

# **GROWING INTO ADULTHOOD IN MALAWI: EXPERIENCES AND REACTIONS OF ADOLESCENTS TO BODY CHANGES**

by

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## **Abstract**

As boys and girls grow into adults, there is a need for them to be provided with factual information on sexual and reproductive health, including the body changes that occur during and around puberty. In many African countries, including Malawi, initiation ceremonies constitute one of the most important sources of information on sexual and reproductive health. However, information on experiences and reactions of adolescents to body changes is scarce. Using data from 102 in-depth interviews with adolescents aged 12-19 years old conducted in urban and rural Malawi, this paper provides insight into adolescents' knowledge, experiences and perceptions about body changes, their sources of information about body changes and the usefulness of such information. The results, as documented and discussed in this paper, are important as they can contribute to the better design of information packages that would better address the sexual and reproductive health needs of adolescents.

## **Introduction**

The HIV/AIDS prevalence rate in Malawi is one of the highest in the world with an estimated 14.4% of those aged 15-49 years old being infected. HIV prevalence is higher in urban areas at 23% compared to 12% in the rural areas<sup>1</sup>. Such a high prevalence of HIV suggests a crisis of mammoth proportions in a country already experiencing one of the worst levels of poverty and food insecurity in the world. According to the National Statistical Office, 65.3% of the Malawi population live in extreme poverty<sup>2</sup>. Most devastating has been the impact of HIV and AIDS on life expectancy and orphanhood. Life expectancy has declined from an average of 48 years at the end of the 1980s<sup>3</sup> to approximately 39 years by the turn of the century which, according to the UNFPA's report on the *State of the World Population 2004*, is the 5<sup>th</sup> lowest in the world. The impact of HIV/AIDS on the economically active young and middle-aged population is the main cause of a slowed economy in Malawi. While overall national HIV prevalence appears to have stabilised in the country in recent years, an increase in the number of

orphans is inevitable because of those who are already infected. Currently, it is estimated that there are 1,008,000 million orphans, half of whom were orphaned due to HIV/AIDS. The majority of the orphans are in the age group 10-18 years<sup>4</sup>.

The National HIV/AIDS Policy adopted in 2003 and other related policies on adolescent sexual and reproductive health issues detail the policy statements and implementation strategies aimed at ensuring that the youth are protected from HIV/AIDS and hence ensure that Malawi will have an AIDS-free generation. The focus of HIV/AIDS prevention programmes on adolescents is important because they constitute 23% of the Malawi population, hence a significant proportion that cannot be neglected. It is also important to focus on adolescents because HIV prevalence is high among those aged 15-24, where the prevalence rate is estimated at 17.9%<sup>5</sup>. Prevalence among adolescents aged 12-14 years is still very low, hence there is a need for them to know how they can protect themselves against HIV before they become sexually-active<sup>6</sup>.

There are a number of initiatives in Malawi which specifically target the youth to ensure they are knowledgeable about the ways HIV is transmitted so that they can make informed decisions to prevent contracting the virus. The inclusion of HIV/AIDS in school curricula<sup>7</sup>; the introduction of life skills education, which is essentially an extra-curricula activity<sup>8</sup>; the *Why Wait?* Educational Programme; and the AIDS TOTO clubs<sup>9</sup> are some of the major activities and programmes that have been initiated in Malawi to equip adolescents with appropriate skills and knowledge on how to deal with key challenges facing adolescents including HIV/AIDS. Because of these programmes and other IEC campaigns that have been conducted in Malawi, knowledge among adolescents about HIV/AIDS is almost universal<sup>10</sup>.

### **Purpose of the paper**

While a number of studies on adolescent sexual and reproductive health have been done in Malawi since the advent of the HIV/AIDS pandemic, there are still some gaps that need to be filled if adolescent sexual and reproductive health is to be understood. The *Protecting the Next Generation: Understanding HIV Risk Among Youth* (PNG) project is a collaborative study which is being conducted by The Alan Guttmacher Institute (AGI) and partner organizations in Burkina Faso, Ghana, Kenya, Malawi, and Uganda. The implementation of the project started in 2002 and is expected to finish in 2006. The overall goal of this project is to provide an in-depth understanding of adolescent behaviors, attitudes and motivations which make them vulnerable to HIV/AIDS, other STIs and unwanted pregnancy. Based on the results from this study, recommendations will be made to policy makers and programme managers on what needs to be done to reduce the spread of HIV among adolescents.

