



**A CRITICAL EXAMINATION OF SEXUALITY EDUCATION
IN MALAWI: A CASE STUDY OF BLANTYRE DISTRICT**

BY

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ABSTRACT

The writer of this dissertation examines how sexual learning (sexuality learning acquired out-of-school, and without written formalities) both complements and contradicts sexuality education in realizing sexual and reproductive health (SRHR) rights in Malawi. Notwithstanding being a State party to various Human Rights Instruments, and having a number of national laws and policies supporting realization of SRHR, Malawi is in breach of the instruments, the laws and the policies and ignore reality that although children are not taught in sexuality education how to play sex, they still know it from sexual learning. The writer therefore carried out a comparative study between sexuality education and sexual learning for realizing SRHR using sexual learning as a benchmark.

The methodological framework was informed by exploring reality of learners' sexuality lives to interrogate and investigate the law and policies. As a result, Women's Law approach went together with: grounded approach, human rights approach, 'charmed circle of sex approach', open systems approach, and cultural relativism approach. A qualitative data collection method was embraced to aid in collection of non-numerical data. A total of 149 people were involved in the research i.e. 71 males and 78 females. The data collection methods included desk research and interviews of key informants, random individual interviews, in-depth interviews, and focus group discussion.

The findings of the comparative study show that sexuality education is wanting in conceptualization, and competences of teachers teaching sexuality. Further, unlike sexuality learning, there is extreme and unsustainable sexual control of adolescent sexuality in sexuality education. Sex/gender barriers are affecting sexuality education. The research also finds that learners especially girls do not have access to fertility control, let alone information on fertility control in schools and homes of learners. Finally, to avoid culture from blocking human rights, in developing sexuality education curriculum, Malawi did not use Relativist approach.

According to the findings, there is need for advocacy and public awareness campaigns to sexuality education. Ministry of Education and Malawi Human Rights Commission should take lead in managing the desired change in collaboration with Ministry of Health, Ministry responsible for Youth, and Ministry responsible for Gender and children.

DEDICATION

To my daughter, Mingi, as you will certainly experience prevailing gender relations and persistence of gender-based stereotypes on this planet, earth.

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Out of too many people all of whom I may not be able to name individually, I am immensely grateful to Dr. R. Katsande for the patience and guidance throughout this research; Prof. S. Tamale, Prof. Hillum, Prof. Munalura, and Ms. Teresa Chome for your comments to this research

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Thanks to Prof. Stewart and all visiting lecturers and SEARCWL support staff for the wonderful input in my academic life at UZ.

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Malawi Judiciary, National Child Justice Forum and staff, thank you for covering me during my absence from office during the studies.

Special thanks to Hon. Justice EB Twea SC for kind guidance during my studies and in my work

LIST OF ACRONYMS

AIDS	:	Acquired Immunodeficiency Syndrome
HIV	:	Human Immunodeficiency Virus
ICCPR	:	International Covenant on Civil and Political Rights
ICESCR	:	International Covenant on Economic, Social and Cultural Rights
MSCA	:	Malawi Supreme Court of Appeal
SRHR	:	Sexual and Reproductive Health Rights
STI	:	Sexually Transmitted Infection
UN Women	:	United Nations Women
UN	:	United Nations
UNESCO	:	United Nations Educational, Scientific and Cultural Organization
UNFPA	:	United Nations Fund for Population Activities
UNICEF	:	United Nations International Children Education Fund
WHO	:	World Health Organization
WLSA	:	Women and Law in Southern Africa

LIST OF CASES

In the Matter of the Adoption of Children Act (Chapter 26.01 of Laws of Malawi) and In the Matter of CJ (A Female Infant), MSCA Case No. 28 of 2009

Stanbic versus Madzara, High Court Case No. 546 of 2015

LIST OF STATUTES AND POLICIES

STATUTES

Constitution of Republic of Malawi of 1994

Education Act of 2012

Gender Equality Act of 2013

POLICIES

Gender Equality Policy of 2015

National Youth Policy, 2013

National Policy on Sexual and Reproductive Health Rights, 2009

LIST OF INTERNATIONAL INSTRUMENTS

African Charter on Human and People's Rights (Banjul Charter)

Beijing Declaration and Platform for Action, Fourth World Conference on Women, 1995

International Conference of Human Rights (Proclamation of Teheran)

International Conference on Population and Development held in Cairo, Egypt, 1994

International Covenant on Economic, Social and Cultural Rights

Nairobi Forward-Looking Strategies, 1985

Protocol to The African Charter on Human and People's Rights on the Right of Women in Africa (Maputo Protocol)

United Nation International Women's Year Conference, 1975

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DECLARATION

I declare that: **A Critical Examination of Sexuality Education in Malawi: A Case Study of Blantyre District** is my own work and it has not been submitted at the UZ or any other institution for the award of certificate.

Signed:

Godfrey ChavulaDate: 07th April, 2016

Supervisor:

Dr. R. Katsande Date: 07th April, 2016

CHAPTER 1: INTRODUCTION AND BACKGROUND

Introduction

Malawi introduced sexuality education in 2002¹, as a subset of Life Skill Education in primary and secondary schools to equip learners with knowledge, skills, values and attitudes about their life to promote and sustain socio-economic development. But besides sexuality education in-school i.e. in classrooms, since school-going children come from families and communities and relate with peers, they also learn about sexuality from out-of-school i.e. from elsewhere. This research study examines *sexuality education*² and *sexual learning*³ against Sexual and Reproductive Health Rights using sexual learning as a benchmark for improving sexuality education in realizing Sexual and Reproductive Health Rights. In other words, the research is a comparative study between sexuality education and sexual learning for realizing Sexual and Reproductive Health Rights, human right to health. The research study was conducted from 26th October, 2015 to 08th February, 2016.

As a way of approach, the research finds out conceptualization of sexuality education syllabus and sexual learning before determining competences of teachers of sexuality education and mentors of sexual learning. A contrast of sexuality education and sexual learning is done to ascertain underlying forces of sexual control. The research further explores whether there are sex/gender barriers in sexuality education as compared to sexual learning; and later, there is deliberate effort to find out if schools and / or homes of learners especially girls provide fertility control e.g. contraceptives as human right. Finally, an establishment is made as to whether sexuality education syllabus embraces sexual learning.

This chapter covers background information of the study, problem statement, objectives of the study, research assumptions, research questions, and structure of how the chapter has been organized before the conclusion of the chapter.

Background Information

As part of Master's in Women's Social Legal Studies at University of Zimbabwe, we had elective courses in second semester whereby we were required to choose one course from a

¹ Kishindo P. (2011) *Life Skills Education and Reproductive Health Education: Preliminary Findings from the Non-biomedical Interventions into HIV and AIDS: Centre for Social Research, University of Malawi, Zomba.*

² Sexuality learning acquired in-school with formalities such as syllabus indicating learning objectives, content, suggested learning and teaching activities et cetera.

³ Sexuality learning is acquired out-of-school without formalities.

list of four courses in the first option and choose another course from yet from another list of four courses in the second option. Since I was coming from a background of national coordination of child justice sector in Malawi, I opted for: Women's law Reform and Social Justice Strategies in the first option and in the second optional category I chose: Gender, Law and Sexuality⁴.

My first assignment in Gender, Law and Sexuality I argued that culture and sexuality make it difficult for universal Sexual and Reproductive Health Rights in Malawi using child marriage as a culture. Desk research on the assignment made me appreciate relationships of culture, sexuality and human rights i.e. Sexual and Reproductive Health Rights which in turn gave me more insights about violence against women in general and violence against children in detail. The assignment required me to comprehend universalism and cultural relativism approach to human right and in the way I discovered that there is a tension between the two (universalism and cultural relativism) approaches to realizing human rights.

My second assignment in Gender, Law and Sexuality, required me to do an essay aimed to aid newly elected president of Republic of Malawi to understand a phenomenon of violence against women particularly focusing on: historical and conceptual links between gender, sexual violence and the law; how Malawi has addressed the problem so far; and map a way forward to dealing a decisive blow to violence against women. Since according to World Health Organization (2002)⁵ sexual violence as a form of violence against women is wide, and includes: sexual abuse of children; forced marriage or cohabitation, as well as marriage of children; denial of the right to use contraception or to adopt other measures to protect against sexually transmitted diseases; forced abortion;... I preferred to do the essay on forced marriage of children i.e. early marriage as a type of sexual violence because of personal interest in school dropout due to early unwanted pregnancies and early marriages. This assignment afforded me yet more opportunity to get knowledgeable about gender, sexual violence and the law.

⁴ Initially I chose and registered for a certain course because of my academic background but later when we were about to start classes for that certain course I went to administration to change that course for Gender, Law and Sexuality because the course content of Gender, Law and Sexuality was fitting squarely with a lot of my work in child protection.

⁵ World report on violence and health, Chapter 6, pp. 149 (Available online at: http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf, accessed on 22/09/2015)

Reflecting on insights from the two assignments and my involvement in a Multi-Sectoral Task Force of a national survey on violence against children and young women in Malawi (2013), I pretty well understood why UNICEF was part of United Nations (UN) partners on the survey but was wondering about business of UNFPA and UN Women among others on the survey. Out of curiosity, I visited respective websites of UN Women and UNFPA and discovered that UNFPA had big interests in the survey. Due to my personal interest in school dropout due to unwanted pregnancies and early marriages I was keen to know what/why UNFPA is supporting sexuality education in Malawi to equip children with knowledge, values, attitudes and skills to enable them avoid early pregnancies, STI, etc. besides accessing human right such as right to health, right to education, and right to gender equality.

Out of further desk research, I came across a report by Kishindo (2011:13-14) on Life Skill Education and Reproductive Health Education⁶ showing that in years 2006-2009 Ministry of Education statistics point to a rising rather than declining trends in statistics of girls leaving school due to pregnancy in both secondary and primary schools. This narrowed my curiosity to sexuality education bearing in mind dynamics that play out between culture, human rights and sexuality, I developed an interest to find out about what sexuality education of school going-children entail vis-à-vis human rights but coined my study to a comparative analysis between sexual learning (as a cultural aspect) and sexuality education (as a human right aspect) on how sexual learning is nurturing sexuality education to realize Sexual and Reproductive Health Rights.

Overarching research problem

Article 12(1) of the International Covenant on Economic, Social and Cultural Rights (ICESCR) provides for human right to health including Sexual and Reproductive Health Rights. United Nation's Sustainable Development Goals number 5 provides for universal access to Sexual and Reproductive Health Rights; and World Health Organization (WHO)⁷ upholds that Sexual and Reproductive Health Rights includes: right of all persons to seek, receive, and impart information related to sexuality; and to receive sexuality education. In 2002, Malawi introduced sexuality education in Life Skills Education in primary and

⁶ Life Skills Education encompasses: sex and sexuality education

⁷ World Health Organization (2014), *Sexual and reproductive health*. Retrieved from: http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

secondary schools to equip learners with knowledge, skills, values and attitudes to promote and sustain socio-economic development. And in October 2015, Malawi improved the sexuality education by introducing comprehensive sexuality education⁸.

But the reality is that besides the sexuality education, the school-going children (learners) are also acquiring sexual learning (sexuality learning acquired out-of-school without formalities) from elsewhere and some end up having sexual intercourse which is not taught even in sexuality education. As a result, some learners get pregnant and dropout of school or undergo unsafe abortions while others contract sexually transmitted infections (STI) et cetera – making such children victims / survivors of violence against children.

However, it is therefore easy to see that sexuality education holds little promise in Malawi until a critical examination of ‘sexuality education’ and ‘sexual learning’ is done in relation to Sexual and Reproductive Health Rights using sexual learning as a benchmark to improving sexuality education for realizing Sexual and Reproductive Health Rights. The consequence of ignoring the situation, among others, is missing an opportunity to mitigate adolescent pregnancies, HIV, STIs et cetera, and deflating efforts to achievement of development goals such as education, health, and gender equality. This research is a comparative study between sexual learning and sexuality education for realizing Sexual and Reproductive Health Rights.

Objectives of the study

Overall objective

To critically examine whether sexual learning both complements and contradicts sexuality education in realizing Sexual and Reproductive Health Rights in Malawi

Specific objectives

1. To find out whether sexuality education syllabus is weak in conceptualization of sexuality as compared to sexual learning (sexuality learning acquired out-of-school, and without formalities)

⁸ Nyasa Times (Available on <http://www.nyasatimes.com/2015/07/09/sex-education-to-start-in-malawi-schools/>, accessed on 15/10/2015)

2. To determine whether teachers of sexuality education are not well equipped with competences to teach sexuality as compared to mentors of sexual learning (sexuality learning acquired out-of-school, and without formalities)
3. To ascertain whether sexuality education is not practically discussed because of sexual control as compared to sexual learning (sexuality learning acquired out-of-school, and without formalities)
4. To explore whether there are sex-gender barriers in sexuality education as compared to sexual learning (sexuality learning acquired out-of-school, and without formalities)
5. To find whether both schools and homes of learners especially girls do not have access to fertility control e.g. contraceptives.
6. To establish whether sexuality education syllabus doesn't embrace sexual learning (sexuality learning acquired out-of-school, and without formalities) because of universalism and not cultural relativism approach to human rights

Research Assumptions

Main Assumption

Sexual learning both complements and contradicts sexuality education in realizing Sexual and Reproductive Health Rights in Malawi

Sub assumptions

1. Sexuality education syllabus is weak in conceptualization of sexuality as compared to sexual learning (sexuality learning acquired out-of-school, and without formalities)
2. Teachers of sexuality education are not well equipped with competences to teach sexuality as compared to mentors of sexual learning (sexuality learning acquired out-of-school, and without formalities)
3. Sexuality education is not practically discussed because of sexual control as compared to sexual learning (sexuality learning acquired out-of-school, and without formalities)
4. There are sex-gender barriers in sexuality education as compared to sexual learning
5. Both schools and homes of learners especially girls do not have access to fertility control e.g. contraceptives

6. Sexuality education syllabus doesn't embrace sexual learning (sexuality learning acquired out-of-school, and without formalities) because of universalism and not cultural relativism approach to human rights.

Research question

Does sexual learning both complements and contradicts sexuality education in realizing Sexual and Reproductive Health Rights in Malawi?

Sub research Questions

1. Is sexuality education syllabus weak in conceptualization of sexuality as compared to sexual learning (sexuality learning acquired out-of-school)?
2. Are teachers of sexuality education not well equipped with competences to teach sexuality as compared to mentors of sexual learning (sexuality learning acquired out-of-school)?
3. Is sexuality education not practically discussed because of sexual control as compared to sexual learning (sexuality learning acquired out-of-school)?
4. Are there sex-gender barriers in sexuality education as compared to sexual learning
5. Do both schools and homes of learners especially girls not have access to fertility control e.g. contraceptives?
6. Does sexuality education syllabus not embrace sexual learning (sexuality learning acquired out-of-school) because of universalism and not cultural relativism approach to human rights?

