Exploring Behaviour Change Problem among Female Adolescent Learners in Schools in Nkhotakota District, Malawi.

By

Gray D. Chipatangwe

(MEDTE/ 2B/03/13)

A thesis Submitted in partial fulfillment of the requirements for the award of the degree of Master of Education (M.Ed.) Degree in Teacher Education

Of

Mzuzu University

Faculty of Education

Mzuzu, Malawi

August, 2015

DEDICATION

This work is dedicated to God almighty, to my family, my parents and brothers who am sure are happy to witness this achievement.

DECLARATION

I, **Gray *D. Chipatangwe***, hereby declare that this study is my own original work, and it has not been submitted for a degree or examination at any other university, and that all the sources that I have used or quoted have been acknowledged by complete references.

Signed_____

(Student)

Date: _____

Signed_____

(Supervisor)

Date: _____

ABSTRACT

Despite widespread knowledge of the consequences of HIV/AIDS and preventive measures to avoid infection, risky sexual practices are rampant among female adolescent learners in Nkhotakota District. This study therefore investigated why female adolescent learners continue to engage in risky sexual behaviours that can lead them to not only getting unwanted pregnancies but also contracting HIV/AIDS. Qualitative data were obtained through interviews from two focus group discussions constituting female adolescents of the age group 15 – 24. This age bracket for the students was purposively chosen because the adolescents in this age group are sexually active and also the most vulnerable. The participants were sampled from Nkhotakota Secondary School and Lozi Day Secondary School. These schools were sampled on convenience basis. The data was also supplemented by interviews with two life skills education teachers from the schools involved and also the District Youth Officer. The study was guided by the theory of Social ecological perspective and the results were discussed using qualitative approach within the interpretive paradigm.

The study found that there are a number of interventions in Nkhotakota District to effect behaviour change among female adolescents. However, following the ecological perspective there are a number of factors both interpersonal and intra-personal including environmental factors such as; socio-economic, cultural activities and practices in the district that hamper the behaviour change interventions. Therefore there is need for other strategies beyond the existing behaviour modification interventions which would enhance effective behaviour change amongst female adolescent learners in Nkhotakota.

ACKNOWLEDGEMENTS

Many people were involved in the process of making my dream of acquiring a Master's Degree in Education, become a reality. I sincerely acknowledge their support. First and foremost, I am significantly indebted to my supervisor, Dr. Dominic Mapopa Ndengu, for his expertise and commitment as well as the time he invested in this work to make it a success. He was like a father to me, so caring and loving. He passionately guided me throughout the processes of producing this thesis. We sailed through the tides together and he, indeed, gave me hope where I lost it.

Second, the cooperation I received from the, District Education Manager, District youth officer, the Head teachers and teachers of Nkhotakota Secondary School and Lozi Secondary School in the process of collecting data for this research, cannot go unnoticed. You people supported me beyond description and your support cannot be taken for granted. I sincerely offer you my gratitude. Similarly, I am thankful to the Central East Education Division Manager for granting me permission to carry out this study.

Third, I owe my gratitude to my beloved wife Stella for taking care of the family while I was away in Mzuzu doing my studies. The task was huge but you ably contained it. I also appreciate the support that my sister Flora and my younger brother Reuben gave you in keeping my house in order.

TABLE OF CONTENTS

DEDICATION ..... **i**

DECLARATION ..... **ii**

ABSTRACT ..... **iii**

ACKNOWLEDGEMENTS ..... **iv**

TABLE OF CONTENTS ..... **v**

LIST OF TABLE ..... **ix**

LIST OF APPENDICES ..... **x**

LIST OF ABBREVIATIONS AND ACRONYMS ..... **xi**

CHAPTER 1: INTRODUCTION AND OVERVIEW OF THE STUDY **1**

1.1 Introduction 1

1.2 Background information 1

1.3 The problem statement 4

1.4 Theoretical framework 5

1.5. The critical research question 6

1.5.1. Research questions 6

1.6. The purpose of the study 7

1.6.1. Objectives of the study 7

1.7. Rationale for the study 8

1.8. Significance of the study 9

1.9 Conclusion 9

1.10 My position as a researcher 10

CHAPTER 2: LITERATURE REVIEW **11**

2.1 Introduction 11

2.2 HIV/AIDS in Malawi 11
2.3 Impact of HIV/AIDS in Malawi 13
2.4Adolescents and HIV/AIDS 14
2.5 Adolescents' knowledge, attitudes, perceptions and behaviour change 15
2.6 Condom use among adolescents 16
2.6 Factors influencing youth reproductive health behaviour 18
2.6.1 Parents' attitude 19
2.6.2 Peer pressure 20
2.6.3 Economic influencing factors 20
2.7 Activities that predispose female adolescent youth to HIV/AIDS in Nkhotakota 21
2.7.1 Tourism 21
2.7.2 Fishing Industry 23
2.8 Cultural practices and female adolescents 24
2.8.1 Changing 'norms' and youth culture 24
2.9 Conclusion 25
CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY 26

3.1 Introduction 26
3.2 Research design 26
3.3 Research paradigm 27
3.4 Research site, sample, sampling techniques 28
3.4.1 Research site and sampling techniques 28
3.4.2 Sample 29
3.5 Data collection 29
3.5.1 Interviews 30
3.5.2 Focus group discussions 31
3.6 Data analysis 32
3.7 Validity and reliability 33
3.9 Ethical considerations 34

CHAPTER 4: PRESENTATION OF FINDINGS 35

4.1 Introduction 35
4.2 Trade and tourism in Nkhotakota 37
4.2.1 Fish trading 38
4.2.2 Tourism industry 39
4.3 Cultural activities and practices 40
4.3.1 Traditional dances 40
4.3.2 Initiation ceremonies 41
4.3.3 Gender and condom use 41
4.3.4 Poor sexual health communication between parents and children 42
4.4 Behaviour change interventions 43
4.4.1 Youth friendly services 43
4.4.2 Life Skills Education 44
4.4.3 Condom use promotion and distribution 44
4.4.4 Advocacy for abstinence 45
4.5 Factors that hamper behaviour change 46
4.5.1 Poverty 46
4.5.2 Peer pressure 47
4.5.3 Low risk perception 47
4.5.4 Misconceptions 48
4.6. Role of parents and community 50
4.6.1 Negligence of parents 50
4.7. Conclusion 51

CHAPTER 5: DISCUSSION OF FINDINGS AND CONCLUSION 52

5.1 Introduction 52

Research question 1: What activities predispose female adolescent learners to HIV/AIDS in Nkhotakota? 52

Research question 2: What cultural activities and practices predispose female adolescent learners to HIV/AIDS in Nkhotakota? 54

Research question 3: What interventions are available to the female adolescent learners in Nkhotakota to effect behaviour change and how effective are they? 56

Research question 4: Why do female adolescent learners in Nkhotakota fail to change their behaviour in spite of all the interventions available? 59

5.2 Summary of the findings 63

5.3 Conclusion 64

5.4 Contribution made by this study 65

5.5 Recommendations 65

5.6 Recommendations for further research 67

REFERENCES 68

APPENDICES 81

LIST OF TABLE

Table 1: Showing themes, categories and subcategories.

LIST OF APPENDICES

APPENDIX A: Letter of permission to the District Education Manager to conduct research in Nkhotakota District.

APPENDIX B: Consent form for participants

APPENDIX C: Interview questions for the District Youth Officer

APPENDIX D: Focus group discussion questions for female adolescent learners.

APPENDIX E: Interview questions for teachers

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS - Acquired Immune Deficiency Syndrome

ARVs - Antiretroviral drugs

HIV - Human Immune Deficiency Virus

Life skills Education- An integrated subject which is a combination of Health Education, Religious Education, Social Studies and Physical Education

NAC- National AIDS Commission

NGO - Non-Governmental Organisation

UNAIDS - Joint United Nations Programme on HIV/AIDS

WHO- World Health Organisation

CAMFED- Campaign for Girl Education

CIGAF- Chia Girls Alert Forum

CHAPTER 1: INTRODUCTION AND OVERVIEW OF THE STUDY

1.1 Introduction

This chapter is aimed at discussing the background to the problem, the problem statement, theoretical frame work guiding the study, the critical research question, research questions, purpose of the study, objectives of the study, rationale for the study , the significance of the study, my position as a researcher and finally organisation of the study.

1.2 Background information

HIV/AIDS is one of the biggest problems that have puzzled the medical world. This is because AIDS is life threatening and as at present there is no cure for the disease (Ebeniro, 2010, p.121). AIDS was first detected among homosexuals and drug users in the USA in 1981 and since then the disease has spread throughout the world, despite the increased biological and epidemiological knowledge about the epidemic (Ebeniro, 2010). A total number of 36 million people are living with HIV/AIDS worldwide with 95% living in developing nations, and 5% in all the other regions in the world (UNAIDS, 2008).

In particular, Sub-Saharan Africa is at the centre of the pandemic. The region as a whole has just over 10 % of the world's population, but it is home to more than 60 % of all people living with HIV (UNAIDS 2008). In the region, more than half of the new infections are occurring in young people aged 15-24 years, with teenage girls being far more likely to be HIV infected than teenage boys (Malawi Government, 2003).

Malawi has not been spared from the HIV/AIDS pandemic. The Republic of Malawi is often referred to as the 'warm heart of Africa' due to the friendliness of its people. It is located in east Central Africa, boarded by Zambia to the west, Tanzania to the north and Mozambique to the south and east. It is a small but densely populated country, with its most famous geographical feature, Lake Malawi, accounting for one fifth of the country's total surface area (Barker, 2010). In Malawi, the first AIDS case was reported in 1985 at Kamuzu Central Hospital. Since then, infection with Human Immunodeficiency Virus (HIV) has spread to become a generalised epidemic affecting all population groups and sparing no geographical area in the country (Aver, 2012). According to Moyo AIDS Foundation (2013), Malawi currently has a population of 15.4 million people of which 1 million are currently living with AIDS.

Nkhotakota is one of the districts in Malawi that has been greatly affected by HIV/AIDS pandemic. Despite all the efforts by the government and Non-Governmental Organisations (NGOs) bringing about awareness campaigns to the general public on HIV/AIDS, the people in this area still engage in risky sexual behaviours.HIV/AIDS is still the leading cause of death among adults, with 12% of the population infected with the virus in the district (Jacaranda Foundation, n.d).In the Nkhotakota, there are a number of activities that predispose people to risky behaviours for instance; the fishing industry as the district is along the lake shore. People involved in fishing industry or fishing associated activities in the area are mobile or migratory and are therefore less constrained by family influences and social structures at home and there fore indulge in sexual practices with people they do not even know (Gorton, 2005).

In addition, Nkhotakota is one of the districts in Malawi with high rates of polygamous families. In most cases families have more number of children than they can morally and financially support. In this scenario most girls are left to fend for their daily needs on their own (for instance; cosmetics and clothes) and they are left with no choice but in indulge in promiscuous behaviour. This was revealed by the report produced by Campaign For Girl Education (CAMFED) which showed that about sixty eight girl students who were on CAMFED bursary dropped out of school in Nkhotakota District during 2013/ 2014 academic year due to pregnancy (CAMFED, 2013). In their report, the unwanted pregnancies were attributed to lack of support from parents.

Furthermore, Nkhotakota is the centre of tourist attraction in Malawi with very beautiful scenery along the lake shore of Lake Malawi. Its natural beauty is complemented by lodges, hotels and campsites where many people from all walks of life get attracted to and pay their visits.

To create effective and appropriate promotion campaign for any preventive measure, the beliefs, attitudes, and behaviours that are associated with consistent adoption of any measure need to be better identified and understood. Therefore it is against this background that the researcher wanted to establish why female adolescent learners continue to engage in risky sexual behaviours that lead them not only to getting unwanted pregnancies but also contracting HIV/AIDS. It is a cause for a great concern since the alarming rates of school dropout due to pregnancy as outlined by CAMFED is compromising the standards of education as well as the health of the leaders of tomorrow in Nkhotakota District. Although the whole society is equally affected, this research intended to target female adolescents as they are the most vulnerable group in the area.

1.3 The problem statement

Many schools in Nkhotakota District are faced with the problem of school drop out by female adolescents due to pregnancy. This problem of unwanted pregnancies can be attributed to unprotected sex which can also lead to contracting STI's including HIV/AIDS. Government and other stakeholders have put up a number of interventions to assist the youth in behavior change for example, advocating for abstinence, condom use promotion and distribution, Life Skills Education for young people, mass media campaigns, expanding voluntary HIV testing and counseling (Avert, 2012).

In spite of all these interventions put in place by the government and other stakeholders in the country, there are still alarming rates of increased HIV prevalence among the youths who engage in high risky sexual behaviours in Nkhotakota and other districts (Malawi Government, 2003).

Therefore, there was need to conduct a study to establish why adolescent youths especially the female adolescent learners continue to engage in risky sexual behaviors that can lead them to not only getting unwanted pregnancies but also contracting HIV/AIDS.

1.4 Theoretical framework

Due to the nature of this present research, Social ecological perspective theory proposed by Gregson et al. (2001) cited in Kolawole (2010) will be used in this research. The social ecological perspective is employed to understand the health problems and factors that affect groups of people and influence health in communities. Such factors include a) the individual (intra - personal), b) the people we interact with (interpersonal), c) the groups or organizations we belong to, d) the community we live in, e) the media we are exposed to, and f) the policies that shape our worlds. The six influences work in combination to affect a person's health and are linked in such a way that a change in one can cause changes in the others.

