



RECOMMENDATIONS

» Based on this Report Card, a number of programmatic, policy and funding actions could be recommended to enhance HIV prevention for girls and young women in Malawi. These are that key stakeholders - including government, relevant intergovernmental and non-governmental organizations, and donors - should consider:

1. Review and strengthen Malawi's action in the light of the aspects of the **Political Declaration on HIV/AIDS** from the 2 June 2006 High-Level Meeting (to follow up on UNGASS) that particularly relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.

2. Enforce across the country all legislation that protects the rights and sexual and reproductive health of girls and young women, including in relation to early marriage. In particular, maximize the positive aspects of the **Prevention of Domestic Violence Act** - including its broad definition of the crime - but also broaden it out to ensure that, among other measures, legislation adequately covers unmarried women and workplace situations.

3. Ensure that a **'core package' of youth-friendly and integrated HIV-related services** (including access to treatment for sexually transmitted infections, voluntary counselling and testing and antiretrovirals) is available in at least all major district health outlets. Also, address some of the barriers to the use of such services, for example by more systematically incorporating youth-friendly and confidential approaches into the training of government health staff.

4. **Strengthen linkages** between adolescent sexual and reproductive health (including antenatal care) and HIV prevention, treatment, care and support services (including voluntary counselling and testing).

5. More aggressively promote a positive model of **voluntary counselling and testing** - one that emphasizes the benefits of knowing your HIV status, guarantees confidentiality and helps girls and young women cope with the aftermath, for example in terms of notifying their families and partners.

6. Promote universal access to **antiretroviral therapy**, while also promoting positive prevention. Ensure that girls and young women living with HIV, including those who are poor and in rural areas, can receive treatment in an environment that not only addresses their HIV status, but recognizes their needs relating to their gender and age.

7. Ensure that **educational environments** can provide 'holistic' HIV prevention support for girls and young women. For example: revoke the policy that prevents condom distribution in schools; ensure that peer educators are equipped to provide referrals to services in the community (such as for voluntary counselling and testing); and ensure that teachers receive adequate training and support to put life skills education into effective practice.

8. Strengthen the links between **HIV prevention and legal services** - so that if, for example, a woman taking an HIV test reports being raped, she can be referred to a group that can provide appropriate and sensitive legal support.
9. Strengthen the commitment to women's health, to deal with the health impact of **unsafe abortion** as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Note that any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process.

10. Implement a comprehensive rights-based approach to universal access to HIV prevention, treatment, care and support for **sex workers**. This includes addressing the economic, social, and gender-based reasons for entry into sex work, providing health and social services to sex workers, and providing opportunities for sex workers to find alternatives to sex work for those who choose to do so.

11. Introduce legislation, complemented by community programmes, to address **harmful cultural practices** that exacerbate HIV transmission. For example, prevent female initiation rites at puberty, ensure that girls are not put under pressure for early marriage, address female genital cutting / mutilation and discourage multiple and concurrent partnerships.

12. Promote models of HIV prevention programmes that offer adolescents and young people **wider choices**, and expand young peoples' access to a **broader range of information and commodities**, including male and female condoms.

13. Ensure that, whatever their context or audience, all sexual and reproductive health and HIV and AIDS programmes: address **gender relations**; facilitate the **participation** of and **dialogue** between both girls/young women and boys/young men; address some of the underlying contributors to girls' and young women's **vulnerability** (such as by promoting income generating activities); ensure the approach is embedded within the **community**; and promote a **sustained response**, rather than one-off action.

14. Design programmes that are specifically tailored to **young and older men** and address their role in supporting HIV prevention for girls and young women. In addition, more aggressively promote the **involvement of men** in sexual and reproductive health programmes. Ensure that, in particular, such efforts involve building life skills (such as listening skills) and addressing gender 'norms' (such as the acceptance of men having multiple sexual partners).

15. Facilitate the **participation of girls and young women**, particularly those living with HIV, in national planning and programming relating to HIV and AIDS, including through programmes to build their capacity in areas such as decision-making and public speaking.