As part of the PNG project, a comprehensive review of studies on adolescent sexual and reproductive health in Malawi was conducted and this review further identified areas which need further research<sup>11</sup>. In March 2003 FGDs were conducted with male and female, in-school and out-of-school and married and unmarried adolescents. These FGDs informed the development of the survey questionnaire and the guide for in-depth interview with adolescents. A comparative report based on FGDs conducted in the four

participating countries has since been published<sup>12</sup>. A nationally representative household survey of 12-19 year old adolescents was conducted in Malawi by the National Statistical Office in conjunction with MACRO International in early 2004 and 4,012 adolescents participated in this survey. Analyses of the survey data are ongoing.

This paper draws on data from the survey data and the in-depth interviews with adolescents which were also conducted as part of the PNG project in Malawi. A detailed methodology and rationale for the in-depth interviews with adolescents is given below. As boys and girls grow into adults, there is need for them to be provided with factual information on sexual and reproductive health, including body changes that occur during and around puberty. The changes that occur in the body in this context include the growth of pubic hair; the changing of voices into bass in boys and “tenor” or “being soft” in girls; the initiation of menstruation and the growing of breasts in girls; the growth of chest and facial hair and the experience of “wet dreams” in boys among other body changes. Advance knowledge about body changes that occur at puberty is important so that adolescents should not be taken unawares when they experience these body changes and, more importantly, they should know the implications of undergoing these changes with regard to sexual and reproductive health. For example, adolescent girls should know in advance what it means to start menstruating and boys should know what it means to experience wet dreams.

This paper explores adolescents’ knowledge about the body changes that occur as boys and girls are growing into adults, the source of information about body changes, whether they have experienced any body changes and how they reacted when they first experienced the body changes. Based on these results the paper further suggests some policy and programme implications. However before presentation of the results, a detailed methodology will be given below in order to understand the context in which these in-depth interviews with adolescents were done.

## **Methodology**

The data upon which this paper is based were collected through in-depth interviews (IDIs) with in-school and out-of-school, male and female, married and unmarried (with or without children) adolescents aged 12-19 years old in October-November 2003. These IDIs provided a better understanding of the factors that influence adolescents’ decisions and behaviors related to prevention of HIV/AIDS and unwanted pregnancy, with a specific focus on the nature of adolescents’ sexual relationships and health-care seeking behaviors. A total of 102 IDIs were conducted in Blantyre, the largest commercial city in Malawi, and four other rural districts: Mangochi in the southern region, Mchinji and Ntchisi in the central region and Rumphi in the northern region. The choice of these districts was done to capture the cultural diversity prevailing in Malawi. Forty-two IDIs were held in the City of Blantyre while another 42 IDIs were held in the four rural districts. Eighteen (18) other interviews were conducted with “special groups” of adolescents, namely those who lived or worked on the streets, orphans living both within the community and orphanages, because of the special risks these adolescents likely face compared to adolescents who live in households. These interviews were conducted by

young men and women aged 17-25 years old and were done in three languages: Chichewa, Chiyao and Chitumbuka.

During fieldwork, the research team presented letters of introduction to the Chief Executive of the City of Blantyre and the District Commissioners for the 4 rural districts. In each enumeration area, permission was obtained from the local chiefs or their representatives. In urban Blantyre, the identification of households was done through a random sampling approach while in the rural areas a social mapping approach was used in which young men and women in each village assisted the research team to identify eligible respondents and location of their households in the village. A screen form was used to determine the availability of eligible adolescents in the households before finally making a decision of whom to interview. The interviews lasted an average between 45 minutes and 120 minutes and informed consent was obtained from parents, other caretakers and the children themselves.