Social ecological perspective was further advanced by Latkin and Knowlton (2005).They proposed that risk behaviours are not randomly distributed within a population; rather, risk behaviours are generated and perpetuated through socially or environmentally structured social interactions. They argued that this dynamic helps explain why HIV, as with many other infectious diseases, often clusters within certain sub-populations. Furthermore, social behaviours are not rational choices based on objective information but are socially prescribed; that is, behavioural decision-making is based on bounded rationality, or practical constraints (March & Simon, 1959). Information gathered for decision-making is often elicited from main social ties through social comparison or social control processes, considerations of meanings of behavioural options, and social rewards and punishments consequent to behavioural decisions. For example, partner choice is often based on group-specific norms of acceptable partners, e.g. gender, age, ethnicity; and on structured availability factors, e.g. geographic location, migration patterns (Youm & Laumann, 2002). To choose a partner type that is against the prevailing social norms may result in social censure and rejection. Therefore, in developing prevention interventions it is

important to begin with an understanding of social and environmental influences on risk behaviours and social processes that promote and perpetuate these patterned behaviours. Social ecological perspectives on behaviour emphasize dynamic, social processes through which individuals adapt to their social organizations, structures, and environment and, conversely, process through which social organizations, structures, and environments are modified by individuals' behaviours (Bronfenbrenner, 1979) Accordingly, individuals are continually monitoring their social environments and adjust their behaviour based on the social environmental information that they gather (Kelly et al., 2000).

1.5. The critical research question

Bases on the tenets of the theoretical framework guiding this research which are interpersonal, intra-personal and social environmental factors the critical research question to answer the problem is;

"Why do female adolescent learners in Nkhotakota continue engaging in risky sexual behaviours in spite of all the interventions by different stakeholders to effect behaviour change?"

1.5.1. Research questions

The study aimed at answering the following questions:

1. What activities predispose female adolescent learners to HIV/AIDS in Nkhotakota?
2. What cultural activities and practices predispose female adolescent learners to HIV/AIDS in Nkhotakota?

3. What interventions are available to the female adolescent learners in Nkhotakota to effect behaviour change and how effective are they?
4. Why do female adolescent learners in Nkhotakota fail to change their behaviour in spite of all the interventions available?

1.6. The purpose of the study

The purpose of the study was to establish why female adolescent learners continue engaging in risky sexual behavior in spite of all the interventions by different stakeholders to effect behaviour change.

1.6.1. Objectives of the study

The objectives of the study were:

1. To find out what activities tend to predispose female adolescent learners in Nkhotakota to HIV/AIDS.
2. To find out what cultural activities and practices predispose female adolescent learners in Nkhotakota to HIV/AIDS.
3. To find out what interventions are available to the female adolescent learners in Nkhotakota to effect behaviour change and how effective are they.
4. To establish why female adolescent learners in Nkhotakota fail to change their behaviour in spite of all the interventions available.

1.7. Rationale for the study

Most of the times, researchers doing studies in education system tend to concentrate on quality of education often neglecting the health status of the students. This is very unfortunate because risky behaviours directly or indirectly have affected the education system in Nkhotakota District being one of the districts at national level with lowest passing percentage in national examinations (CAMFED, 2013). On the other hand, it is of no importance for an individual to obtain quality education and die of HIV/AIDS soon after completion of his/ her education without having properly saved his/her nation. It is in this view that the researcher wanted to establish why female adolescent learners continue engaging in risky sexual behaviours in spite of all the interventions by different stakeholders to effect behaviour change. What motivated me most was the fact that in some areas of Nkhotakota District, it is not very surprising seeing a girl getting pregnant as one would expect it to be. It gives a lot of doubt whether the people in this area take an issue of HIV/AIDS as a great concern. It is my belief that the results which will come out from this particular study will be unique and that it will help all the stakeholders involved in HIV/AIDS prevention campaign to be aware of the actual reasons why female adolescent learners continue engaging in risky sexual behaviours and hence make informed decisions and also conduct proper sensitization campaigns.

1.8. Significance of the study

Several stakeholders would find the results of this study useful. For instance, the health sector, government, schools and non-governmental organizations that are involved in HIV/AIDS campaigns would find it useful to know why female adolescent learners continue engaging in risky sexual behaviours in spite of all the interventions by different stakeholders to effect behaviour change. The results of the study will reveal the types of needs health personnel and policy-makers need to address as a way of providing accurate and need appropriate information about HIV/AIDS.

1.9 Conclusion

Schools in Nkhotakota District are faced with the problem of school drop out by female adolescent learners due to pregnancy (CAMFED, 2013). This signifies that the female adolescent learners continue to engage in sexual risky behaviors that can lead them to not only getting unwanted pregnancies but also contracting HIV/AIDS. There are a number of interventions by government and other stakeholders to effect behaviour change. However, there is evidence that there exist serious challenges regarding behavioural change among the female adolescent learners. This study was undertaken to establish why female adolescent learners continue engaging in risky sexual behaviours in spite of all the interventions by different stakeholders to effect behaviour change. The findings of this study will generate recommendations on how best to deal with the problem.

1.10 My position as a researcher

I am a teacher from Nkhotakota District but brought up in a different culture from that of Nkhotakota. My attitude towards behaviour of people in Nkhotakota may influence the results of the study but I will try as much as possible to “bracket” my own bias so that it may not influence the results regarding behavioural change problem among female adolescent learners.

1.11 Organisation of the study

This dissertation is presented in five chapters. Chapter one provides the background to the problem, the problem statement, theoretical frame work guiding the study, the critical research question, research questions, purpose of the study, objectives of the study, rationale for the study, the significance of the study, my position as a researcher and finally organisation of the study.

Chapter two highlights the literature review on HIV/AIDS and behaviour change among female adolescent.

Chapter three describes the research design, paradigm, setting, sampling technique, data collection tools, data collection procedure, ethical considerations and data analysis procedure this study used.

Chapters four presents the findings of the data that were collected for this study and finally chapter 5 discusses the findings re- contexualising them into literature. The findings have been discussed question by question. The chapter has further outlined summary of findings, conclusion, contribution made by this study, limitations of the study, recommendations, and suggested area for research.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

A review of literature is necessary in any study so as to have a deeper understanding of the topic under study. This chapter discusses the literature related to HIV/AIDS and it intends to locate the study in the context of the crisis of HIV/ AIDS among female adolescent learners in Nkhotakota. This literature review tries to explore some of the literature available concerning behaviour change problem among female adolescent learners. The researcher therefore begins by reviewing HIV/AIDS in Malawi and its impact.

2.2 HIV/AIDS in Malawi.

HIV/AIDS is increasingly becoming a major threat to development worldwide. This has resulted in various responses particularly in developing countries to curb the spread of HIV/AIDS epidemic (Avert, 2012). The situation is not different in Malawi (the country in Africa where this research was based).The first case of AIDS was identified in 1985 and the disease seems to spread slowly but steadily. Since 1985 when first AIDS cases were reported in Malawi, more than half a million Malawians have died of AIDS, and daily many more are infected (ibid).

Despite mounting various responses over two decades, the challenge of HIV/AIDS has continued to increase in Malawi, particularly in terms of the number of people infected and affected. As of now more than one million people are living with HIV (Moyo AIDS Foundation, 2013). AIDS is the leading cause of death amongst adults in Malawi, and is a major factor in the country's low life expectancy of just 54.8 years (Avert, 2012).

Nearly half of Malawi's population is under 15 years old. In 2005, prevalence among females aged 15-24 was four times that of males (National Office of Statistics, 2005). According to National Office of Statistics, some factors that increase girls' and young women's vulnerability include; lack of knowledge about prevention methods, early marriage with over half of females getting married before the age of 18, lack of economic opportunities that contribute to girls and young women becoming involved in transactional sex, multiple and concurrent partnerships, and harmful socio-cultural norms that make it difficult for women to act on HIV prevention messages.

Knowledge of HIV/AIDS and modes of transmission are wide spread. It is estimated that more than 95% of Malawians are aware of the HIV/AIDS epidemic (UNAIDS, 2005). However, Malawians and people in other Sub Saharan countries are still at risk of further HIV spread for diverse reasons including unsafe sexual practices, engaging in commercial sex, marriage and gender relations that make women more vulnerable to HIV, wrong perceptions about risky behaviours (ibid).

There is no cure yet, but HIV/AIDS is treatable and preventable even in the poorest countries (Ayotte, 2002).Antiretroviral drugs (ARVs), which delay the onset of AIDS in people living with HIV, were first made available through the public sector in Malawi in 2003. In 2004, following a grant from the Global Fund to fight AIDS, TB and Malaria, the government announced a five-year plan to make ARVs widely available in the public sector and began to distribute them to hospitals and clinics around the country (Avert, 2012).

Malawi Government (2003) highlights that all sectors have been mobilized in the fight, including the public sector, civil society, faith-based organizations, community groups and the private

sector. These groups are playing their part in assisting orphans, caring for the sick, and combating stigma and discrimination. Programme strategies have evolved over time to address issues of treatment and impact mitigation. At the same time, political commitment has strengthened, resulting in successful resource mobilization.

2.3 Impact of HIV/AIDS in Malawi

HIV/AIDS is by far the greatest development threat facing Malawi nation today. The epidemic has affected all sectors of the society, resulting in substantial loss of national productivity and a steep rise in the burden on individuals, households and communities (Malawi Government, 2003). The increased impact of the epidemic continues to reduce the economic gains of the past, and to spread suffering and grief among people living with HIV/AIDS and affected households (ibid).

AIDS has also impacted on the productive sectors by altering values. Many people who have been affected or afflicted by HIV/AIDS develop a short-term outlook. In terms of economic activities they often prefer to invest in petty trading, rather than agricultural enterprises whose returns take longer to accrue. From the perspective of a poor householder, even growing annual crops can be risky (Ngwira et al., 2001, p.16).

2.4Adolescents and HIV/AIDS

Adolescence is one of the most captivating and complex transitions in the life span. The terms "adolescent", "youth", and "young people" are defined differently but these three terms are used interchangeably. WHO refer to people between the ages of 10 and 19 as adolescents, those persons between 15 and 24 as youth and the larger group 10 to 24 as young people? These age transitions are not mutually exclusive (Ocran & Danson, 2009, p.10).

A significant number of secondary school and university students are adolescents and young adults in their teens. Adolescence is a very important phase in life marked with unique sexual and behavioural characteristics which includes exploration, experimentation and discovery. Sexual behaviour is often part of this exploration (Kaufman et al., 2004).

Nearly 50% of the world's population is under 25 (UNFPA, 2003, cited in Ocran and Danson, 2009). The threat of HIV pandemic to young people cannot be over emphasized as UNAIDS estimates show that young people under 25 accounted for about half of all new HIV cases in adults in 2007 and more than half of them still lack accurate and comprehensive information about how to avoid exposure to the virus (USAID, 2008 cited in Ocran and Danson, 2009, p.10). Previous studies done in USA by DiClemente et al., (1986) cited in Ocran and Danson (2009) show that there is the need to step up HIV/AIDS education among the youth particularly in Sub-Sahara Africa where various cultures frown at sex education among adolescents as the disease keeps on spreading especially among young people making it even harder to control.

Adolescents are designated as a group at high risk of acquiring HIV/AIDS due to their involvement in sexual experimentation and the use of recreational drugs. Vulnerability of young people to HIV/AIDS can be attributed to physical, social, economic and psychological features

of adolescents as outlined by Offer et al., (1988). Socially and economically, most adolescents are dependent and inexperienced therefore they are unable to protect themselves from infections, and have less access to health care than adults. Again, young people's vulnerability to HIV/AIDS increases as a result of cultural practices that shape their behaviours. Adolescence is a stage where young people establish their sexual identities, in doing so they are faced with pressures from society as well as their peers (Ocran & Danson, 2009, p.11).

2.5 Adolescents' knowledge, attitudes, perceptions and behaviour change

Several studies on the knowledge, opinions and attitudes of youth towards HIV/AIDS indicate that the youth have knowledge about HIV/AIDS (Majelantle et al., 2014). Despite sufficient knowledge that youth have about HIV/AIDS, behavioral change is a major challenge. Young people often perceive themselves as being at low risk of HIV infection (ibid). According to Anderson et al. (1999), one explanation for this perception is that youth may under estimate risks in general because of a feeling of invulnerability. A study conducted by Ebeniro (2010, p.129) showed that a belief that HIV could happen to some people and not themselves is a prevalent thought amongst the youth. This attitude and belief may account for the high non-use of condom during sexual intercourse by many youths as well as having multiple sex partners. In line with Ebeniro's views, Adedimeji (2005) argues that young people's sexual risk taking, largely results from a sense of invulnerability and lack of understanding of the consequences of their actions.

Increased knowledge about AIDS seems not to be a predictor for behavioral change although knowledge about the disease is a prerequisite for change. A more recent study by Majelantle et al. (2014) found that University of Botswana students yielded 96% correct responses during questions related to HIV/AIDS knowledge. Despite this knowledge, the study found that

perceived use of testing services and condoms remained lower than might be predicted based on knowledge scores.

According to Biska (2008, p.79) the youth know a number of ways in which HIV can be transmitted such as unprotected sexual intercourse, sharing razor blades and use of un sterilised needles among others. However, some youth in Malawi still identify high-risk HIV groups as people with multiple partners, conscripts and commercial sex workers. This creates a degree of false security in some individuals who are not members of these high-risk groups.

2.6 Condom use among adolescents

Condoms are highly effective in preventing the spread of STIs/HIV and unintended pregnancies (World Bank, 1997). When used correctly and consistently, male condoms can provide as much as a 94% reduction in the risk of HIV transmission (Holmes et al., 2004). Condoms have therefore been promoted as a major public health strategy to combat unwanted pregnancies and the rising rates of STIs including HIV/AIDS. However, the widespread knowledge of the protection that condoms provide does not determine use as shown by some studies in Nigeria that condom use is relatively low among the general population and among sexually active adolescents (Onoh, et al., 2004; Smith, 2003; Peltzer, 2000).

