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The Impacts of COVID-19 and the Syndemics of Epidemics on Education and Health on Adolescent Girls in Malawi.

Jenny Strøm
Master of Science, Global Development Studies

DECLARATION

I, Jenny Strøm, declare that this thesis is a result of my research investigations and findings. Sources of information other than my own have been acknowledged and a reference list has been appended. This work has not been previously submitted to any other university for award of any type of academic degree.

Signature……..

Date…15.06.2022……

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ABSTRACT

This paper aims to address the effects the COVID-19 pandemic had on adolescent girls in Malawi, with a major focus on education and health. Furthermore, this is a comparative study, which looks at how the response to the pandemic was in comparison with the HIV and AIDS epidemic, and as such see if there are any similarities with the response. To address the research questions, qualitative methods were used in the form of in-depth interviews and analysis of primary and secondary sources. This paper concluded that there are similarities with the response and the handling of both crises. However, it is also important to point out how Malawi is a nation faced with multiple health crisis. It is also important to acknowledge that the HIV and AIDS crisis is very much an ongoing epidemic, and Malawi has still one of the highest HIV/AIDS prevalence rates in the world. Other findings are how lack of resources, vaccine(s) inequity and limited access to treatment, medicines, and other health needs, misinformation and rumours, lack of support and proper infrastructure to address the health crisis, are all key similarities which affected the response to the crises. The study also highlights how colonisation, donor dependency, and programmes such as the Structural Adjustment Programmes, has had a detrimental impact on Malawi.

Despite Malawi having a large population within a small country, there were few breakout-cases and low mortality rates reported regarding COVID-19. This is also the case throughout Sub-Sahara Africa, except for South Africa. This has by researchers been dubbed "the SSA Covid-19 puzzle," and this puzzle has not yet been completed (Kohler et al., 2022, p. 2). Why did a region with such a large portion of the world's population only account for a small number of all global COVID-19 cases and death? Part of the answer lays in the young demographic and underreporting, but that alone cannot explain the full picture. When looking at how school closure and general lockdown impacted adolescent girls; this paper found that this greatly impacted girls' safety, education, overall health, and is a testimony to how important it is to keep girls in school. However, significant measures need to be taken to assure a quality of learning, and not just schooling, and furthermore, to provide a safe space with support without the presence of violence or harm. Schools being closed for long periods of time also caused a rise in teenage pregnancies and child marriages which makes the road back to school even more difficult, and has a significant impact on girls' overall development, equality, and empowerment.

LIST OF ACRONYMS:

AIDS: Acquired Immunodeficiency Syndrome

ART: Antiretroviral Therapy

ARVs: Anti-retroviral drugs

CDSS: Community Day Secondary School

CERT: Centre for Education Research and Training

CGD: Center for Global Development

COVAX: COVID-19 Vaccines Global Access

COVID-19: Coronavirus disease 2019

DAWN: Development Alternatives with Women for a New Era

DEVAW: Declaration on the Elimination of Violence against Women

EFA: Education for all

FPE: Free Primary Education

GAD: gender and development

GBV: gender-based violence

GDP: Gross Domestic Product

GRID: gay-related immune deficiency

HAART: Highly Active Antiretroviral Therapy

HCWs: health care workers

HIC: High-Income Countries

HIV: Human Immunodeficiency Virus

ILO: International Labour Organization

IMF: International Monetary Fund

INGO: international non-governmental organization

LAYS: learning-adjusted years of schooling

LIC: Low-Income Countries

MDGs: Millennium Development Goals

MGDS: Malawi Growth and Development Strategy

NGO: non-governmental organization

NSO: National Statistical Office

PMTCT: preventing mother-to-child-transmission

PPE: personal protective equipment

PSLC: Primary School Leaving Certificate

SAPs: Structural Adjustment Programs

SDGs: Sustainable Development Goals

SSA: sub-Saharan Africa

STIs: Sexually Transmitted Infections

UN: United Nations

UNAIDS: Joint United Nations Programme on HIV and AIDS

UNESCO: UN Educational, Scientific and Cultural Organization

UNFPA: United Nations Population Fund

UNICEF: United Nations Children's Fund

WAD: women and development

WID: women in development

WHO: World Health Organization

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1. INTRODUCTION

The global pandemic, coronavirus disease 2019 (COVID-19), has impacted every corner of the world and caused in many places a synergy of crises. Furthermore, it has intensified the struggle of already vulnerable and marginalized people, who already before the pandemic were dealing with multiple crises at once. There is limited research on the long-term consequences of the pandemic, especially in low-income countries (LIC), such as Malawi. However, some of the short-term consequences of school closure and general lockdown is known, where children in Malawi during the last two years have been unable to attend school for a long period of time, in total seven months (E. Kadzamira et al., 2021) One report from the International Labour Organization (ILO) and United Nations Children Fund (UNICEF) (ILO & UNICEF, 2020) highlights the worrisome consequence of school closure and general lockdown, which have seen children increasingly involved in child labour. Over the last two decades there has been a steady decrease in the number of children involved in labour, however, now that number is increasing. “In sub-Saharan Africa, population growth, recurrent crises, extreme poverty, and inadequate social protection measures have led to an additional 16.6 million children in child labour over the past four years” (UNICEF, 2021).

A survey conducted by the Centre for Education Research and Training (CERT), the Center for Global Development (CGD) and the National Statistical Office of Malawi showed that during the pandemic dropout rates tripled, and the highest rates where from secondary school (E. Kadzamira et al., 2021). Over the last two decades there has been a positive trend with decreasing number of children involved in child labour, however, without school children are vulnerable and could potentially be forced to enter the workforce and subsequently be exploited in more hazardous work, and work for longer and under more extreme conditions. This could disproportionally affect adolescent girls, who without the possibility of spending time at school could be expected to do even more chores at home, and as such uphold the pre-existing gender inequalities (ILO & UNICEF, 2020). This study will research how the COVID-19 pandemic have impacted school-age children through the long period of school lockdowns. The focus of this research is to look at how adolescent girls in Malawi have been impacted especially with a focus on education, health, and their overall development. According to the World Health Organization (WHO, 2020) adolescent children are defined as children between the ages of 10 and 19. Children are already vulnerable, and especially when

faced with several crises at once. The pandemic is just one crisis on top of multiple other crises and issues, such as poverty, gender inequalities, violence and harm, and other health issues. Malawi is a young country, both in terms of its independence from Great Britain and post the authoritarian regime of Banda, it also has a noticeably young population, where approximately 50 per cent are under the age of 15 (ILO, 2018). The country suffered economically during the pandemic, especially because of the reliance on foreign aid and import. This makes Malawi vulnerable to external shocks because its infrastructure is weak, the health sector is very underfunded and understaffed, as are most other sectors in the country. All these socio-economic issues have a massive impact on children's overall development, their health, education, and their overall wellbeing.

Gender equality and the empowerment of women have been put front and center, especially since the Millennium Development Goals (MDGs) and now later with the Sustainable Development Goals (SDGs) and became an essential part of a set of development goals which seek to among other goals ensure access to education for all. The fifth goal of the SDGs specifically targets gender inequality and seeks to "achieve gender equality and empower all women and girls" (United Nations, 2021). This is also an area which have received a lot of focus in Malawi, because of the pre-existing gender disparities. "In Malawi, with its high rates of gender-based violence, child marriages, unintended teenage pregnancies, and girls dropping out of school" (Adolfsson and Madsen, 2020, p. 57), girls are disproportionally vulnerable because of several pre-existing issues, such as gender-based violence (GBV), societal and cultural expectations of for example marriage and motherhood, local traditions and norms, and lack of access to an education and work. During the pandemic these issues have been intensified. "About 13,000 girls got pregnant and 40,000 married before their 18th birthdays during the emergency school closure […] The surge came three years after Parliament unanimously outlawed marriages involving boys and girls aged below 18" (Chavula, 2021, para. 5). This statistic shows how important school is, and how the obstacles girls faces are intensified when they are out of school. A report from UNICEF (Chavula, 2021) underlines the important role school plays, not only through learning about for example sex education and reproduction, but also to give them support and potential provide them with a more independent and secure future. The number of child marriages was high even before the pandemic, where approximately 50 per cent of girls got married before they turned eighteen in Malawi, and 9 per cent got married before the age of 15 (ILO, 2018). The aim of

this study is to investigate the how child marriage, teenage pregnancy, GBV, school and dropout rates, and other health issues such as HIV and AIDS, and sexually transmitted infections (STIs), all collectively harms girls' overall development and future. Additionally, research how these socio-economic and cultural issues have been impacted by the pandemic and compare that response and those consequences with the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) epidemic.

1.1 Research problem

The scope of this research is to explore how the government managed the HIV and AIDS epidemic considering the ongoing COVID-19 pandemic, to look if there are some similarities and/or dissimilarities between the response to these health crises. Furthermore, to research how adolescent girls have been affected by these health crises, related to health and education, and investigate some of the issues that are affected the capabilities and empowers of adolescent girls in Malawi. This study is predominantly a comparative analysis of two health crises with a focus on adolescent girls.

1.2 Research objectives

The objective of this research is to find the core issues that keeps adolescent girls from accessing their full capabilities, especially in terms of getting an education and access to necessary health services. Additionally, to see how Malawi managed two major health crises, and how that has affected both the country's development but also how that has affected adolescent girls' empowerment and overall development. The objective of this study is to attempt to make sense of the complex picture of colonial history, donor-dependency, gender roles and issues, cultural traditions, and practices, and so on, to make light of some of the obstacles Malawi is facing to be on the track of meeting the SDGs and give a critic to why these Western standards and beliefs might interfere with local traditions and beliefs.

1.3 Research questions

1.3.1 How has the ongoing HIV and AIDS epidemic affected Malawi, and are there similarities between that epidemic and the ongoing COVID-pandemic?

1.3.2 How has COVID-19 and school lockdowns affected education, health, and the wellbeing of adolescent girls in Malawi?

1.3.3 What are the consequences of school lockdowns for adolescent girls regarding teenage pregnancy, and child marriage?

1.3.4 What impact has policies and other targeted implementation from institutions, the Malawian government, NGOs, and other actors on the learning crisis intensified by the pandemic?

1.3.5 How has the pandemic impacted child labour and sexual exploitation of children? And what forms of violence and harm are children facing in these circumstances?

2. THEMATIC BACKGROUND

The aim of this chapter is to present background information and existing literature in the context from which this study aims to analysis, and this is of particular importance because of the historical context this comparative study takes much of findings from. Therefore, in this chapter certain themes and issues will be presented, such as the school system in Malawi, cultural and social norms, as well as general information about the country. To properly analysis the comparative component of this paper, it is important to establish the HIV and AIDS epidemic, and the responses to tackle the health crisis the government and other organizations took.

2.1. Malawi

Malawi is a young country, both in terms of independence but also because the median age of the population is under 30 years old. After Malawi gained independence from Great Britain in 1964, it had the same ruler for 30 years, the authoritative President Hastings Banda (Swidler & Watkins, 2017 p. 1). This has formed and shaped Malawi alongside more than 30 years of donor dependency, which has made the country highly dependent on foreign aid. Malawi is furthermore a landlocked country (see figure 1), where the majority of the country's gross domestic product (GDP) comes from "subsistence farming and small-scale trading" (Swidler & Watkins, 2017, p. 1). It is a small country which is in the "[…] southeast Africa that shares

borders with Zambia, Zimbabwe, and Mozambique." (Swidler & Watkins, 2017, p. 1). The importance of understanding the historical context of colonialism and the Banda-legacy, the aid dependency, and the geographical location, and the fact that Malawi is still one of the poorest countries in the world, are all components which makes up the complex picture that is Malawi.