Summary of the chapters

This research paper is divided into five chapters including this introductory one. Chapter two reviews literatures relating to what others have written around themes of the research study questions of this study and covers: literature, legal, and policy environment from international to national. Chapter three outlines research methodology framework which is describing theoretical perspective of data collection to answering the research questions, and the chapter also sketches research methods i.e. plans employed in collecting desired data in the research study. Chapter four discusses, and analyses research findings based on the research questions. And finally, chapter five provides conclusions and recommendations of the study. The conclusions are based on the findings of the research study and recommendations are bases on the conclusions.

Conclusion

This chapter has covered introductory part of the research study. The area covered include: background information to the study; overarching research problem; objectives of the study; research assumptions; research questions; outline of chapters; and conclusion

CHAPTER 2: LITERATURE REVIEW

Introduction

In order to understand what the study is all about, it is important to review some literature relating to what others have written around themes of the research questions such as sexuality; sexuality education; learning; sexual and reproductive health rights; universalism; cultural relativism; sex/gender barriers; sexual control; and fertility control which in turn inform conceptual framework of the research. The literature is analyzed to display gaps which this research study pursues to address. Later, since the research is a comparative study between sexual learning and sexuality education for realizing sexual and reproductive health rights, Malawi legal and policy environment and international level is made out.

Literature, legal and policy environment

Terms and concepts

Sexuality

According to a working definition of WHO (2004), sexuality is a central aspect of being human all through life and involves sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. The definition goes further to say that sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. There are various dimensions of sexuality including sexual knowledge, belief, values, attitudes and behavior, as well as procreation (Tamale, 2011). Additionally, Mueller in Tuyizere, (2007) asserts that sexuality is a social construction of a biological drive. This could as well mean that sexuality is an exercise and a manifestation of who a human being is with biological influence from birth up to death as a sexual being. As a social construction, this is suggestive of an element that society shapes sexuality and that individuals in a particular society depend on learning about sexuality and in turn pass it on to next generation of that society since sexuality is a social construction. Learning is a key aspect in this regard.

Learning

An average person's view of learning is "what we do in school" but a psychologist defines learning considerably broader than the average person i.e. learning is any relatively permanent change in behavior that occurs as a result of experience (Robbins, 2012). It is relative because what is learnt now can be changed later e.g. a child may learn that babies are bought but later learn that actually babies are made through heterosexual intercourse. It is the change that proves that learning has taken place; and the change must be permanent otherwise temporary change of behavior because of fatigue, anger, boredom etc. do not constitute learning. Robbins (2012) frameworks three methods of learning namely classical conditioning – learning acquired through experience; operant conditioning – learning that occurs through reward and punishment of behavior; and social learning – where people learn by watching other people also known as: observational learning or modeling.

Sexual learning and sexuality education

From the foregoing elucidation of 'sexuality' and 'learning', therefore, sexual learning can be coined as a process of relative change in behavior of human beings vis-à-vis sexuality whereby the human beings get to know about their sexuality through experience, reward and punishment of behavior, and watching/observing other human beings. Sexual learning has been there since a human being has existed on planet Earth. Ideally, sexuality education is a human right-based and gender-focused approach to sexuality education (UNFPA, 2015). This as a result, brings about a situation where the sexuality education is a formalized sexual learning. UNESCO (2012) defines sexuality education as an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information. For purposes of this research study, the above-mentioned puts forward that sexual learning is informal sexuality learning and sexuality education is formal sexuality learning.

A research study done by Simasiku (2012) entitled: "A critical analysis of sex health education in selected high schools in Lusaka, Zambia" concluded that school is the best channel through which sex education can be provided. In as much as the study was done in Lusaka, Zambia and not in Malawi, the study fails to clearly bring out why the school is the best channel due to the understanding that school learning and out-of-school learning are not adversaries but complementary in education but also, in realizing Sexual and Reproductive Health Rights using sexual learning (out-of-school) as a benchmark for improving sexuality education (in-school) in realizing Sexual and Reproductive Health Rights.

Sexual and Reproductive Health Rights

According to WHO (2014), Sexual and Reproductive Health Rights include:

“rights of all persons to: seek, receive, and impart information related to sexuality; receive sexuality education; have respect for bodily integrity; choose their partner; decide to be sexually active or not; have consensual sexual relations; have consensual marriage; decide whether or not, and when, to have children; and pursue a satisfying, safe and pleasurable sexual life, *including children as persons*”. (Italics added)

Banda (2012) carried a research study on whether sex education content in schools is specifically designed to reduce negative outcomes of sexual behavior for young girls such as unwanted pregnancies, STI and HIV infection at Chipadze and Hermain Gmeiner Secondary School(s) in Bindura, Zimbabwe; and concluded that sex education is inadequate due to insufficient relevant information for sexually active teenagers; and that abstinence should not be its sole focus as this is erroneous and unrealistic. But the study firstly, does not clearly give out a comparison base for the finding. This research requires out finding out whether sexuality education syllabus is weak in conceptualization of sexuality as compared to sexual learning in Malawi

Universalism and Cultural Relativism

Learned and constructed way of life of a society is called culture (Kotler, 1999). In all societies there is cultural foundation consisting of customs, norms, values and beliefs inculcated by one generation into the next (Howard 1992); and Holtmaat and Naber, (2010) say that:

“...culture entails: family, religion, beliefs, normative structures, political ideologies, etc. and that there is *social culture* which pertains to people’s forms of socialization –i.e. how people interact and organize themselves in groups, and *ideological culture* – i.e. what people think, value, believe, and hold as ideals...and that culture traverses international human rights.” (Emphasis supplied)

Similarly, therefore social culture and ideological culture contain sexual customs, sexual norms, sexual values and sexual beliefs...that inform sexual learning, a benchmark for improving sexuality education in realizing Sexual and Reproductive Health Rights, evidencing that indeed culture traverses human rights. A study of Violence against Children and Young Women in Malawi (2013) provides general recommendations guiding policies and strategies to prevent, identify, and respond to violence against children and violence against women including: promote gender equality to prevent violence against women; develop life skills in children and adolescents; and change cultural and social norms that

support violence. This research operationalizes the recommendations on the violence against children through examining whether sexuality education embraces sexual learning (cultural way of learning about sexuality i.e. sexuality learning acquired out-of-school without formalities). In the examination, cognizance is taken of Article 29 (7) of African Charter on Human and People's Rights (Banjul Charter) which provides that the individual persons shall have a duty to preserve and strengthen positive African cultural values in his/her relations with other members of the society, in the spirit of tolerance, dialogue and consultation. And the spirit of Banjul Charter is continued in The Protocol to The African Charter on Human and People's Rights on the Right of Women in Africa (Maputo Protocol)⁹ for instance, Article 1 (g) defines harmful cultural practice as:

“...all behaviors and attitudes and/or practices which negatively affect the fundamental rights of women and girls, such as their right to life, health, dignity, education and physical integrity”

Article 2(2) of Maputo Protocol further provides that:

“State parties shall commit themselves to modify the social and cultural patterns of conduct of women and men through public awareness, information, education, and communication strategies with a view to achieving the elimination of harmful cultural and traditional practices and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes, or on the stereotyped roles for women and men”

In International Law and Human Rights, Universalism asserts that human rights are universal and should apply to every human being; while Cultural Relativism opposes universalism arguing that human rights are not universal because firstly, no moral principles can be made to apply to all cultures; secondly, human rights are a product of Western political history; and thirdly, Universalism's desire to extend a Western ideal to the rest of the world is cultural imperialism. The result of tension between Cultural Relativists are critical of Universalism, is a deadlock in implementation of human rights which Holtmaat and Naber (2010) comment that culture is blocking implementation of women's human right and suggest a dialogue between Universalism and Cultural Relativism so that women's human rights are realized. The war cry for feminist in Africa is: 'pay attention to gender', while that of relativists is: 'pay attention to culture', yet gender (as a human right) is constructed within the context of culture (Tamale, 2005:53-54)

⁹ Malawi ratified on 20th May, 2005

Culture stipulates the norms and values that contribute to people's perception of their self-interest and the goals and methods of individual and collective struggles for power within a society and between societies (An-Na'im1992); and sexuality in this regard is a subset of culture and indeed entrenched in culture and culture is a shared practice of members of a particular society that has a major influence on the society and the society develops the culture as a way of doing things. Raday in Holtmaat and Naber (2010) asserts that 'culture' includes religion, customs and tradition as stable or stabilizing factors and this research study agrees with the assertion entirely. Gender equality is a human right. So, the question is: does sexuality education syllabus in Malawi not embrace sexual learning because of universalism and not cultural relativism approach to human rights?

Malawi Human Rights Commission (2005) research on Cultural Practices and their Impact on enjoyment of Human Rights of Women and Children in Malawi catalogued cultural practices in Malawi including sexual cultural practices and sexual beliefs and the research concluded that some of the practices promoted enjoyment of human rights while other cultural practices did not promote human rights especially for women and children but does not discuss the human rights e.g. sexuality education and Sexual and Reproductive Health Rights. Since this research is a comparative study between sexuality education and sexual learning, the research establishes whether sexuality education syllabus embraces, for example, good cultural practices of sexual learning by negotiating and dialoguing universalism and cultural relativism in realizing Sexual and Reproductive Health Rights.

Sexual control

Tamale (2003:42) asserts that:

“one of the most effective way that patriarchy uses sexuality as a tool to create and sustain gender hierarchy in African societies is by enshrouding it (sexuality) in secrecy and taboos or use the law to prohibit all sex ‘outlaws’ in the social ghettos of society. Prominent among the outlaws are homosexuals, bisexuals, and transgendered individuals...Punitive laws against prostitution, abortion... serve a similar purpose; socio-cultural norms and religious beliefs (such as virginity testing, female chastity, and so on) constitute screws that keep the clamp of sexual oppression firmly in place”

From the foregoing, it is easy to see that patriarchy exercises power i.e. ability to influence command or apply force to control. In effect patriarchy gets others do what it (patriarchy) wants them to do as well as avoid being forced by others to do what it (patriarchy) does not want them to do. Patriarchy manipulates people's (largely women/girls) sexuality knowledge

by implanting secrecy and taboos about sexual matters because if people possess skills and expertise about their sexuality it will be difficult to sustain its agenda; patriarchy uses coercive power i.e. punish and instill fear by passing laws that prohibit abortion; patriarchy is also using reward power around socio-cultural norms by putting it that a good woman/girl is the one who e.g. gets married (heterosexual), preserves virginity until marriage, does not deny husband sexual intercourse, bear many children for the husband making women crave to achieve the patriarchal rewards at the expense of unconsciously detaching themselves from their sexual control ending up in sexual oppression.

The Report of Malawi Human Rights Commission (2005) argued that children in most societies in Malawi lacked appropriate information on sexuality from parents but the research failed to find out and flag sexual politics and sexual control issues around sexuality information by the parents. Since sexuality education has been formalized and is taught in schools, this research ascertains whether sexuality education is not practically and deeply discussed because of sexual control as compared to sexual learning.

Sex/gender barriers

Sex refers to biological and genetic differences between men and women (Tuyizere, 2007:108) i.e. being a male, a female, or intersex. According to WHO (2011), sex is the different biological and physiological characteristic of males and females, such as reproductive organs, chromosomes, hormones, et cetera. Whereas gender is a term used to denote socially and culturally determined differences between men and women as opposed to biological differences determined by factors which are chromosomal, anatomical, hormonal and psychological (Tuyizere, 2007) This research therefore regards gender as a social or cultural status afforded to (or restricted from) girls and boys, and women and men; and that each culture / society has standards about the way its people should behave based on their (perceived) gender.

Unlike sex, gender is not something human beings are born with or something human beings have but gender is something human beings acquire and practice through learning. So, biological sex determines gender, and gender builds on biological sex. Gender is learnt through a process of socialization whereby roles, customs and traditions of society are passed on to people or children. Both teachers and learners of sexuality education in schools are largely either female or male and as mortal and like any other human being, the teachers and

the learners have also gone through the socialization process of learning about sexuality largely from elsewhere in their upbringing so that sexual matters and sexual talk is obscured in secrecy, taboos and reticence. This could affect teaching and learning process due to sex/gender barrier. This research intends to explore whether there are sex/gender barriers in sexuality education as compared to sexual learning.

Fertility control

Human beings are sexual beings and when they engage in sexual activity anything may result such as pregnancy, sexually transmitted infections (STI), pleasure etc. African Union Maputo Plan of Action on Sexual and Reproductive Health and Rights¹⁰ purposed to make universal access to comprehensive sexual and reproductive health and rights a reality in Africa by 2015. In response to the Plan of Action, Malawi came with a National Policy on Sexual and Reproductive Health Rights (2009) which agreed to make available right to health for women / girls, including right to sexual and reproductive health which includes fertility control. Malawi Parliament passed Gender Equality Act, 2013 which provides for right to control fertility in section 19(1) (f). The National Policy on Sexual and Reproductive Health Rights (2009) states that most young people start having sex at the age of 12, on average; and that high risk sexual behavior is more common among young people aged between 15 and 24. In line with the policy, Ministry of Health developed Youth Friendly Health Services Standards in an effort to address needs of sexual and reproductive health rights of young people.

The Republic of Malawi National Youth Policy (2013) in its policy statement notes that a healthy youth population is an asset to achieve sustainable development as such the policy enters commitment, among others to advocate for provision of comprehensive sexuality education that promotes uptake of family planning services amongst the youth, including school going young children. This research finds out whether both schools and homes of learners especially girls have access to fertility control e.g. contraceptives.

Legal and policy framework environment

International and Regional legal frameworks of Sexual and Reproductive Health Rights

In human rights discourse, Sexual and Reproductive Health Rights is one of most key subjects which started at international level and later entrenched at national level in Malawi. The subject started with United Nations (UN) in 1968; International Conference of Human

¹⁰ Signed by Malawi in September 2006

Rights (Proclamation of Teheran) followed up with UN General Assembly in 1974, UN International Women's Year Conference in 1975, Nairobi Forward-Looking Strategies in 1985, International Conference on Population and Development held in Cairo, Egypt in 1994, Sexual and Reproductive Health Rights emanated from recommendations of International Conference on Population and Development which approved need to integrate Sexual and Reproductive Health Rights. It can as well be seen that in Sexual and Reproductive Health Rights there is sexual health, reproductive health, sexual rights, and reproductive rights. At International Conference on Population and Development the following definition of reproductive health was endorsed:

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. *Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how to do so.* Implicit in this last condition is the right of men and women to be informed and to have access to safe, effective, affordable and accessible methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right to access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance to have a health infant (Italics added)

In 1995, the Beijing Declaration and Platform for Action, Fourth World Conference on Women in paragraph 96, affirmed and elaborated International Conference on Population and Development definition of reproductive health, which Twesiime (2009:22) defines it as sexual rights as follows:

The human rights of women include their right to have control over and decide freely and responsibly *on matters related to their sexuality including sexual and reproductive health, free of coercion, discrimination and violence.* Equal relationships between men and women in matters of reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behavior and its consequences (Italics added).

Simply put, human beings should be free to enjoy their sexual lives and at the same time be healthy mentally and physically to make free choices concerning their sexual lives.

