

Title

ASSESSING THE IMPACT OF CULTURAL OR ADOLESCENT GIRLS ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN AREA 25, CHOTO VILLAGE

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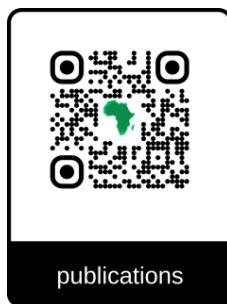
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ABSTRACT

This study assessed the impact of cultural beliefs on adolescent girls' access to sexual and reproductive health services in Area 25, Choto Village, Lilongwe District, Malawi. Adolescence is a critical stage of development during which access to accurate information and appropriate sexual and reproductive health services is essential for informed decision-making and overall wellbeing. However, in many Malawian communities, cultural beliefs and social norms continue to limit adolescents' utilization of these services.

The study adopted a descriptive research design and used both qualitative and quantitative approaches. Data were collected from a total of 30 respondents, including adolescent girls, parents or guardians, community leaders, and health care workers. Questionnaires were administered to adolescent girls, while semi-structured interviews were conducted with parents, community leaders, and health care workers. Quantitative data were analyzed using descriptive statistics, while qualitative data were analyzed thematically.

The findings revealed that cultural beliefs, fear of community judgment, and stigma significantly hinder adolescent girls' access to sexual and reproductive health services. Limited parental communication and support further reduced adolescents' confidence to seek these services. Community perceptions often discouraged service utilization, despite the availability of youthfriendly health services. Health care workers identified cultural myths and negative at challenges but emphasized the importance of community sensitization and parental involvement.

The study concludes that cultural beliefs remain a major barrier to adolescent girls'

access to sexual and reproductive health services in Choto Village. It recommends increased community awareness programs, strengthened parental engagement, school-based sexual and reproductive health education, and culturally sensitive adolescent-friendly health services to improve access and utilization.

Keywords: cultural beliefs, adolescent girls, sexual health, reproductive health, Malawi, access to services

INTRODUCTION

Sexual and reproductive health is a critical aspect of human development and overall well-being, particularly during adolescence. Adolescence is a stage of life marked by rapid physical, emotional, and social changes. During this period, adolescent girls require accurate information and access to appropriate sexual and reproductive health services to help them make informed decisions and protect their health.

In Malawi, adolescent girls face many challenges related to sexual and reproductive health. These challenges include early sexual debut, teenage pregnancy, early marriages, sexually transmitted infections, and school dropout. Although the government and non-governmental organizations have introduced youth friendly health services, many adolescent girls still do not access or use these services effectively.

One of the major factors influencing adolescent girls' access to sexual and reproductive health services is cultural beliefs. In many communities, including Area 25, Choto Village, issues related to sexuality are considered secret or taboo.

Parents, guardians, religious leaders, and elders often discourage discussion on sexual matters, especially with unmarried girls. As a result, adolescent girls grow up with limited knowledge and fear of seeking help.

This study seeks to assess the impact of cultural beliefs on adolescent girls' access to sexual and reproductive health services in Area 25, Choto Village. Understanding these cultural influences is important in developing interventions that respect community values while protecting the health and rights of adolescent girls.

Globally, sexual and reproductive health among adolescents has received increased attention due to rising rates of teenage pregnancy and sexually transmitted infections. International organizations emphasize the importance of ensuring adolescents have access to accurate information and friendly health services.

In Sub-Saharan Africa, adolescent girls are disproportionately affected by sexual and reproductive health challenges. Early marriage, poverty, gender inequality, and harmful cultural practices increase their vulnerability. Cultural beliefs often restrict girls' freedom to seek information or services related to sexuality.

In Malawi, teenage pregnancy remains a serious concern. According to national reports, many girls aged fifteen to nineteen years have already begun childbearing. Early pregnancy leads to school dropout, health complications, and long-term economic challenges. Despite government efforts to promote youth-friendly health services, cultural barriers continue to limit utilization.

In Area 25, Choto Village, traditional norms emphasize obedience, silence, and purity among girls. Talking openly about sexual matters is discouraged. Girls who seek

sexual and reproductive health services are often viewed negatively by the community. This background highlights the need to assess how cultural beliefs affect adolescents' access to these essential services.

Despite the availability of sexual and reproductive health services in Malawi, many adolescent girls do not access or utilize these services. In Area 25, Choto Village, early pregnancy, school dropout, and sexually transmitted infections among adolescents remain prevalent.