The use of condoms in Africa, particularly in Nigeria, Ghana and South Africa are hindered by cultural and religious constraints because of its association with contraception. A number of Africans also associate condom with a lack of trust between partners (Oshi et al., 2007). Sabone, et al.(2007) concurs with Oshi et al. on some of the other factors that make condom use unpopular among Africans and the following were suggested: generation of suspicion within a relationship, the association of carrying condom with prostitution and promiscuity, wrong

impression created that a man or woman that carries condom about is ‘asking for sex’, loss of enjoyment of sex, male dominance in a relationship that robs the female partner the strength to negotiate the use of condom, religious and cultural constrains.

Additionally, Jejeebhoy (1998) cited in Adedimeji (2005, p.24) put forward; inadequate information about methods, access and availability, lack of basic knowledge of reproductive biology and sexual risks, underestimation of risk and the barriers created by the social environment as some of the reasons for the low level contraceptive use.

In his research Adedimeji (2005, p. 24) wondered “why sexually active young people do not use condoms or other contraception in spite of wanting to avoid pregnancy/disease”. Otoide et al. (2001) provided some explanations and reported that many young people are afraid of the effect prolonged contraceptive use will have on their future fertility and would rather opt for abortion which they see as an immediate solution to an unplanned pregnancy .Otoide et al. further highlighted that in many societies, children are highly valued, especially within marriage; it is therefore understandable that young people would do anything to protect their future fertility, even though their actions are based on wrong information and exposes them to severe consequences.

Adedimeji (2005) reported that non condom use is exacerbated by the lack of involvement of parents, particularly fathers, in providing sexuality information to children. Perrino et al., (2000) illustrate that apart from feeling embarrassed to discuss sex with their children, parents often believe that the discussion of contraception will encourage children to become sexually active and therefore miss out an excellent opportunity to discuss the consequences as well as benefits of abstinence.

Aggleton and Campbell (2000) argue that young people who communicate with their parents about sex are more likely to use condoms and contraception. Similarly, Magnani et al. (2001) cited in Adedimeji(2005, p.24) showed that, when young people possess adequate knowledge about issues of HIV/AIDS, their sexual behaviour is more responsible, involving fewer lifetime partners and a higher level of condom use. Conversely, when young people are provided with regulated and inadequate sex education in schools, or are not encouraged learning about their sexuality, they may harbour misconceptions (Jejeebhoy, 1998, cited in Adedimeji, 2005, p.24).

Literature suggests that the social environment of adolescents is influential in the decision to use or not to use condoms (Smith, 2003). Individual attitudes are more often based on the dominant norms of their peers, family and society. Barker and Rich (1992) reported that young people are more comfortable discussing sexuality with their peers, though the information circulating among adolescents may not be accurate. Still, peer support for condom use may exert a powerful influence on individuals. Existing evidence indicate that attitudes to condoms and adoption of other protective behaviors would be enhanced if the social environment is supportive (Edem and Harvey, 1995). Similarly, Gage (1998) explains that social support is critical in influencing adolescents' sexuality especially in developing societies. Meekers and Klein (2002) suggest parental support as a significant predictor of condom use among adolescents.

2.6 Factors influencing youth reproductive health behaviour

Youth generally display or exhibit certain behavior and personality patterns which have strong similarities irrespective of socio-cultural and environmental differences. These genuine behaviour and personality traits can be seen with respect to biological, psychological, cultural, sociological and economical factors. The interaction between these factors determines youth

behaviour (Alemu, 2004). Generally, risk factors which put the youth at risk of HIV infection can be classified into the following major classes:-

2.6.1 Parents' attitude

Parents, adult family members and others in the community influence adolescent health behaviour. Studies show that young people with a stable, positive and supportive family environment that includes parental monitoring engage in less risk-taking (Alemu, 2004, p.11). In many cultures parents traditionally do not discuss sex with their children instead; grandparents, aunts and uncles play this role. In an interview, Chirwa (2009, p.59) quoted a teacher saying, "*it is not good for a grown up person like me to be talking about sexual relationships and sexual intercourse to small children like these. I skip the content which deals with sexual intercourse"*.

On the contrary, most researchers agree that parent-child communication about HIV/AIDS and sexuality is essential and should begin early so that it can evolve comfortably as the child matures. A single serious talk about sex as a child enters puberty is likely to be strained and awkward. Similar discussions before, however, provide the groundwork for a successful discussion (Alemu, 2004, p. 12). Parent-child communication is most likely to be successful in close and loving relationship. But some adults still think that sex education encourages sexual experimentation. Despite such worries, reviews of program evaluation find that HIV/AIDS education programs don't hasten the early start of sexual activity, don't increase the frequency of sex and don't increase the number of sex partners among adolescents (ibid).

2.6.2 Peer pressure

(Alemu, 2004, p. 12) argues in his research that, “weakening of economic, social and cultural bases of the family will push youth to become norm less concerning their sexuality leading youth to seek knowledge and advice about sexuality from in appropriate sources (peers) predisposing them often to undesirable end results”. Alemu further said that, among key elements of HIV/AIDS education programs designed by US researches one of it was to deal with peer pressure and other social pressures on young people to be sexually active. Changing young people’s risk taking behavior requires going beyond providing information to helping young people acquire the ability to refuse sex and to negotiate with sex partners.

2.6.3 Economic influencing factors

Poverty and HIV transmission are linked in a variety of ways. Poverty often leads to prostitution or to trading sex for material goods. Young women may be especially vulnerable due to societal practices that deny them education and work opportunities. Poverty also leads to poor nutrition and weakened immune system, making poor people more susceptible to tuberculosis and STIs (Alemu, 2004. p.14)

Alemu (2004) further illustrates that HIV spreads fastest and farthest in conditions of poverty, powerlessness and lack of information conditions in which many young people live. In fact, AIDS is now largely a disease of marginalized people. Worldwide the AIDS epidemic is most severe in the poorest countries. Within countries, the disadvantaged people with few opportunities, services and support systems are at greatest risk. Among the youth as well, HIV disproportionately affects poor and marginalized people. Lack of employment opportunities is leading the youth to feeling of hopelessness; drug trafficking, drug abuse and prostitution.

Desmond (n.d) concurs with Alemu (2004) and agues that more generally it is the absence of effective programmes aimed at sustainable livelihoods which limit the possibilities of changing the socio-economic conditions of the poor. A study undertaken in Malawi by Bryceson and Fonseca (2006, p.105) noted the response of one village leader being: 'HIV/AIDS is not very threatening compared to the hunger which most households face'. Desmond (n.d) proposes that unless the reality of the lives of the poor are changed they will persist with behaviours which expose them to HIV infection. Services need to recognize that poverty, as is arguably the case in most communicable diseases, is a major factor increasing HIV contraction. This is the same for HIV, and as resources in the developing world are scarce, people prone to poverty, are people who need the most urgent targeting

2.7 Activities that predispose female adolescent youth to HIV/AIDS in Nkhotakota

2.7.1 Tourism

Nkhotakota is the centre of tourist attraction in Malawi because of its beautiful scenes along the lake. However, tourism in Nkhotakota has already been associated with the spread of HIV. Bisika (2009) argues that one explanation is that tourist facilities like hotels which often have bars, disco and other entertainment facilities are generally regarded as a business rendezvous for commercial sex workers. In such facilities people tend to engage in alcohol consumption and abuse of other mind-altering substances which can affect the maintenance of positive behaviour. Behaviours associated with drug abuse are among the main factors in the spread of HIV infection as drugs (including alcohol) can change the way the brain works by disrupting the parts of the brain that people use to weigh risks and benefits when making one's decision.

Bisika (2009) further explains that commercial sex workers usually consider tourists as affluent people and may thus deliberately target them. Similarly communities around tourist facilities may also target tourists for economic reasons. Already studies have shown that tourism increases prostitution which may result in heightened incidence of HIV if there are no safe guards in place before the tourism peaks.

According to Kreag (n.d.) some negative effects of tourism include unwanted lifestyle changes, alterations in the values and customs and the disruption of family life of the locals. Often tourism development initiatives like construction of hotels, shopping complexes and pubs may develop in residential areas where tourists live, forcing locals to adapt to the changes in the physical composition of the community. The long term presence of tourists in a community has also often been found to change the structure of families in the community on account of locals marrying tourists.

Malawi has for a long time relied on agriculture for the generation of foreign exchange. The agriculture sector is now threatened by climate change and it has become imperative that other ways of generating the much needed foreign exchange be explored. This is even more critical at this time when the anti-smoking lobby seems poised to jeopardize the country's major cash crop, tobacco (Bisika, 2009, p.2). Against this background the Malawi government plans to develop its tourism sector in general and ecotourism in particular. Already the tourism industry is booming as demonstrated by 10 million international visitors recorded in 1997 alone, which was more than the population size of Malawi in that year. These tourists brought US$4 million into the economy (Bisika, 2009, p.2). This indicates that Malawi has a great potential for tourism development.

2.7.2 Fishing Industry

A study in Nsanje showed that fishing grounds were places most vulnerable to HIV/AIDS. They are places for informal courtships, sexual cleansing of new gears and exchange of fish for sex (Kambewa et al., 2009, p. 3). Fish for sex, a form of transactional sex where in addition to or in place of money, female fish traders offer sex to fishermen to ensure they receive their fish, has also been reported in Nkhotakota and other lakeshore areas (Kambewa et al., 2009).

A research conducted by Kambewa et al, (2009, p.15) in the fishing industry showed that teenage girls were increasingly engaging as fish traders. They buy fish so that they can cook fish snacks (locally known as kanyenya) which they sell within the area. This business is lucrative in the area because of the growing trading centre with a hospital, secondary schools and bus stage. Key informants observed this trend and indicated the potential risks of the spread of HIV, as the girls are involved in sexual activities especially when they sell at the fish snacks at night. Kambewa et al. (2009, p.4) with regret noted that there are very few non-governmental organizations that are working with the fishing industry in disseminating HIV/AIDS information.

Kambewa et al. (2009) revealed that when fish catches are low, the most vulnerable people are women from the fishing village, in that preferential selling is on female traders. Fish caught will already be earmarked to be sold to specific women or girl. This pre-arranged selling is sometimes accompanied with transactional sex.

2.8 Cultural practices and female adolescents

Although the knowledge of HIV/AIDS is significantly higher among female students, findings reveal that women or girls are less able to negotiate safer sex with their partners due to cultural norms of masculinity and femininity which ascribe ideas about normal behaviour for men and women (Ebeniro, 2010, p. 129). The author further stipulates that economically dependent women or girls cannot negotiate for safer sex or condom use, and this puts women in a very vulnerable position in terms of HIV infection. Due to the patriarchal nature of the society, a man may have many sexual partners and be praised for his escapades, but if a woman engages in such behaviour, she will be labeled a deviant or irresponsible and perhaps a prostitute.

In his research, Bisika (2008) identified dances as one of the social- cultural factors which predispose adolescents to HIV/ AIDS. He argued that Manganje (a cultural dance that can provoke sexual desire) and siyala (an overnight dance performed to mark religious events for Moslems) also place people at risk of HIV.

2.8.1 Changing 'norms' and youth culture

Culture can be defined as the learned behaviour of societies, it may include beliefs, customs, norms and values and is generally passed from one generation to the next (Hailonga, 2007, p.130) cited in Barker (2010). Culture includes within it norms and values regarding sexuality and behaviours. It is not a static condition; it changes and evolves as a result of exposure to and interaction with external and internal forces of social, political, economic, cultural, or ideological natures. One consequence associated with increased rural-urban migration, urbanization, and modernization within a country is the dilution of traditional cultural and social rules about sex (ibid).

Munthali et al. (2004) cited in Barker (2010) noted that societies naturally make concerted efforts to ensure that adolescents grow into responsible and productive adults. It is usually the responsibility of adults within society to oversee this process, with men responsible for boys' socialisation, and women for girls. In their study of youth in Malawi, Munthali et al. found that traditional structures and culture are changing and, as a result, a 'vacuum' has emerged in the socialisation of young people, particularly on sexual issues. Traditional structures are disintegrating, but newer emerging structures are not yet 'meeting the socialisation needs of adolescents' (ibid, p. 7). Hailonga writes that youth are now having to negotiate between 'traditionalism and rapidly emerging modernism' (Hailonga, 2007, p. 130).

2.9 Conclusion

From the review of literature, it has been observed that a number of studies have been done on adolescents' knowledge; attitudes; perceptions and behaviour change and valuable recommendations have ever been given. The Literature shows that despite having the knowledge on HIV/AIDS female adolescents are not changing their behaviour. Hence, there was need to conduct a study to find out why female adolescent youth continue engaging in risky sexual behavior in spite of all the interventions by different stake holders to effect behaviour change.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter describes the research design, paradigm, setting, sampling technique, data collection tools, data collection procedure, ethical considerations and data analysis procedure this study used.

3.2 Research design

A qualitative research approach was used in this study. Qualitative research is interested in gaining insight into and understanding of a phenomenon. One of the assumptions of qualitative research is that multiple realities are socially constructed through individual and collective definitions of a situation (McMillan & Schumacher, 1993). In other words qualitative research tends to give a comprehensive data about human observations, thoughts and feelings; it tries to establish meaning from human life experiences (Punch, 1998). Qualitative research methods are designed to help researchers understand people and the social cultural contexts within which they live. According to Kamanga (2012) qualitative methods are convenient in the sense that they allow the researcher the flexibility to probe initial participant responses, thus, to ask *why* or *how*. Therefore the use of qualitative approach in this present research cannot be over emphasized as the researcher attempted to gain an in-depth understanding as to why there is no change in behaviour in female adolescent learners with all the interventions in place to effect behaviour change.