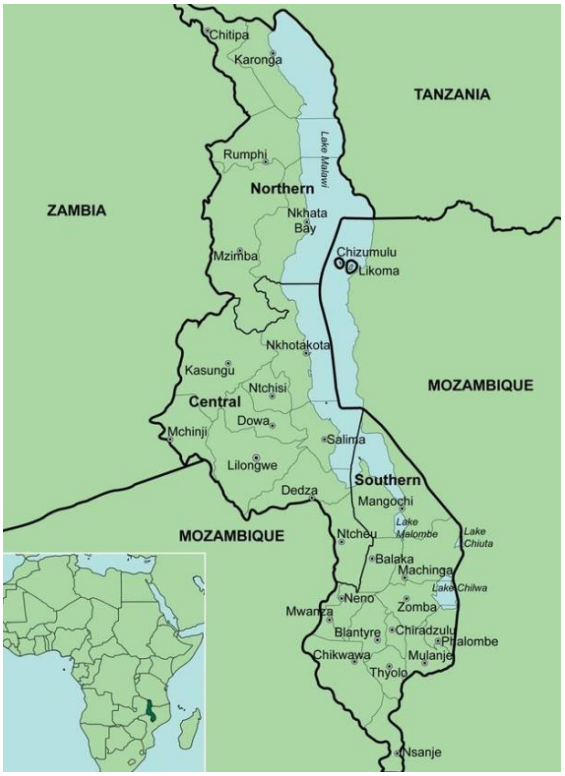

Figure 1. Map over Malawi, its provinces and districts, and neighbouring countries[1].

The country is divided between three regions: the Southern-, the Central-, and the Northern region. Lilongwe, which is the capital, is in the Central region, while Blantyre in the Southern region is the financial center (Z.D. Kadzamira et al., 2021). These areas are also quite different from each other. Firstly, there are many different ethnic groups within the country; the largest is the Chewa, followed by Lomwe, Yao, Ngoni, Tumbuka and few other minor ethnic groups (Z.D. Kadzamira et al., 2021), which have different traditions, beliefs, and cultural practices. Additionally, religion plays a significant role in every aspect of society, where close to 75 percent are Christians (Z. D. Kadzamira et al., 2021), which has formed many societal, educational, and governmental practices. In terms of governance consists Malawi of "[…] two parallel systems of government: a hierarchy of traditional leaders

[1] Figure 1: Source: Klopper, R. R., Lane, S. S., Msekandiana-Mkwapatira, G., & Smith, G. F. (2012). https://repository.up.ac.za/bitstream/handle/2263/20903/Klopper_Genus(2012).pdf;sequence=1

(chiefs) and a national government represented by a District Commissioner and other officials in each of the country's twenty-eight districts" (Swidler & Watkins, 2017, p. 10). The chiefs are predominantly the ones which are in charge in the villages and are often also responsible for infrastructure maintenance as well as "[…] providing basic security in their villages, as well as resolving disputes and enforcing claims to lands, spouses, and possessions" (Swidler & Watkins, 2017, p. 10). In Malawi there are little social protection and few safety-nets from the government, and as such there is a heavy reliance on mutual assistance within communities. In the rural area the dominant source of income is through subsistence agriculture, "[…] which for a substantial proportion of the rural population does not provide sufficient food for the last months before the next harvest, creating a several-month "hunger season."" (Swidler & Watkins, 2017, p. 10). This means that they either must find supplementary income through for example small-scale trading or retail, and as such the weather plays a significant role whether households are able to access food or an income. If for example the rain season last longer or there is a drought, this has a significant impact on people's food security.

2.2 School system in Malawi and education

In this paper education refers to schooling for children and adolescents, commonly known as formal education. However, this paper distinguishes between the terms schooling and learning as two different concepts. Schooling refers to children being enrolled in school as opposed to learning, which is the goal of school. Learning means that students acquire tools, skills, and knowledge which happens both in school and after completion, and therefore schooling does not necessarily equal learning (Glawe & Wagner, 2022). The age children are when they are in school is a critical point in their development, both when it comes to learning, and it should "[…] allow children to reach their fullest potential in terms of cognitive, emotional and creative capacities" (UN Educational, Scientific and Cultural Organization (UNESCO), 2004, p. 30). Therefore, education plays a critical and influential role in the shaping of people, and therefore do schools and educators hold a lot of power and influence in the development of children. The interference or temporarily stop in schooling are harmful for children overall development and education (ILO and UNICEF, 2020). Dang et al. (2021) did a comparative analysis on how children's education in six Sub-Saharan Africa (SSA)-countries had been impacted by the pandemic and compared that with how it was before. Their findings were disastrous and highlights how the pandemic has intensified the pre-existing inequalities. One

example from the study is how higher-income (HI) household also had a significant higher access to proper learning tools and activities for their school-age children than that of lower-income (LI) households. In LI-households they had very limited or no contact with the teachers during lockdown, and they had no or few resources to access remote learning. Out of all the six SSA-countries the researchers studied, Malawi scored lowest in terms of children involved in different forms of overall learning activities during school lockdown (Dang et al., 2021). This means that a high percentage of children had no or very little form of learning during the seven months of school lockdown which further intensifies the learning crisis in Malawi. "Children in Malawi can expect to complete about nine years of schooling by age 18. When adjusted for quality of learning, this is equivalent to only about five years, highlighting a learning gap of four years" (UNICEF Malawi, 2020). One example of this learning crisis is the high repetition rates, where many children must repeat an academic year because they fail to for example pass the Primary School Leaving Certificate (PSLC)-exams. For adolescent girls, the dropout and repetition rates are significantly higher than that of adolescent boys (McConnell & Mupuwaliywa, 2016). During primary school the are no significant gender disparities, but there is a shift between the genders when it comes to the upper levels of education, secondary school, and tertiary education, which disproportionately affects adolescent girls who account for a higher per cent of the dropouts.

Education is a key component in the SDGs, and the goal is to ensure that adequate schooling and qualitive learning are accessible for all school-age children (United Nations, 2021). Education is also important in nation-building, where at the very essence of what education is to enrich, enlighten, and educate people of their capabilities and their rights and values. Furthermore, to give people the tools and information to improve their own, their community, and as such contribute to the development of the nation socio-economic status is essential for nation-building. School-aged children are the country's future work force, and as such education plays a pivotal role in ensuring that the full potential of the people and the nation are met. One important corner store of the Malawian education system is the implementation of the global initiative, Education for all (EFA), which aimed to secure "[…] primary education for all children by the year 2015" (Smith, 2005, p. 377). Ever since Malawi became the first country in SSA that reached 'free' primary education in 1994 (Chimombo, 2009, p. 298), the country has seen a steady increase in the number of students enrolled in the lower levels of school, which reached 90 percentage in 2018 (UNICEF Malawi, 2020).

The school system in Malawi follows the same system as Great Britain with primary school, standard 1 to 8, and secondary school, standard 9 to 12. Children usually start at school at the age of five or six and to complete primary school they must pass a set of exams, the PSLC exams, to be able to begin secondary school (Ravishankar et al., 2016). This is big hurdle for some children, where repetition levels and dropout rates are high because of the PSLC exams because many are forced to repeat a school year due to for example unsatisfactory grades on the exams. Another obstacle is the quality of learning. "A child born in Malawi today will be 41 percent as productive when she grows up as she could be if she enjoyed complete education and full health" (Human Capital Project, 2020). This is a higher per cent than the average rate when compared with other SSA-countries. It also highlights the difference between schooling and learning, because despite Malawi having high rates of enrolment in primary school it does not equal that they have a high quality of learning. Additionally, it shows how important other issues such as safety, access to food, clean drinking water, access to health services, protection from harm and violence, also plays an important role in the development of children and how they perform in school. Few girls continue with their education past primary school, and therefore have limited options regarding employment and economic independence.

2.3 HIV and AIDS epidemic

HIV is one of several retroviruses, which "[…] invade and replicate in human cells using an enzyme, reverse transcriptase for this replication. The commonest HIV-1 […] is the type responsible for most HIV/AIDS cases in Malawi and most of the world" (Lwanda, 2005, p. 111). There is no cure for HIV, however with proper treatment and early diagnosis "[…] most people with HIV will not develop any AIDS-related illnesses and live a near-normal lifespan" (NHS UK, 2021a), which mean that getting a HIV-diagnosis is a long-term condition (NHS UK, 2021b). AIDS on the other hand is "the name used to describe a number of potentially life-threatening infections and illnesses that happen when your immune systems has been several damaged by the HIV virus" (NHS UK, 2021a), and AIDS cannot transmit between people like HIV virus can, which can be "[…] found in the body fluids of an infected person. This includes semen, vaginal and anal fluids, blood and breast milk (NHS UK, 2021a). The first HIV infections were discovered in the United States among "homosexual men in 1981"

(Lwanda, 2005, p. 111), and was dubbed "gay-related immune deficiency (GRID)" (Merson et al., 2008, p. 477), which caused strong stigma associated with "[…] existing moral beliefs and prejudice about gay sex in many countries […]" (Merson et al., 2008, p. 477) which was difficult to change. Even though HIV in Malawi is predominately spread via heterosexual sex (Lwanda, 2005), this stigma has made it difficult to implement preventative strategies such as condom usage or testing, especially in the beginning of the epidemic. Other factors that affected the delayed response to the crisis are taboos and misinformation, both in terms of sex and gender norms, but also traditional and cultural factors. Condom usage was very controversial and viewed by the majority as "Using 'undigested and uncontextualised' Western HIV prevention strategies insured that condom usage rapidly became linked to 'the deprivation of pleasure', forced family planning and Western values" (Lwanda, 2005, p. 117), and not something that was easy to access. In the begin this 'mysterious deaths' was linked to witchcraft or other sexual taboos, such as homosexual sex, and not unlike the delayed response in the rest of the world; Malawi reacted slowly to the emerging health crisis.

> Traditional practitioners in Malawi lacked the [pre-colonial] ability, from their localised bases, to observe the magnitude and extent of the HIV epidemic; like the scientists, they required time to understand the epidemic. And, coincidentally, the initial 'slim' presentation resonated with witchcraft and sorcery causation. As the young, educated potential wage earners mysteriously slimmed and died, jealousy and witchcraft were often cited. (cf., Police Orchestra's song *Mwana wanga Koli,* My daughter Koli) (Lwanda, 2005, p. 117)

As with most health crisis, when new diseases cause grand rupture in society and creates panic and leaves many families affected, a lot of misinformation and rumours are spread throughout neighbourhoods and across borders. When the first cases of HIV-infection were discovered, no treatment was known for the virus and many people, young and vital people died.

Another critical issue to raise is the dimension between what is deemed Western and traditional medicine, and how this impacted the HIV-epidemic in Malawi. Lwanda (2005)

researched how local factors such as culture, medicine and politics collided with "[…] western-oriented preventative messages of abstinence, condoms, HIV tests, and self-empowerment were often in stark contrast to the reality of poverty, thriving 'cultural practices and a majority population minimally served by government western medicine and its health promotion service" (Lwanda, 2005, p. 21), in the light of the HIV and AIDS epidemic. This stark contrast only grew deeper when Malawi did not receive the preventive measures needed to stall the epidemic, and as such grew the faith and dependency of traditional healing and medicine. The discourse of *ufiti*, witchcraft, as an explanation to the unknown was another factor that forms the picture of the crisis (Lwanda, 2005). To define traditional medicine, it is important as Lwanda (2005) puts it to look both at the positive and negative practices associated with it and seen it considering the cultural and historical context in sprung from. Traditional medicine can be defined as "[…] to include both positive culture-bound healing medical practice – with their associated beliefs – by herbalists, diviners, religious workers who treat illness, birth attendants and other practitioners and negative *ufiti* practices (associated with witchcraft and sorcery) with their malign elements (Cf. Kapapa, 1979; Maclean, 1986; Yamba, 1997, in Lwanda, 2005, p. 28-29). As such there are important positive cultural practices associated with traditional medicine, which include to fight the "mystical evil" (Lwanda, 2005, p. 33). These traditional healers take many forms and names, such as medicine men, mediums etc., and are essential to keep peace within a society through "[…] their knowledge, skill and religious activities like prayers and rituals and sacrifices. They are the channels of good health, good fortune, fertility, peace and welfare […] they are the true friends of society and a public asset" (Lwanda, 2005, p. 33). They are an essential part of Malawian society, culture, and practices, and as such can cause conflict with the Western beliefs, custom and practices that non-governmental organization (NGO), international non-governmental organization (INGO) or other brokers seeks to implement for example to curb the HIV and AIDS epidemic.