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REPORT CARD HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



MALAWI

» **COUNTRY CONTEXT:**

Size of population:	12,300,000 ¹
Life expectancy at birth:	41.7 years ²
Percentage of population under 15 years:	46.5% ³
Population below income poverty line of \$1 per day:	41.7 % ⁴
Female youth literacy rate (ages 15-24):	54.0 % ⁵
Youth literacy rate (female rate as % of male rate, ages 15-24) between 1995-1999:	86% ⁶
Median age at first marriage for women (ages 25-49) in 2000:	17.8 years ⁷
Median age at first sex among females (ages 15-24) ⁱⁱ in 2000:	17 years ⁸
Median age at first sex among males (ages 15-24) in 2000:	16.5 years ⁹
Health expenditure per capita per year:	\$48 ¹⁰
Contraceptive prevalence rate ⁱⁱⁱ :	31% ¹¹
Maternal mortality rate per 100,000 live births:	1,100 ¹²
Main ethnic groups: Chewa Nyanja Tumbuka Yao Lomwe Sena Tonga Ngoni Ngonde Asian European ¹³	
Main religions: Christian 79.9% Muslim 12.8% other 3% none 4.3% ¹⁴	
Main languages: Chichewa 57.2% (official) Chinyanja 12.8% Chiyo 10.1% Chitumbuka 9.5% Chisena 2.7% Chilomwe 2.4%, Chitonga 1.7% other 3.6% ¹⁵	

» **AIDS CONTEXT:**

Adult HIV prevalence rate in 2005:	14.0% ¹⁶
HIV prevalence rate in females (ages 15-24) in 2005:	9.6% ¹⁷
HIV prevalence in males (ages 15-24) in 2005:	3.4% ¹⁸
Number of deaths due to AIDS in 2005:	78,000 ¹⁹
Estimated number of orphans (ages 0-17) in 2005:	550,000 ²⁰

» **HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:**

Nearly half of Malawi's population is under 15 years old²¹. In 2005, prevalence among females aged 15-24 was four times that of males.²² The many factors that increase girls' and young women's vulnerability include a lack of knowledge about prevention methods (with only 57.3% stating that condoms can help prevent HIV),²³ early marriage (with over half of females getting married before the age of 18),²⁴ lack of economic opportunities (that contribute to girls and young women becoming involved in transactional sex), multiple and concurrent partnerships (females in which have a 16% higher HIV prevalence rate),²⁵ and harmful socio-cultural norms (that make it difficult for women to act on HIV prevention messages).²⁶

INTRODUCTION

THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN MALAWI.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an **advocacy tool**. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Malawi. Its key audiences are **national, regional and international policy and decision-makers, and service providers**. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the **current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in Malawi**. It contains an analysis of five key components that influence HIV prevention, namely:

1. Legal provision

2. Policy provision

3. Availability of services

4. Accessibility of services

5. Participation and rights

It also provides **recommendations** for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Malawi.

The Report Card is the basis of extensive research carried out during 2006 by IPPF, involving both desk research on published data and reports, and in-country research in Malawi to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Malawi' (available on request from IPPF).



International Planned Parenthood Federation



UNFPA



The Global Coalition on Women and AIDS



Young Positives



KEY POINTS:

- The **minimum legal age of marriage** is 18, although 15-18 year olds can marry with parental consent.²⁷
- The Constitution commits to **gender equality**, including by addressing harmful cultural practices and sexual violence. The Malawi National AIDS Policy commits to protecting the rights of women, including in relation to their sexuality and sexual and reproductive health.²⁸
- The **Prevention of Domestic Violence** Act (April 2006) provides a broad definition of domestic violence and aims to prevent and punish relevant incidents. However, it only applies to married women, former spouses and cohabitating partners and does not protect unmarried girls, sex workers or those who are harassed at work.²⁹
- There is no specific legislation banning the practice of **female genital cutting/mutilation**, while evidence suggests that this practice may increase risk of HIV transmission.³⁰
- There is no official minimum age for accessing general sexual and reproductive health services without **parental consent**. However, for voluntary counselling and testing, it is 13 years.³¹
- **Abortion** is generally illegal, except, for example, to save the life of the pregnant woman. Penalties are high for those that contravene the law.³²
- **Mandatory HIV testing** is not permitted, except for the Army, Immigration, Prison and Police services which can include a test in their assessment of a candidate's fitness.^{33a}
- The Malawi Employment Act (2000) promotes **non-discrimination in the workplace** on the grounds of a current or potential employee's sex, disability, etc, but does not specifically mention HIV and AIDS.^{33b}
- The Penal Code addresses **sex work**, and while it is not illegal per se, living off the wages earned through sex work is illegal. There is no law that prohibits sex workers from organizing themselves. The Malawi National AIDS Strategy also commits to reviewing the criminalisation of sex work and the HIV and AIDS services which support this group.³⁴
- Overall, there is a lack of **specific legislation** on HIV and AIDS, such as to protect confidentiality in HIV testing. There is also little legislation to address harmful **traditional practices**, such as the 'ritual rape' of girls after their initiation ceremony and the 'sexual cleansing' of widows after their husband's death.³⁵
- Where supportive legislation exists, **public awareness** of rights under the law is low, and **reporting of breach of rights** is even lower. Few girls and young women, especially those who are poor or in rural areas, have access to the legal system. This is exacerbated by weak links between HIV prevention services (such as a testing centre where a girl might reveal that she has been raped) and legal services (such as a legal NGO that could help her to press charges).³⁶



