



Gender-Based Violence against Adolescent girls in Blantyre District, Malawi

LLOYD MAIDA

Date of Submission: 01-04-2026

Date of Acceptance: 10-04-2026

I. Introduction

This study was undertaken to systematically examine the factors contributing to Sexual Gender-Based Violence (SGBV) against adolescent girls within the Blantyre District of Malawi. This research specifically investigates the etiology of perpetrators behavior, seeking to identify the underlying motivations and systemic drivers of such crimes.

Furthermore, the study provides a critical appraisal of existing interventions, while investigating the socio-structural barriers that have resulted in protracted progress toward eradication, and find the mitigation strategies and programs against SGBV.

1.1. Background of the study

Malawi is striving to curb SGBV against adolescent girls using different strategies, the study conducted by Bisika and Konyani (2014& 2009) indicated that Malawi registers more cases of SGBV every day perpetrated by close relatives, strangers, acquaintances, teachers, friends and intimate partners, just to mention a few. Another study conducted in Malawi by the NSO (2016) reported that one in five girls in Malawi experienced different forms of SGBV before the age of 18, representing 74.4% prevalence rate.

1.2. Problem Statement of the Study

The data captured at the Queen Elizabeth (Hospital) One Stop Centre in Blantyre indicates that in 2017, the facility registered 106 cases of SGBV against adolescent girls, 504 cases in 2018, 523 in 2019, 667 in 2020, 643 in 2021 and 211 in 2022 (UNICEF& MPS Report, 2022). This SGBV trend against adolescent girls captured from 2017 to 2021 in Blantyre District presents overwhelming evidence that, despite numerous programs and interventions towards the protection of adolescent girls, the SGBV cases continue to rise.

Considering the increasing cases of sexual abuse, the magnitude of the effects of SGBV against adolescent girls, and the apparent lack of progress in addressing the problem, the researcher undertook

this study to understand the problem more, and make recommendations to address it.

1.3. Significant of the study

The identification of the causes of the SGBV problem will go a long way in coming up with solutions to the problem and creating a safe environment for women and girls, who are typically perceived as the primary survivors of sexual abuse.

1.4. Objectives of the study.

1.4.1. Main objective of the study

The main objective of the study was to explore factors that are influencing SGBV against adolescent girls in Blantyre District in Malawi.

1.4.2. Specific objectives

The specific objectives of the study were to:

- 1) Determine the factors that are responsible for SGBV against adolescent girls in Blantyre District.
- 2) Find out what is being done to address the problem in Blantyre District.
- 3) Investigate why there is little progress in addressing the problem in Blantyre District.
- 4) Recommend strategies that will help effectively address the problem.

1.5. Research questions

The study set out to answer the following research questions:

- 1) What factors are responsible for SGBV against adolescent girls in Blantyre District?
- 2) What has been done to prevent SGBV against adolescent girls in Blantyre District?
- 3) Why is there little progress in addressing the problem of SGBV against adolescent girls in Blantyre District?
- 4) What strategies can be recommended to address the problem?

1.6. Variables of the Study.

1.6.1. Dependent variable



Exposure to SGBV

1.6.2. Independent variables:

Education level, Knowledge of SGBV, Poverty or Socio-Economic status, Alcohol and substance abuse, Exposure to sexually explicit media, Parental care, and Peer pressure, Vulnerability of girls, Uncontrollable sexual desire, Girls' mode of dressing and Harmful cultural beliefs.

1.7. Limitations and delimitations of the study

Due to the sensitive nature of the subject under study, it was feared that some participants would be uncomfortable answering some questions because of social and cultural norms. In addition, some respondents would answer the questions in a socially desirable manner, instead of responding truthfully.

To deal with these limitations, the researcher systematically explained to the respondents about the purpose and benefits of the study. Furthermore, the participants were assured of their rights, privacy, and confidentiality of the information.

II. Literature Review

2.1. Introduction

From the literature, the study identified and used the Ecological Social Theory, Feminist and Masculinity Theory, Maslow's Hierarchy of Needs Theory and Social Behavior Change Theory.

2.2. Theories of the study

The ecological social theory helped to describe and explain how societal factors, like the notion of masculinity and rigid gender roles influence SGBV against women and girls (Bronfenbrenner, 1977). For its part, the Feminist and Masculinity Theory helped to create a ground-level understanding of how masculinity and power structures influence SGBV against adolescent girls (Connell, 1974). The Maslow's Hierarchy of Needs Theory (Maslow, 1954) was also used to understand the behavior of the perpetrators of SGBV (Samati, 2021 & Bisika, 2009).

2.3. The trend of SGBV against adolescent girls in Malawi

A study by Samati (2021) discovered that 70% of girls in Malawi experienced SGBV, mainly perpetrated by men and boys. The same report indicates that one in three girls is the survivors of forced or coerced sex. According to the studies conducted by NSO and UNICEF (2021), 45% of girls in Malawi aged 15–19 experience SGBV

perpetrated by men and boys. Other studies by NSO (2013) and Shepherd (2016) indicate that one in five adolescent girls in Malawi experience SGBV before the age of 18, representing 74.4% of the prevalence rate.

2.4. Factors influencing SGBV against women and girls

Several studies conducted worldwide indicate that many women and adolescent girls are survivors of SGBV because of religion and church doctrines, limited access to information, poor social and harmful cultural norms, different forms of disabilities, high unemployment rate, peer pressure, age and education factors (Austrian & Ghati, 2010; Jaldesa & Mwangi, 2009 and Bisika, 2009). Furthermore, WHO (2020) and Mukanangana (2014) specified that alcohol and substance abuse, patriarchal masculinity, unequal power relationships, socialization, beliefs, and societal attitudes towards SGBV against women and girls are some of the contributing factors influencing men and boys to commit SGBV against women and girls.