2.4 Cultural and social norms

To understand why the HIV and AIDS epidemic still is so prevalent in Malawi, and how the tackling of the crisis was met, it is important to understand the strong traditional and cultural values that are enlisted in Malawian society. Other factors which directly impacted how the HIV and AIDS epidemic was met are cultural practices which made preventative measures very difficult to implement both because of the miscommunication between Western- and

traditional medicine, and because of misinformation, rumours, and lack of trust. Furthermore, Lwanda (2005) argues that at the very core as a cultural contributor to HIV/AIDS is the lack of empowerment for women and subsequently their position in society. "[…] there are many practices that remove choice from them, forcing them into high-risk domestic activities – for example, polygamy among the Yao and Chewa; arranged marriages among the Nyanja and widow inheritance (*chokolo)* among the Ngoni – which compound the problem" (Lwanda, 2005, p. 124). Lwanda (2005) argues that view of manhood and sex, especially in regard to the refusal to use condoms, forces women into a vulnerable position for possible HIV transmission. "The refusal to use condoms is a culturally predicated phenomenon. Cultural views about sex are such that sex [unprotected] is seen as the greatest drive for marriage" (Lwanda, 2005, p. 125), and as such directly linked to the manhood of men. "It is considered natural and unavoidable, particularly for men such that manhood without sex is considered incomplete" (Kondowe et al., 1999 in Lwanda, 2005, p. 125).

Other cultural practices that are harmful to adolescent girls are different traditional customs which differs depending on ethnicity, culture, and religion. One example of is known as harmful cultural practices is the custom of what is called in English, hyena, and *fisi* in Malawi. *Fisi* is a traditional custom in the Southern region of Malawi, and it can be explained as a form of initiation ceremony. Girls as young as seven or eight are being trained in how they should behave and entertain their future husband. This practice is taught to them by a man they do not usually know or have encountered before, and the so-called hyena is the man. Usually, this initiation happens when girls get their first menstruation, and to avoid future problems in their life or marriage they are forced to have sexual intercourse with the hyena (Page, 2019). The consequence of this 'ceremony' can be: "[…] early/unwanted pregnancy b) drop out at school c) early marriage d) contract HIV" (Page, 2019, p. 3). *Fisi* and other harmful cultural practices are part of upholding pre-existing gender inequalities, and it also makes girls vulnerable to diseases such as STIs or HIV-infection. This vulnerability is also prevalent through the taboo of using condoms or other protections which could lead to girls falling unwillingly pregnant. Another obstacle is the taboo or stigma associated with proper sex education about contraceptives, reproduction, STIs, and information about sexual intercourse in general. There is a significant gap in the information children and adolescent gets at school, however, if they are no longer in school this gap in knowledge and learning are even greater. This leads to teenagers taking uninformed decisions regarding their health,

which could lead to getting diseases or get pregnant because they simply lack knowledge on sexual intercourse or reproduction. With proper sex education and access to health services adolescent girls could prevent many of these health issues, such as STIs and unwanted pregnancy. Furthermore, it is important to point out that girls who get pregnant before they have turned fifteen are according to the United Nations Population Fund (UNFPA, 2015) at a much higher risk of mortality during labour compared to fully developed women are. Teenage pregnancy and subsequently birth are the leading cause of death for girls that are between the ages of 15 and 19 (WHO, 2020). Not only is it dangerous during birth for girls whose bodies are not fully developed for childbearing, it also has ramifications for the overall health. "Obstructed or prolonged labour, hemorrhaging, and fistula can all result from delivering a child from a small immature body. Sepsis, or infection, can result from prolonged labour and delivery" (Laurie, 2015, p. 193). Furthermore, the impacts it has on the girls' overall development and wellbeing, the difficulties of still being a child and now must take care of a child without an education or work, which causes girls to be reliant on the baby's father, or her family to take care of herself and the baby.

External shocks, such as the pandemic, has put additionally pressure on households which might force children to contribute financially to the household through child labour, and subsequently as such be unable to attend school (ILO & UNICEF, 2020, p.8). One way of looking at vulnerability analysis is through entitlements and livelihoods approaches (Ribot, 2010). Sen's vulnerability analysis begins at the household level with what he calls "entitlements." "Entitlements are the total set of rights and opportunities with which a household can command […] different bundles of commodities" (Ribot, 2010, p. 54/55). Assets depend on the ability of the household to produce a surplus that it can store, invest, and use. Vulnerability in this framework is the risk that the household's assets will fail to sustain them against external risks, such as dislocation or food insecurity. This framework measures how vigorous the household is to crisis. In addition, it looks towards multiple vulnerabilities, which gives a more complete picture of the overall condition of poverty. One example of a vulnerability is the act of dislocation, like school lockdowns, where a child is taken out of its usual place and placed in uncertainty with limited or no access to alternative learning or outside support.

3. CONCEPTUAL FRAMEWORK

3.1 Syndemics and comorbidity

This notion of a crisis within a pre-existing crisis, or multiple crises happening at once is prevalent in Malawi. There are multiple terms that are used to explain multiple health crisis or people suffering with multiple diseases at once, two such terms are comorbidity and syndemics. The concept of comorbidity was first introduced by Feinstein (1970) to address the "co-occurrence of diseases or other disorders" (Singer, 2013, p. 2). The norm in "[…] predominant biomedical and epidemiological models of disease stress isolated focus on individual threats to health" (Singer, 2013, p. 2), such models work out of three specific assumptions. Firstly, that there is one underlying cause for every illness, and that there is "[…] a specific and identifiable disease is the source of such illness, and removal or reduction of the disease is the source of each illness, and removal or reduction of the disease will produce a return to health" (Singer, 2013, p. 2). However, this medical norm is shifting because it is now more common that patients have more than "one health problem" (Singer, 2013, p. 2). In SSA-countries this is prevalent, where the need to look out the interactions between diseases and look out what social components plays a part in the comorbidity of illnesses. When looking at maternal morbidity in SSA, which Singer (2013) argues is a very neglected field within the health sector, it is vital that the status quo practices change to address the fact that SSA-countries have the highest rate of maternal deaths in the world and get a better understanding of the full pictures of "[…] the biological and social causes of maternal death in SSA, although it is clear that poverty, gendered economic marginalization, social disruptions, access to care, quality of care, illegal and clandestine abortions, and infections are all critical factors" (Singer, 2013, p. 1). It is especially important when looking at prevention and treatment of for example maternal death, and to better prepare the health sector to better response to the comorbidity of illnesses. Syndemics explains how social factors are interconnected and should as such have not been seen as a separate issue, in response to a health epidemic.

The theory of syndemics, which "[…] explain how large-scale social forces might give rise to co-occurring epidemics that synergistically interact to undermine health in vulnerable populations" (Tsai, 2018, p. 117), is one way to explain the interconnectedness of multiple health crisis with social conditions. It was first proposed by Merrill Singer in 1996 in relation

to co-relating and intertwined health epidemics "[…] of Substance Abuse, Violence, and AIDS […]" (Tsai, 2018, p. 117), and since that the theory has expanded and today different societal and health issues are researched in relation to the theory of syndemics. Singer (2000) defined syndemics as "[…] a set of closely intertwined and mutual enhancing health problems that significantly affect the overall health status of a population within the context of a perpetuating configuration of noxious social conditions" (p. 13). An example of how the theory can be used to address the high mortality rate in SSA compared to other regions is to look at the syndemics of pregnancy. Singer (2013) has categorized three different types of syndemics: "[…] infectious syndemics, mixed infectious/noninfectious syndemics, and noninfectious syndemics" (p. 3). One important component to maternal mortality is HIV. "Of the world's regions, the contribution of HIV disease to maternal mortality is highest in SSA, accounting for an estimated 207,000 (9%) of deaths between 1990 and 2008 among pregnant and immediate postpartum women" (Singer, 2013, p. 3), other estimates suggest that the percentage of "pregnancy-related HIV deaths" (p. 3) as high as 25 percentage. However, despite the knowledge of the affects HIV-infection has on pregnancy, little is known as of why this is the case. Singer (2013) suggests that part of the explanation lays in the fact that "HIV disease is highly syndemogenic" (p. 3), which means that the virus works together with a variety of other diseases, such as malaria and various STDs, which is know as the syndemic interaction (Baer et al., 2013). Therefore, syndemic theory is important stepping-stone to move away from the 'single disease'-approach and look at the interconnection and relationship of syndemogenic illnesses especially when treating vulnerable and understudied groups, for example pregnant women.

3.2 Capabilities Approach

The idea of people's capabilities, as such what people potential are, relates to what Nussbaum (2000) defines as her philosophical capabilities approach. This idea that all human beings have a set "[…] basic constitutional principles that should be respected and implemented by the governments of all nations, as a bare minimum of what respect for human dignity requires" (Nussbaum, 2000, p. 222). Nussbaum (2000) argues that the best approach is to look at human capabilities, "[…] what people are actually able to do and to be […]" (p. 222). The framework focus on women's empowerment and looks at how stereotypically gender roles puts a large burden on women, for example through the role of primary caregiver. "Women have all too often been treated as the supporters of the ends of others, rather than as ends in

their own rights; thus, this principle has particular critical force with regards to women's lives" (Nussbaum, 2000, p. 223). This approach relates to Sen's instrumental work with the Human Development Report or indicators, which shifted focus away from the norm of assessing quality of life through GDP (Nussbaum, 2000), and instead focus on the aspects that consist of and what needs to be done to achieve well-being; the capabilities and functioning of people. Nussbaum takes this a step further, and specifically focuses on women's capabilities through the feminist lens and listed what she deemed central to achieve the full potential that is inherited in people and as an overall political goal not merely has a way of assessing and comparing the quality of life within or between nations. The approach also emphasizes how essential it is to embrace but also sometimes evolve from cross-cultural norms, and how it is important to involve and not dismiss local traditions and customs, and not solely implement Western values and beliefs as the end-goal or as the only approach to achieve the full capabilities of people. "[…] cultural norms have their own distinctive beauty; the world risk becoming impoverished as it becomes more homogenous" (Nussbaum, 2000, p. 226). This touches on the very essence of decolonization and post-colonial norms where it is essential to evolve away from the 'us vs. them' ideology and be critical of the status quo of development and Western ideology.

Nussbaum (2000) further argues that it is important to look at how paternalism is carried out, and that it should "[…] respect the variety of ways citizens actually choose to lead their lives in a pluralistic society, and therefore to seek a set of cross-cultural norms that protect freedom and choice of the most significant sorts" (Nussbaum, 2000, p. 226). The focus should be on the liberties of people, and what people desire in life and as such give agency to the individuals wants and needs.

> One might sum all this up by saying that, all too often, women are not treated as ends in their own right, persons with a dignity that deserves respect from laws and institutions. Instead, they are treated as mere instruments of the ends of others — reproducers, caregivers, sexual outlets, agents of a family's general prosperity. Sometimes this instrumental value is strongly positive; sometimes it may actually be negative. (Nussbaum, 2000, p. 220)

An example of how laws and value systems are highly paternalistic in Malawi is to look out the abortion laws. In Malawi abortion is on paper legal, however, the law is very restrictive, and it is only allowed to obtain a safe abortion if the life of the women is at risk (Daire et al., 2018). "The country's abortion law, dating from British colonial rule, allows induced abortion only to save a woman's life" (Daire et al., 2018, p. 226). Activists have tried for years to ease the strict abortion law, and since 2015 a bill called Termination of Pregnancy Bill has been debated in the Malawian parliament. However, last year the bill was rejected. The aim of the bill was to ease regulation on abortion to "[…] expand legal abortion from cases where the mother's life is at risk to include rape, incest, fetal deformity, and threats to health" (Masina, 2021). However, abortions are not uncommon in Malawi. "Despite the legal restrictions, medical professionals in the private sector and traditional healers administer abortions, and many women self-induce, often with unsafe methods" (Daire et al., 2018, p. 226). This does come at a high health-risk, and there is stigmatization associated with abortion linked to culture traditions and religious beliefs. "Unsafe abortion is among the top five direct causes of maternal deaths, contributing to nearly 18% of maternal mortality" (Daire et al., 2018, p. 226). Abortion restrictions are a part of controlling the autonomy of women and goes against what Nussbaum (2000) calls *bodily integrity*, which states that women should have a "choice in matters of reproduction" (p. 232). It also correlates with *bodily health* and *life*, which is another of the "central human functional capabilities" (Nussbaum, 2000, p. 232), where health is an essential component of a person well-being, and no human should have its life shortened because of mortality through for example complications associated with an unsafe abortion.