Cultural beliefs and norms discourage open discussion about sexuality. Parents and guardians often avoid discussing sexual and reproductive health with their daughters, believing it promotes immorality. Community members may shame or judge girls who seek these services. Religious teachings and traditional expectations further reinforce silence and fear.

As a result, adolescent girls rely on peers or misinformation, increasing their risk of poor health outcomes.

This study addresses the gap in understanding how cultural beliefs influence adolescent girls' access to sexual and reproductive health services in Choto Village.

- To assess the impact of cultural beliefs on adolescent girls' access to sexual and reproductive health services in Area 25, Choto Village.
- To identify cultural beliefs that influence adolescent girls' access to sexual and reproductive health services in Choto Village.
- To examine challenges faced by adolescent girls when accessing sexual and reproductive health services.

- To assess the level of parental support and communication regarding sexual and reproductive health among adolescents.
- To explore community perceptions toward adolescent girls' use of sexual and reproductive health services.
- To examine the effects of cultural beliefs on sexual and reproductive health outcomes among adolescent girls.

This study is important because it provides insight into how cultural beliefs affect adolescent girls' access to sexual and reproductive health services. The findings may help policymakers design culturally sensitive interventions that promote adolescent health.

Health workers may use the findings to improve youth-friendly services. Parents and community leaders may gain awareness of the importance of supporting adolescents. The study will also contribute to academic knowledge and serve as a reference for future researchers.

The study focuses on adolescent girls aged ten to nineteen years living in Area 25, Choto Village, Lilongwe. It examines cultural beliefs, parental support, community perceptions, and access to sexual and reproductive health services. The study does not cover adolescent boys or other communities outside Area 25.

The study may face challenges such as sensitivity of the topic, which may limit participants' willingness to share information freely. Time constraints may also affect the depth of data collection. However, efforts will be made to ensure confidentiality and build trust with participants.

- **Adolescent Girls:** Female individuals aged ten to nineteen years.
- **Cultural Beliefs:** Shared traditions and values influencing behavior in a community.
- **Sexual and Reproductive Health Services:** Health services related to sexuality, reproduction, and reproductive well-being.
- **Community:** People living in Choto Village sharing common norms and values.

LITERATURE REVIEW

Sexual and reproductive health is a very important part of overall health and well-being, especially for adolescent girls. It helps young girls to live healthy, safe, and productive lives. Sexual and reproductive health includes access to correct information, education, and services that help individuals understand their bodies, manage menstruation, prevent unintended pregnancies, avoid sexually transmitted infections, and make informed decisions about relationships and reproduction.

For adolescent girls in low-income communities such as Area 25, Choto Village, access to sexual and reproductive health services can determine whether a girl continues with school or drops out due to early pregnancy or early marriage. According to *the United Nations Population Fund (2021)*, lack of access to sexual and reproductive health services increases the risk of teenage pregnancy, unsafe abortions, school dropout, and poor health outcomes.

Despite its importance, sexual and reproductive health remains a sensitive and highly controlled topic in many Malawian communities. Cultural beliefs, traditions,

religious teachings, and family expectations often discourage open discussion about sexuality, especially among unmarried girls. These beliefs create fear and shame, which stop adolescent girls from seeking information and services even when they are available.

This chapter reviews existing literature on cultural beliefs and adolescent girls' access to sexual and reproductive health services. It presents definitions of key concepts, discusses relevant theoretical frameworks, examines global and Malawian evidence, explores community perceptions, explains the effects of cultural beliefs, and summarizes the major findings related to the study.

Adolescents are individuals between the ages of 10 and 19 years as defined by *the World Health Organization* (2022). This stage of life is characterized by rapid physical, emotional, and social changes. Adolescents require guidance, correct information, and access to health services to help them manage these changes safely. However, many adolescents lack youth-friendly services and support.

Sexual and reproductive health refers to a state of complete physical, mental, and social well-being in all matters related to the reproductive system. It includes access to information and services related to menstruation management, contraception, prevention and treatment of sexually transmitted infections, pregnancy care, and education on relationships and consent.

Sexual and reproductive health services include counseling, provision of contraceptives, menstrual health support, testing and treatment for sexually transmitted infections, human immunodeficiency virus testing, antenatal services, and sexuality education. These

services aim to help individuals make informed and safe decisions about their sexual lives.