There were, however, challenges with regard to identification of some eligible respondents. For example, it was particularly difficult to locate a sufficient number of cases of 12-14 year old adolescents who were out-of-school because of the free primary education which was introduced in Malawi in 1994; hence most of these children were at school. In urban Blantyre it was difficult to locate married or unmarried adolescents with children using the random sampling approach described above; hence members of the community were asked if they knew any adolescent females who had children in their area. Despite the existence of other challenges, the random sampling and the social mapping approaches to identifying eligible respondents worked very well.

The IDIs with adolescents covered a wide range of issues as they were aimed at providing a deeper understanding of the sexual and reproductive health issues that affect adolescents. The issues which were covered in the IDIs with adolescents included how intimate relationships with the opposite sex developed including the context in which adolescents had the first sexual experience and the subsequent sexual relationships; the prevailing health problems and how adolescents sought care including seeking care for STIs; the major concerns for adolescents, how they compare these concerns to HIV/AIDS and their perceptions about HIV/AIDS and premarital pregnancy; sources and preferred sources of information about HIV/AIDS and pregnancy; membership to social groups and the role these social groups have in their lives; and the aspirations and perceptions of self. This paper examines the adolescents' experiences and perceptions about body changes, especially comparing views of females to those of males. This is important because in general there is a paucity of literature on experiences and perceptions of adolescents about body changes that occur at puberty and the implications that these changes have on adolescent sexual and reproductive health.

All interviews were written up by research assistants and later translated into English. The qualitative analysis software N6 was used in the analysis of the IDIs. A coding scheme using 7 general codes was developed to capture the main issues in the IDIs. The transcripts were coded using N6 qualitative software, text searches on puberty and initiation rite experiences were read; and the authors prepared summary matrices of the

substantive themes on each issue by gender of the respondents. Summary text was then written based on common themes arising from the matrices.

## **Results**

### **Knowledge about body changes which occur as young persons grow into adults**

During the IDIs adolescents were asked about the changes that occur in the body when a young person is growing into an adult. Adolescents mentioned some body changes more frequently than others. Regarding body changes in males, more than half of the male respondents mentioned the growth of beards and the growth of pubic hair while nearly half of the respondents mentioned development of a deep voice and wet dreams and/or production of sperm. Just less than a quarter of the male respondents mentioned the growth of armpit hair, and the development of pimples and the growth in terms of size of private parts were mentioned less frequently. While the adolescent males were asked about the body changes that occur in boys as they grow up, it was interesting to note that a good proportion of the male adolescents (a quarter) mentioned that as boys grow into adults they develop interest in girls.

With regard to body changes in girls as they grow into adults, the growth of breasts was mentioned by nearly all the female respondents while just more than half of the female respondents mentioned the onset of the menstrual cycle and the growth of pubic hair. A little less than one quarter of the female respondents mentioned the growth of armpit hair as a change that occurs in females at puberty. Far fewer females (only 4-5 respondents) mentioned the softening of the voices of girls, interest in boys and growth of pimples as changes that occur as girls grow into adulthood.

It should be mentioned that when adolescents were asked this question, some respondents responded spontaneously while others had to be probed in order to get their responses. Nevertheless these results show that a significant proportion of the respondents are knowledgeable about the body changes that happen as boys and girls grow into adulthood and that the growth of beards and pubic hair in males and the growth of breasts, the initiation of menstruation and the growth of pubic hair among females were mentioned more frequently than other body changes.

### ***Knowledge about body changes happening in the opposite sex***

In addition to asking respondents about the body changes that occur in their own sex, they were also asked about the body changes that occur in the opposite sex. When male respondents were asked about the body changes that occur in females, a number of body changes were mentioned but the majority of males (n=40) mentioned the development of breasts while a third of respondents mentioned menstruation (n=16). Nearly half of the female respondents mentioned the development of deep voices and less than a third of the respondents mentioned the growth of beards and the growth of public hair. Adolescents are thus more knowledgeable about the body changes that happen within their sex than the body changes that happen in the opposite sex. As one 16 year old respondent

emphasized during the interviews, it is difficult to know the body changes occurring in the opposite sex because they are not of that sex:

*Interviewer: What changes take place in a girl's body when growing up?*

*Respondent: When a girl is growing up what changes are the breasts.*

*Interviewer: What else changes?*

*Respondent: There is not much that I know because I am a boy (16 yr. old boy, Rumphu).*

It can also be seen from this discussion that regarding body changes in the opposite sex, it was more common for adolescents to mention body changes which are conspicuous; for example, male respondents mostly mentioned the development of breasts in females while females mentioned the development of deep voices and beards in males. Very few female respondents mentioned that boys have wet dreams when they reach puberty. It is important that the gap in terms of knowledge about body changes that occurs in their own sex as well as in the opposite sex should be addressed so that adolescents are aware of these body changes and what they mean as far as reproductive health is concerned.