3.3 Postcolonial politics, foreign donors, and altruism

Another important aspect of the response to the pandemic and HIV and AIDS epidemic is to look at the history of Malawi. The history of being a former protectorate of the Great Britain has impacted the country economically, politically, legally, and its education and health sector. Additionally, the country's dependency on foreign aid has also had significant impact through for example the implemented SAPs which have significantly altered the development of the country. During the final years of the authoritarian regime of the Kumuzu Banda, the AIDS epidemic also was at an all-time high (Peterson et al., 2015). The Banda-regime and the priorities put forward by foreign aid, seriously impacted the focus regarding education and health research, and by the early 1990s, to make matter worse, Malawi's economy worsened

"[…] largely due to the implementation of the International Monetary Fund's structural adjustment program or SAP" (Kalipeni, 2004; Wendland, 2010 in Peterson et al., 2015, p. 281). The introduction of SAP had and continues to have seriously repercussions in Malawi, which "[…] mandated currency devaluation, the removal of public funds, and privatization of health services, which led to worker retrenchment, massive national debt, and tumultuous household poverty" (Turshen 1999; Peterson 2014; Mkandawire and Soludo 1998 in Peterson et al., 2015, p. 281). These factors have made Malawi "one of the poorest nations in the world" (Wilson, 2013, p. 4-5) faced with multiple health crisis has made it near impossible to halter the spread of AIDS. According to the Joint United Nations Programme on HIV and AIDS (UNAIDS) the estimated prevalence rate for women living with HIV in Malawi in the age group 15 to 49 was in 2020, 10.3, and for men in the same age group the rate is much lower at 5.7 (UNAIDS, 2022). Close to one million people are living with HIV in Malawi (UNAIDS, 2022), out of an estimated population in 2020 of 19 million people (The World Bank, 2022). This makes Malawi "one of the highest AIDS burdens" (Wilson, 2013, p. 4).

The government and foreign organizations and governments have worked for decades to stem the expansion of AIDS, mostly through "[…] activities of testing, creating "awareness", preventing mother-to-child-transmission (PMTCT), and promoting behavior change" (Department of Nutrition, HIV and AIDS, 2005 in Wilson, 2013, p. 5). However, the underfunded and weak health sector relied heavily on external donors, and the Malawian begun only recently, in 2005, to offer free anti-retroviral drugs (ARVs) (Wilson, 2013). In the late 1990s approximately 73 different NGOs were in place in Malawi to deal with AIDS, and all played a role in the prevention and distribution of treatment (Wilson, 2013). This involvement of NGOs, INGOs and other multilateral corporations has significantly influenced how policies and practices, such as the distribution of ARVs are implemented and carried out and can be described as transnational governmentality. "The proliferation of AIDS-related organizations and affiliations has been described by some Malawians as constituting an "AIDS-industry" wherein employees or volunteers receive benefits of pay, travel, status, and various other amenities as they "sensitize" the "masses" to the dangers of HIV/AIDS" (Wilson, 2008 in Wilson, 2013, p. 6). This raises the question of the relationship between NGOs and other affiliations and the local community in the implementation of policies that might crash with the local norms and beliefs. Some foreign aid and NGOs involvement are welcomed, but it can also be met by others as a feeling of ambivalence (Wilson, 2013). Often

this relationship between the government and foreign donors/NGOs are at the very core of the mistrust in the information that are provided. Radio was an essential part of learning about HIV/AIDS-epidemic, but it also raised a question of legitimacy which stems back to the authoritarian Banda-era. "Malawi's first radio station, MBC, served as a mouth-piece for single-party government propaganda. Under the democratic dispensation, however, independent radio stations have sprung up" (Wilson, 2013, p. 21). However, MBC is still the dominant radio-platform which the government often uses to spread awareness or information about for example HIV and AIDS, or the pandemic. "[…] the memory of the old authoritarian use of the media has not yet faded and some are suspicious that the media and the government conceal and distort information or subvert values held by the public" (Wilson, 2013, p. 21). There is still for many a strong mistrust in the government, and because NGOs also uses and are a big contributor to the content that is broadcasted on the radio this mistrust also targets them. "In Malawi the public media, government, and donors tend to blame promiscuity and cultural practices for high rates of AIDS infection" (Wilson, 2013, p. 23). This blame targets usually what is referred to as harmful cultural practices, such as the initiation ceremonies or witchcraft, and are also linked for the blame that women's rights are not protected. This mistrust in the information or civic education that is provided through for example radio is part of the explanation for why misinformation and rumours play such a pivotal role in the society.

Another important concept specially in relation to donor dependency and the AIDS enterprise is altruism, and it gives some insight into why Malawi has been such an ideal destination for aid from foreign governments and NGOs. "[…] Malawi is in some ways less typical of other African countries than it is archetypal: it embodies the altruists' image of a poor, desperately needy African country. Malawi is very poor, very rural, and very dependent on donor aid" (Swidler & Watkins, 2017, p. 9). It is different than the majority of other LIC because it is a very peaceful nation, geographical small, and offers considerable freedom for NGOs because it is "lightly governed" which make it a "donor darling" (Swidler & Watkins, 2017, p. 10). Additionally, most of the population lives in rural areas, more than 80 per cent (World Bank, 2021), which is also where most of the developmental policies are implemented (Adolfsson & Madsen, 2020).

3.4 Gender inequality, decolonisation, and empowerment

The focus of gender equality and empowerment of women and girls are greatly influenced by feminist theory, and the thinking or definition of gender as changed over time in the context of development. It is especially three theories which has sprung out from feminist literature in the context of development that is important, "the welfare approach, women in development (WID), and women and development (WAD)" (Tiessen et al., 2017, p. 86). Firstly, the welfare approach looked at obstacles, such as overpopulation and lack of modernization, which prevented development as a problem which could be solved through targeted policies and implementations of programmes. Therefore, the targeting was mainly aimed at family planning and specifically targeted women as the "focus of social control of fertility" (Tiessen et al., 2017, p. 86). Tiessen et al. (2017) argues that one of the biggest challenges to ensure that women can access the health service that they need, for example reproductive and prenatal care, and to address the high rates of maternal mortality is that these efforts fail "[…] to address the gender dynamics and social relations that prevent women from seeking out the support and services they need to prevent or space pregnancies and/or to have healthy pregnancies" (Tiessen et al., 2017, p. 87). The second approach, WID, embraced the importance of involving women in their policies and programmes efforts. "In addition to family planning, the WID framework began to address sexual violence, discrimination, inequality in access to resources, and women's limited participation in positions of power or influence" (Tiessen et al., 2017, p. 87). This focus was drawn from liberal feminist theory, which focused on women not solely as what Tiessen (2015) calls "walking wombs," but focused on women as important actors within development. WID and the United Nations World Conference on Women in 1975, gave women a more prominent place in development efforts, and called for the importance of involving and "[…] for improving women's positions in social, economic, and political realms" (Tiessen et al., 2017, p. 87). However, as more women got a seat at the table, other feminist theories got traction because of ongoing gender inequalities despite WIDs efforts. The radical feminist ideology, which specially criticised the patriarchy and viewed equality for women and men as an impossibility when the status quo of a world of male-dominance (Tiessen et al., 2017). Socialist feminist took this idea a step further and addressed these issues which are the fundament of inequality which is shaped by the structures of Western patriarchy. "These feminist critiques inspired the women and development (WAD) approach, which focused on women's knowledge, work, goals, and responsibilities and called for women-only projects that would enhance women's powers and sideline patriarchal forces" (Tiessen et al., 2017, p. 87-88). However, all three of these

approaches has as most policies limitations, and newer approaches have shifted the focus from women to highlight gender dynamics, such as gender and development (GAD) and Development Alternatives with Women for a New Era (DAWN). DAWN is unique in the feminist and development approach because it also addressed the impact that colonisation has had and continues to have on development (Tiessen et al., 2017). It was also important because it had this non-Western lens and was "led by feminists from the Global South" (Tiessen et al., 2017, p. 88).

The shift from focusing on women to gender, also opened the field up to see development more holistically and address the complexity of gender-related issues. "The concept of gender emphasized the socially constructed attitudes and practices associated with women, femininities, and men and masculinities, and especially their impact on the gender relations and hierarchies that shape gendered access to power and influence in particular societies" (Tiessen et al., 2017, p. 88). Furthermore, the status quo of Western ideas and values and the impact this had on developmental policies and programmes, and the continuation of Western dominance, being increasingly more scrutinized and critiqued. Scholars from the South argued that the positionality of gender was highly important, and as such "[…] placing gender within specific cultural and historical context, as well as socio-economic and historical contexts" (Tiessen et al., 2017, p. 88). This approach of decolonisation and post-colonial feminist wanted to shift the focus from Western knowledge, ideas, and values, and regain and empower local knowledges, beliefs, and implemented this into development approaches. This has been an important debate in the education sector as well and as a critique to the Western hegemony, where "[…] persisting colonial legacies in education subsequent international development assistance grounded in Western perspectives" (Silova et al., 2017, p. S75), continues to dominate curriculums and the layout of what is deemed quality education. Silova et al. (2017) argues that Western hegemony needs to be addressed as more than geographical decolonisation, for example with the involvement of foreign government in development policies and programmes through aid and subsequently the transfer of Western norms and values, "[…] but also as an epistemic one aimed at the decolonisation of knowledge" (p. S75). This adoption of Western thinking and knowledge in the South has been criticized by scholars, and Ngũgĩ wa Thiong'o (1987) highlighted the focus on decolonising the mind away and wrote in his book *Decolonising the Mind* that he would no longer use "[…] English as a vehicle for my writing" (p. xiii). This form of resistance is a way to distance African realities

and language from the overarching Western hegemony, and an important part of the process of decolonisation. “Through epistemological colonization the West imposed its authority to authenticate or invalidate knowledge systems other than its own, which implied invalidation and resulted in epistemic genocide across the globe” (Breidlid, 2012, p. 18). This is also part of the critique of development approaches with fails to recognize local cultures, traditions, and voices or consider knowledges which differ from the Western hegemony status quo.

4. METHODS

4.1 Research strategy and design

To address my chosen topic, there is multiple data that needs to be gathered. Firstly, a thorough literature review is important to look for up-to-date studies and statistics on how school lockdowns have impacted adolescent girls, and how COVID-19 have intensified multiple crises at once, such as socio-economic issues. As such look into how the pandemic has caused more children to be forced to dropout of school, and possibly forced into child labour, which is one of the short-term consequences of school closure and the economic turmoil that followed because of closed borders and other COVID-19 prevention and response. In addition, look at how already vulnerable people are greatly impacted by the pandemic, which have seen for instance a rise in child marriages (Chavula, 2021). As such the study can be defined as a collective case study, which is an “[…] instrumental study extended to several cases” (Stake, 2000, p. 437). It is collective because it involves themes that relates to the phenomenon of interruption or ending of school and its consequences. Additionally, the study investigates how the syndemics of crises disproportionately affects women and girls and increases the gender inequalities. This study is furthermore a comparative analysis, which aims to seek better understanding on how the HIV and AIDS epidemic was met, and research if there are any similarities with response to COVID-19. The chosen strategy for the research is qualitative, and as such incorporate the personal stories, experiences, and knowledge surrounding the objectives of this research, and through this get to the root of the complexities in the issues that adolescent girls in Malawi are dealing with. The comparative analysis is chosen to look at the broader picture of how a country faced with multiple crises are able to response to an additional health crisis and see this in the light of Malawi’s response and continued struggle to combat the HIV and AIDS epidemic.