Merriam (1998, p.9) defines case study as being “an examination of a specific phenomenon”. In a case study, a single case is studied in depth, which could be an individual, a group, an

institution, a programme or a concept (McMillan & Schumacher, 1993). The strength of this design lies in its potential to enable the study of things in detail and with case studies; it is possible to gain a unique perspective of a single individual or group (Denscombe, 2003).

The case study approach is valuable for health science research to develop theory, evaluate programs, and develop interventions because of its flexibility and rigor (Baxter & Jack, 2008). Therefore its use in this research is relevant as it will help develop an intervention in the prevention of HIV/AIDS.

3.3 Research paradigm

This research followed an interpretivist paradigm. Interpretivists claim that truth is relative and that it is dependent on one's perspective. According to Baxter and Jack (2008) this paradigm recognizes the importance of the subjective human creation of meaning, but doesn't reject outright some notion of objectivity. Interpretivism is built upon the premise of a social construction of reality (Baxter & Jack, 2008). One of the advantages of this approach is the close collaboration between the researcher and the participant, while enabling participants to tell their stories (Stake, 1995). Through these stories the participants are able to describe their views of reality and this enables the researcher to better understand the participants' actions (Lather, 1992). Vine (2009) states that interpretive paradigm recognizes that all participants involved, including the researcher, bring their own unique interpretations of the world or construction of the situation to the research and the researcher needs to be open to the attitudes and values of the participants.

Interpretivists believe that researcher's experiences, beliefs, opinions and attitudes have a role to play in the research and that common sense guide people in everyday life (Ndengu, 2012). This

paradigm therefore is considered appropriate in this study as the study seeks to gain an in-depth understanding as to why there is no change in behaviour in female adolescent learners with all the interventions in place to effect behaviour change. The qualitative data that was obtained involved researcher's experiences, beliefs and opinions in its analysis.

3.4 Research site, sample, sampling techniques

3.4.1 Research site and sampling techniques

The study was conducted at Nkhotakota Secondary School and Lozi Day Secondary School in Nkhotakota District. The district lies in the shores of Lake Malawi. Since the study requires an in depth understanding of why of female adolescent youth continue engaging in risky sexual behavior in spite of all the interventions to effect behaviour change, therefore this district has been purposively sampled because it is one of the districts where there is a high rate of school dropout due to pregnancy (CAMFED, 2013) which is an indication that most female adolescent learners indulge in un protected sex in that area thereby risking contracting HIV/AIDS. Purposive sampling is 'based on the assumption that the investigator wants to discover, understand, and gain insight and therefore must select a sample from which the most can be learned' (Merriam, 1998, p. 61). Purposeful sampling is believed to provide maximum understanding of what is being studied.

The schools were sampled on convenience basis. This means that the researcher chose schools which are closer to the researcher due to financial constraints. Despite the schools being conveniently sampled, they were expected to give results which are true for the whole district because Nkhotakota Secondary School is found in Nkhotakota town where life is more diverse due to the presence of people with different backgrounds and cultures and it also has a

representation of students from the whole district. On the other hand, Lozi Day Secondary school is found in a remote area where life is not very diverse therefore; it represents remote areas in Nkhotakota.

3.4.2 Sample

The study involved 14 female adolescent learners from Nkhotakota Secondary School and Lozi Day Secondary School. 7 students were sampled from each school. The study also involved 2 life skills education teachers, one from each school and the District Youth Officer. The female adolescent learners were sampled from an age group of 15 – 24. This age bracket was purposively chosen because the adolescents in this age group are sexually active and also the most vulnerable. The girls in this age group were selected on voluntary basis. This means that the girls were told what the research was all about and those interested participated in the study.

3.5 Data collection

Obtaining valid data on sexual behaviour, especially among young people, is often difficult because of sensitive nature of sexual behaviour. To come up with interpersonal, intra-personal and social environmental factors that hamper behaviour change the researcher considered using interviews. Consequently, this study used interviews and focus group discussions in order to ensure the quality, reliability and validity of the information collected.

3.5.1 Interviews

An interview can be defined as a conversation usually between two people (Kamanga, 2012). Teachers and the District Youth Officer were interviewed. The interviews that were used in this study were characterized as being "semi-structured" because they were open ended or flexible. In semi-structured interviews, the interviewer generally starts with some defined questioning plan, but pursue a more conversational style that may see questions answered in an order merely natural to the flow of conversation. The interviewee on the other hand has the freedom to say whatever comes to mind (Cohen & Manion, 1986). The interview used an interview guide which I developed.

From the interviews the following questions were answered; 1) what activities predispose female adolescent learners to HIV/AIDS in Nkhotakota? 2) What cultural activities and practices predispose female adolescent learners to HIV/AIDS in Nkhotakota? 3) What interventions are available to the female adolescent learners in Nkhotakota to effect behavioural change and how effective are they? 4) Why do female adolescent learners in Nkhotakota fail to change their behaviour in spite of all the interventions available?

My main role as researcher involved asking questions, jotting down responses and where possible recording down each interview using a phone. However, for free giving of the responses, interviewees were asked whether the recordings should be deleted soon after transcribing. Expressions like, how, why, explain more, any additions, what about it, what else etc. were used to ensure that interviewees are able to provide in-depth responses.

The length of each interview varied between 15 minutes to 45 minutes depending on the response of the participant. All the recorded interactions between the researcher and the participants were recorded and transcribed verbatim.

3.5.2 Focus group discussions

The study also adopted focus group discussions for the female adolescent learners over one-to-one interviews because I wanted the interviewees to have more freedom to express their thoughts as sexual issues are usually very sensitive. I felt that some girls would not be free to express themselves openly in one-to-one interviews.

Kamanga (2012) define focus group discussion as a group of people gathered from similar settings to discuss a topic of interest to the researcher with the purpose of collecting in-depth information about a groups' perception of a given phenomenon. One advantage of focus group discussions is that it brings about an array of rich diverse views from many participants which could not be obtained from individual interviews. The major limitation of this method is that if not properly guided no one would feel responsible to give responses leading to a problem of social loafing.

In the focus group discussions the following research question were answered; 1) what interventions are available to the female adolescent learners in Nkhotakota to effect behavioural change and how effective are they? 2) Why do female adolescent learners in Nkhotakota fail to change their behaviour in spite of all the interventions available?

In the focus group discussions my role as a researcher was to, moderate the discussion, taking notes, and recording the discussion.

The language used mainly was a combination of both English and local language Chichewa to allow the students to express themselves freely so that language should not be a barrier.

3.6 Data analysis

Data analysis involved organizing, accounting for, and explaining the data; in short, making sense of the data in terms of the participants' definitions of the situations, noting patterns, themes, categories and regularities (Cohen & Manion, 1986).

The recorded interviews were initially transcribed in the original language and verified for accuracy and completeness after which they were translated to English by the researcher. After transcription, the coding known as open coding process started. I read through the transcripts sentence by sentence, paragraph by paragraph making meaning of the sentences. For example after reading a chunk I asked myself what are the participants saying here? These were written on a separate sheet of paper which I called codes. After going through all the transcripts I came up with several codes. Through the process of reduction, similar codes were grouped together and these formed categories. As the process of reduction continued, categories were further grouped to themes. I went through the themes and categories again to find out if there were some which were similar to be grouped again. After an iterative process, I came up with themes, categories and sub categories. In the next section the themes will be presented as my findings of the study.

3.7 Validity and reliability

Personal and individual nature of qualitative research usually hampers attainment of objectivity (Patton & Westby 1992). However, several techniques can be employed by researcher during and after data collection to enhance the validity and trustworthiness of research findings. Qualitative research results can be evaluated for accuracy through various means. Reliability and validity are often seen as the main standards for judging research findings. Ocran and Danso (2009) noted that reliability and validity of qualitative research have been discussed by several researchers but the most often quoted concept or criterion for evaluating qualitative findings and establishing trustworthiness was developed mainly by Lincoln and Guba (1985). Lincoln and Guba (1985) argue that qualitative work consist of ensuring that the findings are reflective of the data collected. The researcher used several methods to increase credibility; all interviews and focus group discussions were initially taped-recorded and then transcribed verbatim. Member-checking techniques as advised by Ocran and Danso (2009) were continuously used during and after the interviews. Member-checking involves the researcher restating, summarizing or paraphrasing the information received from participants and making sure that what was heard or written is, in fact, correct (ibid). The recordings and the notes jotted during the interviews support the credibility of the study.

3.9 Ethical considerations

Ethical considerations were carefully and systematically adhered to before, during and after the study. Permission was sought from the division manager and the head teachers of the schools that were involved. I used an informed consent letter with details of the purpose of the study and methodology. The participants were also informed of their confidentiality and that participation is voluntary so much so that any participant was free to withdraw from the research at any time. At the end of the letter there was a declaration of their participation.

CHAPTER 4: PRESENTATION OF FINDINGS

4.1 Introduction

This chapter presents the findings of the data that were collected for this study on why do female adolescent learners in Nkhotakota continue engaging in risky sexual behaviours in spite of all the interventions by different stakeholders to effect behaviour change. Based on the data generated during interviews and focus group discussions, a number of categories were generated which were further put into five major themes that explain the interpersonal, intra-personal and social environmental factors which hinder behaviour change interventions among female adolescent learners. The process of data analysis has been presented in chapter three.

The insights obtained from the analysis constitute part of the findings of this study. The findings sought to answer the following specific research questions of this study:

1. What activities predispose female adolescent learners to HIV/AIDS in Nkhotakota?
2. What cultural activities and practices predispose female adolescent learners to HIV/AIDS in Nkhotakota?
3. What interventions are available to the female adolescent learners in Nkhotakota to effect behaviour change and how effective are they?
4. Why do female adolescent learners in Nkhotakota fail to change their behaviour in spite of all the interventions available?

The themes, categories and sub categories that were found have been presented in the table below:

TABLE 1: SHOWING THEMES, CATEGORIES AND SUBCATEGORIES

Theme	**Category**	**Sub category**
Trade and tourism in Nkhotakota	Fish trading	
	Tourism	
Cultural practices and activities	Traditional dances	
	Initiation ceremonies	
	Gender and condom use	
	Poor sexual health communication between parents and children	
Behaviour change interventions	Youth friendly services	
	Life skills education	
	Condom use promotion and distribution	
	Advocacy for abstinence	

Continuation of Table 1

Theme	Category	Sub category
Factors that hamper behaviour change	Poverty	
	Peer pressure	
	Low risk perception	
	Misconceptions	➢ Sperm contain vitamin K ➢ Face difficulties when giving birth ➢ Oil in condom causes cervical cancer and sterility
Role of parents and community	Bad behaviour of parents	

4.2 Trade and tourism in Nkhotakota

This theme examines the activities that tend to predispose female adolescent learners to HIV/AIDS in Nkhotakota. Two categories were established in this theme and these are: fish trading and tourism.

4.2.1 Fish trading

The understanding of the participants in Nkhotakota is that Fish trading is associated with moral decay and it is increasingly putting female adolescent youth at risk of contracting HIV/AIDS. This is what the District Youth Officer (DYO) said: "*fishermen like to give girls who do fish snack business more fish on loan which they may be unable to pay back the money so that in the evening when they come to collect their money at the market, the girls simply offer sex in return for the money which they have failed to pay back"*.

He further said, "fishermen *sometimes tend to favour women or girls with whom they have a sexual relationship, making it difficult for other people to buy fish"*. It is in this respect that parents prefer sending girls to buy fish than boys because they are assured that fish will be bought.

During an interview with the District Youth Officer, it was revealed that most parents along the lakeshore especially Chia Trading Centre (South of Nkhotakota District) do not like to work for a living and he said, "*Parents take children as bread winners by making them business people at a very young age and send them to buy fish at the lake, fry it and sell it in the evening at the market"*.

Worse still, this study established that girls from Chia Trading Centre travel to other trading centres to sell their fish in the evening for instance; 20km away due to high supply of fish at Chia. It has been revealed that they finish selling their fish late hours of the night and it becomes difficult to get transport back to their homes. Manase[1] commented that,*" These girls after selling fish they stay at the depot where they meet young men who ask them, are you going to sleep at*

[1] Manase is a pseudo name for a life skills education teacher at Lozi Secondary School

the depot? Ooh I am just alone home, let's go I will give you refuge and most of them are taken and indulge in sexual relations out of desperation".

Whilst the government and other NGOs are embarking on different programs to keep girls in school, some girls are not yet aware that going to school is their right. The DYO was surprised when he asked one of the girls why she was selling fish instead of going to school and she said, *"I dropped out of school because if I don't do this business, my parents will not have food for the day."*

4.2.2 Tourism industry

The responses of the participants showed that despite bringing a lot of foreign exchange to the country, tourism has done more evil than good to Nkhotakota inhabitants. A teacher from Manase commented that: *"You find out that most of the people who are in these lodges in the months of December and January are young people; a boy and a girl who are not even marriage partners. Most of them sleep there."*On a similar note, the DYO noted with concern the way the lodge owners phrase their statement for an advertisement for example they say, "*The charges are K500 single and K700 per couple"*. These charges clearly indicate that they are inviting people to bring a partner. On the other hand, Mazuzo[2] claimed that, "*these houses are built to accelerate the spread of the virus.*

[2] Mazuzo is a pseudo name for a life skills education teacher at Nkhotakota Secondary School

4.3 Cultural activities and practices

This theme examines the cultural activities and practices that tend to predispose female adolescent learners to HIV/AIDS in Nkhotakota. Four categories were established in this theme and these are: traditional dances, initiation ceremonies, gender and condom use, Poor sexual health communication between parents and children.