Cultural beliefs are shared traditions, norms, values, and practices passed down from one generation to another within a community. These beliefs influence behavior, attitudes, and decision-making. In Malawi, beliefs about virginity, marriage, obedience, and gender roles strongly affect adolescent girls' access to sexual and reproductive health services.

A community refers to a group of people living in the same geographical area who share common values, beliefs, traditions, and social systems. In this study, the community includes families, religious groups, traditional leaders, schools, and health institutions in Area 25, Choto Village.

This study is guided by two theoretical frameworks: the Social Ecological Model and the Health Belief Model. These frameworks explain how individual behavior is influenced by beliefs, relationships, and the surrounding environment.

The Social Ecological Model explains that human behavior is influenced by multiple levels of interaction. These include the individual level, interpersonal level, community level, and societal level.

At the individual level, an adolescent girl's knowledge, beliefs, and attitudes toward sexual and reproductive health influence her decision to seek services. At the interpersonal level, parents, guardians, peers, and partners affect behavior through advice, control, or pressure. At the community level, cultural norms, religious teachings, and community expectations influence what is considered acceptable behavior. At the societal level, laws, policies, and national values shape service availability and access.

In Choto Village, cultural beliefs at the community and family level strongly influence adolescent girls' decisions. Even if services are available, girls may not use them due to fear of community judgment. This model shows that improving access requires addressing not only individual knowledge but also family, community, and societal influences.

The Health Belief Model explains how people's beliefs influence health-related behaviors. According to this model, a person's decision to take action depends on how they perceive risk, seriousness, benefits, and barriers.

Adolescent girls may avoid sexual and reproductive health services if they do not believe they are at risk of pregnancy or infections. Some may view early pregnancy as normal or unavoidable. Others fear negative consequences such as shame, punishment, or infertility due to myths. Even when services are free, perceived barriers such as fear, stigma, and distance may stop girls from using them.

This model is useful in understanding why availability of services alone is not enough. Beliefs and perceptions must be addressed to increase service use.

Globally, cultural and religious beliefs continue to limit adolescent girls' access to sexual and reproductive health services. In many parts of the world, sexuality is viewed as a topic meant only for married adults.

In India, cultural expectations of female purity prevent girls from asking questions about menstruation and contraception. Many girls lack basic knowledge about their bodies, which increases health risks. In Nigeria, contraceptives are often believed to promote promiscuity, leading to low use among adolescents.

In Afghanistan, strong gender norms restrict girls' movement and access to healthcare facilities without male permission. In parts of Latin America, religious beliefs discourage contraceptive use among adolescents, increasing teenage pregnancy rates.

The *United Nations Population Fund (2021)* reported that millions of girls worldwide are denied access to sexual and reproductive health services due to cultural stigma, silence, and discrimination.

Evidence from Malawi shows that adolescent girls face many barriers when accessing sexual and reproductive health services despite government efforts to promote youth-friendly services.

Many girls fear stigma and judgment from community members and health workers. Being seen at a clinic is often associated with immoral behavior. Cultural silence prevents open discussion at home and in schools. Myths such as contraceptives causing infertility also prevent service use. Distance to health facilities and lack of privacy further limit access.

Parental support on sexual and reproductive health is generally low. Most parents avoid discussing menstruation, pregnancy, or contraception with their children. Girls are often warned not to get pregnant without being taught how to protect themselves. This forces adolescents to rely on peers, which increases misinformation.

Communities often believe sexual and reproductive health services are meant for married adults. Adolescents who use them are viewed negatively. Religious and traditional leaders may discourage these services, reinforcing fear and silence.

Studies conducted in Lilongwe, Machinga, Balaka, and Nkhata-Bay all show that

cultural beliefs and community attitudes are major barriers to service utilization among adolescents.

In Choto Village, discussions about sex are considered disrespectful. Girls are expected to remain silent, obedient, and pure until marriage. Visiting a health facility for sexual and reproductive health services can lead to gossip, punishment, or loss of respect. These norms isolate girls and deny them accurate information.

Cultural beliefs affect adolescent girls in several ways. They contribute to high rates of teenage pregnancy, unsafe abortions, low contraceptive use, school dropout, and poor mental health. Girls experience fear, shame, anxiety, and loss of confidence. These outcomes limit their future opportunities and well-being.

This chapter reviewed literature on cultural beliefs and adolescent girls' access to sexual and reproductive health services. It discussed definitions, theoretical frameworks, global and Malawian evidence, community perceptions, and the effects of cultural beliefs. The review shows that cultural norms strongly influence access to services, and addressing these beliefs is essential to improving adolescent girls' health in Area 25, Choto Village.