Unfortunately, because of the travel restrictions which were put in place on Malawi from the Norwegian government at the end of 2021, field work was not an option which was the initial plan. Therefore, the research is done exclusively in Norway or online. However, research has been possible through online communication, and therefore are some of the interviews conducted over Zoom or other online communication platforms. The study will be a qualitative study where the main primary data will be conducted through interviews and secondary sources, where the focus will be on the comparative analysis and specifically how adolescent girls were affected by the pandemic. To collect data, I conducted semi-structured and in-depth interviews with researchers, students, teachers, and other organizations which is or was directly involved with the thematic of this paper. Despite all the interviews were asked a set of pre-planned questions, the interviews also followed the natural flow of a conversation and as such gave valuable insight into topics, issues, or other thing that I might not have thought about prior to the interview(s). Even though the primary data used will stem from qualitative research through interviews, it would be possible to obtain triangulation to use a form of mixed-method research. This can be done through statistics obtained from large surveys which have been published on for example dropout rates or on the government's efforts to implement remote learning, and other research which have been done during or in the aftermath in the height of the pandemic in Malawi. Additionally, explore if there has been a surge in for example the rates of child labour, teenage pregnancy, child marriages and other socio-economic issues which affects adolescent girls, and analysis this with how it was before the pandemic. To integrate different sets of data it is important that the study design addresses the research questions set, and thus complement each other and adds to form a kind of triangulation design (Creswell et al., 2009). In addition, to integrate other secondary data from research conducted on the topic on for example the HIV and AIDS epidemic and implement this with the qualitative research to make the study a comparative analysis. This will form an embedded study design where the data collection either happens at the same time or sequentially (Bryman, 2016, p. 640).

4.2 Data collection

I interviewed in total eight different people, either over Zoom or other online communication platforms, or in-person. The interview respondents differ in age, gender, country of origin, profession, and position in terms of the research objectives. A full list of the interview subjects will be found in appendix A. To protect their anonymity; the respondents are referred

to only in terms of profession, country, and gender, and as such throughout the paper they will be referenced as for example, respondent 1 or their profession. In addition, all interview respondents have been given a random number from one to eight, to easier separate them from each other and to make it clear which respondent said what. Three of the interviewees are from Malawi, two are researchers from outside of Norway, one is based in Malawi, and the last two are researchers from Norway. All have either done research or worked in Malawi, or are from Malawi, and additionally have knowledge and experience about either education or health issues related to adolescent girls or have knowledge or experience about the HIV and AIDS epidemic or the COVID-pandemic, or both. However, they all represent different positionality to give a different point of view regarding the research questions of this study. Even though the interviews

4.3 Sampling

To make the data collection feasible it is vital to narrow down the sampling population in such a way that the sampling is representative but also doable. It is also important to establish trustworthiness so different perspectives and experiences of reality are represented in the research in such a way to maintain credibility. As such the sampling process was a snowball sampling, where I had reach out to some of the respondents in this study, who then have recommended or suggested other possible candidates. Through this process I was able to establish contact with people which have experienced how the pandemic has impacted their life and Malawi in general. This strategy allowed me to follow certain clues that would help the sampling process, and thus the data collection (Bryman, 2016, p. 415). The sampling process has been challenging, especially since everything had to be done online, and in some cases, it has been difficult to contact people who would be suitable for this study in Malawi. It has taken much longer than anticipated, and therefore had a few of the interviews been conducted over a longer period than planned for because of lack of or instable internet connection, or other issues such as health problems.

4.4 Data Analysis

The process of analysing data is where all the components of the research is managed, with the aim of reducing the data into manageable categories or themes which will be used for the analysis (Bryman, 2016). In this study categories have been used to sort through all the

interviews and the transcription of these, which then has been cut down into manageable themes with specifically chosen names (Bryman, 2016). These themes also developed both during the interviews and in the process of transcribing them into actual words on paper, and as such certain themes were recognized. Some of these themes were repetitive, where many of the interviewees pointed to similar themes such as “teenage pregnancy”, “cultural norms and traditions”, “stigma and taboo”, “poverty”, “lack of resources”, “lack of support”, “child marriages”, “quality of learning”, and “weak health sector”, as factors that prevent adolescent girls to get an education or disproportionally affects their overall development. “Repetition is probably one of the most common criteria for establishing that a pattern within the data warrants being considered a theme” (Bryman, 2016, p. 586), but should not be the sole reason for its inclusion as a theme. However, these themes were included also because they are relevant to the research focus of this paper.

This process of marking out repetitive and other themes was done with all the interviews, and reflects the findings presented in this paper. Other categories reflect more the differences in the response from the interviewees, which is presented in this paper as their personal experience or views a specific issue, which shows that people with different backgrounds may view issues or topics differentially. Additionally, some of these themes also reflects how the respondents viewed how the government response to the pandemic, such as “weak health sector”, “lack of resources”, but other themes differed, such as “misinformation”, “rumours”, “lack of information” which related more specifically to the government response. This process can be defined as thematic analysis, where the focus of the analysis of the transcripts or data have been to identify themes that relates to the research questions posed in this study (Bryman, 2016). This was also the process to identify similarities and differences between the responses to COVID-19 and the HIV and AIDS epidemic. Additional analyses were also conducted on secondary sources, both to supplement the analysis of the interviews and transcripts, and to include up-to-date statistics of some of the consequences of school closure and overall lockdown. Furthermore, in relation to the response to the HIV and AIDS epidemic provide data on pre-existing studies and statistics which relates both to the response efforts and subsequentially the prevention and treatment policies and programmes.

4.5 Limitations

There are limitations to this research which needs to be addressed. Firstly, one big hurdle was that field work was not possible. The travel restrictions were for a time lifted, and therefore it was for a while a real possibility to complete field work. However, when the travel ban on Malawi alongside other SSH-countries were established in late 2020, it was evident that it was no longer possible to conduct field work. Since this changed happened so late in the process of the planning of this thesis, hence the swift changes to the research design and study objectives needed to be done. However, the ideal research would be do be on the ground and meet adolescent girls in Malawi, and interview and observe them directly in relation to their experience of the pandemic and subsequent school lockdown. Because this was not possible, it was therefore quite a struggle to establish contact with people on the ground and as such shifted the focus of the paper into a comparative analysis of the COVID pandemic and the HIV and AIDS epidemic, but also kept the part of the study which focused on adolescent girls, which was possible through online and in-person interviews.

I. *Axiology*

The topic is of particular interest because of my background as a teacher, and who is enthusiastic about children's rights to education, a childhood, and overall protection from harm. In addition, adolescent girls in LIC are particularly vulnerable to among other things sexual exploitation, early marriage and pregnancy, HIV/AIDS or other health related diseases, violence and forced out of school, which made it a complex topic to research. Therefore, it is important to acknowledge that I did not begin this study objective and have values that might interfere or affect with the objective or structure of the study. However, I do have a background in journalism as well, which makes the choice of conducting qualitative research through mainly interviews a natural and comfortable choice. In addition, it also entails that I have prior knowledge to the number of ethical concerns that needs to be considered when conducting interviews on topics of sensitive nature, such as sexual education or other stigmatised topics.

II. *Ontology and epistemology*:

This study is influenced by the assumption that school lockdowns in LIC, such as Malawi, without proper social protection and infrastructure to protect its citizens from economic

turmoil or other socio-economic issues, causes an increase in pre-existing issues, and as such does harm children's development. One way to investigate this assumption is to look at pre-existing research on education and development of children, and through studies which have been conducted on how the pandemic has for example caused an increase in dropout rates or teenage pregnancies. Additionally, through the interview respondents own experience and/or knowledge about the effects. Subsequently, it was important that I interview those affected by interruption in schooling, and their interpretation of the consequences of this, such as the teacher-students. In addition, to analysing statistics and research on how the government managed the pandemic, and how that has affected adolescent girls.

4.6 Ethical considerations

There are ethical aspects to consider in conducting the research for this study. Firstly, due the fact that the themes are sensitive and in some cases stigmatised, such as witchcraft or GBV, and therefore it is important to take certain precaution concerning ethical considerations and ask questions in a polite and nuanced way as possible. Secondly, anonymity is vital to protect the participants especially in relation to sensitive topics. In addition, since most of the research will be conducted through interviews, it is very important that the interview process is done in a respectful and considered way where the participants feel safe and heard. Especially regarding sensitive topics, which is important for the research to fully examine the complex picture of issues adolescent girls are facing in Malawi. Therefore, it is vital to take certain precautions when interviewing such participants and be open and at front about what the aim of the study is and give an accurate account of their personal experience of the reality. One related issue to this is translation of the transcribed interviews. This has been a challenging and time-consuming process because a couple of the interviewees spoke in multiple languages during the interview. The interviews which were conducted in Norwegian had to be translated to English, and as such it is important to acknowledge that the translation was done by me and not by a professional translator. As such, the translation is to be regarded as my best interpretation of what the interviewee said, but some of the essence of the comment or answer might change slightly when translated. And finally, it was difficult to ask specific questions about sex education, teenage pregnancy, and local customs and traditions, to a couple of the interviewees which found these topics difficult to talk about either because of their own experiences, religion, or background. One interview ended abruptly because of the interviewee apparently losing their internet connection. However, from my interpretation

of the situation it was clear that the respondent was not comfortable to talk about subjects that was related specifically to the topic of sex education in general or over Zoom. Even so the respondent did on a later date follow up and answered so more questions per email. Many of these challenges could have been easier or harder if the interview were face-to-face.

5: FINDINGS, ANALYSIS AND DISCUSSION

In this section the findings from the research will be presented, both the findings from the qualitative interviews and from the secondary data sources which has been analysed. The main take aways are that there are many similarities in the handling of both the HIV/AIDS epidemic and COVID-pandemic, for example through an overwhelmed and under-funded health services, lack of an adequate number of health professionals, misinformation and fake news, vaccine inequity in relation to COVID-vaccines and medicine inequity in relation to medication necessary for HIV-prevention and for HIV-infected people. In relation to the education for adolescent girls; inadequate support and information regarding the pandemic, school closure had drastic effects on learning, safety, and overall wellbeing, especially in terms of mental health and increase in teenage pregnancies and child marriages. The following chapters will present the findings in different sub-chapters and give a fuller picture of the issues adolescent girls in Malawi are facing in the light of the pandemic. In addition, present the similarities and dissimilarities between the government and other actors managing of the pandemic and the HIV/AIDS epidemic.

Mkandawire et al. (2022) looked at the lessons learned from HIV and AIDS epidemic in a broader geographical context in Southern Africa, and with Malawi as their case study. This study points out similar trends as the respondents the researcher interviewed had and highlights how the pandemic has "[…] exposed fundamental flaws in the very foundation of our society […]" (Mkandawire et al., 2022, p. 143). Even though this is true throughout the world; there are specific geographical and local tendencies that differs. "[…] the fight against COVID-19 will be an uphill battle for most countries in Sub-Sahara Africa in part because of the detrimental impact of World Bank and International Monetary Fund (IMF) structural adjustment programs on national economies and healthcare systems in the continent" (Forster et al., 2019; Pfeiffer & Chapman, 2010 in Mkandawire et al., 2022, p. 143). The impact decolonization and other donor-funded programs has had on the Malawian infrastructure is at

the core of this battle and has caused aid-dependency and made the country highly reliant on outside support. The researchers also point out that these programs have been highly gendered, which have caused women to be more structural dependent on men and exasperated gender inequalities. Mkandawire et al. (2022) points out that the pre-existing gender inequalities have been worsen by the pandemic. One example of this is how school closure caused an increase in the number of adolescent girls getting pregnant. "School closures in Malawi due to the coronavirus pandemic have led to an alarming increase in child marriages and early pregnancies […]" (The Star, 2020), the article also points out how the first shutdown of schools on March 20th in 2020, came before the country even had detected any cases of COVID-19 (The Star, 2020). Similar reporting has come from among others Kohler et al. (2022), who reported that: "Malawi initiated an early response and focused Covid-19 information campaign in February 2020, about two months before the first case was reported in the country" (Kohler et al., 2022, p. 2). Even though the pandemic did greatly affect Malawi, the country did not experience the anticipated prediction of high number of cases or high mortality rates as seen elsewhere around the world.