4.3.1 Traditional dances

Much as traditional dances offer entertainment to the indigenous people of Nkhotakota, the participants associated these dances with HIV transmission and unwanted pregnancies among female adolescent learners in the area. In Nkhotakota District, there is a certain dance known as Makhanya which only takes place at night. It is performed during initiation and wedding ceremonies. Men, women, girls and boys dance together, bump into each other and caress each other the way they like. Most of the people who attend this type of dance are adolescents. The dance only takes place at night due to the dancing style which is very shameful if they see the face of the other. One participant in FDG 1[3] wondered why the community should have this type of dance as it incites sexual desires as any person with all the feeling senses intact may be end up being tempted to have sex with a person he/she is dancing with. This fear was also raised by the DYO who said, "Y*ou find out that at night you cannot manage to dance the whole night. You have to rest somewhere, so at a place where there are people of opposite sex in pairs already sexually activated and worse still at a place where no one can see them, the ending is having sex."*

[3] FDG1 is a short form for focus group discussion held at Nkhotakota Secondary School

4.3.2 Initiation ceremonies

The understanding of the participants is that certain aspects of the initiation ceremonies can be seen as being useful and beneficial, for example they educate girls on health and hygiene matters suitable for their age. For instance a girl from Nkhotakota Secondary School (FDG1) explained that: *"initiation ceremonies are done to mould a girl to be a good woman*."Conversely, initiation ceremonies have been reported that they contain many harmful aspects, particularly at the adolescent stage, posing a major threat of early pregnancy and contraction of HIV for girls. A girl from FDG2[4] commented that:"*initiates are taught that a girl should not say no to a man when he asks for sex because a woman is there to serve a man".* This information reinforces the dominance of men and subordination of women and girls on sexual matters, suggesting that a woman's purpose is simply to please a man. Worse still, in some cases, on leaving the ceremonies, initiates are told that they are now adults and should begin experimenting and practicing with sex (Mazuzo).

4.3.3 Gender and condom use

All the two focus group discussions pointed out condom use as one of the interventions against HIV/AIDS. However, the study has shown that widespread knowledge of the protection that condoms provide does not determine use. This is because one girl in FDG 2 complained that:"*according to our culture, it is difficult for a girl to negotiate for condom use for fear of being taken as a prostitute."* She further added that, *"in a sexual relationship sometimes if a girl proposes to use a condom the boy asks, don't you trust me? With that simple question the girl sleeps with the boy without a condom and may contract HIV/AIDS in the name love and trust."*

[4] FDG 2 is a short form for focus group discussions held at Lozi Secondary School

This scenario is unfortunate and put female adolescent learners at a great risk of contracting HIV/AIDS as they know what is good for them but cannot practice it due to some other external factors.

4.3.4 Poor sexual health communication between parents and children

In his remarks, the DYO blamed parents for not being open enough with their children to discuss sexual matters. He lamented that these sexual health problems can be eradicated if the parents also change their mind set and talk to their children in an open, non-invasive and non-judgmental way. He said: *"let's take each other as if we are at the same level and start discussing issues from the very young age because we can not start today otherwise one will wonder, what is wrong with you dad or mum? But let's start when the girl is still young. When a child grows up, she will be able to say, 'dad someone proposed love to me so what should I answer him?'.*He further said: *"find out! Should a child mention such a thing, the dad will say, 'stupid, you prostitute, what have you started? What about your education?'.*

The DYO recommended the culture that is practiced in Ntchisi, Dowa, Kasungu and part of Lilongwe Districts in Malawi where a boy friend is formally known by parents of the girl right at the beginning of the relationship. The two are allowed to chat in an open space visible to all people or in a room but in the presence of a little boy or girl. He said: *"in that environment it is very difficult for the two to indulge in sexual relations since they know everybody is watching an eye over them and in the end pregnancy cases are not as worse as in Nkhotakota".* As a researcher I easily absorbed what the DYO meant since when I wanted to marry I proposed a girl in Lilongwe District she said, *"if you are serious about love with me, then you should come home on Sunday so that my parents know you".* When I went there she accepted to my proposal

and we always chatted in the presence people and due to the environment that we were exposed to we could not even think of having sex. This suggests that in the changing world today, parents need to create good sexual health communication with their female adolescents otherwise, the poor communication on sexual matters that exits among some parents and their children in Nkhotakota will continue to undermine the behaviour change.

Female adolescents get information about sex from various sources for instance; peers, radios, television, churches as well as from school. The study learnt that information learnt from parent is seriously taken by children as a girl from FDG 1 aired the following sentiments: "*at my home, am free to talk with my mother on sexual matters and she advices me accordingly and I feel entrusted with the responsibility to care for my self and I don't want to disappoint her."*

4.4 Behaviour change interventions

This theme examines the behavioural interventions that are available to the female adolescent learners in Nkhotakota to effect behaviour change and how effective they are. Four categories were established in this theme and these are: youth and friendly services, condom use promotion and distribution, Life skills education and advocacy for abstinence.

4.4.1 Youth friendly services

The DYO highlighted that Ministry of Health introduced youth friendly services in government hospitals. At the hospital there is someone who is responsible for counseling young people and discusses with them sexually related issues and also offers them condoms for protection.

It was established during the interview that only a few individuals go the hospital to access the youth friendly services. The DYO explained that, *"some female adolescents are not open enough to talk about sexual issues to adults and also people whom they don't know."*

4.4.2 Life Skills Education

During interviews and focus group discussions it became apparent that many of my respondents saw life skills education as essential in order for education to have an impact on the transmission of HIV. According to FDG1 one reason for this was that direct information about sex and HIV and methods of prevention is often unavailable else where.

In an interview with Mazuzo, he gave Life skills Education in primary schools and secondary schools as one way of reducing HIV/AIDS prevalence rate in Malawi as students will be made aware on how they can protect themselves from getting the virus. However, Manase noted with regret that some teachers skip some contents Life skills Education and he said, *"Many teachers skip the content which deals with sexual intercourse because they feel the material is not suited to the age of the children and teachers who are HIV positive are not comfortable to handle the HIV/AIDS related issues"*. This may defeat the whole purpose of life skills education and also affect its successful implementation.

4.4.3 Condom use promotion and distribution

The interviews conducted with the DYO, Mazuzo and FDGs showed a discrepancy on the condom usage among female adolescents. The DYO expressed that condom use promotion and distribution has been very helpful since condom use among female adolescents is now high in Nkhotakota District. On the contrary, a girl in FDG 2 explained that many girls do not use

condoms among other reasons, condoms remove the pleasure when having sex and she said: *"a sweet is never sweet when eaten whilst in its cover"*. On the other hand, Mazuzo argued that despite the condoms being issued freely, condom use among many adolescents is not consistent since the decision to have sex is mostly unplanned for many young people. Many of them do not often think about or plan for sex either because of constraints in the social environment or because, in many cases, they take the chance to have sex whenever the opportunity presents itself.

Though the research itself did not demand to explore drop out rate in a particular school, but it was revealed through interaction with teachers at Chididi Community Day Secondary School (a schools closer to where the researcher was residing in the course of the research) that about 7 female adolescent left school because of pregnant in one academic year. This clearly indicate that on paper girls are using condoms as the DYO claimed in his remarks but on the ground condoms are not really used because such an alarming rate of girls could not have been pregnant and it also shows that they are not abstaining.

4.4.4 Advocacy for abstinence

All the focus group discussions indicated that girls are encouraged to abstain from sexual relationships until they get married after completion of their education. One girl in FDG1 cited CAMFED as one of the organisations which support girls in schools by providing them with school necessities such as; school fees, notebooks, pens, school bags, school shoes and sanitary wear. It also provides them with moral support such as career guidance. The girl said, "*We are told to refrain from sex until we finish our education and get married so that we should not contract HIV/AIDS."* The DYO added another NGO called CIGAF which provides career

guidance to school girls and advise them to stay negative by abstaining from sex. The interviews with both teachers showed that the girls are encouraged to abstain from sex to avoid contracting HIV/AIDS. When asked whether the girls abstain or not, one girl in FDG2 said, "*some abstain while others do not abstain*"

4.5 Factors that hamper behaviour change

This theme examines the factors that hamper behaviour change among female adolescent learners in Nkhotakota. Four categories were established in this theme and these are: poverty, peer pressure, low risk perception and misconceptions. The following subcategories were established under misconceptions: sperm contain Vitamin K, facing problems when giving birth and Oil in condoms cause cervical cancer and sterility.

4.5.1 Poverty

Poverty was considered to be a major contributing factor to HIV/AIDS increasing rates by all the focus group discussions, teachers and the District Youth Officer. In the focus group discussions, it came out very clear that in a home environment where basic needs are not met, girls resort into entering into transactional sex in order to support themselves or their families. One girl in FDG 2 expressed concern over the way her parents care for her. She complained that; "*when coming to school my parents sometimes give me one thousand kwacha (almost $2) to buy groceries for the whole month just imagine! I am left with no option but to have a boy friend to support me financially and when he asks for sex it's difficult to say no"*. She further retaliated that; "*I had never wished to sleep with boys but what else do I do?. If I get support am ready to stop"*.

It was observed that for many girls in economically disadvantaged situations, prostitution is viewed as the only viable solution available in order to ensure they can meet their daily needs as commented by Manase that; *"When a girl has no school fees, pocket money, good clothes all she can think of is selling her body, unlike a boy who can sometimes go else where to do some work"*.

4.5.2 Peer pressure

The results above gives an impression that coming from a wealth family would automatically mean a girl is less at risk of contracting HIV, but from the interviews conducted the situation was quite different. Girls from well to do families are often greatly affected by peer pressure and the desire to keep up with the actions of their friends. A girl from FDG 1 expressed that; "*my parents provide me with everything that I need but all my friends have boy friends and they have been sidelining me on some social talks and I resorted to having a boy friend too"*. She also said, "*I also need love and affection which my parents do not offer me.*"

4.5.3 Low risk perception

All the girls in the FDGs acknowledged that they were worried about getting infected with HIV Virus; however their sexual behavior suggest that they do not seriously consider these risks. The interviews revealed that among many people, risk assessment is based on perceptions of a general rather than personal vulnerability to infection and it is usually conceptualised in terms of those with multiple sexual partners. A girl in FDG1 commented that; *" I do not consider myself being at a great risk since I have only one boyfriend who is trustworthy and has no other sexual partners."* Clearly, associating risk assessment with being promiscuous may not compel the need to adopt protective measures, so long as people do not perceive themselves as promiscuous. The

DYO said that many young people have the thinking that 'this cannot happen to me' and he further said, *"female adolescents underestimate their own risks as compared to others"*. He further lamented that, "*the underestimation of these risks may be due to the following factors: lack of accurate information, misconceptions about modes of transmission and fatalistic attitudes about the disease*." In the course of interviews, I found it interesting to hear a girl in FDG1 saying that; "*getting pregnant is more shameful than the so called virus itself because in my life time I have never seen someone getting so thin because of AIDS as people usually exaggerate"*.

4.5.4 Misconceptions

The focus group discussions showed that knowledge alone cannot bring about changes in behaviour otherwise the epidemic would have been brought under control. I came across a number of misconceptions about sex and HIV/AIDS which have the potential of placing girls at greater risk of contracting HIV and these were as follows.

4.5.4.1 Sperm contain Vitamin K

In all the FDGs it was commonly stated that the sperm contain vitamin K which females lack, and if they don't receive it they will become sick and may be admitted to the hospital. In FDG 1, a girl allegedly gave an example of a girl at Mwansambo Trading Centre in Nkhotakota District who was not in good health for some time and when she went to the hospital, she was told to be lacking Vitamin K in her body which can only be found if she has sex with a man. Upon returning home she slept with a man and she got healed. Outside this research though, out of interest I tried to contact a medical personnel on the same but the doctor said "*it is very unfortunate that there is that misconception roaming around because there are many food stuffs which contain vitamin K"*. Despite this misconception sounding simple and unbelievable it came

out clear from the discussions that it is putting many girls at a great risk of contracting HIV because almost half of the sample had slept with a man for fear of the same.

4.5.4.2 Facing difficulties when giving birth

There are also myths about early sex and child bearing process. It is believed that if a girl does not sleep with a man she may either not have children because the womb closes or may have tough times when giving birth to a child when she gets married. Parents and members of the community affect the life styles of the female adolescents through their practice of initiation ceremonies as remarked by a girl in FDG 2: *"during my initiation ceremony when I entered in puberty I was told by my grand mother to be having sex with a boy once in while to avoid having problems when I get married and I have been doing so to respect her"*. It is unfortunate that what is taught during initiation ceremonies contradict what learners learn in life skills education to say 'no to sex' until they get married.

4.5.4.3 Oil in condoms causes cervical cancer and sterility

Condom use is considered to be a critical element in a comprehensive, effective and sustainable approach to HIV prevention and treatment, however some people hold a misconception that continuous use of condoms result into cervical cancer due to oil that is found in the condom as it was revealed from the interview where Manase said: *"In Life skills education lessons some girls want to know the truth about prolonged use of condoms causing cervical cancer."* This was also echoed by a girl in FDG 2 who said: *"I don't use condoms consistently for the fear of suffering from cervical cancer and I was also told that prolonged use of condoms may make me to be sterile."*

This implies that despite having the knowledge and consequences of HIV/AIDS the girls still indulge in unprotected sex for the fear of suffering from cervical cancer and sterility in the near future.