METHODOLOGY

This chapter explains how the study will be conducted. It describes the research design, study area, target population, sample size and sampling techniques, data collection methods, data analysis procedures, ethical considerations, and limitations of the study. The purpose of this chapter is to clearly show how data will be collected and analyzed in order to assess the impact of cultural beliefs on adolescent girls' access to

sexual and reproductive health services in Area 25, Choto Village.

The study will adopt a descriptive research design. A descriptive research design will be used because it will allow the researcher to describe and explain the existing situation regarding cultural beliefs and how these beliefs influence adolescent girls' access to sexual and reproductive health services. This design will help the researcher to collect detailed information on opinions, attitudes, experiences, and perceptions of adolescents, parents, and community members. The design will be suitable because the study will not involve changing any situation but will focus on understanding real-life experiences within the community.

The study will be conducted in Area 25, Choto Village, located in Lilongwe District, Malawi. The area will be selected because it has a significant population of adolescents and strong cultural and traditional beliefs that influence behavior related to sexual and reproductive health. Area 25 has health facilities that provide sexual and reproductive health services; however, adolescent girls still face challenges in accessing these services due to cultural beliefs, parental attitudes, and community perceptions. The area will therefore be appropriate for this study.

The target population for the study will include: Adolescent girls aged between 15 and 23 years Parents or guardians of adolescent girls Community leaders such as village heads and religious leaders Health care workers who provide sexual and reproductive health services These groups will be targeted because they are directly involved in issues related to adolescent sexual and reproductive health in the community.

The study will involve a total of 30 respondents. The sample will include: 18 adolescent girls 7 parents or guardians 3 community leaders 2 health care workers. This sample size will be considered adequate to provide meaningful information while remaining manageable within the available time and resources.

The study will use purposive sampling and simple random sampling. Purposive sampling will be used to select parents, community leaders, and health care workers because they will be chosen based on their knowledge and experience regarding adolescents and sexual and reproductive health issues. Simple random sampling will be used to select adolescent girls so that each eligible adolescent will have an equal chance of being selected, thereby reducing bias.

The study will use the following data collection methods:

Questionnaires will be administered to adolescent girls. The questionnaires will contain both closed-ended and open-ended questions. Closed-ended questions will help to collect specific information quickly, while open-ended questions will allow respondents to express their views freely. Questionnaires will be used because they ensure privacy and encourage honest responses on sensitive sexual and reproductive health issues.

Interviews will be conducted with parents, community leaders, and health care workers. The interviews will be semi-structured to allow respondents to explain their views in detail. This method will help the researcher to understand cultural beliefs, parental support, communication patterns, and community perceptions regarding adolescent sexual and reproductive health services.

Data collected through questionnaires will be analyzed using descriptive methods such as frequencies and percentages. The results will be presented in tables and explained in narrative form. Information collected through interviews will be analyzed qualitatively by organizing responses into themes such as cultural beliefs, challenges faced by adolescents, parental support, and community attitudes. This approach will help in identifying common patterns and meanings from the data.

Ethical issues will be carefully considered throughout the study. Permission to conduct the research will be obtained from relevant authorities. Participation will be voluntary, and all respondents will be informed about the purpose of the study. Consent will be obtained from all participants, and for adolescents below the age of 18, consent will be obtained from their parents or guardians. Confidentiality and anonymity will be ensured, and no names or personal information will be disclosed. Respondents will be treated with respect, and sensitive issues will be handled carefully.

The study may face some limitations. Some respondents may feel uncomfortable discussing sexual and reproductive health issues due to cultural sensitivity. Limited time and financial resources may also affect the sample size and depth of data collection. Despite these limitations, the study is expected to provide useful and relevant information on the impact of cultural beliefs on adolescent girls' access to sexual and reproductive health services.

This chapter has described the research methodology that will be used in the study. It has outlined the research design, study area, target population, sample size, sampling techniques, data collection methods, data analysis procedures, ethical considerations, and limitations of the study.

The next chapter will present and discuss the findings of the study.

RESULTS

This chapter presents and discusses the findings of the study on the impact of cultural beliefs on adolescent girls' access to sexual and reproductive health services in Area 25, Choto Village. The findings are based on qualitative data collected through questionnaires administered to adolescent girls and interviews conducted with parents, community leaders, and health care workers. Data were analyzed thematically in line with the study objectives. The chapter presents respondents' demographic characteristics, key themes that emerged from the study, and a discussion of findings in relation to existing literature.