General Comment No 14 (2000) of International Covenant on Economic, Social and Cultural Rights (ICESCR)¹¹ on the right to maternal, child and reproductive health says that Article 12.2(a) of ICESCR includes sexual and reproductive health services and access to family

¹¹ Malawi ratified on 22 December 1993

planning even for children and adolescents. The General Comment goes further in paragraph 3 to say that the right to health is closely related to and depends upon the realization of other human rights contained in the Bill of Rights, including the right to food, housing, education, human dignity, life, non-discrimination, equality, the prohibition against torture, privacy, access to information, and many more address integral components of the right to health.

At regional level, Protocol to The African Charter to Human and People's Rights on the rights of Women in African (Maputo Protocol) provides for health and reproductive rights in Article 14 (1) that State Parties shall ensure that the right of health of women, including Sexual and Reproductive Health Rights is respected and promoted. This includes:

- a) the right to control their fertility
- b) the right to decide whether to have children, the number of children and the spacing of children
- c) the right to choose any method of contraception
- d) the right to self-protection and to be protected against STI, including HIV/AIDS
- e) ...
- f) The right to have family planning education

Article 14(2)(c) of Maputo Protocol provides that State Parties shall take all appropriate measures to protect the reproductive rights of women by authorizing medical abortion in cases of sexual assault, rape, incest and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus. Comprehensive Sexual and Reproductive Health services include:¹²

- a) Contraceptive information and services, including emergency contraception and a range of modern contraceptive methods;
- b) Maternity care, including antenatal and postnatal care, and delivery care, particularly skilled attendance and emergency obstetric care;
- c) Prevention and appropriate treatment of infertility;
- d) Safe abortion and post-abortion care; prevention, care, and treatment of sexually transmitted infections, HIV/AIDS, reproductive tract infections, and reproductive cancers;
- e) Information, education, and counseling;
- f) Prevention and surveillance of violence against women, care for survivors of violence; and
- g) Actions to eliminate harmful traditional practices such as Female Genitor Mutilation and early and forced marriage.

¹² World Health Organization (2014), Sexual and reproductive health. Retrieved from: http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

Legal force of International and Regional treaties in Malawi

The International and Regional treaties that Malawi has signed do not have direct legal force or are not directly enforceable in the absence of enabling legislation. Section 211 of the Constitution provides that:

- (1) Any international agreement entered into after the commencement of this Constitution shall form part of the laws of Republic if so provided by or under an Act of Parliament.
- (2) Binding international agreements entered into before the commencement of this Constitution shall continue to bind the Republic unless otherwise provided by an Act of Parliament.
- (3) Customary international law, unless inconsistent with this Constitution or an Act of Parliament, shall form part of the law of the Republic

By virtue of this provision, international law only becomes applicable if it has been incorporated into the laws of Malawi through an Act of Parliament and this position is based on the notion that international law and national law are two distinct systems of law because Malawi adopted a dualist approach to the application of international law. This dualist approach has been reinforced by Malawi Supreme Court of Appeal (MSCA) decision in the case of: *In the Matter of the Adoption of Children Act (Cap. 26:01) and In the Matter of CJ¹³ (A Female Infant)¹⁴* Munlo Chief Justice, (as then was) delivered a judgment of the court and had this to say:-

“We think the correct reading of the section is to follow the clear language of that has been employed. If one does that, one will find that the clear thread that runs through the fabric of all the subsections of section 211 of our Constitution is that all international agreements entered into prior to the Constitution or after the Constitution are only binding if they are not in conflict with the clear provisions of our statutes. Put differently, whether an international agreement forms part of our law, regardless of when it was entered into, will depend on whether it is consistent with our Constitution or our statutes.

In all cases therefore the Courts will have to look at our Constitution and our statutes and see if the international agreement in question, or the customary international law in question is consistent or in harmony with the law of the land and the Constitution. In doing so, the Courts will try as much as possible to avoid a clash between what our laws say on the subject and what the international agreements or conventions are saying on the subject, where this is not possible, the provisions of our Constitution and the laws made under it will carry the day. It should not come as a surprise that this is the state of the law in Malawi because, by their nature, international agreements are a product of a compromise arising out of hard bargaining by high contracting parties. They involve a lot of give and take. They are also negotiated by the executive branch of the Government and not

¹³ CJ is an acronym for real name of the female infant

¹⁴ MSCA Case No. 28 of 2009

by Parliament. Our Constitutional order clearly defines the role which each branch of the State has to play in the making of the laws that bind our citizens. It is the executive branch of Government that initiates policy and formulates the laws. It is also the executive branch of Government that enters into international conventions. If the executive branch of Government wishes any of the international conventions which it has freely acceded to, to have the force of law, then it should bring such conventions before Parliament, which has Constitutional mandate to make all laws of this land. In this regard, sections 7, 8 and 9 of the Constitution are not only in tandem with what is contained in section 211 of the Constitution but are also conclusive of the matter. We do not therefore agree with counsel's submission that the intention of section 211 (1) is to make any international convention which Malawi signs automatically part of the law of the country.”

In view of this, it is easy to conclude that section 211(2) of the Constitution cannot make international agreements that Malawi has signed to be part of the law of the land regardless of when those international agreements were signed. Therefore in order for minimum standards contained in international treaties on human rights to be justiciable in Malawi, they must first be domesticated in local laws.

National legal framework of Sexual and Reproductive Health Rights

At national level, Malawi entrenched Sexual and Reproductive Health Rights through the Constitution in section 13 by providing that: The State shall actively promote the welfare and development of the people of Malawi by progressively adopting and implementing policies and legislation aimed at achieving the following goals: Gender equality, and Health among others as principles of national policy. But under Chapter 4 of the Constitution, there are several human rights provisions that address integral components of the right to health such as: right to life¹⁵, human dignity and personal freedom¹⁶, equality¹⁷, privacy¹⁸, rights of children¹⁹, rights of women²⁰, education²¹, culture and language²², right to development²³, access to information²⁴, access to justice and legal remedies²⁵ among other human rights. In the Statutory Laws of Malawi, Gender Equality Act, 2013 provides for right to sexual and

¹⁵ Section 16 of the Constitution

¹⁶ Section 19 of the Constitution

¹⁷ Section 20 of the Constitution

¹⁸ Section 21 of the Constitution

¹⁹ Section 23 of the Constitution

²⁰ Section 24 of the Constitution

²¹ Section 25 of the Constitution

²² Section 26 of the Constitution

²³ Section 30 of the Constitution

²⁴ Section 37 of the Constitution

²⁵ Section 41 of the Constitution

reproductive health rights in sections 19; and section 20 of the same Gender Equality Act provides for duties of Health Officers in respect to sexual and reproductive health as follows:

...section 19(1): Every person has a right to adequate sexual and reproductive health which includes the right to:

- (a) access sexual and reproductive health care services;
- (b) access family planning services;
- (c) be protected from sexually transmitted infection;
- (d) self-protection from sexually transmitted infection;
- (e) choose the number of children and when to bear those children;
- (f) control fertility; and
- (g) choose an appropriate method of contraception.

This therefore means that sexual and reproductive health care services are human rights for every person including school-going children and adolescents ought to have access to sexual and reproductive health services such as professional service out of a sexual violence or a sexual assault (rape, incest, defilement...). The professional service could be clinical, psychosocial, and access to justice. The report on Violence Against Children and Young Women in Malawi (2013) for example on professional service uptake for sexual violence / abuse, two thirds of females and males aged 18-24 years who experienced child abuse prior to age 18 years, 10% received professional services and almost two thirds of females and males aged 13-17 years who experienced sexual abuse, 3% received professional service; and choose contraceptive methods e.g. barrier methods such as male and female condoms; and many more because even the children are sexual beings and in Malawi, according to Sexual and Reproductive Health Rights Policy, children's sexual activity starts 12 years²⁶ and children at this age are largely in school.

Every person including children have right to fertility control so that they can engage in sex without fear whether in times of unwanted pregnancies or STI because a woman / girl who can control her fertility can also control many aspects of her life e.g. it allows her to determine course of her life, career, choice of number of children etc. Fertility control includes use of contraceptives to prevent unwanted pregnancies even though natural way to prevent the unwanted pregnancies is abstinence. But unfortunately for many women / girls abstinence is not an option because of vulnerability to rape/defilement and coercion, unequal power relations for a woman / girl to negotiate sex, and sex is another part of life of human being.

²⁶ Most young people start having sex at the age of 12, on average. High risk sexual behavior is more common among young people aged between 15 and 24.

Section 19(2) of Gender Equality Act, 2013 provides that subject to any written law, every person has the right to choose whether or not to have a child – meaning that perhaps young girls (school-going below 16 years old) who have failed to control their fertility, safe abortion is ideal to reduce risk. Section 20(1) of Gender Equality Act provides that:

“...in addition to the duties imposed or powers conferred on health officers by the Public Health Act or any other relevant law, every health officer shall:

- (a) respect the sexual and reproductive health rights of every person without discrimination;
- (b) respect the dignity and integrity of every person accessing those services;
- (c) provide family planning services to any person the services irrespective of marital status or whether that person is accompanied by a spouse;
- (d) impart all information necessary for a person to make a decision regarding whether or not to undergo any procedure or to accept any service affecting his or her sexual and reproductive health;
- (e) record the manner in which the information imparted to the person seeking reproductive health care services was given and whether it was understood; and
- (f) obtain the written consent of a person being offered sexual and reproductive health services or family planning services before performing any procedure or offering any service.”

Section 20(2) provides that any person who contravenes this section commits an offence and shall be liable to a fine of K750, 000 and to imprisonment for three years.

Among other, it is noticed that section 20 of the Gender Equality Act is imposing what health officers ought to do in providing Sexual and Reproductive Health services. First of all, is that the service has to be provided without discrimination – meaning that there is no need to look at whether a person seeking the service is child, a student or pupil, homosexual, sex worker etc. because all Malawians deserve Sexual and Reproductive Health Rights. On respecting dignity of a person, health officers should treat every person without being judgmental based on for example marital status, sexual orientation, minor etc., the health officer should just provide a sexual and reproductive health services. On the third point Gender Equality Act has come very clear about family planning methods even to school girls who are in the reproductive age, officers should not be surprised to see a girl in school uniform for example asking for condoms because that is what the girls deserve as of right in Malawi. Probably what the health officer would ask the school girls is, if at all the girls understand the services required and proceed to provide the services. Fourthly, the Gender Equality Act is telling

health officers to disclose sexual and reproductive health services including medical abortion and legal implications to the abortion.

Section 23 of Gender Equality Act is asking Minister responsible for Gender to come up with regulations on how Gender Equality Act can be operationalized hence that guideline with even guide operation Sexual and Reproductive Health Rights in Malawi.

The Malawi Human Right Commission is mandated by Gender Equality Act in sections 8, 9, and 10 to implement Gender Equality Act, to educate and train relevant implementers of the Gender Equality Act to support, including sexuality education to realizing Sexual and Reproductive Health Rights. This research finds out whether what children are learning in sexuality education if at all it enables them realize Sexual and Reproductive Health Rights or if the children are getting sexual learning from elsewhere, how can sexual learning improve sexuality education in realizing Sexual and Reproductive Health Rights.

National Policy Framework of Sexual and Reproductive Health Rights

As a good practice and in response to Maputo Protocol and The African Union Maputo Plan of Action²⁷, before enactment of Gender Equality Act, Malawi through Ministry of Health in 2009 came up with Sexual and Reproductive Health Rights Policy. The overall goal of Sexual and Reproductive Health Rights Policy is to provide a framework for the provision of accessible, acceptable and affordable comprehensive Sexual and Reproductive Health Rights services to all women, men, and young people through informed choice to enable them attain reproductive rights. Specific goal of Sexual and Reproductive Health Rights Policy among others includes: empowering and enabling women and adolescent girls to have sexual and reproductive health choices; avoid unwanted sexual contact, injury and infection; make informed decisions about childbearing; and face few risks in the course of pregnancy and childbirth.

This research in examining sexuality education in realizing Sexual and Reproductive Health Rights aims to find out change in situation of school going children's access to quality youth friendly health services provided at all levels of care as stipulated by the Sexual and Reproductive Health Rights Policy. And also this research ascertains whether Ministry of Health aligned Sexual and Reproductive Health Rights Policy with Ministry of Education

²⁷ Signed by Malawi in September 2006

regulations and other government strategies to sexuality education in realizing Sexual and Reproductive Health Rights as provided in Gender Equality Act.

Conclusion

This chapter as a way of approach to conceptualizing the research study has reviewed literature around research questions on: sexuality; learning; sexuality education and sexual learning; sexual and reproductive health rights; universalism and cultural relativism; sex/gender barriers; sexual control; and fertility control. The literature has been analyzed to display gaps which this research study pursues to address. Later, International and Malawian legal and policy environment have been discussed. The research used a research methodology and research methods as elucidated in the next chapter.

CHAPTER 3: RESEARCH METHODOLOGY AND METHODS FRAMEWORK

Introduction

The chapter covers two key issues, namely: research methodology and research methods. The research methodology framework describes theoretical perspective of data collection to answer the research questions. Thus the theoretical perspective consciously and unconsciously influenced my thinking on women's issues and legal problems during the research. The research methods are plans employed in collecting desired data in the research. The research methods discuss study design, area of study; sample population i.e. number of people that were involved in the study; sampling technique (method used to sample the population. The research design also discusses data collection method and tools; data analysis (how the data has been analysed to arrive at findings); ethical consideration (how the issue of ethics was handled during the data collection; and limitations of the study.

Research methodological framework

Women's lived realities (including girls because they are women in the making) i.e. Women's Law²⁸ approach was the way to go whereby in as much as there are International and National legal instruments purposed to: eliminate discrimination; or enhance women's conditions of life; and address gender relations and gender bases stereotypes for women, the down up approach was preferred to get it all from the women / girls and boys themselves.

The research study targeted hearing voices of the women / girls so that what is in the International Instruments and National Laws as tools for emancipating women / girls is interrogated. For example, there is a clear policy on Sexual and Reproductive Health Rights by Ministry of Health stipulating implementation of Youth Friendly Health Services Standards in an effort to address Sexual and Reproductive Health Rights of young people – the research study had to hear from the school going-children if at all they are reached out by the Ministry responsible for Health on fertility control messages such as contraceptives at respective children's school or at the children's home. The Women's Law approach was a cross cutting approach to data collection for answering all the research question since the

²⁸ According to Bentzon et al (1998:25), Women's Law is a legal discipline which explores the reality of women's lives and from that perspective, interrogates and investigates the law.

frame of mind in the research study was the position of women first. But the lived reality style to the entire research study went with grounded approach i.e. continuous dialogue and interaction with data as the research proceeded (Bentzon et al (1998:81)

Taking cognizance that grounded theory involves triangulation of data collection and keeping an open mind to the data collection process, every day's data collected was examined and analyzed to determine what data to collect next and I continued the cycle of collecting, examining, and analyzing. At the back of my mind I was always with a women's lived reality / experience and life situations as a starting point for the analysis of the position of women in law and in society (Bentzon et al, 1998:91). For instance, after interviewing the head teacher at Saint Pius Catholic girls' primary school, I discovered that the school has 5 girls who dropped out of school due to pregnancy in preceding academic year but two of the five girls, return back-to-school and were in class. After an analysis of the data I got from the head teacher and some girl-learners, I specifically called for the two girls for specific data collection pertaining to their sexual experience and knowledge whether they learnt / got it in classroom lessons or from elsewhere. The time I was initially designing the research study I though the girl-learners will give me data regarding their sexual knowledge and experience but using grounded approach of having an open mind to data collection, I was able to get a desired result.