2.5. Response to SGBV against women and girls

The Malawi government established a holistic child protection system, especially through the Child Care, Protection and Justice Act (2010). Furthermore, the country uses seven strategies for ending different forms of GBV, particularly SGBV, commonly known as "INSPIRE", standing for Implementation and enforcement of laws, norms and values, safe environments, Parent and caregiver support, Income and economic strengthening, Response and support services, and Education and life skills (WHO, 2020 & UNFPA, 2005).

In addition, the Malawi the Government, through local and international organizations, initiated programs that help to build trust in the Malawi Judiciary Departments to encourage more victims of SGBV to utilize the justice system. Furthermore, the government has developed day-to-day psychosocial counselling and referral pathways to support survivors of sexual abuse (NSO, 2013 & UNFPA, 2005).

III. Methodology of the study

3.1. Introduction

The study was conducted in Blantyre District of Malawi. It used an inductive approach to enable exploration of new phenomena from different perspectives. The study was both phenomenological and cross-sectional in that the phenomenon of SGBV against adolescent girls was



investigated by collecting data from the participants of the study for generalization.

3.2. Sampling Techniques

A purposive sampling technique was used to benefit from its flexibility in accommodating the judgment of the researcher in the selection of cases. Snowball sampling technique was also used due to the nature and sensitivity of the study topic. This helped to identify more participants from referrals of the participants identified earlier.

3.3. Data Instrument

Data was collected using questionnaires that consisted of closed-ended, open-ended, and 5-point Likert-scale items. For the literate respondents, data were collected through self-administered questionnaires, while trained enumerators assisted the illiterate respondents to provide the information. Some secondary data was collected through document review.

3.4. Composition of respondents to the study

The questionnaires were administered to 270 respondents comprising 30 participants from each of the nine (9) categories: survivors of SGBV, parents of survivors of SGBV, inmates at Chichiri Prison who were accused of SGBV against adolescent girls' cases, police officers in different police victim support units within the study area, youth officers, youth in and out of schools using youth clubs, nurses and clinical officers working at one-stop centers and youth-friendly services, teachers and development partners in child protection programs.

3.5. Questionnaire validation and pilot testing of the data instrument

The questionnaires were reviewed by experts in the field of gender (Ministry of Gender and Social Welfare) to ensure the validity of the instrument. A pilot study was conducted with a small sample of 20 participants in Chileka Rural Areas and 20 participants in Bangwe Township, both in Blantyre district. Based on the feedback from the pilot study, necessary modifications were made to the questionnaire.

3.6. Ethical issues

Before collecting data for the study, a written informed consent was obtained from the participants of the survivors of SGBV. Participants' privacy and confidentiality were ensured by using anonymous identifiers and handling data securely.

3.7. Data analysis

A thematic approach was used to analyze qualitative data. This involved familiarizing with the data, generating initial codes, searching themes, reviewing themes, defining and naming themes and interpreting the data. This was done in an Excel qualitative data matrix that involved direct mapping of the responses into response summaries and subsequent interpretations. Demographic information of the participants, all closed-ended questions and all 5-point Likert scale questions were analyzed using descriptive and inferential statistics.

Data was analyzed in two stages. To obtain overall descriptive statistics, univariate (single factor) analysis was done, and to establish relationship between two factors, bivariate analysis was performed. Multivariate Regression Analysis was used to model the functional relationship between SGBV Exposure and other variables. In addition, Chi-Square Test was utilized to evaluate the association between categorical variables. Equally, F-Test was used to identify whether at least one group mean was statistically distinct from the global mean. Finally, T-Test was used to assess the significance of mean differences between two discrete groups.

IV. Results of the study

4.1. Demographic Data

a). Distribution of respondents.

Table 1 shows the demographic information of the participants of the study. It is noted that 26.7 % of women and girls with less education (PSLCE is lowest) have limited access to information about SGBV and are more exposed to it, as compared to 4.8% of males. These findings validate findings by Samati (2021); Settergren et al. (2015) and Storer et al. (2012) which indicated that girls with less education are more vulnerable to different forms of GBV, especially sexual abuse.

Table 4. 1: Demographic data of participants

Educational level	Gender		Knowledge about SGBV				Exposure to SGBV			
			Have knowledge		No knowledge		Exposed		Never exposed	
	M	F	M	F	M	F	M	F		
PSLCE	18 (6.7%)	42 (15.6%)	10 (3.7%)	12 (4.4%)	8 (3.0%)	30 (11.1%)	7 (2.6%)	22 (8.1%)	11 (4.1%)	20 (7.4%)



JCE	24 (8.9%)	56 (20.7%)	20 (7.4%)	17 (6.3%)	4 (1.5%)	39 (14.4%)	4 (1.5%)	31 (11.4%)	20 (7.4%)	25 (9.3%)
MSCE	47 (17.4%)	31 (11.5%)	46 (17.0%)	28 (10.4%)	1 (0.4%)	3 (1.1%)	3 (1.1%)	18 (6.7%)	44 (16.3%)	13 (4.8%)
Diploma	16 (5.9%)	21 (7.8%)	16 (5.9%)	21 (7.8%)	0 (0%)	0 (0%)	0 (0%)	1 (0.4%)	16 (5.9%)	20 (7.4%)
Degree +	10 (3.7%)	5 (1.9%)	10 (3.7%)	5 (1.9%)	0 (%)	0 (0%)	0 (0%)	0 (0%)	10 (3.7%)	5 (1.9%)
Total	115 (42.6%)	155 (57.4%)	102 (37.8%)	83 (30.7%)	13 (4.8%)	72 (26.7%)	14 (5.2%)	72 (26.7%)	101 (37.4%)	83 (30.7%)

b). Relationship between education levels, gender, knowledge of SGBV and exposure of respondents to SGBV

Further analysis was conducted using chi-square to find out if there is any association between the variables. Table 2 below shows the outcome of the analysis. From the bivariate analyses in the table

above, the following conclusions were drawn: that the education levels of respondents significantly varied according to gender of the respondents; that knowledge of SGBV is hugely associated with one's education level which consequently impacts on their exposure to SGBV.