The study involved a total of 30 respondents, comprising 18 adolescent girls, 7 parents or guardians, 3 community leaders, and 2 health care workers. This section presents the age distribution of the adolescent girls, as age influences exposure to sexual and reproductive health information and service utilization.

Variable	Category (Years)	Frequency (n)	Percentage (%)
Age Group	15–17	5	27.8
	18–20	7	38.9
	21–23	6	33.3
Total	18		100.0

The findings show that most respondents were aged between 14 and 16 years. This stage represents early to mid-adolescence, a critical period during which girls begin to experience physical and social changes that

require accurate sexual and reproductive health information.

Thematic analysis of the qualitative data revealed several themes related to cultural beliefs and adolescent girls' access to sexual and reproductive health services.

The study revealed that cultural beliefs in Area 25 strongly discourage open discussion of sexual and reproductive health issues between parents and adolescent girls. Sexual matters were regarded as private and inappropriate for unmarried girls, and discussions about sexuality were often associated with immoral behavior.

One adolescent girl stated: "At home we are not allowed to talk about sex. If you ask questions, they say you are spoiled or already doing bad things."

Another participant explained that seeking sexual and reproductive health services was viewed negatively within the community: "Going to the clinic for family planning is shameful. People think you are sleeping with boys, even if you just want information."

These findings suggest that cultural silence and fear of judgment discourage adolescent girls from seeking accurate information and services. Similar findings have been reported in studies conducted in Malawi and other Sub-Saharan African countries, where cultural norms limit communication about sexuality and contribute to misinformation and risky sexual behaviors among adolescents.

The study found that adolescent girls face multiple barriers when accessing sexual and reproductive health services. These included fear of stigma, lack of confidentiality at health facilities, long distances to health centers, and negative attitudes from community members. Health care workers

reported that some girls avoid clinics due to fear of being recognized by adults they know. Parents and community leaders also acknowledged that adolescents are often judged when seen accessing such services. These challenges reduce adolescents' willingness to seek services such as contraception, HIV testing, and sexual health counseling.

The study revealed limited parent-child communication on sexual and reproductive health matters. Most parents reported that discussing sexuality with adolescent girls was culturally inappropriate and believed such discussions would encourage early sexual activity. However, health care workers noted that girls who received guidance from parents were more confident in seeking services. The lack of parental support therefore increases adolescents' vulnerability to misinformation, early pregnancy, and sexually transmitted infections.

Community expectations emphasized abstinence and obedience among adolescent girls. Cultural norms placed greater responsibility on girls to maintain moral behavior, while boys faced fewer restrictions. Community leaders reported that girls who accessed sexual and reproductive health services were often labeled as promiscuous. Such attitudes reinforce fear and silence, making it difficult for adolescent girls to exercise their sexual and reproductive health rights.

The study found that while some adolescent girls were aware of available sexual and reproductive health services, utilization remained low. Most girls associated health facilities with treatment rather than preventive services. Fear of cultural disapproval and lack of youth-friendly spaces further reduced service utilization.

Statement	Agree (n)	Disagree (n)
Cultural beliefs discourage girls from seeking SRH services	14	4
Parents support girls to access SRH services	6	12
Health facilities are adolescent-friendly	7	11
Fear of stigma prevents service utilization	15	3

The table indicates that the majority of respondents agreed that cultural beliefs and fear of stigma negatively affect access to sexual and reproductive health services.

DISCUSSION

The findings of this study demonstrate that cultural beliefs significantly influence adolescent girls' access to sexual and reproductive health services in Area 25, Choto Village. Cultural silence around sexuality, fear of stigma, limited parental communication, and negative community attitudes emerged as major barriers.

These findings are consistent with the Social Ecological Model, which emphasizes that individual behavior is influenced by interpersonal, community, and societal factors. Cultural norms and social expectations at the community level shape adolescents' health-seeking behavior, while parental attitudes influence decision-making at the interpersonal level.

The results also support existing literature in Malawi and globally, which shows that restrictive cultural beliefs contribute to low utilization of sexual and reproductive health services among adolescent girls. Addressing

these barriers requires culturally sensitive interventions that involve parents, community leaders, and health care providers.