Since right to education, including sexuality education is human-right based and gender-equality based (UNFPA, 2015), and that right to education is grounded in universal human rights instruments²⁹, human rights approach was preferred for two reasons, firstly because of Sexual and Reproductive Health is a human right, including sexuality education, as provided in Gender Equality Act, 2013; and secondly, due to tension between universalist and relativist approach to human rights and that since this research study is comparing *sexuality education* and *sexual learning*, the former is a human right and the latter is largely influenced / informed by culture. During data collection around an assumption which says: sexuality education syllabus does not embrace sexual learning because of universalism and not cultural relativism approach to human rights, the research study looked at the process of coming up with the sexuality education syllabus if at all it negotiated or dialogued with custodians of culture i.e. religion, customs and tradition on what has to go in the sexuality education syllabus. Appreciating that *sexuality education* was introduced way after people / school-

²⁹ Malawi ratified: ICESCR and ICCPR on 22 December, 1993

going children were already having *sexual learning* for years, Cultural relativism approach was at my figure tips due to relativist argument that: there is no such a thing as universal ‘moral truths’ and that the structure of human rights need to recognise cultural differences when applying human rights norms.

Using ‘charmed circle’ of sex, Ruben’s (1984) model of sexual hierarchy, I consciously and unconsciously had a fore thought that society puts sexual behaviour into a sexual value system in which good, normal, natural, privileged sexuality must be heterosexual, married, monogamous, procreative, non-commercial, in a relationship...(located in what she refers to charm circle of sex). By means of this approach to data collection especially on assumptions dealing with sexual control (taboos, secrecy, and reticence); sexual fertility; and sex/gender barriers, it helped me to group my respondents in a manner they would be free to speak on sensitive issues to their sex life. For instance, realizing that girls aged 13-17 are already framed by culture / society on sexual talk, I had to warn them in advance about some of the questions I will ask them and the purpose of the questions to avoid being misunderstood and mistaken about my intention. In a way, the charmed circle approach assisted me to understand the situation of the girls in sexual talk in advance. Of all the girls aged 13-17 (who have never given birth) I interviewed, none said that they have ever had sexual intercourse which made it a little difficult for me to get data about their sexual experience and knowledge.

The two types of learning sexuality i.e. *sexuality education* and *sexuality learning* have different ‘charm circles’ of sex because of their societal bearing and because the former is a human right and the latter is culture. During data collection the charm circle approach enabled me to figure out sexual behaviour each one of them (sexuality education and sexuality learning) values. For example a head teacher at Chitawira Primary School, who is located in Blantyre City, when I asked him if learners are taught about contraceptives in class as part of Life Skill Education subject, he was quick to say that we do tell them anything about contraceptives but abstinence-only because talking about the contraceptive will make the learners experiment. But when I asked learners (both boys and girls), they said that they know about some contraceptives and how to use them not from the classroom (sexuality education) but from peers, media, siblings... (Sexual learning) – meaning that the two have different charm circles of sex.

Therefore, the charm circle to sex approach was a big tool to the comparing and contrasting of sexuality education and sexuality learning due to differences in sex hierarchies of the different societies and indeed the findings informed the research study about sexual issues each of the two holds highly in their particular agendas of both learning and teaching sexuality. The charmed circle frame of my mind was a cross cutting research methodology in all the research assumptions because of the comparative analysis of the sexuality education and the sexual learning.

An open systems approach facilitated the research study by looking at actors and structures as organizations existing in a large environment that affects how the organizations interact with the environment (Cummings 2009). Some of the actors are head-teachers, teachers, learners, parents, and learners' peers, siblings of learners, religious leaders, community leaders, and general public. And structures comprises of Ministry of Education, Ministry of Health, schools, Teachers' training colleges, religious centres, community etc. From the abovementioned, the actors are human beings and structures are organizations – groups of human being. These human beings interact within agreed and predictable rules about ways of doing things which Leftwich (2007) calls these rules: institutions – popularly defined as “rules of the game” and organizations are players of the game. Before and during the data collection, I was alert to the fact that operations of schools, hospitals, community etc. are guided by institutions e.g. laws, regulations and policies.

The realization that institutions are essential structural properties which allow or constrain some form of human behavior or interaction, enabled me to review various documents of these institutions around sexuality education such as Malawi National Youth Policy of 2013, Sexual and Reproductive Health Rights Policy of 2009, Gender Equality Policy of 2015, Education Act of 2012, Gender Equality Act 2013, among others to appreciate position of Malawi Government on sexuality education. Helmke and Levitsky (2004) call the above institutions formal institutions because they are created, communicated and enforced through channels widely accepted as official.

During the data collection, my mind was also alert to the fact that some institutions are not documented which Leftwich (2007) says that the unwritten institutions are constituted by conventions, norms, values and accepted manner of doing things embedded in traditional social practices and culture. Acquainted by wisdoms of the informal institutions I targeted

custodians of culture i.e. community leaders, religious leaders and general community to understand underlying forces of sexual learning. For example realizing that community leaders are custodians of culture, through District Commissioner for Blantyre I collect data from Chief / Traditional Authority Somba who in turn randomly invited *Nankungwis*³⁰, *Ngalibas*³¹, women, men, school-going girls and boys within Chief Somba's jurisdiction for interviews and focus group discussions; of course at my request and guidance of the respondents invited. For example an interface with actors such as the school-going girls, aided me to gauge their readiness to start having sex according to teachings of sexual learning for a comparison with teachings of sexuality education. I also managed to engage with religious leaders as structures to collect data on how, for example, Church of Central Africa Presbyterian passes on their religious teaching around sexuality to children (boys and girls) so that I can establish if at all there are any sex/gender barriers as purported by assumption that there is sex/gender barriers in sexuality education as compared to sexual learning.

Research methods

Study design

This is a case study that was conducted in Blantyre District, Malawi. The study largely took qualitative approach and the approach helped in collection of non-numerical data on: sexuality education processes; sexuality learning processes; Sexual and Reproductive Health Rights; sex/gender barriers; sexual control; fertility control; and relationship of sexuality education and sexual learning. This approach enabled respondent to express themselves freely as I was asking probing for question for more data

Area of study

This study was conducted in Blantyre, a commercial city and second biggest city to capital city, Lilongwe in Malawi. Blantyre as a district has 7 Traditional Authorities, namely: Kapeni, Machinjiri, Somba, Kuntaja, Makata, Lundu, and Chigalu who are part of the district administration. Out of the 7, it is only Lundu and Makata who do not cover both rural and urban sites of the district – meaning that Blantyre urban is covered by 5 Traditional Authority. The research targeted Traditional Authority Somba represent Blantyre rural because it has a big area in the rural as compared to the area in urban and Traditional

³⁰ women who conduct sexual initiation ritual for girls immediately after puberty

³¹ Men who conduct sexual initiation ritual for boys

Authority Somba is one of two senior Chiefs of the seven. Traditional Authority Somba headquarters is 18km from Blantyre city along a road to Chikwawa District.

Sample population

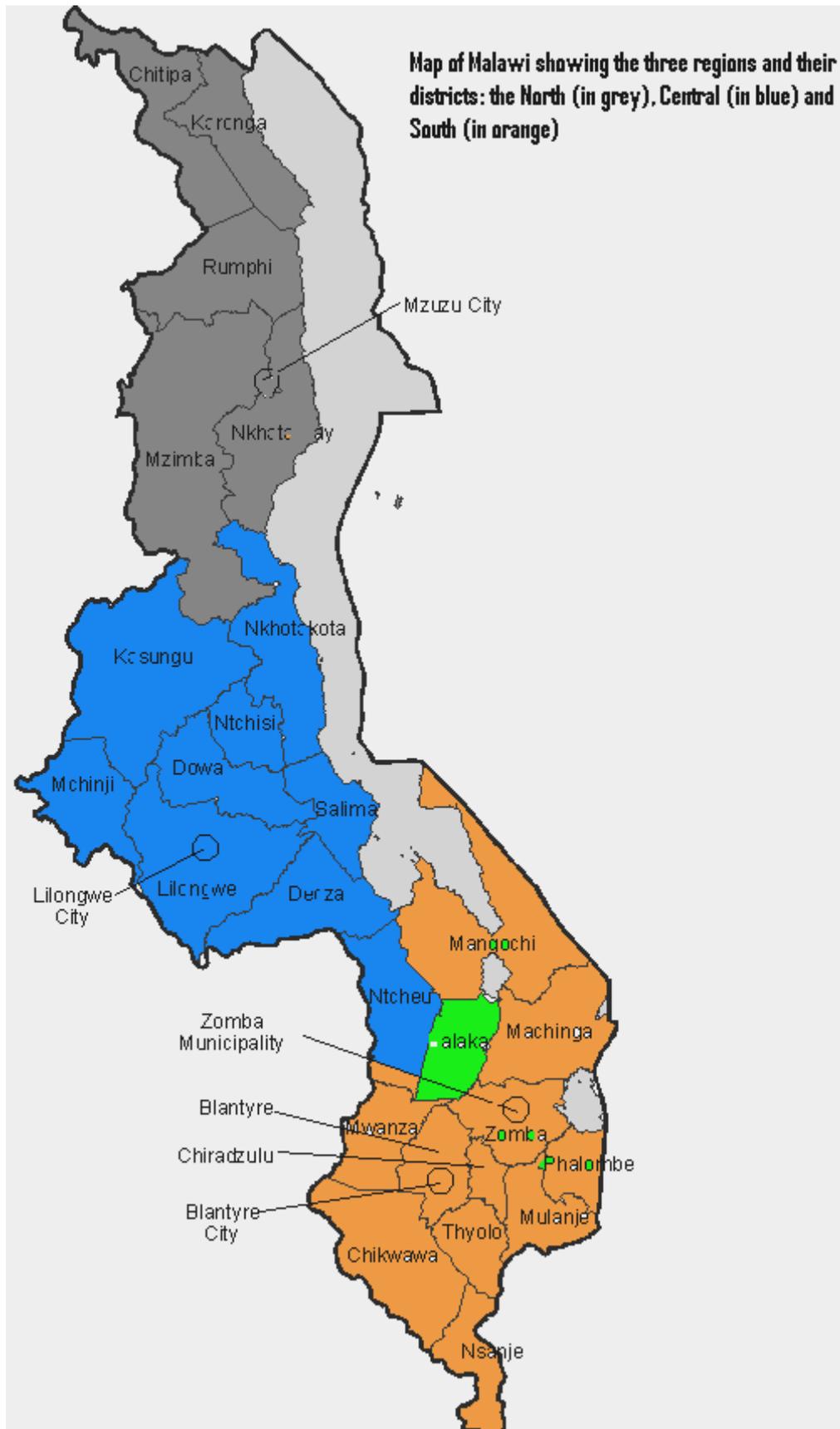
According to Creswell (2009) in a qualitative research, size of the population sample does not matter and the sample was purposefully done. The population sample total of 149 people was involved in the research study i.e. 71 males and 78 females as follows:

Table of respondents for Blantyre Urban

BLANTYRE URBAN		
Respondents	Male	Female
Government officials	6	5
School going girls who have NOT gone through sexual initiation ritual 9-12years old)		12
School going girls who have NOT gone through sexual initiation ritual (13-17years old)		9
Women who have NOT gone through sexual initiation ritual (18-24years old)		9
Church elders of Roman Catholic - St Pius Parish	5	2
Church elders of Church of Central Africa Presbyterian (CCAP) - Blantyre Synod	4	3
General members of public of Christian faith	5	3
School going boys who have NOT gone through sexual initiation ritual 9-12years old)	8	
Total	28	43

Table of respondents for Blantyre Rural

BLANTYRE RURAL		
Respondents	Male	Female
Government officials	2	3
<i>Nankungwis</i> (women who conduct sexual initiation ritual for girls immediately after puberty)		7
School going girls who have gone through sexual initiation ritual (9-12years old)		7
School going girls who have gone through sexual initiation ritual (13-17years old)		8
Women who have gone through sexual initiation ritual (18-24years old)		7
General members of public of Islamic faith	3	3
<i>Ngalibas</i> - Men who conduct sexual initiation ritual for boys	6	
School going boys who have gone through sexual initiation ritual (9-12years old)	7	
Men who have gone through sexual initiation ritual (18-24years old)	5	
Men who have NOT gone through sexual initiation ritual (18-24years old)	5	
School going boys who have gone through sexual initiation ritual (13-17years old)	8	
School going boys who have NOT gone through sexual initiation ritual (13-17years old)	7	
Total	43	35



Map of Malawi showing Blantyre District in Southern Region of Malawi

Sampling technique

As this is a qualitative research, a purposive sampling method was used to sample the population of Actors and Structures.

Blantyre rural

The District Commissioner authorized in writing an introductory letter to carry out the research study in the area of T/A Somba and the Chief, at my request and guidance of desired respondent, facilitate attendance of the respondents by writing his village headmen to identify persons from their respective villages guided by of how I had cluster the responded from different villages chosen based on the villagers' convenience and availability for interviews and focus group discussion as follows: In the category of female respondent, there were 5 teams clustered by age and initiation ritual: *Nankungwis*; school-going girls 9-12years old, and 13-17years old who have gone through sexual initiation ritual; women 18-24years old who have not and who have gone through initiation ceremony and general members of public. And in the male category of respondents there were 7 teams clustered to age and initiation ritual as follows: *Ngalibas*; school-going boys 9-12years old, and 13-17years old who have gone through sexual initiation ritual and yet another set of 13-17years old who have not gone; men 18-24years old who have gone through sexual initiation ritual, and yet another set of men of the same age range who have not gone through the initiation. A group of 7 boys aged 13-17years old who have not gone through sexual initiation ritual but got circumcised at the hospital and another group of 8 boys who have gone through initiation were targeted from an Islamic school.

For schools, health facility, religious centres and general public, the letter from the District Commissioner sufficed.

The clustering was according to age and initiation ritual because different ages of school-going children have different levels of learning capabilities; and the adults (women and men) were selected because they are possible siblings affording the school going-children learning opportunities through experience; reward and punishment of behavior; and observational learning or modeling. The school going children were a focus because they have both experience of learning about sexuality in class (sexuality education) and out-side class (sexual learning). *Nankungwis* and *Ngaliba* were selected because they are custodians of cultural practice of sexual initiation ritual.

Blantyre Urban/City

Unlike in the rural where Chiefs are reigning, Blantyre urban authority to carry out the research study was granted by Chief Executive Officer of Blantyre City Assembly for me to collect data from schools, health facilities and general public concerning my research on a condition that the research is academic because other than academic research the City Assembly charges fees to researchers. With that authority in hand I went to District Education Manager and District Health Officer for record about the research study.