5.1 Multiple crisis

One of the mayor findings from the interviews were the underlying complexity of the pandemic being one crisis atop of multiple crises, particularly in terms of multiple health crises. The COVID-pandemic has greatly altered the world, both economically, socially, and the health sector. However, in countries such as Malawi the pandemic has been only one out of many health crises. The majority of the people who were interviewed for this paper has pointed out the difference between high-income countries (HIC) and LICs, and this also reflects the capability aspects that governments have in terms of response efforts. Respondent 5 pointed out how the health sector in Malawi are faced with other epidemics, such as cholera and they have newly discovered wild polio, which are now more worrisome for the health sector than COVID-19. On top of that "[…] there have been two tropical storms which hit Mozambique and southern parts of Malawi, and that there has been floods and a lot of infrastructure which have been lost. They are concerned for cholera in these areas" (Respondent 5, 2022). On top of the fear of cholera- and polio-outbreaks, and because the COVID-response have caused other essential health campaigns and service to be put on hold, the pandemic is just one of multiple health crises facing Malawi. "And now when the rain season is coming to a halt, it is a lot of focus that it will be a tough malaria-season because

they had to put a lot of campaign on hold […]" (Respondent 5, 2022), both because scarce resources and that the health sector is in general very understaffed. This syndemics of epidemics which are more predominant in places like Malawi and other LIC, is also a prime example of the health inequalities which the COVID-19 pandemic as shown. The study of syndemics "[…] draws attention to the role of adverse and unjust social conditions in the deleterious clustering and interactions of diseases" (Singer et al., 2013, p. 205), and highlights that seldom do a single disease operates alone. As such the focus should be on how to manage multiple diseases acting in tandem, and look at how health care, prevention and treatment should best address this cluster of health risk and illnesses. Without addressing how "[…] adverse synergies are promoted by social conditions and unjust structural relationships" (Singer et al., 2013, p. 206) it is quite difficult to best prepare for another epidemic outbreak or tackle the pre-existing diseases.

Another example of multiple crisis at one, which is not health-related, is the personnel shortage of teachers. Respondent 7 pointed out how when some of the teachers would get affected with COVID-19 and as such had to stay at home, there was nobody to fill in for them. As a result of teachers getting sick, others had to double or triple their workload.

> Then we would have to share the work among us. And then, when I had a COVID-scare around the same time […] which meant that all my work had to be transferred to other people. And if other people were not there to take it because we were having a lot of cases at the time then the work would stop. (Respondent 7, 2022)

This meant that for the two weeks this respondent was sick and unable to work, the respondents' students, approximately 120 students, did not have a teacher and could not go to school. The respondent worked at a local Community Day Secondary School (CDSS) and is not a government school. According to the respondent the school lacked proper funding, which meant it was very difficult to uphold all the COVID-restrictions that was necessary. "[…] it is a Community Day, meaning it does not have as much funding as normal secondary school would have so there was not really much done for spacing" (Respondent 7, 2022). However, when there were cases at the school, the only prevention except masks was to move

the classes outside. Prior to the pandemic this local school was in large part funded by an Irish Christian organization, however when the pandemic broke out the funding subsequentially stopped. “So eventually parents have to pay for the students to come to school, but a CDSS […] are supposed to be hugely funded by the government” (Respondent 7, 2022), but according to the respondent what the government will usually do is build some blocks for the school and that is that. That is way this Irish organization took over the funding, but because of the pandemic, this funding stopped which left the students and its teachers at the school in a limbo.

Respondent 6 pointed out how the pandemic has had serious consequences for every sector in Malawi and has had an overshadowing affect in relation to other issues, how already weak programs in the health sector have gotten much weaker because of lack of resources and funding. “We fear that the rates, for example this year for malaria-disease and maybe even mortality, will increase because in Malawi, the official numbers are around 50 percentage of the positions they have in health which should be filled are unfilled” (Respondent 6, 2022). Even prior to the pandemic there was a serious shortage of health professionals in Malawi, which have during the pandemic caused other essential health services to be put on hold to staff the response team put into place to combat the pandemic.

> […] they have a high, high health personnel deficiency, and therefore has many been used in the COVID-response. Which have caused other services, just like in Western countries, but it has probably had much higher consequences here because of the inability to deliver other essential health services […] it has greatly impacted other life essential health services (Respondent 6, 2022).

The shortage of health care workers (HCWs) is well documented, and during COVID-19 as seen throughout the world, that deficiency has only been wider when HCWs have been overworked, underpaid, and experienced intense stress and scrutiny. As with the response to the HIV and AIDS epidemic, the pressures put on the health sector and subsequently HCWs were also intensified, as a high number of patients were both in need of testing and treatment. “Countries in SSA have 68% of the world’s burden of illness from AIDS, yet have only 3% of

HCWs worldwide" (Kim et al., 2018, p. 2). Furthermore, in Malawi there is an extreme deficiency of physicians, with estimates states that the physician-patient ratio is extremely low, "with one physician per 62,000 patients, compared to the World Health Organization's (WHO) recommended ratio of one per 5000 persons" (Kim et al., 2018, p. 2). However, despite these resource- and HCWs-limitations, Malawi has "[…] implemented an impressive scale-up of HIV-treatment. Currently, 679,000 persons are receiving ART, a 2.5-fold increase from 2010" (Kim et al., 2018, p. 2). This measure alongside other health programmes and initiatives has been greatly impacted by the COVID-19, where a lot of these measures had to be put on hold because of the limitations of resources and HCWs. Despite a relative high number of HIV-positive patients does get treatment, the issue is the upscaling of certain treatments without proper funding for instance to hire more HCWs. One effort that has been put forward in Malawi and other SSA-countries is "[…] test-and-treat, an ambitious initiative to offer lifelong ART for all HIV-positive persons upon diagnosis" (Kim et al., 2018, p. 2). The worry is how this speed-up health process could put a further strain on HCW and cause even more burnouts, and on top of that there is the burnout associated with the COVID-response. One study found that more than 60 percent of the respondents "met criteria for burnout" (Kim et al., 2018, p. 9), and the study specifically investigated how burnout with HCWs correlates with patient care. "Burnout is defined as when HCWs feel emotionally exhausted, cynical and detached, and ineffective […] HCWs are the backbone of an optimally functioning health system […]" (Kim et al., 2018, p. 10), so when HCWs are suffering it has serious consequences for the health system and for the people that depends on it.

5.2 School closure, dropout rates, and quality of learning

When school's shutdown as a government response to the pandemic, the majority of students were unable to access any form of learning. Mostly because schools were unable to offer online teaching. Even prior to the pandemic there was a learning crisis in Malawi. Glawe and Wagner (2022) argues that there is a significant difference between schooling and learning, so even though Malawi has a high number of students enrolled especially in primary school, does not equal to the same number of learning as years of schooling. One way to measure this is through the learning-adjusted years of schooling (LAYS) model, which look at what components positively or negatively correlates with actual achieved learning outcome (Glawe & Wagner, 2022). One example is how "[…] LAYS and institutional quality are substitutes in the growth process. In particular, the positive association of the LAYS with economic growth

is smaller in countries where institutions are already strong than in countries with still rather poorly functioning institutions" (Glawe & Wagner, 2022, p. 151). Models that only focus on the quantity of students enrolled in schooling and not the quality of learning does little to capture what education is truly about. It also differs from what is formulated in Malawi Growth and Development Strategy (MGDS) which is the "guiding document for government" on the importance of education (Chimombo, 2009, p. 299), which proclaims "[…] that students should gain basic know-how and skills to enable them to function as competent and productive citizens" (Chimombo, 2009, p. 299), however when the quality of learning is very low, the rate of dropout is still high, as well as the high number of absenteeism, and poor learning outcomes it is difficult to fulfil that statement. "The key takeaway is that schooling does not necessarily imply that children are actually learning" (Glawe & Wagner, 2022, p. 151).

Respondent 2 also pointed out how the implementation in 1994 with Free Primary Education (FPE) (Chimombo, 2009, p. 298) did not necessarily improve the quality of education, but what it did successfully was that more children enrolled in the lower levels of school. "[…] a lot of children went to school, but the resources remained the same and the quality obviously decreased" (Respondent 2, 2022), and the student-teacher ratio also increased because no more teachers were hired to meet the surge of new students. Additionally, respondent 2 pointed out that very few completed secondary school. "I am not sure what the number are now, but I think […] only 4% of boys and girls who completed their secondary school. That is extremely low. Extremely low, like also when you compare it to other African countries. Extremely low" (Respondent 2, 2022). Recent completion rates from secondary school are according to the latest annual report from UNICEF 4 percent (2021). After the implementation of FPE, a major education reform, schooling become much more accessible for Malawian children; however limited funding and lack of resources did not correlate with the reform. "Huge class sizes and an inadequate supply of infrastructure, teachers, and teaching and learning materials has led to extremely poor student performance […]" (USAID, 2021). Despite Malawi upholding their high net enrolment, the completion rates after primary school are only 33 per cent (UNICEF Annual Report, 2021). The annual report from UNICEF points out how the pandemic had indiscriminatory ripple effects on already impacted populations, such as children, in part because of the long period of school closures. "[…] after schools were closed in 2020, from March to October, they were forced to shut again in 2021,

from mid-February to mid-March, affecting 7.7 million school-aged children, already behind in learning from the year before" (UNICEF Annual Report, 2021, p. 5). A national phone survey which was conducted by "The Centre for Education Research and Training (CERT) in collaboration with the Center for Global Development (CGD) and the National Statistical Office of Malawi" (E. Kadzamira et al., 2021, para. 3), to measure the pandemic's impact on children and education found that the during the first wave of COVID-19 and simultaneously with the five months school closure, dropout rates tripled. And the rates for secondary school are the highest (see figure 1).