### ***Sources of information about body changes***

As girls and boys grow into adulthood, they experience body changes and there is need for them to be told in advance and be prepared to experience these body changes. During the in-depth interviews adolescents were asked whether anyone ever talked to them about body changes that happen when a young person becomes an adult and when they were told about these changes. Nearly a third of the females reported that they did not receive any information about body changes while only 7 males reported this. This explains, as shall be shown later, why some adolescents were surprised when they experienced body changes.

There are a number of people that adolescents mentioned to have discussions with about body changes at puberty and these included teachers, parents, uncles, aunts, friends, grandparents, brothers, counselors and elderly relatives. Older sisters were a much more important source of information for females than older brothers were for males. More females than males mentioned that they discussed body changes with their grandparents and among females who mentioned grandparents, more were from the rural areas. None of the males from the rural areas mentioned that they discussed body changes with their mothers; however two urban 13 year old males said that they discussed body changes with their mothers. Two males and one female discussed body changes with their fathers. This female respondent further added that she did discuss menstruation with her father because her mother and sisters were away and she thought that the blood flow was some form of sickness. Her father informed her that it was normal for girls to experience the blood flow and told her to buy cotton and even further advised her how to use it. In addition to relatives such as grandparents, parents, uncles, aunts, sisters and brothers, friends constituted another important source of information on body changes. One male explained that he had older friends who showed him the changes that they had undergone and explain to him what was going to happen to him.

More males (n=11) than females (n=4) mentioned schools as sources of information on body changes. It was mainly older adolescents, 15 years of age or older, who mentioned this source. In schools teachers taught adolescents about the body changes through subjects such as biology in secondary school and science, social studies and health education in primary school. A few respondents learnt about body changes through seeing older people bathing or reading books in the library. Only two respondents (one male and one female) said that they got information on body changes during initiation ceremonies.

With regard to other adolescent sexual and reproductive health issues, the major sources of information for adolescents are the radio, youth clubs, health facilities, schools and friends<sup>13</sup>. This study has shown that with regard to body changes it is mainly relatives, friends and schools which provide information on body changes to adolescents and youth clubs, the radio and health facilities were not mentioned at all as sources of such type of information.

### ***Content of discussions on body changes***

During the IDIs, adolescents who mentioned that they discussed body changes with other people were further asked about what was discussed. Two major issues that males reported discussing with other people were the growth of pubic hair and wet dreams. Approximately a third of the male respondents said they discussed wet dreams/the production of sperm. Nearly a fifth of the male respondents said that people discussed with them that they should propose, have sex or develop interests in girls especially after experiencing wet dreams. This was not mentioned by the female respondents. While a number of studies have mentioned that boys are given advice during the initiation ceremony to have sex in order to “spill the oil,” “clean the dust” and so on, only one respondent from Mangochi District mentioned that.

Most young women, after experiencing the first menstruation, asked their mothers, sisters, counselors and other elderly women who told them that there was nothing fearful or strange about the onset of menstruation as that was a sign of maturity that every woman experiences. It seems that a significant proportion of adolescent females are not informed about menstruation: girls asked older women *after* experiencing menstrual flow. Female respondents stated that during the discussions on menstruation, they were mainly advised on how to take care for themselves during menstruation. This care mainly centred around the use of a piece of cloth to avoid clothes being soiled with menstrual flow. Some women added that a piece of cloth that is used for cleaning up during menstruation should not be hung in the open as other people can use it for magical purposes that can result in death. A number of girls said that they were advised that during menstrual periods, no sex can take place because men can be hurt. According to the prevailing culture, if a man has sex with a menstruating woman, he will suffer from abdominal complications that can lead to death. Four adolescent males also mentioned this. While this is the explanation that is given, it can also be argued that the prohibition of sexual intercourse during menstruation is for purposes of hygiene. Ten (10) girls said

that they were told that they should not engage in sex with boys for fear of becoming pregnant. Several adolescent girls also mentioned that during menstruation they are also forbidden to put salt in relish because this can cause people who will eat the relish to fall sick.