The authority sanctioned my data collection in Blantyre urban (city) and I reached out 28 men and 43 women as follows:

Government officials³² and other respondents were, in categories of male and female respondents. There were 6 teams of males and females clustered to age: school-going girls aged 9-12years, and aged 13-17years and young women aged 18-24years old who have not gone through sexual initiation rituals; Church elders of Roman Catholic at St Pius Parish; church elders of Church of Central Africa Presbyterian, Blantyre Synod; and general members of public of Christian faith. In the men category respondents were teamed in 4 groups as follows: Church elders of Roman Catholic at St Pius Parish; church elders of Church of Central Africa Presbyterian, Blantyre Synod, Blantyre Synod; and general members of public of Christian faith; and lastly, school-going boys aged 9-12years old who have not gone through sexual initiation rituals

Data collection methods

In this research study, the data collection methods and tools included: Desk research, interviews and observation

Desk research

Desk research was firstly conducted prior to the research study by going through existing literature in sexuality education as human right based and gender based; theories and frameworks to appreciate for example how people learn including learning about sexuality; Sexual and Reproductive Health Rights; and many other theories and frameworks as well as studies undertaken by others relating to my area of interest in order to acquaint myself with

³² The Government structures included Chief Executive Officer of Blantyre City, District Education Manager, District Health Officer, teachers and health personnel in health facilities.

available body of knowledge to Sexual Reproductive Health Rights, sexuality education and sexuality learning, sex/gender barriers, fertility control, sexual control etc. for example my reading of an article entitled: Researching and theorising sexualities in Africa by Tamale (2011) brought clarity about where we are coming from to the present state about sexual control using criminal law to stop codes of sexual minority i.e. homosexuality, abortion and most laws patterning to sex were brought in our (African) statute books from former European colonisers, for Malawi, Britain.

The desk research also helped to improve my methodology. For example when I was reading a dissertation by Nyasulu (2004) I learnt about how to develop a methodological framework and how data was collected and analysed.

The desk research has indeed broadened my knowledge base in my research area, and my understanding of how sexuality learning can improve sexuality education in realizing Sexual and Reproductive Health Rights has deepened a great deal having gone through lots of articles, books, policy documents, international instruments as well as research reports around sexuality education and Sexual and Reproductive Health Rights.

Desk research has been a continuous process reviewing literature. Of course desk research started way before the research specific research problem was formulated and continued until the research report is finished. Even though I completed most of the reviewing of literature before undertaking this study, I have continued the desk research until I have written this report for purposes of integrating my findings with those from others stating whether my finding support or contradict other studies because this comparison is an integral part of my research. For example, I have compared my research finding with research findings of Simasiku (2012) who did a research study in sex education in Zambia.

Interviews

Interview as a tool of data collection was favoured because it is a most appropriate approach for studying complex and sensitive of sexuality which are marred with secrecy and taboos as I had opportunity to prepare the respondents before asking sensitive questions and to explain complex questions to respondents in person. Questions for the interviews were either structured (pre-determined set of questions) or unstructured (without prepared questions) but asked depending on the situation focused on collecting data according to research question.

The interviews for the research study were through key informant's interviews, random individual interviews, in-depth interviews, and focus group discussion for various reasons explained below:

Key informant interviews

Key informant interviews were preferred for collecting data from actors and structures. Since sexuality education is taught and learnt in schools, Ministry of Education officials were interviewed to obtain key information pertain to education policy. In this regard, for example, District Education Manager as the ultimate authority in education in Blantyre was the first office to go to collect data of the research study on whether sexuality education is really imbedded in Life Skills Education and whether it is being taught in all primary and secondary schools in Blantyre District besides paying a courtesy call for the permission to carry out the research study.

The other government structure in question was Ministry of Health since sexuality education touches on health issues and Ministry of Health is a stakeholder in Sexual and Reproductive Health Rights as provided by section 20 of Gender Equality Act, 2013. In the Ministry of Health, the District Health Officer referred me to Reproductive Health Unit responsible for Sexual and Reproductive Health services which also coordinates implementation of the Sexual and Reproductive Health Policy in the Blantyre District. Although I had authority from both District Commissioner and Chief Executive Officer for Blantyre District and Blantyre City respectively, It was deemed professional for me not to just start gathering data from health facilities in the district without knowledge of the District Health Officer and Reproductive Health Unit who are responsible for contraceptives and family planning where I obtained data mainly for my research assumption numbers 3, 4, and 5 as follows respectively: teachers of sexuality education are not well equipped with competences to teach sexuality as compared to mentors of sexual learning; sexuality education is not practically discussed because of sexual control as compared to sexual learning; there are sex-gender barriers in sexuality education as compared to sexual learning; and both schools and homes of learners especially girls do not have access to fertility control e.g. contraceptives.

Blantyre Teachers' Training College is one of government training centres for primary school teachers in Malawi. Interviews at Blantyre Teachers' Training College were relevant because

Education Policy in primary schools is implemented by teachers in the various schools including in Blantyre District. For example, an interview with tutors of sexuality education and gender at Teachers' Training College made me aware that Malawi Government has introduced comprehensive sexuality education in all primary schools and that the two tutors among other tutors from other Teachers' Training Colleges and some secondary schools, had just completed online course in Comprehensive Sexuality Education for Teacher Educators in Malawi on 18th November 2015 supported by UNFPA and UNESCO. It is easy therefore to see quality of secondary school teachers and Teachers' Training College tutors Malawi is making who have to teach comprehensive sexuality education in schools of the country. This interview supported my research assumption number 2, 3 and 6 respectively as follows: teachers of sexuality education are not well equipped with competences to teach sexuality as compared to mentors of sexual learning; sexuality education is not practically discussed because of sexual control as compared to sexual learning; sexuality education syllabus doesn't embrace sexual learning because of universalism and not cultural relativism approach to human rights.

UNESCO Malawi was yet another key informant because one time in October, 2015, as I came across an article in one of daily newspapers that UNESCO had supported training programme of secondary school teachers across the country in comprehensive sexuality education, a newly introduced subject, I made a telephone call to UNESCO and I got linked to National Programme Officer, HIV& Health Education who afforded me yet another key information about sexuality education at policy level for example about Malawi education policy documents on comprehensive sexuality education, I was informed about UNESCO's perspective of sexuality education through email that:

“...there isn't an explicit education policy but the new curriculum has included issues of Sex and Sexuality in the revised secondary school curriculum for Life Skills Education; in a way this would be a policy statement. And that UNESCO's support of comprehensive sexuality education is concentrated on teaching methodologies on the new core element of sex and sexuality; providing additional training to teachers as this is a new area that is felt that teachers may be uncomfortable to teach certain topics. So the rationale is to enable teachers acquire new understanding and instructional skills for the new Life Skills Education curriculum and to provide teachers with opportunities to learn new concepts, methods and approaches to the delivery of Life Skills Education.”

This key information is largely responding to assumption number 1, 2, and 6 of the research study respectively as follows: sexuality education syllabus is weak in conceptualization of

sexuality as compared to sexual learning; teachers of sexuality education are not well equipped with competences to teach sexuality as compared to mentors of sexual learning; sexuality education syllabus doesn't embrace sexual learning because of universalism and not cultural relativism approach to human rights.

Malawi Human Rights Commission was yet another key informant the research study gathered data from because Sexual and Reproductive Health Rights are provided in sections 19 and 20 of the Gender Equality Act, 2013 and Malawi Human Rights Commission is mandated by Gender Equality Act in sections 8, 9 and 10 to enforce the Gender Equality Act. So the study research collected key information at national if at all Malawi Human Rights Commission has developed guideline for operationalization of the Gender Equality Act including Sexual and Reproductive Health Rights. In this case, Malawi Human Rights Commission was purposely reached out for key information in question. Key information was also sought from a senior officer in the department of gender in Ministry Gender, Children, Disability and Social Welfare

In respective primary schools visited for data collection, Head Teachers were the key informants in providing course outline / syllabuses for Life Skills Education and sexuality education as a guideline for direction for teachers teaching the subject to children at respective schools from standard 1 – 8 and from form 1 - 4. For example, from a Head Teacher at Chitawira Primary School in Blantyre City, I managed to collect copies of syllabuses for Life Skill Education from standard 1 – 8 and discovered that the copies of Life Skills Education syllabuses in use are very old editions ranging from 2005-2009.

Therefore, key informant interviews were done to 6 males and 5 females in Blantyre urban; and other interviews to 2 male and 3 females in Blantyre rural. But since human rights laws and policies are a national issue, 2 more actors at national level gave out key information.

Random and individual interviews

Random and individual interviews were conducted largely to collect data from the general public on sexual secrecy and taboos as some elements of assumption number 3 i.e. sexuality education is not practically discussed because of sexual control as compared to sexual learning. Random interviews were done like with one young couple of two children a girl and

a boy age 9 and 4 respectively in Chilomoni township in Blantyre city. In an interview on teaching their children about sexual freedom, liberalization and pleasure, the couple was quick to say and in unison that they do not even imagine talking about sexual pleasure and sexual freedom to their children for fear of encouraging misbehaviour of playing premarital sex. Hence random and individual interviews were conducted to general members of public and also to Christian faith as follows: 5 male and 3 female of whom 2 were a couple in Blantyre urban; and to general public comprising of 3 males and 3 female of Muslim faith; and 5 males aged 18-24years old who have not gone through sexual initiation rituals.

In-depth interview

In-depth interview as a data collection method was preferred for collecting in-depth information in an interview situation of investigative nature to obtain the in-depth information by probing usually using unstructured questions. In this research, one in-depth interview was identified out of a focus group discussion focus group discussion thus according to Nyasulu (2004) a focus group discussion is a planned group discussion with clear specifications of who should form the groups in order to have people of similar traits in groups to maximize discussions.

In Blantyre urban the in-depth interviews resulted after a focus group discussion of school-going girls at St. Pius Girls' Primary School of 13-17years old who have never gone through sexual initiation ritual, because it was discovered that 2 of the girls at the school dropped out due to pregnancies and got readmitted back in school after giving birth. Since there was special information I need to probe about their sexual learning and sexual experience, after adjourning the focus group discussion, I had an in-depth discussion with the two girls. Another in-depth interview was one for the urban which was deliberately requested for women aged 18-24years old who never went through sexual initiation ritual but dropped out of school at one point due to pregnancies and got re-admitted.

In Blantyre rural, the in-depth interviews were carried out with 2 groups (female and male) of 2 categories each as follows: group of female respondents: 7 *Nankungwis* (women who conduct sexual initiation ritual for girls immediately after puberty); and 8 school-going girls aged 13-17years old who have gone through sexual initiation ritual as 1 category; and the other group of males: 6 *Ngalibas* - Men who conduct sexual initiation ritual for boys; and 8

school going boys of 13-17years old who have gone through sexual initiation ritual as 2 category. Because of secrecy and taboos of sexual matters in the community, in-depth interview was necessary to probe the respondent on sexuality learning generally at custom. The two categories were deliberately aimed for *a comparative analysis of in-depth data collected from mentors of sexual learning and from learners of sexual learning using culture i.e. tradition and custom*. The comparison of data enabled validation of data collected from mentors of sexual teaching and data collected from school-going children as learners of sexual learning culturally. But also since the learning is a conduit where knowledge is passed on to next generations, and indeed this is an example of sexual learning, it was deemed imperative to have in-depth interviews. For instance I wanted to know from both mentors what they teach children about sexual intercourse. It was interesting to hear from each one of the separate groups that they teach about heterosexual intercourse and nothing else. The heterosexual teaching was confirmed / validated by separate in-depth interview for both the boys and the girls that what they learnt from initiation ritual is that sexual intercourse is heterosexual only.

Focus Group Discussion

A focus group discussion as defined by WLSA in Malunga (2009) is a method of data collection which involves interviewing a group of people with specific knowledge. But a definition by Nyasulu (2004) of a focus group discussion is that it is a planned group discussion with clear specifications of who should form the groups in order to have people of similar traits in groups to maximize discussions, I fell the latter definition is more clear because it is identifying a focus group as planned and that the interviewer specifically identifies groups of respondents to participate in the group discussion and that the chosen respondents have particular knowledge in the area under discussion. In this research study, the focus group discussions were conducted both in Blantyre urban and Blantyre rural.

Summary of Data Collection Methods

Variables	Blantyre Urban				Blantyre Rural			
	Male	Female	Total no. of respondents	Total no. of interviews	Male	Female	Total no. of respondents	Total no. of interviews
Key informant interviews	6	5	11	11	2	3	5	5
Individual Interviews	5	3	8	8	8	3	11	11
In-depth Interviews		5	5	2	14	15	29	4
Focus Group Discussion	17	18	35	6	17	14	31	6

Data analysis

This piece of the chapter deals with how the data has been analysed to arrive at findings. Since this research is qualitative and the research questions informed the qualitative collection of data, the data was collected in the order of the six research questions to enable answering the research question of examining whether sexual learning both complements and contradicts sexuality education in realizing sexual and reproductive health rights in Malawi. The data was collected word for word and processed using Microsoft Word whereby all the data collected was typed and clustered in tabular form around the research questions and respondents. The style of data collection around the research questions as themes was deliberate to make data analysis easier. A lot of data was collected but it was duly summarized for easy interpretation in order to answer the research questions. Some data that was irrelevant to the study was set aside to avoid swaying off the findings of the study.

Ethical consideration

How was the issue of ethics handled during the data collection? Well, this study is a human right research and as such human rights were generally paramount during data collection as an ethical issue. As a requirement of Malawi Government on any research touching on health issues e.g. sexual and reproductive health services, my effort to get clearance from College of Medicine Research Ethics Committee did not work out within the available time of the research study resulting in not obtaining key information from District Health Office for Blantyre as initially designed. As a way of approach to data collection, first of all a letter of introduction from University of Zimbabwe was produced to the respondents to make them sure that the research study is for academic purposes only. Secondly clarification of the purpose of the study was made so that they understand why the research was important and why the data was being collected. Then thereafter consent was sought if at all they wanted to participate in the research study. Lastly, confidentiality was assured including not mentioning names of the respondents to the study if they do not want their names to be mentioned in the research report. But since the research is centred on children who have specific human rights, the children who were involved in the study were assured that their names will not be mentioned anywhere in the report of the research study.

Limitations

The study was limited to a few schools in Blantyre because this research was not funded by the donor or any other body but I had to fend for myself to meet costs incidental to the

research, therefore it would not warrant generalization of findings of the research. However, even though the findings do not warrant to be generalized, they are affording a general idea of the situation of sexuality education in realizing sexual and reproductive health rights in Malawi. The other challenge was difficult to carry a random interview on sexual issues especially for girls because most girls were not easily ready and willing to share their sexual experience because of deeply seated sexual control. But however with enough clarifications the girls were able to soften up and participated in the research. As stated above, there is a Malawi Government practice that any research touching on health issues including this research study requires getting clearance from College of Medicine Research Ethics Committee which my efforts failed within the available time of the research study; and this resulted in not obtaining key information from District Health Office for Blantyre as initially designed but instead I managed to get information from Zingwangwa Health Centre, one of health facilities in the city of Blantyre, as a makeup for Blantyre District Health Office. Almost of policy documents Malawi Government policy documents including Ministry of Health were available online.