QUOTES AND ISSUES:

- "The Prevention of **Domestic Violence** Act... criminalizes physical, emotional, economic, financial and social violence." (Interview, senior legal professional)
- *"The challenge with legislation is that very few people access **formal courts** and this is worse for rural and poor families. Existing laws protecting girls and women are not widely known in the community and, as such, reporting is on a very small scale."* (Interview, Nurse and Counsellor, counselling centre)
- "When people are aware of **sexual abuse**, domestic violence and rape by close relatives, such as the child's father, reporting of such incidents is minimal." (Interview, Director, organisation of people living with HIV and AIDS)
- *"The **Wills and Inheritance** Act focuses on the transfer of the deceased's property and does not tackle wife inheritance."* (Interview, Programme Officer, Malawian NGO)
- "Girls as young as 13 years present themselves with STIs at HIV testing facilities and the counselling process uncovers a history of sexual abuse. Yet the counsellor feels disempowered to take the case further for **legal redress** because VCT guidelines do not provide any direction on the linkage between VCT clients and legal issues." (Interview, Nurse and Counsellor, counselling centre)
- *"**Sex work** should be legalized to allow sexual and reproductive health services for sex workers."* (Interview, Peer Educator, youth drop-in centre)
- "No law in Malawi talks about willingly or **knowingly infecting** someone." (Focus group discussion with girls and young women)
- *"Government should protect girls and women from harmful **ritual sexual practices** that are not currently punishable by law."* (Focus group discussion with girls and young women)
- "Most of the time, these laws are not **enforceable**. So, to me, I feel that there is little they do to protect girls and women from HIV infection." (Focus group with girls and young women)



KEY POINTS:

- The Malawi National AIDS Policy (2003):
 - addresses the full **continuum of** - and links between - prevention, treatment, care and support.³⁷
 - calls attention to the needs of **girls and women**, recognising their vulnerability and committing to protecting their sexual and reproductive health rights and providing access to female-specific HIV prevention services. It also addresses **children and young people**, committing to ensuring their access to youth-friendly information and equipping them with the knowledge and skills to protect themselves from HIV. In practice, however, there are relatively few prevention projects that specifically target girls/young women or children/young people.³⁸
 - commits to ensuring access to services for **marginalised populations**, including sex workers and orphans, and to encouraging their participation and empowerment.³⁹
 - emphasises **confidentiality** within sexual and reproductive health services, including youth-friendly voluntary counselling and testing. However, many young people still fear, or actually experience, disclosure.⁴⁰
 - commits to ensuring that both in and out-of-school girls have access to **life skills education** that addresses gender relations, HIV prevention, positive living, etc. It commits to incorporating sexual and reproductive health into the national curriculum, with information available in both primary and secondary schools. There is also a policy that enables young mothers to return to education.⁴¹
- There are moves towards greater **integration of relevant services**. For example, while the Ministry of Health promotes a comprehensive model of antenatal care, the Malawi National AIDS Policy commits to ensuring an optional HIV test for all pregnant women at antenatal clinics. In practice, however, human resources often limit the actual provision of **integrated services**.⁴²
- Key data (such as the Demographic Health Survey) is **disaggregated by age and gender**. This enables an analysis of how the HIV and AIDS context - and its impacts on girls and young women - are changing.⁴³
- The revised **National Youth Policy** seeks to address, and raise awareness regarding, HIV prevention for young people.⁴⁴
- A **comprehensive HIV/AIDS program** for women and girls has recently been developed, costed and launched by the Ministry of Women and Child Development, with the support of UNFPA. This program seeks to address the increasing feminization of the epidemic within Malawi.⁴⁵



QUOTES AND ISSUES:

- "The protocols cover the needs of girls and women. It is translating them into **implementable programmes** that is problematic." (Interview, Director, organisation of people living with HIV and AIDS)
- *"Policies usually do not separate the needs of **girls** from those of women."* (Interview, Supervisor, youth drop-in centre)
- "There is a push to **integrate** service provision - such as prevention of mother-to-child transmission, testing and management of sexually transmitted infections - into antenatal care... but, where there are few staff, it is difficult to provide such services." (Interview, HIV and AIDS Advisor, government department)
- *"The policy promoting **teenage mothers** going to school is allowing girls to go back to education. However, there is a need for programmes that create an enabling environment that supports such decisions."* (Interview, Women's Officer, youth organisation)
- "Policies that make HIV prevention worse include no **condom distribution** in schools and prisons." (Interview, Nurse and Counsellor, counselling organisation)
- *"Girls and young women, and also boys and young men, receive official **sex education** at school from standard five through the life skills subject where they discuss sexual and reproductive health. In social science they teach about early pregnancy, voluntary counselling and testing, and HIV. The problem is that teachers need to be more conversant in HIV issues."* (Interview, Peer Educator, youth drop-in centre)
- "Policies **conflict** with one another. The education sector prohibits the distribution of condoms, yet the Ministry of Health provides for condom provision in all places." (Interview, Peer Educator, youth drop-in centre)





KEY POINTS:

- All 600 health facilities offer some degree of **sexual and reproductive health services**.⁴⁶
- By December 2005, **voluntary counselling and testing** was available at 239 public and private sector sites (with 1.65% of the population testing in 2003). By March 2006, **prevention of mother-to-child transmission** services were available at 36 sites, although women in urban areas are four times more likely to access such services. Some 122 facilities are also certified to provide **antiretroviral therapy**.⁴⁷
- Male **condoms** are available through public health facilities, peer educators, community agents and social marketing outlets. Female condoms are present in the country, but much less available.⁴⁸
- In some locations, there are a range of services (medical, psycho-social, etc) for **people living with HIV**, including some initiatives for young people. However, few programmes specifically address **positive prevention***.⁴⁹
- Adult **antiretroviral therapy** is available at some government clinics (serving 13.6% of those in need of access to ARVs) and the government is trying to increase the availability of paediatric drugs.⁵⁰
- In some locations, there are strong **referral systems**, such as between district hospitals providing antiretroviral drugs and community groups providing support for people living with HIV. In other locations, services are disjointed or too far apart to be linked.⁵¹
- Some **HIV prevention programmes** for young people, especially those of faith based organizations, focus almost exclusively on abstinence. But others address broader issues, such as economic empowerment, early marriage and dialogue about gender, partner reduction and condom promotion and distribution. Some projects also involve peers who are living with or affected by HIV.⁵²
- Some programmes work through **non-traditional outlets**, such as churches. Others target **cultural counsellors** who guide young people through their traditional initiation (a process that previously might involve encouraging young people to have sex).⁵³
- There are some projects for specific **groups of girls and young women**, such as orphans and street children. However, they are rare and tend to be concentrated in urban areas.⁵⁴
- Issues about youth-friendly services are included in the **training of health workers**, although many girls and young women still experience stigma.⁵⁵
- **Young and middle-aged men** are seen as key to HIV prevention for girls and young women, and addressing the lack of trust between sexual partners. However, there are few services that specifically target them or programmes that build their social skills and gender sensitivity.⁵⁶
- **Some HIV and AIDS awareness campaigns**, such as radio programmes supported by the National AIDS Commission, use media that is particularly attractive to young people, such as songs and drama.⁵⁷
- A lack of **human resources** continues to pose significant challenges to the capacity within the country for the delivery of health services, particularly in **rural areas** where the provision of such services are severely compromised.⁵⁸



QUOTES AND ISSUES:

- “**VCT** can help because, if you have HIV, you know how to live positively and, if you don’t have HIV, then you adopt safer behaviour.” (Focus group discussions with girls and young women)
- “Often, **counselling** is done as a one time thing, yet a person cannot address his or her needs and concerns in one session.” (Focus group discussion with girls and young women)
- “**Boys and young men** have a big role in demonstrating to their fellow men that they are role models by using a condom or going for an HIV test.” (Focus group discussion with girls and young women)
- “By having a specific focus on HIV, **group discussions** force girls to look at their own behaviours critically.” (Focus group discussion with girls and young women)
- “When a girl is found with a **condom**, she is thought as a prostitute. A boy found with condoms is regarded to be a clever boy.” (Interview, Peer Educator, youth drop-in centre)
- “**Economic stability** enables girls and young women to not rely on men for monetary needs - which often puts them at risk of indulging in unprotected sex in exchange for assistance.” (Focus group discussion with girls and young women)
- “For **sex workers**... their economic status or their customers force them not to use condoms to be paid more money.” (Interview, Peer Educator, youth drop-in centre)
- “At **sexual initiation**... girls are given a lot of information about growing up, sex, pleasing their future husbands, how to be a good wife and, depending on the traditional counsellors, information about HIV and sexually transmitted infections, as well as condoms.” (Focus group discussion with girls and young women)
- “We need **ARVs** to be rolled out... because there are many clients at health facilities, you simply wait until the hospital is ready.” (Focus group discussion with girls and young women)

* Positive prevention is defined as prevention for, and with, people living with HIV.