Figure 3: Repetition and dropout rates across grade

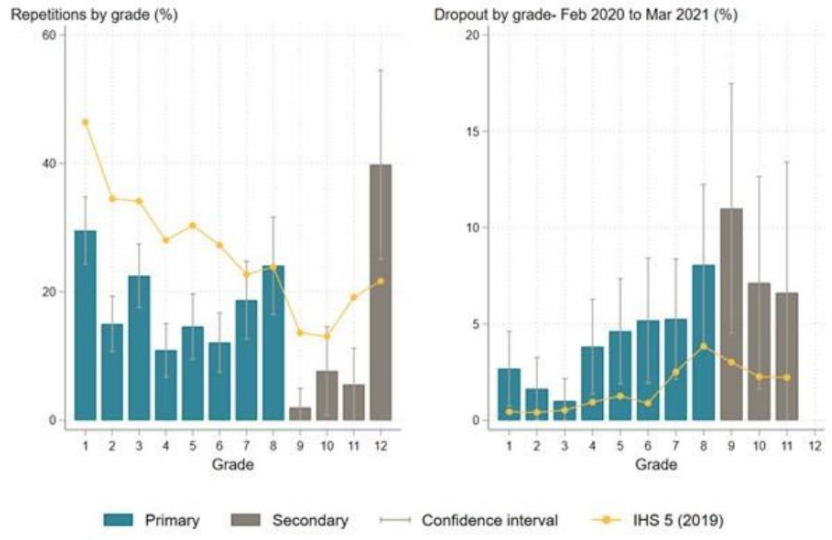

Figure 2. Repetition and dropout rates across grades from 2021.[2]

The respondents, who were "1,085 households and 374 primary schools" (E. Kadzamira et al., 2021, para. 3) and they were asked among other things why their children had dropped out. "The leading response for boys was school fees (1 in 3 dropouts) and for girls, marriage or pregnancy (1 in 3 dropouts)" (E. Kadzamira et al., 2021, para. 5). Despite the survey not finding any significant gender disparities in terms of dropout rates, the reasoning behind is starkly different. The survey also discovered that during school closures, most children missed out or was unable to participate in most the attempted remote learning measures (E. Kadzamira et al., 2021). "Government distributed radios to some of the poorest households,

[2] From phone survey conducted by CERT, CGD, and NSO Malawi. Source: PREPARE Malawi household survey and IHS5 from E. Kadzamira, Mazalale, J., Meke, E., Mwale, I. V., Jimu, F., Moscoviz, L. & Rossiter, J. (2021, November 24). https://www.cgdev.org/blog/what-happened-student-participation-after-two-rounds-school-closures-malawi-and-how-have

and setup online learning materials and non-digital learning sets […] also provided guidelines on how schools and learners could organize themselves and introduced education radio programs for primary school learners" (E. Kadzamira et al., 2021, para. 8). The study found that despite these governmental efforts, over half of the primary schools which participated in the survey "[…] did not adopt any remote learning strategies during the two periods of school closure […]" (E. Kadzamira et al., 2021, para. 9). The biggest obstacle to implement remote learning was radio access, where under 50 per cent of households in Malawi owns a radio (E. Kadzamira et al., 2021, para. 9), and according to the annual report from UNICEF (2021) only "12 per cent of households have electricity" (p. 9), which makes it very difficult to access any form of online learning for most schoolchildren. Therefore, one short-term consequence from the school closures is an enormous learning loss and higher dropout rates.

Respondent 2 also highlighted some of the disparities that is seen with completion and enrolment rates between primary and secondary school. "You have to pay tuition fees to go to secondary school, so there is also this hope that education brings bright future. Better future. But whether that is actually the case, that is the question" (Respondent 2, 2022). This is intertwined with how school closures also contributed to a spike in number of teenage pregnancies (UNICEF Annual Report, 2021), which is also according to the respondent important to see that in the light of the quality of education which is accessible for them. "Because there are also parents who say why would I invest so much in education and the quality is very poor and costing a lot of money and you do not have a job afterwards" (Respondent 2, 2022). Therefore, it is essential to not only provide free primary school for all, but to ensure that secondary school is accessible for all, and that the quality of education is lifted to meet the standards put forwards in for example the Convention on the Rights of the Child. "[…] most human rights legislation focuses upon access to education and is comparatively silent about its quality, the Convention on the Rights of the Child is an important exception. It expresses strong, detailed commitments about the aims of education" (UNESCO, 2004, p. 30), which must include the quality of learning aspect.

5.3 *Ufiti*, taboos, and stigmatization

Despite the numbers of teenage pregnancies going up during school closure it is only one part of the social and economic issues adolescent girls are faced with. When looking at the issue of

teenage pregnancy with the syndemic lens, it is no doubt that these issues correlates and together makes that issue more prevalent. “It might actually be teenage pregnancies, HIV, poverty, and the quality of education, like all these different components that are […] kind of together like this and it is really difficult to improve the situation if you only look at one tiny aspect” (Respondent 2, 2022), referring to teenage pregnancies. All these different health and socio-economic issues interact or correlates with each other, and together they are a complex issue which cannot be solved through only addressing one of the issues. It is also show that there is a need for more access and education on sexual and reproductive health, and programmes which aims to destigmatize for example the usage of contraceptives. This is also important when it comes to the prevention of HIV and STIs, where “A third of all new HIV infections in 2018 were among young people aged 15-24” (UNICEF, 2021, p. 59).

Other reasons for why girls might dropout of school could be culture and local traditions, for example the issue of witchcraft. Respondent 3 addressed how witchcraft is a very colonial word, and in Malawi they do not use that word. It is known by the name *ufiti*. “In reality, it can be viewed as a cosmology just like ours […] which has both good and evil. Where witchcraft is the evil […]” (Respondent 3, 2022). This is intertwined with how the local communities works, where the collectively come together and share the goods. “[…] it is like a social structure where people share their goods in a society where they have very little social support from the government. It is a way of socially holding people within a norm where you share instead of prosper on your own […]” (Respondent 3, 2022). However, according to respondent 3 when some girls get access to and can afford to go to school, and other do not, it can lead to jealousy. And because of this they might choose to dropout of school. “Some of my informants said that they had dropped out of school because they all of the sudden could not see the blackboard, and that they got a headache and things like that. And then they thought that they had been bewitched” (Respondent 3, 2022). Others might just stop going to school because of the psychological pressure caused by jealousy, and the fear of subsequently being bewitched. “School going students may experience *ufiti* as the ‘jealousy’ of their peers who are unable to get education. They may be involved in being fortified to counteract this ‘jealousy’” (Lwanda, 2005, p. 262). Lwanda (2005) goes on to describe *ufiti* as a tool, where being more prosperous than others for example through getting an education can by some be viewed as something immoral or wrong. Other examples in how *ufiti* has been used as the explanation for something, despite in most cases the awareness of the facts is present.

Furthermore, people are also aware of the overwhelming scientific evidence of the facts, however, the *ufiti* discourse still has both in the rural and urban areas of Malawi "[…] significant communal cultures […] In these cultures, illness can be held to arise from *ufiti* rather than other causes, even when these other causes are recognised; the *ufiti* reason may be more socially acceptable" (Lwanda, 2005, p. 263). Even though the scientific recognition of for example the causes of HIV/AIDS are available and understood, it does not exclude the possibility of "*ufiti* causality with certainty" (Lwanda, 2005, p. 263). Lwanda (2005) argues that HIV/AIDS is the 'ultimate' *ufiti* disease.

> HIV/AIDS is of mysterious origins, of contested ownership, spreads mysteriously, has a 'symbolic prevention' via condoms, is governed by multiple religious and moral perspectives (Cf. taboos), has an association with bodily fluids and reproduction and death, has a levelling ability (the early death of the poor and the higher death rates of the urban elites), and lacks a medical cure. HIV/AIDS and *ufiti* discourse thus resonate, if they do not exactly relate. Given, the foregoing, *ufiti* discourse is, not surprisingly, frequently recruited for HIV/AIDS explanations. (Lwanda, 2005, p. 264-65)

This taboo association with HIV/AIDS and sex in general, and as such is not something that should be openly discussed or talked about at all, dominants the cultural sphere in Malawi. Furthermore, this also relates to the public response to the COVID-19 pandemic. "Not unlike the early phases of the HIV epidemic, when Covid-19 reached the African continent in early March 2020, it was a novel disease with limited and constantly changing information based mostly on evidence generated in socially and economically very different contexts" (Kohler et al., 2022, p. 2). In the beginning, and much throughout the ongoing pandemic there has been a lot of back and forth about the information and facts surrounding the spread, treatment, and severity of the virus. This has caused misinformation, confusion, and subsequently spread of fake news both in social media, but also from world leaders and other people in power. In Malawi, Kohler et al. (2022) points out that the outbreak of the pandemic overlapped with two major events. Firstly, the outbreak of the COVID-virus "[…] coincided with a presidential election campaign in a heated political climate after the annulment of the prior outcome resulting in circumstances that counteracted widely recommended public health measures

such as social distancing and stay-at-home orders" (Kohler et al., 2022, p. 2). Secondly, the high prevalence rate of HIV/AIDS in Malawi, despite the country ongoing efforts to address the challenges correlating with epidemic, the country has "[…] one of one of the highest HIV/AIDS prevalence rates in the world" (CIA, 2020 in Kohler et al., 2022, p. 2). This syndemic of crisis on top of a crisis made the country in some sense better prepared to manage a crisis based on prior experience with such health crisis. "[…] the experience acquired during the HIV/AIDS epidemic in Malawi has not only guided the government in how to implement an early and initiative-taking response to the emergency of the Covid-19 situation […]" (Kohler et al., 2022, p. 1), and seen through the early school shutdowns. Furthermore, Kohler et al. (2022) also argues that this experience with former health crisis also was important to shape the public perceptions of the severity of the pandemic and understand the high risk of infections and the need for targeted measures to prevent the spread of the virus.

5.4 Vaccine inequity and the COVID-19 puzzle

Throughout the world the pandemic seriously assessed just how prepared and well-funded hospitals and other health care providers where. The surge to get enough mask, PPE (personal protective equipment), ventilators, hand sanitizers and other preventive measures. It is well documented how the wealthier countries were able to buy up more at a higher price than LIC were able to. Later, when different vaccines were on the market, the same kind of race happened. Considering this one important collective initiative were crucial to assure some form of vaccine equity. This was the COVAX-initiative. However, the inequity of vaccines, medicine and other vitally important health products or equipment, were evident. This is like how it was during the height of the AIDS and HIV epidemic. Respondent 6 pointed out how important the COVAX-initiative was in Malawi, and how it was on the first countries to get access to vaccines through COVAX. However, there was scepticism associated with the vaccines, which made the approach of among other thing campaigns which focused on the safety of the vaccines and to promote them. One way this was done was that:

> […] the President got the vaccine on TV to show people that the vaccine was not dangerous. They tried to front many campaigns which was put in place to ensure that the population got vaccines. So, in the beginning it looked very successful, even

> though there were few vaccines. However, when India got that big wave, which was around the same time that we got the first vaccines, then much of the vaccination program stopped up because we did not get vaccines in accordance with how COVAX and Malawian authorities had planned the roll-out. (Respondent 6, 2022)

In the aftermath of this abruption of vaccine access, it had a huge negative impact on the public's perceptions of the vaccines. Respondent 6 explains this dilemma "[…] how we did not now have enough vaccines because we could not get them, and that the vaccines we had gotten was vaccines other countries did not use on their own population. These two components made it difficult to promote vaccination" (Respondent 6, 2022). The halt in vaccination and the back and forth with vaccine access made scepticism towards getting vaccinated wide-spread, and consequently Malawi has a very low vaccine coverage of COVID-19. Furthermore, Malawi did not have that many breakout-cases and low mortality rates, which have been dubbed a "sub-Saharan African COVID-19 puzzle" (Kohler et al., 2022, p. 2), which also have impacted the low vaccination rates. "As of early May 2021, sub-Saharan Africa has officially reported 3.2 million cumulative COVID-19 cases and about 83,000 deaths, accounting for about 2% of global cases and deaths, respectively, while representing 14% of the world's population" (Kaneda & Ashford, 2021, para. 4). Why the pandemic played out like this in Malawi and neighbouring countries is still not yet clear and have caused quite the puzzle. However, some factors do play in, such as demographic, where Malawi has a very young population, but that alone cannot explain the low prevalence of COVID-cases (Kohler et al., 2022). Other factors such a low vaccination roll-out, and lack of government funded prevention measures, are unlikely explanation because logically lack of resources and vaccines would cause more cases. The explanation of why the pandemic unfolded like it did in Malawi is still incomplete.

Another factor which affected the response to vaccines was how someone who got vaccinated and had a bad reaction to the vaccines might have caused some people to avoid getting vaccinated or caused fear. Respondent 8 shared how she had a bad reaction to the first dose which caused the respondent to not get a second dose. "I had very bad side effects, like fever for two days and then you know I had a cough, and I just was not sure is this because I have COVID and then I got the vaccine? Or what you know?" (Respondent 8, 2022). The

respondent had a COVID-scare before vaccination but was too scared to get tested so instead the respondent self-isolated for three weeks to make sure that the respondent did not spread the virus to anyone else. The respondent experienced the vaccination as scary, "[…] but I recovered after a few days, so I felt strong again. But I guess the […] virus took a hold of my body" (Respondent 8, 2022). Another explanation could be the rumour or belief that the COVID-virus was not that serious and was viewed as "just the flu" as respondent 7 phrased it. The respondent worked for a time at a school during the pandemic and explained how the virus was viewed among the school children were the respondent worked.