Table 4. 2: The relationship between education level, gender, knowledge of SGBV and exposure of respondent to SGBV (significance level = .05).

Variables (Dependent Vs. Explanatory)	Null Hypothesis (H_0)	Chi-Square (χ^2)	Significance (P-Value) Testing at 0.05 Level	Interpretation of relationship of variable
EducationLevel Vs. Gender	Education independent of Gender	22.594	0.000	H_0 is rejected and conclude that there is association between Education Level and Gender
Knowledge Vs. Gender	Knowledge independent of gender	40.360	0.000	H_0 is rejected and conclude that there is association between SGBV knowledge and Gender
Knowledge Vs. Education Level	Knowledge Independent of Education Level	81.270	0.000	H_0 is rejected and conclude that there is association between SGBV Knowledge and Education Level.
Exposure Vs. Gender	Exposure to SGV independent of Gender	35.736	0.000	H_0 is rejected and conclude that there is association between Exposure to SGBV and Gender
Exposure Vs. Education Level	Exposure to SGV independent of Education Level	35.093	0.000	H_0 is rejected and conclude that there is association between Exposure to SGBV and Education Level
Exposure Vs. Knowledge	Exposure to SGV independent of Knowledge of SGV	1.672	0.196	We Fail to Reject H_0 and conclude that there is no association between exposure to SGV and SGBV Knowledge.

* Significance level was set at 0.05

4.2. Factors influencing GBV and SGBV against adolescent girls

The top categories of the perpetrators included: male intimate partners, male strangers,

close relatives, male friends and male acquaintances. Individual categories are analyzed.



a). Inferential Statistical Analysis for the Factors Responsible for SGBV against Adolescent

i) Regression Analysis

A multiple linear regression analysis was conducted to test the extent to which selected socio-demographic and behavioral factors predict exposure to SGBV among adolescent girls perpetrated by male close relatives, acquaintances, male friends, male intimate partners, and male strangers

Specifications for the model

Dependent variable:

- Exposure to SGBV

Independent variables:

Education level, Knowledge of SGBV, Poverty or Socio-Economic status, Alcohol and substance abuse, Exposure to sexually explicit media, Parental care, and Peer pressure, Vulnerability of girls, Uncontrollable sexual desire, Girls' mode of dressing and Harmful cultural beliefs.

Significant Predictors

Table 4. 3: Significant Predictors

Predictor	β	T	(P-Value) Testing at 0.05 Level	Interpretation of relationship of variables
Poverty	0.41	7.88	<0.001	Strongest predictor of SGBV
Alcohol and Substance abuse	0.29	5.90	<0.001	Significant positive predictor
Vulnerability of girls	0.26	4.90	<0.001	Significant positive predictor
Lack of parental care	0.24	4.77	<0.001	Increases vulnerability
Peer Pressure	0.18	3.67	0.000	Moderate effect
Exposure to explicit media	0.16	3.12	0.002	Moderate effect
Uncontrollable sexual desire	0.14	2.77	0.001	Low effect
Girls' mode of dressing	0.11	2.67	0.000	Low effect
Harmful cultural beliefs	0.10	2.12	0.000	Low effect

Non-Significant Predictors

Education level ($p = 0.081$) and Knowledge of SGBV ($p = 0.214$) were not statistically significant predictors after controlling for structural variables.

Regression Analysis Results

The regression model was statistically significant as follows: F (Statistic) = 18.40, $p < 0.001$, $R^2 = 0.477$, and Adjusted $R^2 = 0.45$. This indicates that 47.7% of the variance in exposure to SGBV is explained by the predictors included in the model. Therefore, structural and behavioral factors

especially poverty, substance abuse, vulnerability of girls and poor parental cares are the strongest predictors of SGBV exposure. After adjusting for the number of predictors, the adjusted R-squared remains high, which confirms that the model is robust.

ii) Independent Samples T-Test

The analysis also conducted an independent samples t-test to compare mean agreement scores on SGBV contributing factors between male and female respondents.

Table 4.4: Results

Group	Mean	SD
Male respondents	3.62	0.74
Female respondents	4.08	0.67

$t(268) = 5.72, p < 0.001$

Female respondents reported significantly higher agreement on the identified SGBV risk factors compared to male respondents, which suggests that women and girls have higher perceived awareness and lived experience of the drivers of SGBV.

iii) Factor Analysis

A principal Component Analysis with Varimax rotation) was conducted on the Likert-Scale items measuring factors that influence SGBV.

Sampling Adequacy

Kaiser-Meyer-Olkin (KMO) = 0.840. And Bartlett's Test of Sphericity: $\chi^2 = 1854.21, p < 0.001$. These values give an indication that the data were suitable for factor analysis.



Extracted Factors

The analysis extracted four factors explaining 68.4% of total variance.