### **Experiences and perceptions of body changes by adolescents**

During the IDIs, the majority of the adolescents interviewed said that they had experienced body changes. There were more female adolescents who reported having experienced body changes compared to males. Older adolescents aged 15-19 more likely reported having experienced body changes than younger adolescents aged 12-14. The majority of female respondents who had reported that they had experienced body changes reported that they experienced those changes at age 13 or younger. All of the female respondents from the rural areas reported having experienced body changes, even those aged 12 and 13. Only three females from Blantyre reported that they had not undergone any change and one respondent aged 12 said that she does not know the body changes that occur as young men and women grow into adults. While the majority of the male adolescents said that they experienced body changes when they were 14, 15 and 16 years of age, twelve males (including three males aged 15, 16 and 18) said that they had not experienced body changes.

The national survey of adolescents also examined the experience of and age at first menstruation or other pubertal changes, circumcision and initiation rites among adolescents by sex and age. The results are shown in Table 1 below. As was the case with the IDIs, it can also be seen from Table 1 that older adolescents aged 15-19 years were more likely to report have experienced puberty changes than younger adolescents aged 12-14. Approximately 67% of the male adolescents reported that they had experienced pubertal changes while 56.7% females adolescents reported having experienced these changes. The majority of the respondents experienced these changes by the time they were 14 years old. More female respondents (37.5%) reported having experienced initiation rites compared to males at 32.2% and the majority of those who had experienced initiation rites did so before they were 14 years of age.

While adolescents have experienced body changes as they grow into adulthood, there is however a paucity of information on how adolescents react to these changes. The following section therefore discusses how adolescents reacted when they experienced body changes as they were growing.

**TABLE 1. Experience of and age at first menstruation or other pubertal changes, circumcision and initiation rites among adolescents by sex and age, Malawi, National Survey of Adolescents, 2004**

Characteristic	Female			Male		
	12-14 (N=943)	15-19 (N=1055)	Total (N=1998)	12-14 (N=908)	15-19 (N=1125)	Total (N=2033)
<b>Experienced menstruation/male puberty changes</b>						
No	77.2	13.1	43.3	63.1	9.0	33.2
Yes	22.8	86.9	56.7	36.9	91.0	66.8
<b>Median age at first menstruation/male puberty changes</b>						
	N/A	N/A	15.1 years	N/A	N/A	14.6 years
<b>Age first experienced menstruation/male puberty changes†</b>						
≤ 10	4.7	0.3	1.1	9.5	1.5	3.5
11	5.1	0.9	1.7	8.9	3.4	4.8
12	28.0	8.1	11.8	30.1	11.5	16.1
13	41.1	14.6	19.6	37.8	17.4	22.4
14	21.0	26.4	25.4	10.4	24.3	20.9
15	N/A	29.9	24.2	N/A	26.3	19.8
16	N/A	12.0	9.7	N/A	8.0	6.0
17 or older	N/A	5.9	4.8	N/A	5.1	3.8
Don't know	0.0	2.0	1.6	3.3	2.5	2.7
<b>Experienced initiation rites</b>						
Yes	26.0	47.8	37.5	25.0	38.0	32.2
No	73.0	51.0	61.4	74.0	61.9	67.3
Don't know	1.1	1.1	1.1	1.0	0.1	0.5
<b>Age first experienced initiation rites§</b>						
≤ 10	37.4	18.7	24.8	42.4	29.0	33.6
11	14.8	5.8	8.7	22.8	6.6	12.2
12	24.3	12.9	16.6	18.3	17.5	17.7
13	11.5	11.2	11.3	12.5	13.0	12.8
14	6.2	16.5	13.2	0.0	12.3	8.0
15	0.0	17.1	11.5	0.0	7.8	5.1
16	0.0	11.8	7.9	0.0	5.9	3.9
17 or older	0.0	5.0	3.4	0.0	6.4	4.2
Don't know	5.8	1.0	2.6	4.0	1.7	2.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