4.6. Role of parents and community

4.6.1 Negligence of parents

Parents have the responsibility to observe what their children are doing and also make sure they come home at the right time. Though outside the research I observed that in Nkhotakota District, some of the parents use laissez- faire style of parenting where they don't care very much what their girls are doing. This was observed on a number of occasions when I used to see girls coming from the video show around 10pm. When I expressed my surprise to the people around, they said: *"around this area most of parents don't care about the time when their children come home. They simply leave the door open so that the girl should just get in and sleep."* The observation agrees with what Mazuzo said: "*many parents in this area lead a reckless life by marrying and re-marry and having sex with someone's wife or husband is not an issue and they see no problem to see their girls moving around with young men"*. On a different note still outside the research, I wondered to see that a girl getting pregnant in the same area is not an issue as some people would take it to be. This signifies that to a certain extent, parents in the area are not serious both with their behaviour and with their parental role and probably contributing to the girls not changing behaviour positively.

4.7. Conclusion

The findings of this study show that the behaviour of an individual depends on ecological factors surrounding that particular individual such as: individual factors (intra - personal) for example risk perception, the people we interact with (interpersonal) sometimes give correct information but sometimes may bring about misconceptions, the community in which an individual lives in has its own culture which usually has an influence on how an individual behave or perceive things and also the groups or organizations an individual belongs to usually dictates the normal behaviour for that particular group. For instance if all the girls have boy friends the one without a boy friend in that group is regarded not to be normal.

CHAPTER 5: DISCUSSION OF FINDINGS AND CONCLUSION

5.1 Introduction

In chapter 4, I presented the findings of this study, themes and their categories. In this chapter I want to discuss the same findings re- contexualising them into literature. The findings will be discussed question by question. The chapter has further outlined summary of the findings, conclusion, contribution made by this study, limitations of the study, recommendations, and suggested areas for research.

Research question 1: What activities predispose female adolescent learners to HIV/AIDS in Nkhotakota?

According to the findings in the previous chapter, this study has established that ecological factors such as the community in which the girls live, directly or indirectly put them at a risk of contracting HIV/AIDS. The community of Nkhotakota is business oriented such that many inhabitants conduct fish trading. On the other hand there is also a booming tourism industry. Fish trading and tourism have been reported to put girls at a risk of contracting HIV/AIDS. This has been especially stated in theme one and its categories which I would like to replicate in some cases.

The study revealed that most parents along the lake shore especially Chia Trading Centre (South of Nkhotakota District) do not like to work for a living and instead send their girls to buy fish at the lake, fry it and sell it at the market in the evening. This trend of using female adolescents as bread winners is increasingly putting the female adolescents at risk of contracting HIV/AIDS.

These findings support Patt's argument that making female adolescent learners business people put them at a disadvantage as they are exposed to many people with various back grounds some of which look at them as sexual objects (Patt, 2001). Patt further argues that parents should consider not using girls as business people whist pursuing their education because this affects them in a number of ways for instance; lack concentration on their studies and in addition, they are also exposed to different situations which may lead them to fall into sexual relationships.

While tourism industry is viewed as an extremely valuable source of foreign exchange and employment for some people in Nkhotakota and Malawi as a whole, respondents indicated that the industry has brought more harmful effects than the benefits to the society such as increased prevalence of HIV/AIDS. These findings concur with earlier findings by Bisika (2009) who argues that tourism industry has already been associated with the spread of HIV. Bisika explains that tourist facilities like hotels which often have bars, disco and other entertainment facilities are generally regarded as a business rendezvous for commercial sex workers. Female adolescent learners in Nkhotakota have also been reported to patronise these tourist attraction centres. The respondents indicated that girls mostly go there with male counter parts as the charges are fair when people are in pairs than single. Worthy noting is that the advertisement by the hotel or lodge owners is faulted as it encourages people to come in pairs and thereby encouraging promiscuity.

Research question 2: What cultural activities and practices predispose female adolescent learners to HIV/AIDS in Nkhotakota?

As reported in the previous chapter, theme two and its categories has unveiled some ecological factors that shape the behaviour of an individual and these are: the people an individual interact with (interpersonal), the community an individual lives in and the policies that shape our worlds. The study has established that traditional dances, initiation ceremonies; gender and condom use hamper behaviour change interventions among female adolescent learners in Nkhotakota District.

As a replication of what was presented in chapter 4, the view of the participants is that certain aspects of the initiation ceremonies can be seen as being useful and beneficial, for example they educate girls on health and hygiene matters suitable for their age. Conversely, initiation ceremonies have been reported that they contain many harmful aspects, particularly at the adolescent stage, posing a major threat of early pregnancy and contraction of HIV for girls. This is in line with the findings by Barker (2010) which stipulates that: during the adolescent initiation stage, girls are given information regarding sex and this includes information such as sex is to please men and if a man is proposing sex with a girl, he should be obeyed.

The present study has also has found that it is mostly difficult for a woman or a girl to negotiate for condom use due to culture. The culture in Nkhotakota demands that a woman or a girl should subscribe to what a man wants and if she doesn't she is taken to be deviant. This finding is consistent with the study conducted by Ebeniro (2010, p. 129) which indicates that female adolescents are less able to negotiate for safer sex with their partners (use of a condom) due to cultural norms of masculinity and femininity which ascribe ideas about normal behaviour for

men and women. It should be noted that knowledge about how to prevent HIV/AIDS is not enough to determine behaviour change as sometimes behaviour change is hampered by ecological factors such as polices that shape one's world for instance, culture in this case. All the stake holders involved in HIV/AIDS programs need to consider building the capacity of girls so as to withstand the pressure from their male counterparts to be able to negotiate for condom use even in difficult circumstances such as financial problems. This is consistent with the findings by Mann et al. (1992) who suggests that removing gender inequalities may be an important step in preventing HIV transmission, given the powerlessness of women to negotiate for their sexual safety in so many societies.

Additionally, the study has established that traditional dance known as makhanya is associated with HIV transmission and unwanted pregnancies among female adolescent learners in Nkhotakota. This is because the dance is believed to incite sexual desires. The findings in this study are consistent with Bisika (2008, p.79) who found that; manganje (a cultural dance that can provoke sexual desire) and siyala (an over night dance performed to mark religious events for Moslems but which may result in immoral behaviour) also place people at risk of HIV.

The study has further found that a culture in Nkhotakota restricts parents to talk to their own children about sexually related issues; this is instead the role of aunties, uncles and peers. This has resulted in female adolescents not properly being guided and thereby harbouring misconceptions and they misbehave simply because they don't know the truth. This was noted when a girl in a focus group discussion alleged that she indulges in sexual acts in order not have difficulties during child bearing as well as to get Vitamin K from the sperm. The findings in this study are consistent with Rosen et al.(2004) who argue that ignorance and traditional beliefs and values have hindered some parents from certain ethnicity to teach their children about

the facts of HIV/AIDS and sexuality. Alemu on the other hand believes that young people with a stable, positive and supportive family environment that includes parental monitoring engage in less risk taking behaviours and those without moral support engage in high risk taking behaviours (Alemu, 2004). Parents as gatekeepers of young people's sexual health need to know the benefits of sex education with their children. (Jejeebhoy, 1998 cited in Adedimeji, 2005, p.24) explains that when young people are provided with regulated and inadequate sex education in schools and homes, or are not encouraged learning about their sexuality, they may harbour misconceptions. Therefore, parents need to be informed, educated and convinced that sex education enhances rather than jeopardize young people's sexual health. Additionally, they need to be equipped with the skills to discuss sexual issues with children in an open, non-invasive and non-judgmental way. This would compliment what is taught in schools, while enabling those who do not have access to the school setting to also benefit.

Research question 3: What interventions are available to the female adolescent learners in Nkhotakota to effect behaviour change and how effective are they?

The participants indicated that there are a number of interventions by different stake holders to bring about behaviour change in female adolescent learners in Nkhotakota District. The interventions include; youth friendly services, Life Skills Education, condom use promotion and distribution, Advocacy for abstinence.

Despite all these intervention in place, female adolescent learners still indulge in risky sexual behaviours. The study found that youth friendly services are not patronised by many female adolescent learners. This is consistent with the study conducted by Mwenda (2012) who states

that: young people often do not attend formal health services for their preventive health needs. Instead, they may seek sexual and reproductive health (SRH) services in a variety of settings, such as government health facilities, private clinics, chemists and friends. Similarly Kamau (2006) cited in Mwenda (2012,) argues that: it is evident that there is a widening communication gap between service providers and the youth seeking reproductive services. Kamau further explains that; health workers have a perceived notion that young people are arrogant, uncompromising, secretive and opposed to guidance from adults. However some young people have demonstrated the willingness to seek these services although they feel that the service providers are uncaring, judgmental, suspicious and untrustworthy. Kamau (2006) outlines poor relationship between health care professionals and their clients, long waits, administrative red tape, lack of emotional support and privacy, and finally rude medical staff as reasons for under utilisation of youth friendly services. It is therefore important to note that, interpersonal process is the vehicle by which health care is implemented and on which its success depends. The relationship between the client and the service provider should be characterized by privacy, confidentiality, informed choice, concern, empathy, honesty and sensitivity.

On a different note, the study also established that Life skills education is taken as being very essential in imparting knowledge about HIV/AIDS and how it can be prevented. However, some teachers skip some content regarding sex. This contrary to Magnani et al., (2001) cited in Adedimeji (2005, p. 24) who argues that, when students possess adequate knowledge about issues of HIV/AIDS, their sexual behaviour may be more responsible, involving fewer lifetime partners and a higher level of condom use. It can be underscored therefore that government needs

to intervene to make sure that Life skills education is handled properly in order to achieve its intended purpose.

The study showed a discrepancy on the condom use among female adolescent learners. Some were saying that the intervention has helped while others were saying that it has not helped much since condoms are not used consistently. Johnson (1993) cited in (Andrew & Caroline, 2000, p.30) explains that: condoms are not consistently used within the African community. Unfortunately misconceptions and stereotypes that prevail within the communities make most African not use condoms with their sexual partners. The author also noted that the people who use condoms consistently have social support, and they also have positive expectation about the condoms.

This study found that girls are encouraged to abstain from sexual relationships until they get married after completion of their education but it was revealed that some girls abstain while others do not. Abstinence is believed to be the safest way of avoiding contracting HIV/AIDS. It has been established that some female adolescent learners do not abstain because they habour misconceptions such as having problems during child bearing and also that sperm contain Vitamin K which they need. Some do not abstain due to peer pressure. In his research, Barker (2010, p. 52) also found that the youth believe that sperm contains vitamin K which females lack, and if they don't receive it they will become sick and need to be admitted to hospital. Barker further interrogated his respondents why girls don't abstain and he found that: girls who are receiving money from their boyfriends encourage their friends to follow suit by letting them know the source of their funds: "so the friend who has money says if you sleep with men you can look like me, you can buy new clothes" (Barker, 2010, p.67). Alemu advises that,

among key elements of HIV/AIDS education programs designed by US researches one of it was to deal with peer pressure and other social pressures on young people to be sexually active.

Changing young people's risk taking behavior requires going beyond providing information to helping young people acquire the ability to refuse sex and to negotiate with sex partners. (Alemu, 2004, p.12). It is necessary to consider coming up with intervention which would target the peer pressure and other social pressure.

Research question 4: Why do female adolescent learners in Nkhotakota fail to change their behaviour in spite of all the interventions available?

The study has established that, despite all the interventions outlined in theme four and its categories female adolescent learners in Nkhotakota District still engage in risky sexual behaviours which can lead to contracting HIV/AIDS. The following were found to hamper behavioural interventions: poverty, peer pressure, low risk perception and misconceptions. The following subcategories were established under misconceptions: sperm contain Vitamin K, facing problems when giving birth and Oil in condoms cause cervical cancer and sterility. .

Poverty was found to be a major contributing factor to non- behaviour change. It has been reported that some female adolescent learners are not changing their behaviour positively due to poverty since they are forced to enter into sexual relationships in order to find some basic needs such groceries, food, clothes and pocket money. The findings in this research are consistent with Barker (2010, p. 8) who explains that: "It appears that evidence from studies conducted early on AIDS epidemic suggest a positive correlation between economic resources and HIV infection, which indicated a higher infection rate amongst the more affluent in society." Barker further

suggests that in circumstances where immediate needs are not being met, the long term threat of HIV/AIDS is a less prioritised concern for some people. It is important therefore, that non-health related interventions (for example, economic empowerment programs) are designed to address issues of poverty. Such programs should be aimed at increasing income at the individual and household levels in order to improve the socioeconomic status of individuals (especially girls and women who are more vulnerable) and their families.

Much as poverty is the main cause for girls not to change behaviour positively, it has also been established on contrary that girls from well to do families also indulge in risky behaviours. Some of the reasons established were peer pressure, lack of love and affection from parents. The findings of this research agree with Barker (2010, p. 67) who argues that peer pressure is an integral part of youth culture, and when this pressure is negative it can have serious consequences on the environment in which behaviour change can take place. He further added that the most common form of peer pressure amongst teenage girls appears to be the pressure to have a boyfriend. Similarly, Gage(1998) explains that the decision to have sex by a young African girl is not driven only by the fear of the consequences but could be by positive motivations, such as the need for affection, and establishing a strong personal relationship, which may be absent at home or which could have been missing in her life by circumstances beyond her control. Hence as far as she is concerned she is being rational. Parents have a role to show love and affection towards their children so that they should not go out in search of the same and end up misbehaving.