Factor 1: Socio-Economic Vulnerability (24.6%)

High loadings:

- Poverty, Lack of parental care, Negligence of parents, and Low education

This factor represents structural vulnerability.

Factor 2: Behavioral and Psychological Drivers (18.2%)

High loadings:

- Alcohol and substance abuse, Uncontrollable sexual desire, Aggressive behavior, and Selfishness

This factor represents perpetrator behavioral risk.

Factor 3: Social and Peer Influence (14.3%)

High loadings:

- Peer pressure, Grooming, and Relationship dynamics.

This represents socialization risk.

Factor 4: Media and Sexualization (11.3%)

High loadings:

- Exposure to sexually explicit media, and Sexualized environment.

This represents environmental sexual risk.

In summary, the Factor analysis supports the Ecological Social Theory, showing that SGBV is driven by structural factors, behavioral factors, social factors and environmental factors.

iv). Chi-Square Analysis

a) Null Hypothesis (H_0)

There is no statistically significant difference in respondents' level of agreement about factors responsible for SGBV against adolescent girls in Blantyre District.

b). Alternative Hypothesis (H_1)

There is a statistically significant difference in respondents' level of agreement about factors responsible for SGBV against adolescent girls in Blantyre District.

4.2.1. Factors influencing close relatives, friends, partners, acquaintances, and strangers to commit SGBV against adolescent girls.

The Chi-square goodness of fit test revealed statistically significant differences in respondents' levels of agreement concerning factors responsible for SGBV against adolescent girls in Blantyre District. Vulnerability of girls ($\chi^2 = 68.42$, $p < 0.001$), poverty ($\chi^2 = 91.37$, $p < 0.001$), alcohol and drug abuse ($\chi^2 = 88.54$, $p < 0.001$) and uncontrollable sexual desire ($\chi^2 = 104.66$, $p < 0.001$) were strong significant factors contributing to SGBV.

The findings show strong association among respondents that socio-economic, behavioural, and family-related factors play a significant role in propagating SGBV against adolescent girls in Blantyre District.

Table 4.5: Inferential Analysis of Factors Responsible for SGBV against Adolescent Girls

Factor	χ^2	p-value	Decision
Vulnerability of girls	68.42	< 0.001	Reject H_0
Poverty / low socioeconomic status	91.37	< 0.001	Reject H_0
Alcohol and drug abuse	88.54	< 0.001	Reject H_0
Exposure to sexually explicit media	95.21	< 0.001	Reject H_0
Peer pressure	72.18	< 0.001	Reject H_0
Uncontrollable sexual desire	104.66	< 0.001	Reject H_0
Girls' mode of dressing	61.09	< 0.001	Reject H_0
Lack of parental care	99.84	< 0.001	Reject H_0
Harmful cultural beliefs	18.47	0.031	Reject H_0
Illiteracy	15.92	0.045	Reject H_0

4.3. Categories of Perpetrators of SGBV against adolescent girls

The data in Fig. 1 show the categories of SGBV perpetrators and the numbers involved in SGBV. From the figure, it is noted that intimate partners, male strangers and acquaintances are the bedrock of SGBV against adolescent girls. Other categories, such as teachers, and friends are also prominent in this regard. For the students, additional

information indicates that some girls in girls' boarding schools engage in SGBV against their fellow female students.

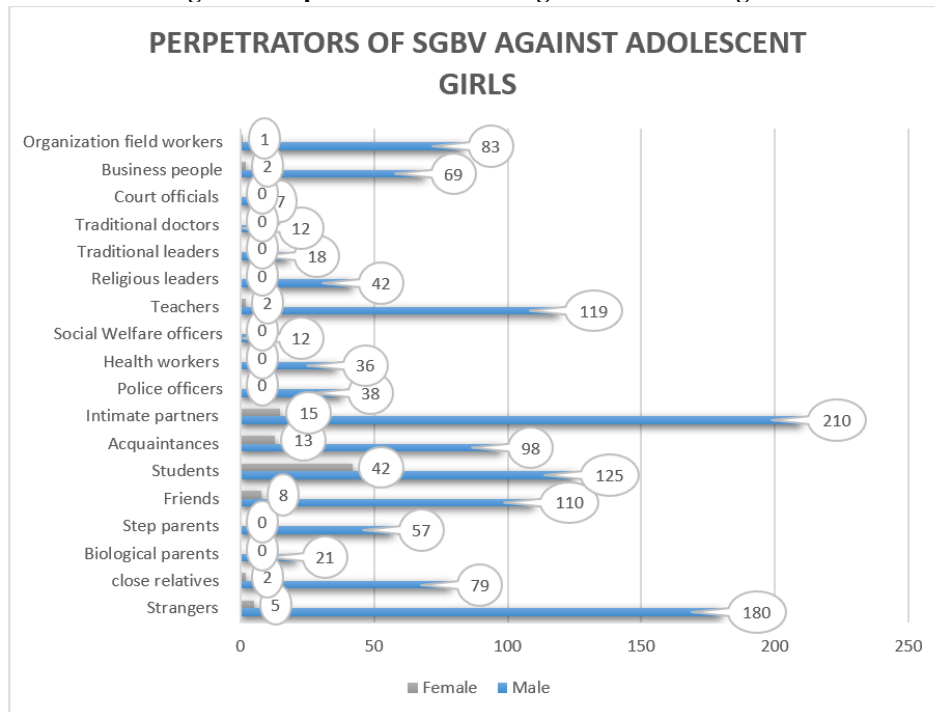
The results of the study validate previous studies conducted in Malawi and other countries like studies by Bisika and Konyani (2014); Semister (2011) and Raj (2010) which indicated that many girls across the world experience different forms of abuse, especially sexual abuse perpetrated by male



teachers, family members and men and boys who hold positions in the community like chiefs, police

officers and health workers.