### ***Reactions to body changes***

Among females the most common reaction to body changes (n=14) was surprise, puzzlement, wonderment and in some cases fear of what was happening to them as nobody had ever told them that this was what they would experience. This was mainly in relation to menstruation. More females in rural areas reported being surprised at the body changes than females in the urban areas. The respondents who expressed this sentiment related how they sought out other females for advice. Four males expressed similar sentiments that they were surprised about body changes and that they sought advice from other people. Adolescents in some cases were unable to properly describe the changes they were experiencing and in some cases even failed to attach a name to the changes: for example one male adolescent called sperms “bostic or sticky things,” another male respondent interpreted wet dreams as wetting one’s bed and for females menstruation was interpreted by one respondent as being injured while another female respondent thought she was suffering from bilharzia.

Of those who responded to the question about their reactions to body changes, three females said that they were not afraid and about a fifth of the male respondents said that they were not curious nor were they surprised when they saw body changes because they had heard people talking about body changes and had seen them in books; they had seen elderly people with the features; they had been told in advance and therefore knew that the body changes would occur hence it was not strange. Only seven of the female adolescents (approximately just more than a tenth) said that they were neither surprised nor curious about their body changes. The reasons that the female adolescents gave for not being surprised were that they were told by friends (for example that they will start menstruating), that breasts come from God and that everyone grows breasts.

In fact six respondents, four of them resident in Blantyre, said that they were happy to see body changes while others said that they felt good about these changes. One respondent from Mchinji added that the growth of pubic hair afforded young boys an opportunity to chat with older boys as before experiencing the changes they were castigated by older boys as being children not worth chatting with. Some female respondents also said that they were happy when they grew breasts because they knew that they were growing up and that they had envied friends with breasts who wore bras.

Five male respondents said that they were curious about the body changes they were experiencing and they asked other males (friends, uncles, grandfather or their fathers) for explanations. Only a few of these respondents asked their mother about the changes. Only three female adolescents said that they were curious about the body changes they were experiencing and they asked their female guardians about these changes. In some cases, the onset of body changes was also a cause of unhappiness or dissatisfaction among some adolescents. For example a 14 year old boy from Mchinji said that when he saw pubic hair growing he reacted by shaving it while another 18 year old boy said that he felt restless after experiencing the first wet dreams.

## **Conclusion**

This paper has shown that adolescents in general have some knowledge about the body changes that occur when boys and girls grow into adults but they do not really know the body changes that occur in the opposite sex apart from those body changes which are conspicuous. The paper has also shown that a considerable proportion of adolescents were never informed about the body changes that they would experience. This is why when they experienced these changes, they were very surprised and they did not understand what was happening to them. In some cases they could not even attach a name to things such as menstrual blood and sperm. It is important therefore that the existing systems for communicating such information to adolescents as discussed in this paper should inform them about body changes that they would experience including body changes that occur in the opposite sex. While teachers would constitute an important vehicle for delivering such type of information, other studies have shown their failure in teaching sexual and reproductive health issues including HIV/AIDS effectively because of cultural reasons. Initiation ceremonies constitute an important channel for communicating sexual and reproductive health information to boys and girls. As can be seen in this study, there were very few respondents who mentioned that they heard about body changes from initiation ceremonies.

It is important that adolescents should understand the body changes that occur at puberty and the implications that these body changes have on their sexual and reproductive health. The onset of menstruation in girls and the experiencing of wet dreams in boys for example are indications that they can get pregnant and they can impregnate a woman, respectively. Information about body changes and the accompanying implications should therefore be communicated to boys and girls well in advance so that when they experience these changes they should not be surprised and that they should understand and know the implications. It is also important that the body changes that occur at puberty should be demystified and youth NGOs and community-based organisations which are involved in adolescent sexual and reproductive health work should promote the discussions between boys and girls about the body changes that occur at puberty.

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