The study has also established that some girls are not willing to use condoms as these girls harbour misconceptions associated with prolonged use of condoms such as becoming barren or develop cervical cancer. This present study agrees with Kiragu and Zabin (1995) who reported

that young people's sexual activities are based on insufficient knowledge and misconceptions rather than on a rational consideration of the consequences. The findings in this study have shown that there is need to conduct immediate sensitization campaigns to eradicate the present misconceptions amongst female adolescents.

The expectation of people in any society is that parents should guide their children on safe ways of living. On the contrary, the study has revealed that some of the parents in Nkhotakota District indulge in risk taking behaviours which can lead to contracting HIV/AIDS. It has been found that they marry and re-marry as they wish. The findings in this research concur with an inaugural speech made by the minister of youth in Ghana who said; "most of the social evils in the country are caused by bad parenting" (Gamey, 1997). Gamey blamed irresponsible parents for creating social problems like prostitution, street children, teenage pregnancy and armed robbery. He further added that, cry for molding the character of the youth will yield very little results if parents do not lead lives worth emulating by children. Similarly, Miriam et al. (1999, p.190) explain that, "some girls get involved in sexual acts because [their] parents… neglect their children to the extent of not giving them money for basic needs such as toiletries." The authors further lamented that: "may be a father of about 50 … has a girl friend somewhere… he is the one that spends for the girl, he will kind of encourage his own daughter to go towards the same line". Probably bad behaviour of parents is one of the reasons why female adolescents in Nkhotakota District also go through risk taking behaviours as the behaviour of some parents indicates that the girls lack role models to copy good behaviour. A good future of a country can be built if parents are able to live up to the expectation by living responsible lives for children to emulate therefore the interventions for behaviour change should also include parents as some are not responsible enough.

Anderson et al. (2007) suggests that young people may under estimate risk in general because of a feeling of invulnerability. Similarly a study conducted by Ebeniro (2010) shows that a belief that HIV could happen to some people and not themselves is a prevalent thought amongst the youth. The present study agrees with earlier findings and it has found that some girls take other people with multiple relationships as being at a great risk than them selves. This attitude and belief may account for the non-use of condoms during sexual intercourse. It was also established that the devastating effects of HIV/AIDS are not normally seen these days in communities in Nkhotakota probably due to ARVs which are being offered on free basis to people with HIV in hospitals. These ARVs make people to live longer and look health and mostly suffer for a short period of time before they die just as any other disease. The findings concur with Weiss et al., (1996) who suggest that, since infection with HIV does not have instant manifestations, young people may not readily understand consequences that seem removed from their immediate situation. It may be suggested that these adolescents of today do not have a real picture of how serious the disease is due to the presence of ARVs and probably leading to their behaviour not changing.

5.2 Summary of the findings

In summary this is how the research has answered its four major research questions: On first research question (activities that predispose female adolescent learners to HIV/AIDS in Nkhotakota): the findings are fish trading and tourism.

On second research question (cultural activities and practices that predispose female adolescent learners to HIV/AIDS in Nkhotakota) the findings are traditional dances, gender and condom use, initiation ceremonies and Parents not talking to their children on sexual matters.

On the third research question (interventions for behaviour change) the findings are youth friendly services, condom use promotion and distribution, Life Skills Education and advocacy for abstinence.

On the fourth research question (factors hampering behaviour change interventions) the findings are: poverty, peer pressure, low risk perception and misconceptions.

The study has further shown ecological factors especially intra-personal factors such as individual perception against HIV/ AIDS and interpersonal factors such as people an individual interacts with seem to take a greater role in determining the behaviour of an individual. It has also been found that behaviours are generated and perpetuated through socially or environmentally structured social interactions and social behaviours are not rational choices based on objective information but are socially prescribed for example female adolescent learners not abstaining from sex because of misconceptions that they may become barren or face problems during child bearing. The findings have helped me to understand clearly **Social Ecological perspective** proposed by Gregson et al. (2005); Latkin and Knowlton (2005) which advances that, to be effective and sustainable, HIV-prevention interventions need to be

sufficiently powerful to counteract prevailing social norms and diffuse through the targeted community to provide social reinforcement for behaviour change. The social ecological perspective is employed to understand the health problems and factors that affect groups of people and influence health in communities. Such factors include; the individual (intra - personal), the people we interact with (interpersonal), the groups or organizations we belong to, the community we live in, the media we are exposed to, and the policies that shape our worlds. The theory further indicates that behaviours are generated and perpetuated through socially or environmentally structured social interactions. It has to be scored here as well that that community based interventions must be sufficiently powerful and flexible to address the needs of diverse subgroups as well as overcome countervailing norms that may dissipate the behaviour changes.

5.3 Conclusion

As a way of concluding, the research has found out that ecological factors such as interpersonal, intra-personal and social environmental factors impede current behavioural interventions for female adolescent learners to prevent them from contracting HIV/AIDS. First and foremost the individual is at risk depending on his or her perception of what is risky and what is not. Based on the interaction with others, the interpersonal factors such as peer pressure and poverty play a significant role in predisposing female adolescent learners to risky behaviours. HIV prevention intervention approaches that target behavioural settings and provide participants with socially meaningful and rewarding behavioural options that are consistent with valued pro-social identities or roles need to be identified.

5.4 Contribution made by this study

The following are regarded as contributions of this study:

- The successful implementation of behaviour change interventions depends on many factors. In any given community socio – economic or cultural factors can influence the spread of HIV amongst its young population, these factors could be similar to those presented in this study or unique to the community in question according to local context and that interventions for one area can not work in another therefore some intervention can be unique for the country or region but other should be formulated depending on the local context of the people concerned.
- To the best knowledge of the researcher, this is the first study undertaken in Nkhotakota District to understand why there is a behaviour change problem among female adolescents in the area and the lessons learned from this research do have relevance for other communities with a high HIV prevalence amongst youth, both within Malawi and further afield.

5.5 Recommendations

It is recommended that:

- Sensitisation programs should be implemented by the all the stake holders involved in HIV/AIDS campaigns to iron out the current misconceptions which the society is harbouring due to lack of knowledge.

- Government should train more counselors. This is necessary because counselors are equipped with skills and techniques which they can use in guiding and modifying adolescents' sexual behaviours.
- Counselors should organize interactive sessions with the adolescents in secondary schools in Nkhotakota on quarterly basis
- Stakeholders involved in HIV/AIDS campaigns should consider sensitising parents who involve their children in fish snack business on the risks their children are exposed to.
- Churches, Mosques and faith based organisations should also be involved and funded on HIV/AIDS programs because this is where people from all walks of life meet. This can assists because people respect what church leaders say and they are likely to follow what they have been told.
- Empower chiefs on issues of HIV/AIDS who have a command over their people in the community and they also meet the people now and then and if the messages are communicated by them the people can easily change.
- Schools should consider inviting specialists on HIV/AIDS to have talks with the students on issues related to HIV/AIDS in order to iron out misconceptions amongst them.
- Making life skills education at secondary school compulsory and be extended to villages.
- Establishing community youth centres will also provide opportunities for them to meet and discuss issues of concern to them and learn vocational skills with which they can improve their socioeconomic status.
- Interventions should aim to modify boys' sexual and gender-related attitudes, values and behaviours so as to promote sexual health and ensure equity between them and their partners in sexual health decision making.

5.6 Recommendations for further research

Further research could look at studying the following:

- An assessment of the relationship between religion and risk taking behaviours.
- Comparative analysis of knowledge of HIV/AIDS between adolescents and parents.

REFERENCES

Adedimeji, A.A. (2005). *Beyond knowledge and behavior change: The social-structural context of HIV/AIDS risk perceptions and protective behavior among young urban slum inhabitants in Nigeria.* Boston. Harvard School of Public Health.

Aggleton, P.,& Campbell, C. (2000). Working with young people: Towards an agenda for sexual Health. *Sex and Relationship Therapy*, 15(3), 283-296.

Ajzen, I. (1985).From Intention to action: A theory of planned behaviour. In J. Kuhla & Beckman(Eds.),*Action-Control : From cognitive to behaviour*. Heidelberg: Springer.

Ajzen, I.,& Fishbein, M. (1980). *Understanding attitudes and predicting social behaviour*. New Jersey: Prentice Hall, Inc.

Ajazen, I.,& Madden, T.J. (1986). Prediction of goal directed behaviour: Attitudes, intention, And perceived behaviour control. *Journal of Experimental Social Psychology*, 22, 453-474.

Alemu, H. (2004). *Factors predisposing out of school youth to high risk Sexual practice with respect to HIV infection in Bahir Dar town, northwest Ethiopia.* Un published masters' report, Addis Ababa University, Ethiopia.

Anderson, J.E., Wilson, R., Doll, L., Jones, S., Barker, P. (1999). Condom use and HIV risk behaviors among US adults: data from a national survey. *International Family Planning Perspectives,* 31; 24-28.

Andrew, J.K., & Caroline, G.K.(2000). Perceived behavioural control for HIV/STD prevention among African – American Undergraduate students. *The health education monograph series,* 18(1).

Atkinson, R. (1998). *The live story interview*. Thousand Oaks, CA: Sage.

Avert. (2012). *HIV/ AIDS in Malawi*. Retrieved from http://www.avert.org/aids-malawi.html

Ayotte, B. (2002). Health Professionals' Call to Action on HIV/AIDS. *Journal of Ambulatory Care Management*, 25(3).

Banda,Z. (2013).*Cultural Practices, Perception Key Factors in Malawi's AIDS Epidemic*. World Bank office: Malawi.

Barker, G., & Rich, S. (1992).Influences on Adolescent Sexuality in Nigeria and Kenya: Findings from Recent Focus-Group Discussions.*Studies in Family Planning*, 23(3), 199-210.

Barker, J. (2010). *Fighting HIV/AIDS in Malawi: Exploring the underlying factors that play a role in the spread of HIV/AIDS amongst teenage girls in Zomba, Malawi.* Un published masters' report, University of Amsterdam, Holland.

Barnett, B.,& Whiteside, A. (2006). *AIDS in the Twenty-First Century: Disease and Globalisation* (2nd ed.). Basingstoke: Palgrave Macmillan.

Barker, G.,& Rich, S. (1992). Influences on Adolescent Sexuality in Nigeria and Kenya: Findings from Recent Focus-Group Discussions.*Studies in Family Planning*, 23(3).

Baxter, P.,& Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report*, 13(4), 544-559. Retrieved from http://www.nova.edu/ssss/QR/QR13-4/baxter.

Biska, T. (2008). Cultural factors that affect sexual and reproductive health in Malawi. *Journal Of Family Planning Reproductive Health Care*, 34(2), 79-80.

Bisika, T. (2009). Sexual and reproductive health and HIV/AIDS risk perception in the Malawi tourism industry.*Malawi Medical Journal*, 21(2), 75 – 80.

Bronfenbrenner, U. (1979). Contexts of child rearing: Problems and prospects. *American Psychologist*, 34, 844-850.

Bryceson, D.,& Fonseca, J. (2006). *An Enduring or Dying Peasantry? Interactive Impact of Famine and HIV/AIDS in Rural Malawi*. Retrieved from http://www.ifpri.org/pubs/*books*/oc50.asp.

Caldwell, J.C. (1999).*Reasons for limited sexual behavioral change in the sub-Saharan Africa AIDS epidemic and possible future intervention strategies*. Canberra: Australian National University.

CAMFED. (2013). Annual report for schools. Nkhotakota : CAMFED.

Chirwa, G.W. (2009). *A case study of challenges facing the implementation of Life skills Education in primary schools in Zomba district, Malawi*.Un published masters' report, University of the Witwatersrand, Johannesburg.

Cohen, L., &Manion, L. (1986). *Research methods in education*. London: Croom Helm.

Denscombe, M. (2003). *The good research guide for small scale social research projects.* (2nd ed.). Maidenhead: Open University Press.

Desmond, C. (n.d). HIV and Development program: Poverty and HIV/AIDS in Sub-Saharan Africa, 27. Retrieved on August 6, 2015 from http:www.library.unescoiicba.org

DiClemente, R., Zorn, J.,&Temoshok, L. (1986). Adolescents and AIDS: A Survey of Knowledge, Attitudes and Beliefs about AIDS in San Francisco. *American Journal of Public Health*, 76(12),1443-1445.

Ebeniro, C.D. (2010). Knowledge and beliefs about HIV/AIDS among male and female students of Nigerian universities. *Journal of comparative research in anthropology and Sociology,* 1(1), 121-131.

Edem, C.U.,& Harvey, S.M. (1995). Use of health belief model to predict condom use among university students in Nigeria.*International Journal of Community Health Education*, 15, 3-14.

Gage, A.J. (1998). Sexual activity and contraceptive use: the components of the decision making Process.*Studies in Family Planning,* 29(2), 154-66.

Gamey, A. (1997, November). Minister blames parents for bad behaviour of parents. Retrieved 2 August, 2015 http//www.ghanaweb.com

Gordon, A. (2005). HIV/AIDS in the fisheries sector in Africa. In K.K. Holmes, R.Levine& M. Weaver. (2004). Effectiveness of condoms in preventing sexually transmitted Infections.*Journal of medical research*, 82, 454-461.

Gregson, J., Foerster, S., Orr, R., Jones, L., Benedict, J., Clarke, B., Hersey, J., Lewis, J. & Zotz, K. (2001). System, environmental, and policy changes: Using the social-ecological model as a framework for evaluating nutrition education and social marketing programs with low-income audiences. *Journal of Nutrition Education*, 33, 4-15.

Hailonga, D. P. (2007). Adolescent Sexuality: Negotiating between Tradition and Modernity. In: S. LaFont, & D. Hubbard (eds). Unravelling Taboos: Gender and sexuality in Namibia. *Gender Research and Advocacy project*, 130-147.