Fig. 4.1: Perpetrators of SGBV against adolescent girls



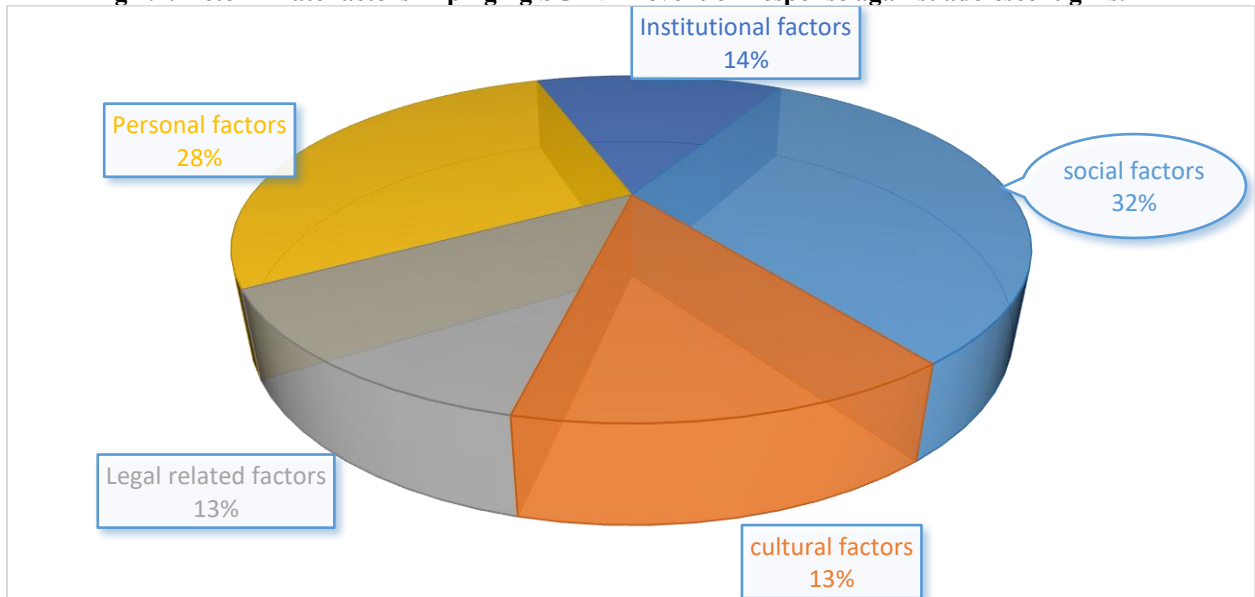
4.4. Factors impinging SGBV prevention response against adolescent girls

Fig.4.2. gives the main determinate factors impinging SGBV prevention response against adolescent girls in Blantyre District, Malawi. The data analysis in Fig 4.2 shows that social factors (32%), personal factors (28%), institutional factors (14%), and legal related factors (13%) are the main

factors impinging SGBV prevention response against adolescent girls in Blantyre District, Malawi. The results of the study validate findings of the study conducted by Alkan and Tekmanli (2021) and UNFPA (2005) which indicated that institutional and personal factors are some of the factors affecting the implementation of gender and human rights programs.



Fig 4.2: Determinate factors impinging SGBV Prevention response against adolescent girls.



4.5. SGBV Prevention Strategies

The study asked the respondents to identify ways of preventing SGBV in the society.

The results in Table 4.6 show the proportions of respondents who chose specific strategies for addressing the problem. According to the results, respondents agree that the following strategies can help to prevent SGBV: training girls in self-defense (9%), discouraging girls from visiting homes of intimate partners (8%), discourage girls from using bush and shortcut roads (8%), proper dressing (6%), train boys to self-control (6%), discourage alcohol and drug abuse (6%), among other strategies.

According to the data analysis in the Table 4.6, self-defense training, removing poor gender

norms, avoiding using short-cuts and bush roads, avoiding visiting houses of male intimate partners, enhancing open dialogue programs between boys and girls, training boys in self-control over sexual desire, and encouraging girls to put on clothes that can minimize the chances of being sexually abused are the main strategies to prevent girls from experiencing SGBV.

The results validate the study conducted by Samati (2021) which specify that girls should be sensitized to walk in groups as a survival mechanism. Equally, self-defense trainings should be offered to women and girls as a primary defense against SGBV perpetrators.

Table 4.6: SGBV prevention strategies

SGBV prevention strategy	(%)
Raising public awareness and sensitization against SGBV	4
Promote programs that increase open dialogue between boys and girls who are in an intimate relationship	7
Enhance programs that discourage alcohol and drug substances among youth	6
Establish programs that educate girls to develop autonomous	5
Eliminating some cultural beliefs and harmful cultural practices that silence adolescent girls when they are abused	3
Discourage girls from attending festivity activities during night hours.	6
Develop programs that train boys and girls on anger management and conflict resolution.	3
Removing poor gender social norms that give intimate partners more power over adolescent girls	8
Develop programs that discourage adolescent girls from using bush and shortcut roads with their male intimate partners	8
Develop programs that orient girls to avoid chatting and touching with intimate partners in hidden places	6



Providing girls with self-defense training against all forms of SGBV	9
Avoid sending or allowing girls to travel long distances with intimate partners	4
Enhancing counseling for boys and girls who are in the stages of entering relationships	6
Train boys in self-control over sexual desire	6
Discourage girls from visiting the houses of their intimate partners	8
Establish programs that encourage adolescent girls to put on clothes that can minimize the chances of being sexually abused	6
Promote gender transformative approach programs	2
Promote programs that enhance gender synchronized approach for adolescent girls	2

V. Interpretations, Discussion and Conclusion

5.1. Discussions of the Results

This section discusses the categories of SGBV perpetrators, factors influencing perpetrators to commit SGBV, strategies for addressing SGBV and barriers to implementing SGBV prevention strategies.