> There were two wide extremes, where kids would either just follow the rules because they had to go to school, because back home no one really believed it because they had not experienced it. Or maybe that had but just never got tested to say, OK, this is really COVID. You should take care. So, they just think, oh, there is a flu going around." (Respondent 7, 2022)

The respondent said that once the school had break-out cases the mind-set on the pandemic shifted.

> […] kids had woken up. Then they could tell […] back home to say OK, we need to be serious about this. You know it is really here, especially when you know some of the lectures had COVID and […] kids had now this mentality of, OK, you need to be far away from me […]. (Respondent 7, 2022)

The respondent said there were a wide range of different experiences, where some took the restrictions serious because they had to, while others did it because they took the pandemic serious.

5.5 Donor dependency and NGOs involvement

In a country without a proper safety net for its population, and lack of resources, when crisis occurs people need to rely on each other or their community for support. "Malawians have a

long tradition of mutual help and a deep appreciation of the moral obligations of redistribution and reciprocity that are the bedrock of everyday life" (Swidler & Watkins, 2017, p. 3). This distinguish between the fundament of what is Malawi, of helping and lifting each other up, mutual aid within communities. Additionally, the massive foreign involvement especially in the wake of the AIDS-epidemic has made the economy inept for economic progress and prosperity. As Swidler and Watkins (2017) points out that this form of contemporary altruism through aid and donations goes back decades, "[…] back to the eighteenth- and nineteenth-century humanitarian movements that sought to end slavery and bringing enlightenment to the African continent, Christian missionary works […]" (p. 4). More recently not much have changed, where Western governments and other foreign organisations have made significant efforts and marks in relation to development in form of either aid or to promote for example gender equality and family planning. "In the era of AIDS, the goals of altruistic organizations are equally broad: to transform women and men into rational, self-reliant citizens […] capable of preventing HIV-infection, and for those infected, capable of adhering to strict regimens of medication" (Swidler & Watson, 2017, p. 4). However, as with the roll-out of COVID-vaccines, the roll-out or accessibility of antiretroviral treatment (ART), which is the main treatment form for HIV (NHS UK, 2021c) came much later to Malawi than it did in the Western world. ARVs were not easily accessible until 2005, which was a decade later than richer nations (Wilson, 2013).

The AIDS enterprise, like the COVID enterprise, was massive in scale where the world came together "to combat a single disease" (Swidler & Watson, 2017, p. 4). Similar in terms of the search of a 'cure' (in form of vaccines or medication), and in the way of preventing and isolating cases. However, different because the viruses are very different. "The AIDS enterprise has shaped Malawian society" (Swidler & Watkins, 2017, p. 6), both in how practices copied from the West have been implemented in the country with the hiring of local brokers as their middlemen and conveyer of Western ideals and themes, which has not always been in correlation with local ideas and customs. Since the 1980s, and especially as a response to the HIV and AIDS epidemic, a lot of money has been funnelled into Malawi through a diverse set of programmes, mostly sponsored by foreign government and NGOs. However, Malawi is still one of the poorest nations in the world, and many of the programmes that have been started have failed or seemed short-lived. Eidhammer (2017) argues that the main component for the status quo is that Malawi's economy is simple too small compared to its

population and as such is incapable of meeting both the people's public service need and the demands raised by foreign donors for their aid. "Malawi's annual government budget is about 1.6 billion US dollars. That is just above one per cent of Norway's budget, although the population of Malawi is three times as big as that of Norway" (Eidhammer, 2017, p. 177), puts it into perspective. However, why the economy is so small also as a great deal to do with its history both as a donor-recipient and as a former protectorate of the Great Britain.

5.6 Gender-based violence and safety in schools

In Malawi, violence in schools disproportionally affects girls. Violence against a specific gender is known as GBV, and in the United Nations (UN) Declaration on the Elimination of Violence against Women (DEVAW), GBV is defined as any act "[…] that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (DEVAW, 1993, article 1). A study conducted by Bisika et al. (2009) labels GBV as endemic within Malawi. This study which had a sample of girls both in and out of school, and they also interviewed educators, or other people which had a connection to the school system, found that the claim that girls are safer in school might not always be the case. Bisika et al. (2009) argues that violence does not solely prevent girl from continuing their education; violence also greatly impacts their performance when in school. Girls disproportionally experience violence both in school, but they are also vulnerable to face harm on the way to and from school. In school, girls experience violence from their teachers and from their fellow male students. Violence does not only mean physical violence, but it also includes emotional and psychological harm, and "[…] sexual harassment and abuse; bullying, intimidation and threats; verbal abuse, taunts and insults […] assaults, including corporal punishment and other physical punishments […]" (Bisika et al., 2009, p. 288). GBV is not one thing, but the common denominator is that the violence is targeted based on or because of a person's gender, which in Malawi disproportionally affects women and girls.

To simply say that girls are safer in school, might be true if only taken into the calculation that it will decrease the high number of teenage pregnancies and child marriages, but it does not mean that girls are safer from violence. A report from 2015/16 conducted by the Malawi Demographic and Health Survey found that 34 percent of women and girls between the ages

of 15 and 49 had experienced physical violence (National Statistical Office (NSO) and ICF, 2017). And the rates were even higher for married women, 42 percent, whom had experience violence from their spouse (NSO and ICF, 2017). The perpetrator of violence is most often someone the victim knows, or has a relation to (NSO and ICF, 2017; Bisika et al., 2019). Almost every woman or girl, 96 percent, who had reported that they had experience violence in the Bisika et al. (2019) studied could identify their assailant. "Less than half of women (40%) who have experienced any physical or sexual violence have sought help to stop the violence, and about half (49%) have never sought help and never told anyone about the violence" (NSO and ICF, 2017, p. 279). Why women do not reported incidents of violence are multifaceted. According to Bisika et al. (2019) one part of the issue is the fear that reporting the violence would only lead to more violence, another is the lack of legislative measures. "[…] since currently there are no systems in place to guarantee that the perpetrator will be punished and deterred from offending again or that the victim will be protected" (Bisika et al., 2009, p. 292).

Domestic violence has most likely increased during the pandemic, and this form of violence disproportionally affects women (UN, 2020). At the height of the pandemic, there were lengthy periods of full lockdown which forced people to be confined within their home, and even though home should be a safe place this is not the reality for many. Furthermore, for children, according to a policy brief from UN (2020), is usually the perpetuator their caregivers, and it is also the most common form of violence against children. Children are also often witnesses to domestic violence. Additionally, during school closure and lockdown, children had less or no outside support, and especially in places such as Malawi where there is limited access to internet or phones, and as such children are even more isolated. This means that they cannot reach and get help or support when they need it, it also means that they cannot easily report of any egregious acts or get help to get out of an unsafe and harmful situation. "For children caught at the apex of this crisis, there is a genuine prospect that its effects will permanently alter their lives" (UN, 2020, p. 12). The childhood-years are significant in people's overall neurological development, and children are therefore very vulnerable to for instance live in an unstable home where violence is prevalent. This can cause developmental challenges which they probably will have to deal with for the rest of their lives. Another aspect is children whose out of school, permanently or temporarily, and have limited access to outside stimulation, learning, and other activities, and how that affects

both their overall wellbeing but also their cognitive development. "[…] Children who drop out of school will face not only a higher risk of child marriage, child labour, and teenage pregnancies, but will see their lifetime earnings potential precipitously fall" (UN, 2020, p. 12). This will affect adolescent girls' capabilities and leave them even more vulnerable to violence.

6: CONCLUSION

This paper has had a dual focus. Firstly, it has researched what components causes adolescent girls in Malawi to stop their education. This is a multifaceted issue, and as such as the focus been on three components: education, health, and cultural traditions. Secondly, the research has shown that the pandemic intensified already pre-existing issues, and it affected many aspects of girls' lives, such as an increase in dropout rates from school, intensified the learning crisis, and more girls got pregnant or married before they turned 18th than prior to the pandemic. The second focus of the paper was to compare the response to COVID-19 with the response to ongoing HIV and AIDS epidemic. Malawi has one of the highest HIV/AIDS prevalence rates in the world, and as such are dependent on the access to ART or other treatments. There were similarities with the response and the handling of both crises. However, it is also important to point out how Malawi is a nation faced with a synergy of epidemics, multiple health crisis, and how this made the pandemic just one crisis on top of many others. The overarching obstacles to the response were lack of resources, vaccine(s) inequity and limited access to treatment, medicines and other health-related needs, misinformation and rumours, lack of support and proper infrastructure to address the health crisis. Additionally, this study also found how colonisation, donor dependency, and programmes such as the SAPs, has had a detrimental impact on the national economy, education, and health sector, and in general all aspect of society.

When looking at how school closure and general lockdown impacted adolescent girls; this paper found that this greatly impacted girls' safety, education, overall health, and is a testimony to how important it is to keep girls in school. However, significant measures need to be taken to assure a quality of learning, and not just schooling, and furthermore, to provide a safe space with support without the presence of violence or harm. Schools being closed for long periods of time also caused a rise in teenage pregnancies and child marriages which

makes the road back to school even more difficult, and has a significant impact on girls' overall development, equality, and empowerment.

6.1 Recommendations

To truly tackle the issues associated with keeping adolescent girls in school, safe from harm and violence, and to life a healthy and prosperous life, it is important to acknowledge all the different components which creates obstacles for them. It is not one thing that causes girls to not finish school. There are several different factors which are at play, such as poverty, cultural and traditional norms, access to health services and support, awareness and knowledge about reproduction, quality sex education, and future possibilities such as work outside of the household. To achieve this there must be a holistic approach to development which involves both adolescent girls but also their communities, to better set up specific targeted policies and programmes which aims to secure that education is accessible and will ensure a more sustainable and empowered future. However, the goal cannot be simply schooling, it needs to be on quality learning which prepares girls for their future life as adults and sets them up for independence through for example future employment.

The obstacles which Malawi are faced with are multifaceted, and therefore in relation to the synergy of crises it is important that the focus also here is on sustainability and independence. Through decades of foreign aid, which have helped in the response to the pandemic and increased the accessibility of treatment for people living with HIV, but this dependency has also harmed the country. Without proper infrastructure, strong health system, quality education, and decent paying jobs, and as such will Malawi never be able to manage to ensure social protection for its people or to prevent and tackle new or pre-existing crisis. As such, should the focus be on building up these pillars of society, such as the health sector and the education system, which will in turn creates more work and more people who are able to contribute back to their societies. However, without proper funding and the development agents, such as NGOs, working in unison with the local community, will nothing change.

6.2 Recommendations for further research

Firstly, topics such as the impact cultural practices such as *ufiti* has on adolescent girls' overall development, and how these practices in many instances collides with the norm and practices that are taught at school would be a very interesting study. Additionally, to be able

to do such research it requires time and knowledge to truly get to the roots of how *ufiti* still affects so many parts of Malawian society. Secondly, to research how school closures and lockdown affected children and teenagers' mental health. Furthermore, to research the effects mental health plays in with children's achievements in school, and how that can affect their overall development and wellbeing. And lastly, to continue the research into the long-term consequences of the pandemic, especially regarding child labour, violence and harm targeted towards girls, and the impact the economic turmoil had on households and individuals in the aftermath of the COVID-19 lockdown. And how the crisis of learning is being addressed, which have only grown into a deeper crisis in the aftermath of school closures, and research how that has affected educators as well as children.

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APPENDIX I

List of interview respondents:

Respondent 1: Female student, Malawi

Respondent 2: Female researcher, the Netherlands

Respondent 3: Female researcher, Norway

Respondent 4: Male professor, Norway

Respondent 5: Female researcher, Norway

Respondent 6: Female government employer, Malawi

Respondent 7: Female teacher-student, Lilongwe, Malawi

Respondent 8: Female teacher-student, Blantyre

Norges miljø- og biovitenskapelige universitet
Noregs miljø- og biovitskapelege universitet
Norwegian University of Life Sciences

Postboks 5003
NO-1432 Ås
Norway