KEY POINTS:

- Many components of sexual and reproductive health services, such as treatment for sexually transmitted infections, are **free** at government facilities. The Malawi National AIDS Policy commits to services being equally open to all girls and women, regardless of, for example, their **marital or HIV status**.⁵⁹
- In practice, however, there are **multiple social, practical and financial barriers** to girls and young women accessing services, including:
 - **Judgemental attitudes** of service providers.
 - Inadequate youth-friendly services.
 - Distance to services and **cost** of transport.
 - 'Hidden' costs (such as prescription drugs).
 - **Traditional norms** of gender inequality.
 - Opening hours and long waiting times.
 - Lack of privacy and **fear of disclosure**.
 - Unavailability of commodities.⁶⁰
- The barriers particularly affect those that are poor, from rural areas and less economically and educationally empowered. They also **affect different people in different ways**. For example, while an in-school girl may have better access to information (by attending classes), an out-of-school girl may have better access to services (by attending a clinic).⁶¹
- The specific **barriers to condom** use include perceptions that condoms are a boy's responsibility, do not work, make sex less enjoyable and are a sign of being unfaithful or a sex worker. They are also viewed by some church leaders as promoting promiscuity.⁶²
- **Voluntary counselling and testing** for HIV is free at government facilities. Twice as many men as women access a test. Among females, those aged 20-39, unmarried, living in urban areas and with upper primary or higher education are most likely to take a test.⁶³
- **Antiretrovirals** are free at government clinics and access has increased. But only about a third of the estimated 150,000 people that need the drugs and 5% of children living with HIV currently receive them. Meanwhile, girls and young women report a lack of information about the therapy and long waiting lists.⁶⁴
- In some cases, access to **positive prevention** is provided by incorporating it into home based care or encouraging young people living with HIV to join support groups.⁶⁵



QUOTES AND ISSUES:

- “**Health providers**, such as the doctor or nurse, shout at girls when they go for any service.” (Focus group discussion with girls and young women)
- “The **cost of transport** affects access to free services.” (Interview, Peer Educator, youth drop-in centre)
- “There are girls who tell you not to go and get **condoms** and say just go and have plain sex - sex without a condom. They pressurize you not to use condoms.” (Focus group discussion with girls and young women)
- “They say... everyone has HIV so why **bother** to protect yourself?” (Focus group discussion with girls and young women)
- “Some girls do not go for **HIV testing** because they say that their friend tested negative, therefore they should be negative.” (Focus group discussion with girls and young women)
- “Very few **men** are faithful to their spouses... That’s why they fear to go for a test with you.” (Focus group discussion with girls and young women)
- “The roles **boys and young men** have in making HIV prevention easier and better include discussing sexual and reproductive health among themselves, accepting condom use, respecting women, supporting women to seek voluntary counselling and testing, accepting the results of HIV tests and promoting positive living.” (Interview, Technical Advisor, Malawian NGO)
- “Sometimes, there are no **drugs** at government health facilities and sometimes we do not have money to buy the prescribed drugs.” (Focus group discussion with girls and young women)
- “The supply is less than the demand for **antiretrovirals**.” (Interview, Peer Educator, youth drop-in centre)
- “The challenge for us who take **ARVs**, particularly single women, is that we have no financial support and we cannot afford good nutrition.” (Focus group discussion with girls and young women)
- “The volunteers providing home based care counsel clients on the need for **preventing re-infection** of themselves as well as other people.” (Focus group discussion with girls and young women)
- “**HIV positive girls** and women may find it harder to use HIV prevention services if they are not willing to talk about their status.” (Focus group discussion with girls and young women)





KEY POINTS:

- Malawi has signed the **Conventions** on the Rights of the Child and the Elimination of All Forms of Discrimination Against Women. It has not signed the Convention on Consent Marriage, Minimum Age of Marriage and Registration of Marriages.⁶⁶
- The Malawi National AIDS Policy promotes the human **rights of people living with, and affected by, HIV** and their participation in all decision-making on HIV and AIDS policies and programmes. The Cabinet Committee on Health and HIV/AIDS - which has ultimate responsibility for the country's HIV and AIDS policy - includes representatives of people living with HIV and NGOs, as well as a female member of the National Youth Council.⁶⁷
- The National Strategic Framework for HIV/AIDS was developed through consultation, including with youth groups, and commits to the **involvement of young people** in all levels of planning and delivering activities. Girls and young women, including those living with HIV, are involved in national level decision-making through representation in youth organizations and the National Youth Council. In reality, however, their participation is often limited, partly due to a lack of capacity and relevant skills.⁶⁸
- The main **network of people living with HIV** is open to all, regardless of age and gender, and is increasingly advocating for the broader needs of its members, including their sexual and reproductive health rights. A few young people are beginning to 'break the silence' and talk openly about positive living, including on radio programmes.⁶⁹
- The Gender Equality and Support Network (a coalition of NGOs) **advocates for the participation of girls and women**, including in HIV prevention initiatives. Meanwhile, agencies - including UNFPA, UNAIDS, Oxfam and World Vision - provide training in leadership and management, and Women and Law in Southern Africa promotes addressing women's needs through legislative measures.⁷⁰
- Some community-based programmes bring together girls/boys and young women/young men for **dialogue on HIV and AIDS**, while others are designed **'for' and 'with' girls, young women and vulnerable groups** and focus on building assertiveness and decision-making skills. Other initiatives emphasize providing girls and young women, including sex workers and young mothers, with training to get more involved in the response to HIV and AIDS, for example by becoming peer educators.⁷¹



QUOTES AND ISSUES:

- "Application of **international commitments** in Malawi is minimal. Even the target of 30% involvement of women in decision-making has not yet been reached." (Interview, Peer Educator, youth drop-in centre)
- *"There are a few young people **openly talking** about their HIV status... most people who come out in the open are older women."* (Interview, Director, organisation of people living with HIV and AIDS)
- "The extent to which the national response to AIDS is **'rights-based'** is minimal - as little is done for women living with HIV to address their SRH rights and needs. However some rights are respected, for example with HIV testing being voluntary." (Interview, Peer Educator, youth drop-in centre)
- *"Girls and young women's **concerns** are presented through NGOs and support groups advancing their needs."* (Interview, Technical Advisor, Malawian NGO)
- "The National AIDS Commission does **consultations** when developing policies and has representation of girls and women in task forces to review or develop policies." (Interview, Nurse and Counsellor, counselling organisation)
- *"Government programmes encourage **empowerment**, participation and protection of people with HIV in line with the realization of human rights and fundamental freedoms for all persons."* (Interview, Community Coordinator, national youth organisation)
- "Efforts are made to encourage the **participation** of girls and young women, for example through conferences and training opportunities. However, their involvement remains low compared to men." (Interview, Peer Educator, youth drop-in centre)
- *"More girls and women should be equipped in decision-making skills and involved in **decision-making positions**."* (Interview, Peer Educator, youth drop-in centre)



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- ¹ The percentage of people ages 15-24 who can, with understanding, both read and write a short, simple statement related to their everyday life.
- ² The age by which one half of young people ages 15-24 have had penetrative sex (median age).
- ³ The percentage of married women (including women in union) ages 15-49 who are using, or whose partners are using, any form of contraception, whether modern or traditional.
- ⁴ UNDP (2005) *UNDP Human Development Report 2005*.
- ⁵ 2006 est. CIA (2006) *The World Factbook* - , Malawi.
- ⁶ CIA (2006) *The World Factbook* - Malawi.
- ⁷ 1990-2003. UNDP (2005) *Human Development Reports 2005: Malawi*.
- ⁸ Estimated by UNESCO in 2003. UNDP (2005) Human Development Reports 2005: Malawi.
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- ¹⁰ Measure DHS website. Country Summary: Malawi
- ¹¹ HIV/AIDS Indicators Country Report: Malawi 1992-2000 website, Malawi Demographic and Health Survey 2000
- ¹² HIV/AIDS Indicators Country Report: Malawi 1992-2000 website, Malawi Demographic and Health Survey 2000
- ¹³ 2002. 2004 *Report on the Global AIDS Epidemic: Malawi*.
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- ²³ UNAIDS (2006) *Report on the Global AIDS Epidemic*.
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