5.2. The relationship between education, knowledge about SGBV, and exposure to SGBV

This study has shown that females with low education background are more susceptible to experiencing SGBV than those with higher or moderate education. This is eminent because women and girls with less education have limited access to information and most of the time they are not included in many programs, especially gender and human rights programs because they are perceived as participants who cannot contribute or bring positive results.

The findings of the study align with the findings of research conducted in Malawi by NSO and UNICEF (2021) and Storer et al. (2012) which specified that women and girls with scanty education are more likely to be survivors of various forms of abuse, particularly sexual abuse. There is a need to raise awareness about different forms of GBV, especially SGBV against women and girls so that people become more aware about these things.

5.3. Categories of SGBV perpetrators

There are several categories of perpetrators of SGBV against adolescent girls. For this study, they have been categorized as: male intimate partners, male strangers, close relatives, friends, male students, male teachers, non-governmental field workers, acquaintances, police officers, and health workers. The study has also found that female students in boarding schools also engage in SGBV against fellow female students.

It is clear that SGBV is multifaceted. It is therefore necessary to adopt multipronged strategy to deal with the problem. Among other things, the

strategies should include girl protection measures, raising awareness for girls in boarding schools and orient them on SGBV and sexual and reproductive rights. The results of the study agree with previous studies conducted by Ellsberg et al. (2005) which found that SGBV is perpetrated in many different ways and by different types of perpetrators.

5.4. Factors influencing SGBV perpetrators to commit the crime

The findings of the study show that there are different contributing factors influencing different categories of SGBV perpetrators to commit the crime. They include: girl-perpetrator relationships, girl's vulnerability, lack of parental care, negligence of parents, girl's modes of dressing, peer pressure, exposure to sexually explicit materials, uncontrollable sexual feelings, alcohol and drug substance abuse and child grooming. Most of the contributing factors influencing SGBV against adolescent girls are perpetrated by strangers, close relatives, friends, acquaintances, and intimate partners.

Therefore, all programs against SGBV should be tailored to target all people regardless of their social and financial status, educational background, and positions. The results of the study align with the study conducted by Kennedy et al. (2011) which indicated that alcohol & drug abuse, sexual desire, and peer pressure are some of the factors pushing men and boys to commit sexual abuse against women and girls.

It has also been noted that some factors have differential effects on the perpetrators. For example, peer pressure has minimal influence on male strangers, but high influence on male intimate partners. Since there are several factors that influence perpetrators of SGBV to commit the crime, it is necessary to use different strategies to deal with the problem. The results of the study are in agreement with findings by Shaw (2017) which indicated that different programs and activities should be enhanced to promote the lives of women



and girls, and protect them from different forms of GBV.

5.5. Factors impinging on the implementation of SGBV prevention activities

The study found that individual factors-low level of education, lack of financial resources, interference of family members, attitudes and bad characters, lack of community support, lack of decision making, and lack of communication and power. Secondly, legally related factors-social factors, outdated some gender laws and policies, poor handling of all forms of GBV Cases, and lack of enforcement. Thirdly, cultural factors-cultural beliefs and cultural practices that fuel SGBV against adolescent girls, traditional dances that increase girls' vulnerability, and normalization of violence against adolescent girls. Lastly, social factors-unequal power dynamics between men and women, lack of enforcement by legal structures, attitudes and beliefs about girls' rights and protection, and limitation of girls' mobility and freedom. The results validate the findings from the previous studies by Ranganathan et al. (2021) and NSO (2016) which indicated that there are several factors impinging the implementations of gender and human rights activities.

Grounded on the study findings, many activities and programs are implemented to protect girls from experiencing SGBV. However, many programs are not fully addressing SGBV cases against adolescent girls because of social, cultural, legal related, individual, and institutional factors. Therefore, the government and developmental partners that are implementing activities against SGBV should develop several programs to build the capacity of service providers, and opinion leaders such as chiefs, religious leaders, to understand the significance of SGBV cases against adolescent girls. Furthermore, service providers should be trained on how to handle SGBV cases. Lastly, adolescent girls who are survivors of SGBV should be provided with different safety net services and other support. The results of the study are similar to previous studies by Annor (2021) and Macho (2017) which deduced that institutional factors affect gender, human rights, and sexual reproductive health rights response.

5.6. Primary strategies that help to prevent SGBV against adolescent girls

We have seen from the study results that SGBV is multifaceted. There is therefore a need to develop a multi-method approach to effectively deal with the vice. Among other things, the approach should include: proper dressing for girls to minimize

being sexually abused, self-defense training for girls, self-control training for boys over sexual feelings, removing poor social gender norms, discouraging girls from using shortcuts and bush roads, and increase capacity building and open dialogue among girls and boys in intimate relationships. The results agree with the previous study by (Samati, 2021; Hajjeffe, 2006; UNFPA, 2005) which commended that girls should be oriented to walk in groups as survival mechanisms.

In addition, parents and guardians should play a big role in ensuring that their children are protected. Furthermore, adolescent girls should be oriented to walk in groups as a survival mechanism. The results of the study validate the previous studies, such as studies by WHO (2020) and Motensanti (2008) which revealed that the prevention of SGBV against women and girls requires a multi-sectoral approach, and collaboration.

