plan Malawi, Banja la Mtsogolo)

Strengthen Peer Educator Networks: Invest in and expand evidence-based peer education programs. Well-trained adolescent peer educators can effectively disseminate information about female condoms, challenge myths within their social networks, and model positive attitudes, thereby influencing subjective norms.

Lead Community Dialogues and Engagement: Design and facilitate structured dialogues with parents, guardians, religious leaders, and traditional

authorities to address cultural and religious reservations about adolescent SRH and female-initiated methods. Focus on building common ground around goals of keeping adolescents safe, healthy, and able to complete their education.

Pilot Innovative Distribution Models: Explore and evaluate alternative distribution channels beyond static health facilities. This could include validated peer-distribution models, discreet distribution through trusted community vendors, or dedicated adolescent SRH outreaches in community centers.

For Parents and Guardians

Foster Open, Non-Judgmental Communication: Strive to create a home environment where adolescents feel safe to ask questions about sexuality and health. Parents should seek accurate information themselves to move from a stance of prohibition to one of guided education, helping their children navigate risks responsibly.

Support Adolescent Access to Services: Recognize the importance of professional SRH services for adolescents' well-being and, within the bounds of family values, support their access to confidential, youth-friendly care where they can explore all options, including preventive methods.

For Adolescents Themselves:

Proactively Seek Accurate Information: Take responsibility for one's health by actively seeking information from credible sources such as trained youth-friendly health workers, peer educators, and reliable educational materials.

Engage in Personal Risk Assessment: Honestly reflect on personal sexual activity and its potential consequences (pregnancy, STIs, including HIV), and

make informed, proactive decisions about protection.

Participate in Advocacy: Join or form youth advocacy groups to collectively voice the need for better, more respectful, and comprehensive SRH services in their communities, holding leaders and service providers accountable.

AREAS FOR FURTHER STUDY

To build upon the insights of this qualitative study and address its limitations, future research should consider the following avenues:

- **Mixed-Methods National Study:** A large-scale, mixed-methods study quantifying the awareness, uptake, and determinants of female condom use among adolescents across Malawi's diverse regions (urban, peri-urban, rural) would provide nationally representative data to guide resource allocation and policy.
- **Intervention-Based Research:** Action research is needed to design, implement, and rigorously evaluate the impact of specific interventions recommended above. For example, studying the effect of a well-designed peer education module on female condom knowledge and attitudes, or assessing the uptake before and after a dedicated community engagement campaign with religious leaders.
- **Exploring Male Partner Perspectives:** A dedicated investigation into the knowledge, attitudes, and willingness of adolescent boys and young men regarding female condoms is critical. Understanding the male partner's role in the decision-making dyad is essential for

designing effective communication and negotiation strategies.

- **Longitudinal Studies on Method Mix:** Research tracking adolescents' contraceptive journeys over time could reveal how and why their method preferences shift, and under what conditions the female condom might become a more considered option. This could inform life-stage- appropriate counselling and service delivery.
- **Health Systems Analysis:** A study focusing specifically on the supply chain management, procurement, and provider-side barriers related to female condoms within the Malawian public health system would identify logistical and systemic bottlenecks that hinder consistent availability and promotion.
- **Economic and Social Impact Studies:** Research exploring the broader socio-economic impact of increasing adolescent access to female-initiated methods could strengthen advocacy efforts by quantifying benefits in terms of reduced school dropout rates, lower healthcare costs from averted pregnancies and STIs, and increased economic potential for young women.

3. Betancourt, T. S., Meyers-Ohki, S. E., Charrow, A., & Tol, W. A. (2013). Interventions for children affected by war: An ecological perspective on psychosocial support and mental health care. *Harvard Review of Psychiatry*, 21(2), 70–91.

4. Browne, K. (2009). *The risk of harm to young children in institutional care*. Save the Children UK.

5. Cluver, L., Gardner, F., & Operario, D. (2007). Psychological distress amongst AIDS-orphaned children in urban South Africa. *Journal of Child Psychology and Psychiatry*, 48(8), 755–763.

6. Cluver, L., Orkin, M., Boyes, M., & Sherr, L. (2012). Cash plus care: Social protection cumulatively mitigates HIV-risk behaviour among adolescents in South Africa. *AIDS*, 28(S3), S389–S397.

7. Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357.

8. Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE Publications.

9. Faryadi, Q. (2019). Qualitative research methods. *Asian Journal of Education and Training*, 5(2), 349–354.

10. Pearson, C. (2014). *Research instruments and data collection methods*. Academic Press.

REFERENCES

1. Ager, A., Akesson, B., & Stark, L. (2010). Defining best practice in care and protection of children in crisis-affected settings. *Child Development Perspectives*, 4(4), 293–299.
2. Bath, H. (2008). The three pillars of trauma-informed care. *Reclaiming Children and Youth*, 17(3), 17–21.