Jacaranda Foundation.(n.d). *Building Schools, providing education, preventing AIDS in Malawi.*Retrieved 24 June, 2014 from http://www.jacarandafoundation.org/Issues.html

Jejeebhoy, S.J. (1998). Adolescent sexual and reproductive behavior: A review of evidence from India. *Journal of Social Science and Medicine,* 46(10), 1275-1290.

Johnson, E.H. (1993). *Risky sexual behaviours among African –Americans*. Westport, Conn: Praeger.

Kamanga, S.B. (2012). *Exploring factors that motivate teachers in secondary schools: A case study of four secondary schools in Karonga District*. Unpublished masters' report Mzuzu University, Malawi.

Kamau, A.W. (2006). *Factors influencing access and utilisation of preventive reproductive health services by adolescents in Kenya: A case study of Murang'a District*. Bielefeld University: Germany.

Kambewa, P., Nagoli, J., &Hüsken, S.M.C. (2009). *Vulnerability of female fish traders to HIV/AIDS along the fish market chain of the southeastern arm of Lake Malawi. Analysis report*. Zomba: The World Fish Center.

Kaufman, C. E., Clark, S., Manzini, N. & May, J. (2004). Communities, opportunities, and adolescents' sexual behaviour in KwaZulu-Natal, South Africa. *Studies in Family Planning*, 35(4), 261-27.

Kelly, J. G., Ryan, A. M., Altman, B. E., & Stelzner, S. P. (2000). Understanding and changing social systems: An ecological view. In J. Rappaport, & E. Seidman (Eds.), *Handbook of community psychology*, 133-159.

Kiragu, K., &Zabin, L.S. (1995). Contraceptive Use among High School Students in Kenya. *International Family Planning Perspectives*, 21(3):108-13.

Kolawole, E.I.(2010).*Awareness and perceptions of HIV/AIDS preventive strategies among students of Universities of Zululand and Ado-ekiti*. Un published Phd report, University of Zululand, South Africa.

Kreag, G. (n. d).*The Impacts of Tourism*. Retrieved from: http://www.seagrant.umn.edu/tourism/pdfs/ImpactsTourism.pdf

Latkin, C. A. &. Knowlton, A. R. (2005). Micro-social structural approaches to HIV prevention: a social ecological perspective. *Johns Hopkins Bloomberg School of Public Health*,1- 12.

Lather, P. (1992). Critical frames in educational research: Feminist and post-structural perspectives. *Theory into Practice*, 31(2), 87-99.

Lincoln, Y., &Guba, E. G. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage.

Magnani, R.J., Karim, A., Weiss, L., Bond, K., Lemba, M., & Morgan, G. (2001). Reproductive health risk and protective factors among youth in Lusaka, Zambia.*Journal of Adolescent Research*, 30, 76–86.

Majelantle, R.G., Keetile, M., Bainame, K.,&Nkawana, P.(2014). Knowledge, Opinions and attitudes towards HIV and AIDS among youth in Botswana. *Journal of Global Economics*, 2(1).

Malawi Government. (2003). *National HIV/AIDS Policy: A call for renewed action*. Lilongwe: Office of the president and Cabinet.

Mann, J.M., Nzilambi, N., &Piot P. (1998). HIV infection and associated risk factors in female prostitutes in Kinshasa. *AIDS*, 2(4), 249-254.

March, J. G., & Simon, H. A. (1959). *Organisations*. New York: John Wiley.

McMillan, J.S., & Schumacher, S.S.(1993). *Research in Education: A Conceptual Introduction* (3rd ed.). New York: Harper Collins College Publishers.

Meekers, D.,& Klein, M. (2002). Determinants of Condom use among Young people in Urban Cameroon. *Studies in Family Planning*, 33(4), 335-346.

Merriam, S. B. (1998).*Qualitative Research and Case Study Applications in Education*. San Francisco: Jossey-Bass Publishers.

Mertens, D. M. (1998).*Research Methods in Education and Psychology: Integrating diversity with quantitative and qualitative approaches*. Thousand Oaks, CA: Sage Publications, Inc.

Miles, M.B., & Huberman, A.M., (1994). *Qualitative Data Analysis: An Expanded Sourcebook.* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.

Mirriam, J.T., Friday, E.O., Francesca, O, O., Elisha, P.R., Paul, C.H., Kriss, H., & Joan, K. (1999). Perceptions of sexual behaviour and knowledge about sexually transmitted diseases among adolescents in Benin City, Nigeria. *International family planning perspective*, 25(4), 186 -195.

Moyo AIDS Foundation. (2013). *Capacity Building*. Retrieved from http://www.moyofoundation.org/hiv-in-malawi.html

Munthali, A., Chimbiri, A.,& Zulu, E. (2004). *Adolescent Sexual and Reproductive Health in Malawi: A synthesis of Research Evidence*. New York : Alan Guttmacher Institute.

Mwenda, M, N. (2012). *Factors affecting utilization of youth friendly Voluntary counseling and testing services among Youth attending day public secondary schools in Nairobi, Kenya*. Un published masters' report, Kenyatta University, Nairobi.

National Statistical Office. (2005). *Malawi Demographic and health survey 2004*. Zomba: National Statistical Office.

Ndengu, D.M. (2012). *Designing and conducting qualitative research: A Guide for Post Graduate Students in Social Sciences*. Mzuzu :Mzuni Press.

Ngwira, N., Bota, S., &Loevinsohn, M.(2001).HIV/AIDS, Agricultureand food

security in Malawi: background to action.*Renewal working paper, 1*

Ocran, W.,&Danso, M.Y. (2009). *Male adolescents' knowledge, perceptions and attitudes towards HIV/AIDS prevention: A case study of Elembelle District in Ghana*. Unpublished BA Research report,Jyvaskyla University of Applied Sciences, Ghana.

Offer, D., Ostrov, E., Howard, K., & Atkinson, R. (1988). *The teenage world: Adolescents' self-image in ten countries.* New York: Plenum Medical Book Company.

Onoh, H.E., Mbah, A.U., Chukwuka, J.C., &Ikeme, A.C. (2004). HIVAIDS awareness and sexual practices among undergraduates in Enugu, Nigeria. *Nigerian Postgraduate Medical Journal, 1 (2), 121-125.*

Oshi, S. N., Ezugwu, F. O., Oshi D. C., Dimkpa U., Korie F. C. &Okperi B. O. (2007). Does self perception of risk of HIV infection make the youth to reduce risky behaviour and seek voluntary counseling and testing services? A case study of Nigerian Youth. *Journal of Social Sciences, 14(2): 195-203,* 14(2), 195-203.

Otoide, V.A., Orosanye, F. &Okonofua, F.E. (2001). Why Nigerian Adolescents use induced abortion rather than contraception: evidence from focus group discussions. *International Family Planning Perspectives*, 27, 77-81.

Patt, T. (2001). People and society. Zomba : Chancellor College Publications.

Patton, M., & Westby, C.(1992). Ethnography and research: A qualitative view. *Topics in Language Disorders*, 12 (3), 1–14.

Peltzer, K. (2000). Factors affecting condom use among senor secondary school pupils in South Africa. *Psychological Report*, 46(11), 302-308.

Perrino, T.,Gonzallez, A.,Pantin, H.,&Szapocznik, J. (2000). The role of families in adolescent HIV prevention: A review. *Clinical Child and Family Psychological Review*, 3(2): 81-96.

Punch, K. (1998). *Introduction to social research: Quantitative and qualitative approaches*. Thousand Oaks, CA: Sage Publications, Inc.

Rosenstock, I., Strecher, V., & Becker, M. (1994). The Health Belief Model and HIV risk behaviour change. In R. J. DiClemente& J. L. Peterson (Eds.), *Preventing AIDS: Theories and Methods of Behavioural Interventions*. New York: Plenum Press.

Rosen, J.E., Nancy, J.M., & Scott, M. (2004). *Sexuality Education in Schools*. The International experience and implications for Nigeria. *Policy working paper,* 12.

Sabone, M., Ntsayagae, E., Brown, M. S., Seboni. N. M., Mogobe, K. D.,&Sebego M. (2007). Perceptions of undergraduate students not participating in HIV/AIDS prevention activities in Botswana. *International Nursing review, 54, 332-338.*

Smith, D.J. (2003). Imagining HIV/AIDS: morality and perceptions of personal risk in Nigeria. *Medical Anthropology*, 22(4), 343-72.

Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage.

UNAIDS. (2001). *UNAID Responds to HIV/AIDS*. UNAIDS, Geneva.

UNAIDS. (2000). *Report on the global HIV/AIDS epidemic*. UNAIDS, Geneva.

UNAIDS. (2005). *Report on the Global HIV/AIDS Epidemic*. UNAIDS, Geneva.

UNAIDS. (2006a). *Report on the Global HIV/AIDS Epidemic*. UNAIDS, Geneva.

UNAIDS. (2008). *Report on the Global HIV/AIDS Epidemic*. UNAIDS, Geneva.

UNFPA. (2003). *The state of the world population, 2003. Making one billion count: investing inadolescents' health rights.* New York: United Nations Population Fund.

Vine, R. (2009). *Research paradigms: positivism, interpretivism, critical approach and post structuralism.* Sydney: Ruby Vine Pty Ltd.

Webber, R. P. (1990). *Basic content Analysis*. (2nd ed.). Newbury Park, CA: Sage.

Weiss, E., Whelan, D., & Gupta, G.R. (1996). *Vulnerability and opportunity: Adolescents and HIV/AIDS in the developing world*. Washington DC: International Centre for Research on Women.

World Bank. (1997). *Confronting AIDS: Public priorities in a global epidemic*. New York:

Oxford University Press.

Youm, Y., & Laumann, E. O. (2002). Social network effects on the transmission of sexually transmitted diseases. *Sexually Transmitted Diseases*, 29, 689- 697.

.

APPENDICES

A) Letter of permission to the Education Division Manager to conduct research in Nkhotakota District

My name is Gray D Chipatangwe a Master of Education student at Mzuzu University. I am currently working to complete my master's degree requirements. In this attempt, I am conducting research to explore behaviour change problem among female adolescents in Nkhotakota District.

The results of the study will be an eye opener to different stakeholders who are involved in the fight against HIV/AIDS as they will know the actual problems why female adolescent youth continue engaging in risky sexual behavior in spite of all the interventions by different stake holders to effect behaviour change.

I am writing this letter first to inform you of the research and second to obtain your permission to solicit teacher participants and female adolescent youth from your division and conduct a research.

The research calls for the following; female adolescent youth of the age group 15 – 24 years, life skills education teacher and the District AIDS Coordinator.

If you have any questions or you would like to discuss this research, you should contact me on 0881 158 263 or Dr. Domnic M. Ndengu (Dissertation Supervisor) on 0 999 245 017

Please complete the portion of the consent form below:

Date: _____ Name: _____

Print name

Name: _____ Title: _____

Signature

Name of Division: _____

Name of Investigator: _____

B) Consent Form - Participants

Dear participant,

I am Gray D Chipatangwe a Master of Education Degree at Mzuzu University. My research study for the degree is an Exploration of behaviour change problem among female adolescents in Nkhotakota District. The results of the study will be an eye opener to different stakeholders who are involved in the fight against HIV/AIDS as they will know the actual problems why female adolescent youth continue engaging in risky sexual behavior in spite of all the interventions by different stake holders to effect behaviour change.

I have written this letter to request you to participate in the research. Participation is voluntary and any participant is free to withdraw at any time they wish.

The teachers and the District Youth Officer will be interviewed and the female adolescents will conduct focus group discussions.

I_____ do/ do not accept participating in the study.

Signature_____ Date _____

C) Interview questions for the District Youth officer

Core question

HIV/AIDS is one of the diseases which have affected many people in the world. Would you please tell me more about HIV/AIDS in Nkhotakota District especially as it concerns female adolescents.

The following will be the follow up questions;

1. Which is the most vulnerable group to HIV/AIDS in Nkhotakota District? Why?

2. What activities predispose female adolescent youth to HIV/AIDS in Nkhotakota district?

3. What cultural activities and practices predispose female adolescent youth to HIV/AIDS in Nkhotakota District?

4. Are there any interventions available towards HIV/AIDS prevention among female adolescents in Nkhotakota District?

   - What are they? Who offers them? How effective are they?

5. How would you describe the change in behaviour among female adolescents with these interventions available?.

6. Why do you think some female adolescent youth fail to change in spite of all these interventions available?.

D) Focus Group Discussion Questions for Female Adolescents Youth

Core question

HIV/AIDS is one of the diseases which have affected many people in the world. Would you please tell me more about HIV/AIDS in Nkhotakota District especially as it concerns female adolescents.

The following will be the follow up questions;

1. Where do you get messages about HIV/AIDS? How effective are they?

2. What HIV/AIDS preventive measures do you know?

   Do girls really abstain? Why is it that they do not abstain?

   Where are condoms accessed?

   Are there any problems in accessing the condoms? What are they?

3. Why do you think female adolescent youth fail to change their behaviour in spite of all the interventions by different stake holders?

E) Interview Questions for Teachers

Core question

HIV/AIDS is one of the diseases which have affected many people in the world. Would you please more about HIV/AIDS in Nkhotakota District.

The following will be the follow up questions;

1. Which is the most vulnerable group to HIV/AIDS at your school?. Why?.

2. What activities predispose female adolescent youth to HIV/AIDS?

3. What cultural activities predispose female adolescent youth to HIV/AIDS?

4. Are there any interventions available towards HIV/AIDS prevention among female adolescents in Nkhotakota District?

What are they?

Who offers them?

How effective are they?

5. How would you describe the change in behaviour among female adolescents with these interventions available?.

6. Why do you think some female adolescent youth fail to change in spite of all these interventions available?.