5.7. Conclusion

The study has shown that SGBV is a complex issue influenced by a multitude of factors. Lack of parental care, girl's modes of dressing, alcohol and drug substance, exposure to sexually explicit media, uncontrollable sexual feelings, poor childhood socialization and poor social gender norms are among the primary drivers of SGBV.

The multiple causes and the different categories of SGBV perpetrators mean that the problem requires a multi-method approach. The methods should include addressing harmful cultural norms, education and awareness, strengthening laws and policies that criminalize SGBV, establishing accessible and reliable mechanisms for reporting SGBV, providing support services, legal assistance, investigating cases and prosecuting perpetrators, providing psychosocial support, providing medical care for survivors.

5.8. Recommendations

A). Recommendations for the Government of Malawi

- The Government of Malawi, through the Ministry of Education, should incorporate gender laws and self-defense training in the primary and secondary school syllabus.
- The Government of Malawi, through the Ministry of Homeland Security, Ministry of Health, Ministry of Justice and Ministry of Gender, Youth, Sports and Social Welfare should establish an investigation and prosecution units.



- The Government of Malawi through different public and private sectors should utilize a multi-method approach to addressing the problem. This should include enhancing public awareness and sensitization, changing harmful cultural practices and norms.

B). Recommendations Developmental Partners (Local and International NGO's)

The study recommended that development partners (Local and International NGO's) championing child protection programs should:

- Enhance self-defense trainings targeting girls in and out of schools.
- Enhance school outreach programs targeting girls and boys in public and private schools
- Implement programs that increase open dialogue among youth, men and women concerning gender, human rights, health and reproductive health.
- Increase capacity building based on GBV especially SGBV targeting teachers, students, and girls in boarding schools.
- Implement evidence-based prevention program that build the capacity of men and boys about healthy relationships and mental health.

C). Recommendations for parents, guardians and opinion leaders

The study recommended that parents and guardians including traditional and religious should:

- Provided with supportive guidance on how to promote the lives of adolescent girls, and prevent them from experiencing SGBV.
- Orient girls to walk in groups as a survival mechanism.
- Remove or modernize some social gender norms and harmful cultural beliefs that influence SGBV against adolescent girls.
- Enhance girl's education both in all levels.

D). Recommendations for girls

The study recommended that Girls should:

- Prioritize and capitalize on personal safety by upholding clear boundaries in private relationships, practicing environmental awareness in intimate settings.
- Be dressing in a way that makes them feel safe and respected.

- Avoid receiving gifts or unjustified offers from boys and men who are familiar or related to them.

5.9. SUGGESTIONS FOR FURTHER RESEARCH

There are important issues that this study unable to address due to its scope. From the research findings and conclusions drawn, there are certain variables that the researcher felt needed some further studies. Therefore, the researcher suggested the following issues:

- There is a need for similar designed studies in other cities in Malawi to get a broader picture on factors that influence strangers, male friends, close relatives, acquaintances and intimate partners to be perpetrators of SGBV against adolescent girls. This will make it possible to determine whether the findings documented in this study holds for all people in Malawi.
- Since the study of this paper was mainly focusing on adolescent girls, there is a need to conduct a similar study focusing on factors influencing male friends, close relatives, acquaintances and intimate partners to be perpetrators of SGBV against women and girls.
- The same study should be replicated and conducted in rural districts in Malawi to get a broader picture on factors that influence SGBV against adolescent girls.

References

- [1]. Alkan, O., & Husegin, T. (2021). Determination of the factors affecting sexual violence against women in Turkey: A population based analysis. *BMC Women's Health*, 1-15.
- [2]. Annor, F. B. (2021, November 22). Changes in prevalence of violence and risk factors for violence and HIV among children and young people in Kenya: a comparison of the 2010&2019 Kenya violence against children and youth survey. *Lancet Global Health*, pp. 1-10. <https://doi.org/10.1016/52214-109x>
- [3]. Austrian, K., & Ghati, D. (2010). Girl-Centred Program Design: A toolkit to develop, strengthen and expand adolescent girl's programs. *Population Council*, 1-124. <https://doi.org/10.31899/pgy12.1013>
- [4]. Bisika, T., & Konyani, S. (2014). Adolescent girls in Primary School: Experiences of Sexual abuse and its impact