This research did not manage to get key information from the Malawi Institute of Education Board. However since during a key informant interview with UNESCO Programme Office on sexuality education linked me to an officer of Malawi Institute of Education who was coordinating the training workshop on comprehensive sexuality education supported by UNESCO, I arranged an in-depth interview with that officer to gauge the extent of engagement of sexuality education curriculum development with culture (teachers, community leaders, religious leaders, general public, media, Women's Organizations and NGOs as some of the stakeholders of sexuality education) so as to facilitate social and cultural change and create enabling environment that is supportive of sexuality education

Conclusion

This chapter has discussed research methodology framework and research methods. In the research methodology framework and research methods before looking at data analysis, ethical consideration, and limitations of the study finally conclusion of the chapter in readiness for a discussion of the research findings in the next chapter

CHAPTER 4: DISCUSSION AND ANALYSIS OF FINDINGS

Introduction

This chapter makes out research findings and analysis in order of the research questions that informed this research study of examining whether sexual learning both complements and contradicts sexuality education in realizing Sexual and Reproductive Health Rights in Malawi.

Sexuality education syllabus: An overview

Sexuality education as a form of learning acquired in-school with formalities such as syllabuses indicating learning objectives, content, suggested learning and teaching activities et cetera is based on the primary school Life Skills syllabuses for primary, secondary schools and Teachers' Training Colleges.³³ This is a summarized overview of general knowledge school-going children acquire from Life Skills Education as a subject that has sexuality education as a subset. One of the primary schools under study shared with me copies of all the Life Skills Education syllabuses³⁴ are being use; only to discover that editions of all the copies of the syllabuses ranged from 2005-2009. In all these syllabuses, the rationale of Life Skills Education as follows:

“Life skills are abilities that enable individuals to effectively deal with demands and challenges in everyday life. Life Skills as a subject aims at continuing and extending the development of the skills that the learners bring from home with a focus on the promotion of the holistic development of the learners. Nurturing the physical, social, emotional, intellectual, creative and spiritual growth of the learners is essential for the learners' healthy living as individuals, and members of families and society, which forms the basis for facilitating all other learning. For example, through Life Skills, learners will learn to organize and manage their lives; develop a team spirit regardless of their cultural and religious background; avoid prevalent diseases such as sexually transmitted infections, HIV and Aids; develop self-esteem; identify and cope with problems of adolescence and challenges of life as well as prepare for the world of work”

According to syllabuses in all classes in primary schools, the core elements of Life Skills Education and their outcomes are as follows:

³³ Life Skills Education is not taught in standard 1 in Malawi but starts from standard 2 to 8 in primary school and Form 1-4 in secondary school.

³⁴ Mandate of Malawi Institute of Education includes undertaking, encouraging and coordinating curriculum development; carrying out research, evaluation and policy studies in education; assisting with the training of teachers; providing continuing professional development for teachers and other education personnel; producing and publishing teaching and learning resources.

- (a) Health promotion: The learner will be able to make informed decisions and demonstrate health promoting behaviors in his/her personal life as well as in his /her community and wider environment with particular attention to prevalent diseases such as malaria, sexually transmitted infections, HIV and Aids
- (b) Social development: The learners will be able to live and work effectively as a member of a family, a group, a community and a nation with respect for gender equality and show an understanding of individual rights and responsibilities within the wider society.
- (c) Moral development: The learners will be able to demonstrate an understanding and appreciation of diverse cultures through a commitment to morals, values, human rights and the rule of law.
- (d) Personal development: The learner will be able to use positive self-esteem for achieving and extending personal potential to respond effectively to daily challenges
- (e) Physical development: the learner will be able to demonstrate an understanding of how physical growth is linked to social, emotional and personal development through participation in activities such as plays, games and sports in order to contribute to the development of positive attitudes, values and self-esteem.
- (f) Entrepreneurship and world of work: Learners will be able to understand the world of work in its widest sense and demonstrate how to access further knowledge, skills and attitudes needed for work.

The above rationale and study outcomes are showing that in primary school sexuality education is incremental as a learner progresses in the classes from standard 2 to standard 8. For example in standard 7 learners learn about sources of information on sexuality and importance of having the right information about sexuality; in standard 8 they learn about factors that influence sexuality, physical and psychological changes during adolescence period, how behavior of the adolescents is affected by these changes, and how Life Skills can assist the adolescent to cope with challenges associated with sexuality.

Secondary school syllabuses are also carrying the same rationale for primary school Life Skills Education and also the same key study elements and outcomes³⁵.

The school syllabuses have some ideals of sexuality learning such as abstinence-only, being faithful but the syllabuses are very silent on real sexual issues including ignoring the reality about sexual activity among the children as sexual beings that is evidenced by an example of

³⁵ Unlike senior secondary school, Life Skills Education for junior secondary school is a revised version and has Sex and Sexuality as one of the “Core learning elements and learning outcomes”. Copies of the syllabuses are produced and sold by Malawi Institute of Education. Annexing the copies was almost impossible because they are bulky but can be accessed because they are sold.

sexual intercourse not taught in classroom, the learners still get to know about sexual intercourse, contraceptives, and other sexual knowledge from elsewhere³⁶ which has been coined as sexual learning - sexuality learning acquired out-of-school **without** formalities such as syllabuses indicating learning objectives, content, suggested learning and teaching activities et cetera but the sexual learning is acquired out of influence by factors such as: parents through socialization and teaching, religion through teachings of moral behavior, migration which affects their way of living and environment in which a child grows³⁷.

Conceptualization of sexuality education syllabus and sexual learning

As a way of approach, a comparative analysis is carried out of *sexual learning* as a cultural aspect of sexuality learning and *sexuality education* syllabus conceptualization as follows:

Matching class of learners with age of the learners

In-school and classroom set-up as a formal way of learning where learners progress in classes after passing examinations, it was found that at four primary school I collected research data namely Chitawira, HHI, St Pius Boys', St Pius Girls' age range of learners was as follows:

Table for average age range of learners at primary schools

Class / School	1	2	3	4	5	6	7	8
Chitawira	6-7	7-10	8-13	9-16	9-17	10-17	11-18	11-18
St. Pius Boys'	5-7	7-10	8-13	10-15	10-15	10-17	11-18	11-19
St. Pius Girls	5-7	6-7	8-12	9-14	9-15	10-16	11-18	11-18
HHI	5-7	7-10	8-13	10-15	9-15	10-17	11-18	11-18

The table in the first column and first row is showing class of learners (standard); and from second row to the last, are classrooms from standard 1 to standard 8 as the number indicate. Below each of the classes are age-ranges of learners in each class. According to Sexual and Reproductive Health Rights Policy (2009:13):

“...most young people start having sex at the age of 12, on average; and that high risk sexual behaviour is more common among young people aged between 15 and 24...”

From the above findings, it means some learners from standards 3 and 4 in junior classes are already sexual active but conceptualization of sexuality education, through the Life Skills Education syllabus (course content) regards them as young and not desiring a lot of Life Skills Education knowledge i.e. Life Skills Education is incremental whereby in every continual, more knowledge will be imparted. This conceptualization therefore is based on an

³⁶ Parents, religion, community, peers

³⁷ Malawi Teacher Training Activity (2006), Life Skills for HIV and AIDS Education: Resource Manual for Teachers

assumption that learners in junior classes are young and not sexually active yet in reality some learners of 15 years old are in standard 4 yet Life Skills Education is teaching importance of having right information about sexuality in standard 8. In this situation it is easy to see that the learners have already learnt about importance of knowing their bodies from elsewhere. Like for instance 2 girls of 16 years old at one primary school who dropped out of school due to pregnancies but were re-admitted at the school after giving birth in an in-depth interview with the 2 girls, they indicated that they both attained puberty at 13 years old, and both got pregnant and dropped out of school at 14 years old³⁸ Therefore, whether the learning is in classroom or elsewhere, the theory of learning is the same as put forward by Robbins (2012) that learning is acquired in three ways: through experience; through reward and punishment of behavior; and by watching other people also known as observational learning or modeling. In any case, the children as human beings and sexual beings have to learn about sex and sexuality anyway but the question is where should they learn from?

For the girls to start playing sex it means they accessed information about sexuality from sexual learning which the sexuality education did not provide to the girls much as the school ought to have provided. The sexual learning therefore, provided access to sexual and reproductive health service to the girls with in a form of sexuality information hence sexual learning supported sexuality education by giving out information real time. In this case sexuality education may borrow a leaf of giving information when it is needed from sexual learning but sexuality education need to do more on sexual and reproductive health by giving the children a package of sexual and reproductive health services together with how they can control their fertility as provided by Gender Equality Act in the event that the children cannot abstain as a natural way of fertility control.

Abstinence-only from sexual activities

Sexuality education is premised around abstinence-only until marriage, yet Government³⁹ is pretty well aware that children as young as 12 years are sexually active. In a focus group discussion with 13-17 years old girls of Blantyre rural, the girls said that:

“...it is not easy to abstain because if you want it and others are saying you shouldn't do it, it's not easy”⁴⁰

³⁸ During 2014/2015 academic year, a total of 5 girls dropped out of school as follows: one each was in standard 5 and 6, two were in standard 7 and another one was in standard 8.

³⁹ Sexual and Reproductive Health Rights Policy, (2009)

While a focus group discussion with girls of the same age, 13-17, from Blantyre urban said that;

“...abstinence is not easy because when peers have sexual relationships, they are admired especially when they are given money by their boys / men or when they are telling stories about their sexual relations...”⁴¹

A focus group discussion with boys of the same age range said that:

“...abstinence is not easy because there is a pulling power of real sexual desire for intercourse with a female person; but also peer-pressure...”⁴²

All of the children in the focus groups discussion said that they learnt about protected sex and/or unprotected sex from the media, friends, siblings, elders, grandparents and not from neither school (classroom) nor from their respective parents.

From the foregoing therefore two points that are coming out clearly between the girls and the boys are: sexual desire and peer pressure to play sexual intercourse. But when asked if at all they have ever had sexual intercourse, all the girls said that they have never had it but my observation of how long they took to answer coupled with lots of laughter, I doubted their response. While out of the 15 boys, in focus group discussions, 13 said that they have ever had sex with girls of their age range. The 2 girls at one primary school, who dropped out and re-admitted, said that they were both made pregnant by men of working class.

Sexuality education is wanting in this regard because it is ignoring a fact of life that school-going children are sexual beings and desire to play sex for pleasure and as part of their sexual development. Therefore by not taking cognizance of this fact, children are learning about sexuality from sexual learning because unlike sexuality education, sex lessons in sexual learning are happening naturally and real time.

Sexual intercourse debut

Recognizing that children are learning about sex from sexual learning and not sexuality education, I wanted to know from elderly members of society⁴³. Through in-depth interviews

⁴⁰ On 20th January 2016 at Mpemba in Traditional Authority Somba, Blantyre

⁴¹ On 21th January 2016 at Zingwangwa Township, Blantyre

⁴² On 20th January 2016 at Mpemba in Traditional Authority Somba, Blantyre

⁴³ Men and women who prepare boys and girls for sex culturally i.e. Initiation ceremonies

with the men found out that after initiation ceremony the boys are ready to start playing sex because they are prepared to go and play sex with a woman / girl while the women side said that when the girl-child feels high sexual urge and cannot abstain from playing sex, is advised to get married. The girls of 13-17 said they have learnt that one can start having sex upon seeing oneself in the body; after initiation; after puberty; and some said that they will know after initiation ceremony. The boys said that they are taught to start having sex upon having sexual desire/feeling and wet dreams. Unlike in sexuality education, sexual learning has discourse of sexual integrity, freedom, leisure, autonomy and eroticism. Head teachers from two respective primary schools said that they teach children abstinence-only from sexual intercourse until marriage and they don't teach about contraceptives to avoid encouraging them from playing sex before marriage. The schools have Mother Groups as part of school management comprising of parent-mothers responsible for guiding girls sexually in the schools; and of course religious community support sexuality education by both (mother groups and religious community) preaching abstinence because fornication is a sin but this is a negative support to Sexual and Reproductive Health Rights.

Competences to teach/mentor sexuality: sexuality education versus sexual learning

Sexual and Reproductive Health Rights lessons

Life Skills Education which anchors sexuality education is mandatory to all students at Blantyre Teachers' Training College and all other government Teachers' Training College. However, Life Skills Education at Blantyre Teachers' Training College⁴⁴ is taught for 2 hour only out of 30 hours per week. For argument sake therefore, in a school term of 15 weeks, it means LSE is allotted 30 hours which is 1 week of the 15 weeks. The two tutors of Life Skills Education at Blantyre Teachers' Training College learnt Life Skills Education from psychology course in college and short courses of 2-15 days long on-the-job offered by UNFPA and Malawi Institute of Education. The two tutors in November, 2015 had just attended a Comprehensive Life Skills Education online with support from UNFPA.

While mentors of sexual learning such as *Angalubas* and *Anankungwis* inherited the trade from their grandparents as a culture and have been in the trade for more than 5 years for women and 10 years for men. In as much as they might be seen to be teaching a few boys and

⁴⁴ Mr. T Mengezi, Head of Environmental and Social studies Department and Ms. R Makanga, Chairlady of Gender at Blantyre Teachers' Training College said that students have 4 hours in the morning and 2 hours in the afternoon of learning per day.

girls, there is a multiplier effect of sexuality development through adolescent socialization which is accompanied by increased interest and curiosity for example, as a method of learning. Since sexual learning is informal, it happens naturally in society through reward and punishment of behavior and through experience real time. However, Sexual and Reproductive Health Rights require balancing up between letting the children get to know about their sexuality and parental control of letting children who are sexually active access contraceptives e.g. condoms to avoid unwanted pregnancies because Article 14 of Maputo Protocol provide health and reproductive rights such as: right to control fertility; right to self-protection and to be protected against STI including HIV/AIDS; right to have family planning education among others. Article 14 of Maputo Protocol has been re-enforced by section 19 of Gender Equality Act in Malawi to which even children are entitled to enjoy.

Life Skills Education at the Teachers' Training College has facets of Sexual and Reproductive Health Rights but unfortunately centering on sexually transmitted infections (STI) including HIV and AIDS⁴⁵ through abstinence-only leaving out aspects of sexual pleasure, leisure fertility control and abortion in the event of unwanted pregnancies. The male community e.g. *Angalibas* teach children about positive aspects that playing heterosexual intercourse enables to release male power i.e. sperms and if those sperms are not released, they will make you sick. Above all there is sexual pleasure (*Umamva kukoma*) in playing sex with a woman. As such the boys have an intrinsic reinforcement as a form of internal reward such as a sense of accomplishment and satisfaction. Focus group discussion for boys aged 13-17 said that

“...when a girl has accepted a sexual relationship proposal is a big achievement among peers but if that girl opens has legs to you; it is ultimate of the achievement”⁴⁶.

But sexual learning in this regard is not accompanied with messages of fertility control to the boys as a way of helping sexuality education realize Sexual and Reproductive Health Rights. Further, initiation ceremony for boys does songs to interpret goodness of male circumcision; keeping clean by washing up penis too well; how to identify and detect STI; where sexual

⁴⁵ Sex and sexuality components were adapted from two Malawi Institute of Education publications entitled: *Life Skills, Sexual and Reproductive Health for HIV and AIDS Education for Primary Schools in Malawi: A Sourcebook for Teachers*; and the other one entitled: *Life Skills, Sexual and Reproductive Health for HIV and AIDS Education for Primary Schools in Malawi: A Training Manual*. See acknowledgment of Malawi Institute of Education (2006) Malawi Teacher Training Activity, Life Skills for HIV and AIDS Education.