This chapter presented and discussed the findings of the study on the impact of cultural beliefs on adolescent girls' access to sexual and reproductive health services in Area 25, Choto Village. The findings revealed that cultural beliefs, stigma, limited parental communication, and negative community attitudes significantly hinder adolescents' access to services. Although some awareness of services exists, utilization remains low due to fear and social judgment. The next chapter presents the summary, conclusions, and recommendations of the study.

CONCLUSION

This chapter presents a summary of the study, draws conclusions based on the findings, and provides recommendations aimed at improving adolescent girls' access to sexual and reproductive health services. The study examined the impact of cultural beliefs on adolescents' sexual and reproductive health practices, challenges they face in accessing services, and the role of parents, guardians, and community members in supporting or limiting access.

The study aimed to assess how cultural beliefs influence adolescent girls' access to sexual and reproductive health services. Specifically, the research focused on identifying cultural beliefs that affect access, examining challenges faced by adolescents, assessing parental and community influence, and evaluating awareness and utilization of sexual and reproductive health services.

A qualitative research design was employed, using questionnaires administered to

adolescent girls and interviews with parents, community leaders, and health care workers. A total of 30 participants were involved in the study. Data were analyzed thematically in accordance with the research objectives.

Findings revealed that cultural beliefs strongly discourage open discussions about sexuality. Sexual matters are considered inappropriate for unmarried girls, and talking about sexual and reproductive health is often linked to immorality. Fear of stigma and judgment from parents, peers, and the community prevents adolescent girls from seeking information and services.

Limited parental communication was identified as another significant barrier. Parents' reluctance to discuss sexual and reproductive health matters leaves adolescents uninformed and unsupported, increasing their vulnerability to early pregnancies, sexually transmitted infections, and misinformation.

Additionally, health care services were found to be underutilized due to lack of adolescent-friendly environments, concerns about confidentiality, and fear of being judged. Despite some awareness of available services, cultural and social factors limit their use. Overall, the study demonstrates that cultural beliefs, parental influence, and community attitudes collectively shape adolescent girls' access to sexual and reproductive health services.

Based on the findings, the following conclusions were drawn:

- Cultural Beliefs as a Barrier: Cultural beliefs significantly limit adolescent girls' access to sexual and reproductive health services. The perception that discussing sexuality is immoral creates fear and silence

among adolescents, preventing them from seeking accurate information and services.

- **Stigma and Social Judgment:** Fear of stigma and negative community attitudes discourages adolescents from visiting health facilities or accessing sexual and reproductive health services. Girls risk being labeled as promiscuous, which further limits their willingness to seek care.
- **Parental Communication:** Limited communication between parents and adolescents on sexual and reproductive health matters was identified as a key barrier. Adolescents without parental guidance are more likely to lack knowledge, support, and confidence in accessing services
- **Underutilization of Services:** Despite the availability of sexual and reproductive health services, their utilization remains low due to cultural disapproval, fear of judgment, and lack of adolescent-friendly facilities. Efforts to improve access must address both social and structural barriers.
- **Need for Multi-level Interventions:** The study demonstrates that improving adolescent girls' access to sexual and reproductive health services requires interventions at multiple levels, including family, community, and health service provision.

Based on the findings and conclusions, the study proposes the following recommendations:

Parents and guardians should actively engage in open, age-appropriate discussions

with adolescents about sexual and reproductive health. This can be supported through parenting programs and community sensitization activities that emphasize the importance of providing accurate information and guidance.

Community leaders should promote cultural practices that support adolescent health while discouraging beliefs that restrict access to sexual and reproductive health services. Community dialogues, awareness campaigns, and sensitization programs can help reduce stigma and create a supportive environment for adolescents.

Health care providers should ensure sexual and reproductive health services are adolescent-friendly by maintaining privacy, confidentiality, and respectful treatment. Training health workers on youth-friendly service delivery and creating safe spaces for adolescents can increase service utilization and build trust between adolescents and health providers.

Government and policy makers should strengthen policies and programs that promote adolescent sexual and reproductive health education and services. Collaboration with schools, communities, and health facilities is essential to ensure adolescents have access to comprehensive and culturally sensitive services. Investment in adolescent health programs and monitoring of service delivery is also critical.

This chapter presented a detailed summary of the study, drew conclusions, and provided recommendations based on the findings. The study established that cultural beliefs, limited parental communication, stigma, and negative community attitudes are significant barriers to adolescent girls' access to sexual and reproductive health services. Improving access and utilization requires concerted efforts from parents, community leaders,

health care providers, and policy makers to create supportive environments and culturally sensitive interventions.

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