- on education . *International Journal of Humanities Social Sciences and Education* , 1(11), 16-56.
- [5]. Bisika, T. (2009, September 21). A study of violence against girls as an obstruction to universal primary school education. *Bender-Violence and Education in Malawi*, pp. 1-10. <https://www.researchgate.net/publication/20011/594311/5943>
- [6]. Ellsberg, M., Lori, L., Heise, Ricardo, P., Aguro, S., & Watts, C. (2005). Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence . *The Lancet*, 366(9493), 1283-1290. [https://doi.org/10.1016/s0140-6736\(05\)67528-4](https://doi.org/10.1016/s0140-6736(05)67528-4)
- [7]. Fakunmoju, S. B., & Rasool, S. (October-December 2018). Exposure to violence and beliefs about violence against women among adolescents in Nigeria and South Africa. *Reproductive Health in Sub-Saharan Africa* (2018: 1-17), 10-16. <https://doi.org/10.1177/2158244018817591>
- [8]. Fund, U. N. (2005). The promise of equality: Gender Equity reproductive health and the millennium Development Goals . *The State of Population* 2005, 7-10. <https://doi.org/https://www.unfpa.org/publications/state-world-population-2005>
- [9]. Ghati , Y., Arbogast , K. B., & Menon , R. A. (2005). Field Investigation of child Restraints in side impact crashes . *Traffic Injury Prevention* , 6(3), 251-260. <https://doi.org/10.1080/15389580500255831>
- [10]. Haffee, S. (September 2006). *Waiting Opportunities: Adolescent girls experiences of Gender Based Violence at Schools*. CSVr, Centre for the study of violence and reconciliation .
- [11]. Jaldesa, G. W., & Mwangi, G. K. (2009). An Assessment of Sexual and Gender-Based Violence in Wajir District, North Eastern Kenya . *Population Council* , 15-73. <https://doi.org/https://doi.org/10.31899/rh13.1012>
- [12]. Kennedy, N., Umar, E., & Mtibo, C. (2011). Explanations for child Sexual Abuse given by convicted offenders in Malawi: No evidence for HIV clearing . *Child Abuse and Neglect* , 35(2), 142-146. <https://doi.org/10.1016/j.chiabu.2010.10.001>
- [13]. Macho, M. J. (2017, November 25). International Day for the Elimination of Violence against Women . *Elimination of Gender Based Violence is possible Report* , pp. 1-2. <https://malawi.un.org>
- [14]. Malawi Police Service , & UNICEF Malawi. (2020). Malawi Police Data Digest: April-June. 1-2. <https://doi.org/https://www.unicef.org/malawi/reports/malawi-police-data-digest-april-june-2020>
- [15]. Ministry of Gender, C. D. (2013). *Violence Against Children and Young Women in Malawi: Findings from National Survey 2013*. The Government of Malawi in collaboration with UNICEF and the Centers for Disease Control and Prevention (CDC). <https://doi.org/Available via Together for Girls or ReliefWeb>
- [16]. Ministry of Gender, C. D. (2015). *National Gender Policy (Second Edition)*. Ministry of Gender, Children, Disability and Social Welfare, Private Bag 330, Capital City, Lilongwe 3.
- [17]. Montesanti, S. R. (2015). The Role of structural and interpersonal violence in the lives of women: a conceptual shift in prevention of gender-based violence. *BMC Women's Health*, 15(article 93), 1-3. <https://doi.org/10.1186/s12905-015-0247-5>
- [18]. Mukanangana, F., Moyo, S., Zvoushe, A., & Rusinga , O. (March 2014). Gender Based Violence and its effects on women's Reproductive Health: The Case of Harare, Zimbabwe . *African Journal of Reproductive Health*, 14(1(1)), 1-13. <https://doi.org/10.4314/ajsw.v4i1.8>
- [19]. Office, N. S. (2016). Demographic and Health Survey (MDHS). *Malawi Demographic and Healthy Survey 2015-2016*, 170-283. <https://doi.org/https://dhsprogram.com/publications/puplications-fr319-dhs-final-reports.cfm>
- [20]. Organization, W. H. (2020). Ending Violence against children. *Global Status Report on Preventing Violence against children*, pp. 1-352. <https://doi.org/10665/332394>
- [21]. Raj, A. (2010). When the mother is a child: the impact of child marriage on the health and human rights of girls . *Archives of Disease in Childhood*, 95(11), 93-95. <https://doi.org/10.1136/adc.2009.178707>
- [22]. Ranganathan, M., Hassan , A., Kyegombe, J. C., Lees, S., & Heise, L. (2021). Economic empowerment and Intimate Partner Violence: a secondary data analysis of the cross-sectional. Demographic Health Survey in



- Sub-Saharan Africa. *PLOS ONE*, 16(6)(e0253013), 1-13.
<https://doi.org/https://doi.org/10.1186/s12889>
- [23]. Samati , M. (June 2021). *Gender-based violence in primary schools: Malawi*. Brookings Institution (Center for Universal Education).
<https://doi.org/https://www.brookings.edu/articles/gender-based-violence-in-primary-schools-malawi/>
- [24]. Seminister , J. (2011). The role of gender-sensitive education in Community-Based Social Work: A comparative analysis . *International Journal of Social Welfare and Gender Studies* , 16(2), 142-158.
<https://doi.org/10.1080/13691457.2011563214>
- [25]. Settergren, S., Mellish , M., & Sapuwa , H. (May 2015). *Policy: Gender based violence in Malawi Literature Review to inform the National Response* . 1331 Pennsylvania Ave NW, Suite 600, Washington, DC 20004.
<https://doi.org/www.healthpolicyproject.com/policyinfor@futuresgroup.com>
- [26]. Shaw , J. (2017, November 3). Gender and Violence: Feminist Theories, Deadly Economies and Damaging Discourse . pp. 1-7.
<https://www.e-ir.info/2017/11/03/gender-and-violence-feminist-theories-deadly-economies-and-damaging-discourse/>
- [27]. Shepherd. (2016). Adolescent Girls in Malawi: Introduction and overviews. *World Bank Country Policy Brief*.
<https://doi.org/http://hdl.handle.net/10986/24555>
- [28]. Storer, H. L., Casey, C. A., & Herrenkohl, T. L. (2012). Primary prevention is? A Global perspective on how organizations engaging men in preventing gender based violence Conceptualize and operationalize their work. *Journal SAGE*, 27(4), 637-661.
<https://doi.org/https://journal.sagepub.com/doi/10.1177/0886260511423236>
- [29]. UNCEF, & NSO. (2021). *The situation of Children and women in Malawi (2021): A multi-dimensional analysis*. National Statistical Office, Box 333, Zomba. Malawi .
- [30]. WHO. (2020, June 18). Global Status Report on Preventing Violence Against Children 2020.
<https://www.who.int/publications/i/item/9789240004191>