⁴⁶ 22nd January, 2016 at Traditional Authority Somba Headquarters

diseases incubate (fore skin of the penis) – a clear indication of sexual learning supporting sexuality education in realizing Sexual and Reproductive Health Rights

The female folks e.g. *Anankungwis* don't tell / teach the girls about positive aspects of sexual intercourse outside marriage because of an assumption that everyone (girl-child) will marry and start having sex in heterosexual marriage. From the sexual learning it is easy to see that sexual behavior of the male children is liberalized and autonomous than sexuality for female children in their adolescent life which in a way could be argued that it is contradicting sexuality education in realizing Sexual and Reproductive Health Rights because it is discriminatory against women/girls.

In both education sexuality and sexual learning, the school-going children especially girls are learn sexual behave in order to avoid STI and this behavior is influenced by re-enforcement of praise so that the behavior is repeated e.g. girls are learning that if they keep themselves sexually pure, virgins and well mannered, they will get married to a man. But the learning of the sexual behavior need to be accompanied with family planning messages so that in the event of failure to abstain the children should still achieve their goal of not contracting STI and even getting pregnant as a fact of sexual life of sexual beings hence realizing Sexual and Reproductive Health Rights

Sexual control: Discussion of sexuality in-school and out-of school

In the quest to ascertain whether sexuality education is not practically discussed because of sexual control as compared to sexual learning, the research found out that:

Extreme and unsustainable sexual control of adolescent sexuality

Syllabus of Life Skills Education is very quiet on sexual activity and does not talk anything about sexual intercourse whether heterosexual or homosexual because the agenda of Life Skills Education in sex and sexuality is abstinence-only and nothing else. The Head teachers of HHI, St. Pius Boys', St. Pius Girls', and Chitawira primary schools affirmed that they do not teach anything outside abstinence such as use of contraceptives. The head teachers said that their schools have respective Mother Groups comprising of female parents of children at the schools responsible for guiding and making the girls responsible in avoiding premarital sexual intercourse; and the mother groups target girls only and not boys.

In a focus group discussion with boys of 9-12 years old at HHI primary, they said that they knew and saw a male condom out-side-school that it is used for playing sex but they have never seen a female condom. In focus group discussion with boys of 13-17, out of the 15 boys 13 had unprotected sex because after the initiation ceremony they were taught about protected sex. So, in class teachers are busy drumming on a point of abstinence while learners are pretty well aware of contraceptives use from elsewhere and how to play sex. And because of the secrecy, the learners do not even intervene and inform the teacher about lived reality of their sexuality.

A couple in a random interview said that they cannot teach their children practical aspects of sexual intercourse because even when they were children they were not taught by their parents but learnt about it naturally. *Nankhungwis* said that:

...we teach girls that sexual intercourse is dangerous outside marriage because of STI, early pregnancies resulting in not to finish school. We assume everyone will marry and as such they are taught to start having sex in marriage and we teach the girls about dangers of abortion, premarital sex, extramarital sex, masturbation. Men directly initiate sexual intercourse but due to human rights, children are learning about sexuality from other sources e.g. video, peers, internet...⁴⁷

The reality is that learners are accessing information about sexuality from sexual learning.

Article 5(2) of African Charter on Rights and Welfare of Children provides that State parties to the present Charter shall ensure, to the maximum extent possible, the survivor, protection and development of the child. To this end section 19(1)(a) of Gender Equality Act provides right to access to Sexual and Reproductive Health services which includes sexuality education and sexuality development which is a crucial stage at adolescent stage normally accompanied by increased interest and curiosity but also exploration of sex and sexuality. In the development of the pubescent sexuality, the adolescents are susceptible to unwanted pregnancies, STI, sexual abuse / violence due to violation of their Sexual and Reproductive Health Rights resulting from extreme and unsustainable sexual control of adolescent sexuality together with failure to offer guidance under guise of apprehension that if the children are allowed to take charge of their sexuality they will abuse sex. It is called sex abuse because from the foregoing finding, sex is in marriage, heterosexual, for procreation...

⁴⁷ 22nd January 2016 at Traditional Authority Somba

– any sex played outside marriage is abuse of sex yet the reality is that sex is largely played for pleasure and not procreation for example.

Teachings on safe abortion

In current sexuality education children do not learn anything regarding abortion anywhere in Life Skills Education syllabus yet World Health Organization provides for safe abortion; and key informants, head teachers of the schools where data for this research was collected, confirmed the position; even all focus group discussion for school-going children vehemently corroborated the finding that learning on abortion (any abortion) is not part their learning at school in class.

Two secondary school teachers as parents in a random interview on abortion for school-going girls said that:

“...abortion is discouraged in their society and Islamic religion because abortion is a sin and that people do it so that parents return respect in society that their daughter has kept her sexual purity until married. If a parent is aiding abortion, that parent is encouraging misbehavior. Let the girl child learn by giving birth...”⁴⁸

Abortion is an artificially induced termination of a pregnancy for purposes of destroying an embryo or fetus. Medical profession has subdivided induced abortion in two categories, namely, safe abortion and unsafe abortion which WHO (2012)⁴⁹ defined “unsafe abortion” as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimum medical standards, or both. From the foregoing, therefore, “safe abortion” is a procedure for terminating an unwanted pregnancy by persons with the necessary skills in executing the procedure for terminating an unwanted pregnancy in an environment with the minimum medical standards.

The Head teachers in the four schools in Blantyre urban I collected data from said that every academic year 4-5 girls drop out due to pregnancies. Adolescent pregnancies are arguably unwanted pregnancies because largely school-going children e.g. the 2 girls at one primary school who dropped out of school and got re-admitted said that they did not intend to get pregnant and make babies but to have pleasure. And the 13 of 15 boys aged 13-17 who had

⁴⁸ 13th January 2016 at Blantyre Islamic Mission Secondary School

⁴⁹ World Health Organization (2012,) Safe Abortion: Technical and Policy Guidance for Health Systems, 2nd Ed.

unprotected sex debut said they did not want to make the respective girls pregnant but purely to have fun. So, a girl who has failed to abstain and plays sex which resulted into pregnancy, HHI primary school Mother Group member said that safe abortion is ideal to keep the girl-child in school and reduce risk of death.

But in as much as Maputo Protocol⁵⁰ obliges State Parties in Article 14(2) (c) to take all appropriate measures to protect the reproductive rights of women by ensuring medical abortion in cases of sexual assault, rape, incest and where the continued pregnancy endangers the mental and physical health of the mother or life of the mother and foetus, in Malawi abortion is an offence governed by the Penal Code in section 149, 150, 151, and 243. Unpublished Report of the Malawi Law Commission on the Review of the Law on Abortion says that the Malawi Law Commission resolved and agreed that the law on abortion should be liberalized (that is, conditional relaxation of the restrictions) as contrasted with decriminalization to cater for certain justifiable instances where termination of the pregnancy should be permissible where, among others, the pregnancy is as a result of rape, incest or defilement. A man who has had sexual intercourse with a girl of less than 16 years commits a criminal offence of defilement in Malawi⁵¹ - meaning that all girls' pregnancies, including school-going girls that get pregnant at an age of less than 16 years are pregnancies as a result defilement hence deserving safe abortion when "Termination of Pregnancy Bill" is passed in Malawi Parliament.

Sex/gender barriers in sexuality education as compared to sexuality learning

Since gender is learnt through a process of socialization whereby role, customs and traditions of society are passed on to people or children, and that both teachers and learners of sexuality education in schools are largely either female or male and like any other human being, the teachers or the learners have also gone through the socialization process of sexual learning in their upbringing, traits of sex/gender barriers were observed during data collection especially during sexual matters and sexual talk that usually obscure in secrecy, taboos and reticence as follows:

⁵⁰ The African Union Plan of Action on Sexual and Reproductive Health and Rights (Maputo Plan of Action) universal access to comprehensive sexual and reproductive health services in Africa: Maputo Plan of Action for the operationalization of the continental policy framework for sexual and reproductive health and rights 2007-2010, AU Doc Sp/Min/Camh/5(1) (adopted in September 2006)

⁵¹ Section 138 of the Penal Code, Cap 7:01 of the Laws of Malawi

Teaching sexuality education

One former teacher of Life Skills Education at HHI secondary, in a random interview, said that he felt discomfort when teaching topics which require categorical mentioning or discussing male reproductive organs in a class of boys and girls. The discomfort of the teacher was corroborated by reluctance of girl learners of 13-17 years old in a focus group discussion when I (male) asked them about their experience in discussing their menstruation in class to learners or teacher of opposite sex. Even during an in-depth interview with the two girls who dropped out due to pregnancies and came back to continue school, they were not comfortable talking to me (a male) about their sexual experience with the men who made them pregnant. Of course Life Skills Education teacher at HHI secondary school said that since the school is for boys and girls, teaching of the subject including sex education is done without regard to sex/gender barriers and that sex knowledge is delivered in lecture-style which is difficult for example to build confidence of girls to negotiate terms of sexual conduct much as education and information are agents of transforming attitudes and behavior to promote gender equality. Article 3(4) of Maputo Protocol provides for right to dignity that State Parties should adopt and implement appropriate measures to ensure the protection of every woman's right, including school-going girl, to respect for her dignity and protection from violence particularly sexual and verbal violence.

Mentoring in sexual learning

A church official at St. Michael's and Angels Church of Central African Presbyterian said that the Church has a syllabus on sexual learning taught to boys by Men's Ministry and also taught to girls by Women's Ministry to bring relaxation when teaching topics which require categorical mentioning or discussion of reproductive organs and not taught by opposite sex. St. Pius Catholic Church also according to one church elder has an arrangement whereby boys learn from men and girls learn from women and not opposite sex to bring comfort between parties during topics that require categorical mentioning or discussion of reproductive organs. One couple, Mr. and Mrs. Sichinga said that more sensitive or taboo sexuality topics in the home if they are to do with adolescent girls are better handled by the mother of the house and separately from boys to ease discomfort.

In development of practices, mentoring is one of them (Armstrong 2006) as a process of using specially selected and trained individuals to provide guidance, pragmatic advice and continuing support, to help a person allocated to the mentor to learn and develop. In

adolescent sexuality development therefore, parents, peers, community leaders, siblings etc. are some of sexual learning mentors who play several roles such as teacher – creates situation by using hypothetical problems e.g. a peer would teach how to negotiate sexual activity; or as a devil’s advocate – provide challenge and provide solution e.g. girls aged 13-17 in focus group discussion said that fellow girls who have had sexual conduct share information on how to play sex, and boys aged 13-17 in focus group discussion said that they learnt from peers how to perform sexual activity. In the current gendered formation because of sex/gender barriers as discussed above, mentoring in sexuality education is therefore almost impossible.

Access to fertility control in schools and homes of learners

Availability of Fertility control information in schools

The Life Skills Education syllabus doesn’t have a component of contraceptives or fertility control for children to learn from in school on how to better manage their sexual desire in the event that they cannot abstain. According to WHO (2002)⁵² definition of sexual violence includes denial of the right to use contraception. By not providing for a component of use of contraceptives in the school curriculum as a safety net when school children cannot abstain, is violence against children. The WHO (2002) definition is re-enforced by a provision in the Gender Equality Act in section 19(1) (f) and (g).

Section 67(2) (h) of Education Act of 2012, resonating with section 18 of Gender Equality Act, provides that the national curriculum for schools and colleges (primary school training colleges not universities) shall promote respect for human rights, including Sexual and Reproductive Health Rights while section 18 of Gender Equality Act provides for general duties in relation to curriculum development that:

“The State shall take active measures to ensure that the curricula for all primary and secondary schools:-

- (a) integrates principles of gender equality within the spiritual, moral, cultural and mental development of students at the school, society and experience of life after completion of school with specifications on gender equality;
- (b) integrates gender issues and human rights at all levels;

⁵² World Health Organization (WHO), (2002), World report on violence and health, Chapter 6, pp. 149 (Available online at: http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf, accessed on 22/11/2015

- (c) Addresses the special needs of female students by incorporating life skills, including sex education...”

The Minister of Education in section 106 of Education Act, 2012⁵³ has powers to make regulations or rules for the purposes of the Education Act in respect of any matter. Section 106(2) (i) provides for the making of regulations or rules to safeguard for the health of students and staff in any school...” and section 106(2) (k) provides for the making of regulations or rules for the curriculum to be offered in any school. This research has found out that Ministry of Education does not have Education Policy for operationalization of education including sexuality education for realization of Sexual and Reproductive Health Rights as provided by section 67 (2) (h) of Education Act.

An official at Zingwangwa Health Centre said that they do not have outreach platform for schools on family planning / fertility control e.g. use of contraceptive; and the Head teachers corroborated the unavailability of guest teachers from Ministry of Health on fertility control. All the focus group discussions for both girls and boys said that they have heard and learnt about contraceptives from peers and media. Ministry of Youth office in Blantyre said that they do not have operational guidelines of Sexual and Reproductive Health Rights to schools as stated in National Policy.

The non-availability of information on fertility control in schools therefore makes non-availability of actual fertility control measure such as contraceptives and other family planning methods in use in the schools.

Availability of Fertility control information in homes

A random interview with a man, a Muslim, responding to questions whether they afford information on fertility control to dependents or children and they said that:

“...much as abstinence is the way to go, I cannot directly encourage use of contraceptives such as condoms because in Islam, contraceptives are not allowed for children because Islam encourages abstinence-only; but if a child cannot abstain, then he/she should marry. As long as one has sexual feeling is ready to marry as hiding behind resources that I cannot feed the children / family is not an excuse in Islam because the one who feeds people is Allah.”⁵⁴

Focus group discussion with men who conduct initiation for boy said that:

⁵³ Chapter 30:01 of Laws of Malawi

⁵⁴ 12th January, 2016 at Chadzunda Market in Group Village man Mwangata, Traditional Authority Somba

“We teach the boys to sleep with a woman and that the one who doesn’t do it shall get infertile but they are taught to be careful. We talk about condom use but we do not provide more information about the condoms because we do not have them.”

Focus group discussion for women who conduct initiation for girls said that:

“We don’t teach anything about contraceptives and we don’t talk about the contraceptives to the children because of fear of losing them to promiscuity. Demonstrating contraceptive use e.g. condoms is out of question because family planning is for married people.”

Therefore, non-availability of information on fertility control from parents, community leaders, and religious leaders makes actual fertility control measures such as contraceptives and other family planning methods in use in Malawi not availability to children in the homes. Instead children are access information on contraceptives not from school and not from homes but from elsewhere.

Sexuality education syllabus vis-à-vis sexuality learning

Vienna Declaration and Programme of Action (1993) affirmed Women Rights as Human Rights and incorporated issues of sexuality and reproduction; and Millennium Development Goals (2000) among others focused directly on Sexual and Reproductive Health Rights. In response to the global agenda, Malawi came up with a National Gender Policy (2000-2005) in line with Ministry of Education's Policy and Investment Framework for the period from 2000-2015 recognizing gender sensitivity in education through appropriate education policies and practices. In 2002 as a good practice, Malawi introduced sexuality education in primary and secondary schools to enable school-going youth acquire knowledge, values, attitudes and skills to help them avoid contracting sexually transmitted infections, especially HIV/AIDS and cope with challenges of everyday life (Kishindo 2011) with necessary syllabus/curriculum for Life Skills Education. Originally sexuality education was a non-examinable subject but it was made examinable later in 2010 as a way of ensuring the subject to be taken seriously (Kishindo 2011).

In 2010, there was a regional ten-country⁵⁵ sexuality education curriculum review jointly commissioned by United Nation bodies: UNESCO, UNFPA and UNICEF; and the review for each country's sexuality education curriculum centered on:

- (a) Content (accuracy, thoroughness and age appropriateness);
- (b) Sexual reproductive health behavioral goals;
- (c) Attention to individual risk and protective factors;
- (d) Attention to social risk and protective factors (gender, rights and living in a high HIV-prevalence setting); and
- (e) Effectiveness of teaching activities

A number of areas of syllabus / curriculum of sexuality education in Malawi were found wanting in various aspects; and for improvement of the wanting aspects, the report makes reference to International Technical Guidance on Sexuality Education (2009) and also makes reference to All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education (2009) and both are premised, among other suppositions, on an assumption that:

“...rules that govern sexual behavior differ widely across and within cultures. Certain behaviors are seen as acceptable and desirable while others are considered

⁵⁵ UNESCO and UNFPA (2012), Sexuality Education: A Ten-Country review of school curricula in East and Southern Africa. The following are the countries: Botswana, Kenya, Lesotho, Malawi, Namibia, South Africa, Swaziland, Uganda, Zambia and Zimbabwe

unacceptable. This does not mean that these behaviors do not occur, or that they should be excluded from discussion within the context of sexuality education.”

The UN in developing the guideline for developing sexuality education curriculum therefore makes a provision of negotiating or dialoguing between universalism and cultural relativism approach to sexuality education as a human right. Meaning that in as much as UN is setting international standard of sexuality education, respective member States in developing sexuality education curriculum, need to take cognizance of their culture because according to Holtmaat and Naber (2010) many established human rights fully acknowledge the fact that human beings cannot flourish and exist without culture (‘culture’ includes family, religion, customs and tradition as stable or stabilizing factors).

Now the question this research study is answering is: does sexuality education syllabus in Malawi not embrace sexual learning (culture) because of universalism and not cultural relativism approach to human rights? This implies that Malawi, according to UN guidelines of developing sexuality education curriculum, ought to engage with religious leaders as custodians of religion; community leaders as custodians of tradition, customs, and family among other; as cultural units in the process of the curriculum development.

Section 82 of Education Act, 2012 establishes Malawi Institute of Education and a Board of Malawi Institute of Education. Section 84 (1) (a) of Education Act provides that the Board shall be responsible to design, develop and evaluate the national curriculum for schools and colleges. For example, in the contemporary sexuality education there are issues to do with use of contraceptive for sexually active children, what is the level of engagement with religious bodies; community leaders (chiefs); general public for them to buy into the idea of contraceptives for children?

Dialogue of sexuality education curriculum development

A Malawi Institute of Education officer said that based on recommendations of UNESCO and UNFPA Report (2012) for review of respective sexuality education curriculums from 10 countries, which included Malawi, all Malawi Institute of Education did was to review the curriculum for junior secondary school i.e. form 1 and 2 and for primary schools to make them in line with the recommendations of the UN for comprehensive sexuality education. But I went to Chitawira Primary school right in the City of Blantyre; found that Life Skills Education syllabuses in use at the school were published by Malawi Institute of Education before UNESCO and UNFPA (2012) report.

Conclusion

This chapter has covered a discussion and an analysis of study findings as a way of answering the research question of the study. The coverage has ranged from an overview of sexuality education syllabus vis-à-vis sexual learning; conceptualization of sexuality education syllabus and sexual learning; competences to teach/mentor sexuality; sexual control; Sex/gender barriers in sexuality education as compared to sexuality learning; and access to fertility control in schools and homes of learners before concluding the chapter. The study findings inform conclusion and recommendations of the study as illuminated in the next chapter.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter comprises of two parts, conclusion of the research study and recommendations. The conclusions of the research study are drawn from the findings which are framed in line with the research questions; and the recommendations stem from the respective conclusions of the research study.

CONCLUSIONS

Possible patterns of interface of sexual learning and sexuality education

This research purposed to critically examine whether sexual learning both complements and contradicts sexuality education in realizing Sexual and Reproductive Health Rights. From the aforementioned findings it is clear and can be concluded that indeed sexual learning both complements and contradicts sexuality education in realizing Sexual and Reproductive Health Rights. Since the research study was looking at actors and structures as organizations existing in a large environment that affects how the organizations interact within the environment; and that the actors are human beings and structures are organizations – a group of human being and human beings interact within institutions – popularly defined as “rules of the game” and organizations are players of the game, Helmke and Levitsky (2004) say that there two forms of institutions, formal and informal. The formal institutions because they are created, communicated and enforced through channels widely accepted as official and legally binding rules, regulations, laws etc.; and unwritten institutions are constituted by conventions, norms, values and accepted manner of doing things embedded in traditional social practices and culture as informal institutions. The conclusions of this research, therefore, are looked at with lenses of interface between informal institutions (sexual learning) and formal institutions (sexuality education) in realizing Sexual and Reproductive Health Rights.

According to Helmke and Levitsky (2004), there are four possible patterns of interface between formal and informal institutions, namely, complimentary, accommodating, competing and substitutive. They argue that informal institutions functional problem solving which enhance coordination and efficiency or have dysfunction or problem creating. Ideally, organizational goals are supposed to be achieved using formal institutions. Below is a brief sketch of the four possible patterns of interface.

Complementary interface is when informal institutions fill in a gap that deals with contingencies that were not anticipated in design of formal institution framework. This means that these informal institutions lay a foundation for incentives and enhance efficiency (whether formal rules are enforced or not) of formal institutions – implying that informal institutions do not just exist alongside formal institutions but they play a fundamental role in making the formal “rules of the game”.

The second is accommodating interface. These involve informal institutions which structure incentives in the way that alter the substantive effects of formal institutions. These institutions are employed by actors who dislike outcomes associated with formal institutions but they are powerless to change or openly violate them (formal institutions). This means that those actors only manage to undermine the spirit and not the letter of the formal institutions. Although informal institutions do not enhance efficiency, they are important when it comes to ensuring institution stability because they dampen demand for change.

The third, competing interface, creates incentives that foster outcomes that are incompatible with those that formal institutions intended. To follow one, you must violate another e.g. clan politics, customs, corruption are among examples. In this interface, formal institutions are usually associated with rules that were imposed on the indigenous often found in post-colonial context.

Like complementary interface, substitutive interface structure motives in a way that produces outcomes that were intended by formal institutions but they failed to achieve. This takes place in an environment where formal institutions haven’t been enforced at all i.e. the formal institutions are inefficient – they are as good as non-existent.

Therefore, contemporary interface and substitutive interface achieve positive outcomes while accommodating interface and competing interface, achieve negative outcomes. Below is the interface between informal institutions (sexual learning) and formal institutions (sexuality education) in realizing Sexual and Reproductive Health Rights as follows:

On the first research question of the research study: *Is sexuality education syllabus weak in conceptualization of sexuality as compared to sexual learning?* The research concludes that

to some extent unlike sexual learning, sexuality education is weak in conceptualization of sexuality because:

1. Sexuality education has been found wanting in matching age of learners with sexual information. In as much as Sexual and Reproductive Health Rights Policy is in place, it is not enforced in schools curricular. In the circumstance, sexual learning is supporting sexuality education by giving the school-going children some updated sexual information and real time. Here sexual learning has a substitutive interface with sexuality education.
2. Sexuality education drums on abstinence-only to sexual activity until marriage disregarding the reality of life that not all people marry or that sex is not only played in marriage. Thus there is a gap of disregarding sexual pleasure which sexual learning is supporting an aspect of. Religious community supports sexuality education by preaching abstinence-only because fornication is a sin but this is a negative support to Sexual and Reproductive Health Rights. Here sexual learning has a complementary interface with sexuality education.
3. Sexuality education does not have a discourse of sexual integrity, freedom, leisure, autonomy and eroticism as part of human life and sexual learning is supporting this aspect. Here sexual learning has a complementary interface with sexuality education. However, sexual learning is contradicting sexuality education by encouraging a harmful cultural practice to push girls into early marriages in the event of failure to abstain instead of talking highly of fertility control in the course of sexual pleasure for example. Here sexual learning has an accommodating interface with sexuality education.

On the second research question of the research study: *Are teachers of sexuality education not well equipped with competences to teach sexuality as compared to mentors of sexual learning?* The study concludes that teachers of sexuality education are not adequately equipped to teach sexuality to full realization of Sexual and Reproductive Health Rights and that sexual learning is somehow supporting wanting features of sexuality education because:

1. Life Skills Education at Blantyre Teachers Training College is taught for 2 hour only out of 30 hours per week and this translates into a 1 week session per term of 15 weeks which is too little to get adequate competencies in teaching methods and methodologies of sexuality; and that tutors of Life Skills Education at Blantyre Teacher' Training College have not gone for a an academic training of sexuality

education but short course on-the-job that are not even academic in nature, in approach and in rigor. This is a gap sexual learning is supporting! Here sexual learning has a complementary interface with sexuality education.

2. Since sexual learning is informal and happens naturally in society, unlike in sexuality education, there is some balancing up between letting the children take responsibility of their sexuality and parental control of letting children who are sexually active access contraceptives e.g. condoms to avoid unwanted pregnancies. Here sexual learning has a complementary interface with sexuality education.
3. Although Life Skills Education at the Teachers Training College has facets of Sexual and Reproductive Health Rights, it is unfortunate that the facets only center on STI including HIV and AIDS through abstinence-only leaving out aspects of sexual pleasure, leisure, fertility control and safe abortion in the event of unwanted pregnancies, for example. On the other hand sexual learning is supporting sexuality education by providing hygiene messages of how to identify and detect STI; where sexual diseases incubate (fore skin of the penis); sexual pleasure etc. Here sexual learning has a complementary interface with sexuality education.
4. Though discriminatory, sexual learning is liberalizing sexuality of male children only by re-enforcing sexual assertive behavior and not of the female children. Here sexual learning has a competing interface with sexuality education.

On the third research question of the research study: *Is sexuality education not practically discussed because of sexual control as compared to sexual learning?* The research concludes that sexuality education is not deeply discussed due to sexual control as compared to sexual learning because:

1. There is extreme and unsustainable sexual control of adolescent sexuality which results in adolescents' susceptibility to unwanted pregnancies, STI, sexual abuse / violence due to violation of their Sexual and Reproductive Health Rights because the reality is that the children are playing sex anyway. The sexual control is coupled with failure of sexuality education to offer sexuality guidance to the school going children under the guise of fear that if the children are allowed to take charge of their sexuality they will abuse sex. Sexual learning is trying to make up for the gap. Here sexual learning has a complementary interface with sexuality education.
2. Due to sexual control in sexuality education there are no teachings on general abortion as part of Life Skills Education to school going girls for knowledge and even

to access safe abortion - a procedure for terminating an unwanted pregnancy by persons with the necessary skills in executing the procedure for terminating the unwanted pregnancy in an environment with the minimum medical standards. Teachings of abortion from sexual learning are largely resulting in unreliable results. Here sexual learning has a competing interface with sexuality education. Of course current law on abortion is not liberalized (that is, conditional relaxation of the restrictions) as contrasted with decriminalization to cater for certain justifiable instances where termination of the pregnancy should be permissible where, among others, the pregnancy is as a result of rape, incest or defilement.

On the fourth research question of the research study: *Are there sex-gender barriers in sexuality education as compared to sexual learning?* The study found out that there were sex/gender barriers in sexuality education as compared to sexual learning due to:

1. Discomfort felt either by a teacher when teaching topics which require categorical mentioning and discussion of reproductive organs; or discomfort by learners in a class of boys and girls to discuss sexual experiences especially girls in a lecture-style. Instead, children are finding comfort in the sexual learning using sexual mentor's role-modeling for their sexuality development for example. In the current gendered formation because of sex/gender barriers as discussed above mentoring in sexuality education is therefore almost impossible. Here sexual learning has a complementary interface with sexuality education. Disregard of discussion of sensitive or taboo sexuality issues to adolescents is detrimental.

Fifth research question of the research study: *Do both schools and homes of learners especially girls not have access to fertility control e.g. contraceptives?* The study found out that both schools and homes of learners especially girls do not have access to fertility control e.g. contraceptives because:

1. Ministry of Education does not have Education Policy for operationalization of education including Sexual and Reproductive Health Rights in schools as provided by section 67 (2) (h) of Education Act. Here sexual learning has a complementary interface with sexuality education.
2. Minister of Education has not yet developed regulations or rules for Education Act as provided by section 106 which would among other inform safeguards for the health

including sexual and reproductive health of learners in any schools; and the curriculum including sexuality education to be offered in any schools. Here sexual learning has a complementary interface with sexuality education.

3. Reproductive Health Unit does not provide outreach platform for schools on family planning / fertility control e.g. use of contraceptive because Ministry of Education does not provide for family planning to learners as a result learners are accessing family planning information from sexual learning. Here sexual learning has a complementary interface with sexuality education.

Sixth research question is: *Does sexuality education syllabus not embrace sexual learning because of universalism and not cultural relativism approach to human rights?*

This research concludes that the process of developing sexuality education syllabus did not embrace sexual learning (embedded in culture) because Malawi Institute of Education adopted universalism attitude to development of the sexuality syllabus by using a top-bottom approach of receiving recommendation from UN without a dialogue with culture i.e. community leaders, religious leaders, general public etc. for change to be brought about through understanding underlying rationale and internal discourse as reinforced by Holtmaat and Naber (2010) who assert that universality of human rights should be understood as a dialogue, in the sense of struggle rather than a disciplinary civilizing mission of Europe⁵⁶. The human rights have to be applied in a relative or open minded manner appreciating cultural diversity, but not in the cultural relativism stance where cultural expressions are seen as equally valuable therefore no interference. Here sexual learning has a complementary interface with sexuality education because of the disregard of engaging with cultural custodians as stakeholders in sexuality education.

RECOMMENDATIONS

Leading and managing change

The conclusions has not just revealed causes of problems or opportunities for development of sexuality education but has also revealed that sexual learning is aiding sexuality education in realizing Sexual and Reproductive Health Rights. Basically, sexual learning is playing a complementary role to sexuality education. But in unfortunate circumstance such as where

⁵⁶ CEDAW in CEDAW GR. No. 19 at p5

Sexual and Reproductive Health Rights Policy is in place and it is not being implemented in sexuality education, sexual learning has a substitutive interface with sexuality education. These recommendations are on the State through Ministry of Education to lead and manage the change from current position of sexuality education to the desired status of realizing Sexual and Reproductive Health Rights for school-going children.

In a Zimbabwean case of *Stanbic versus Madzara*⁵⁷, Justice Tsanga⁵⁸ said that:

“...when a problem of any legal system emanates from content and substance of the law, the strategy is generally **law reform**; when it relates to structural components that is arising from the law’s application by the courts and other related agencies, then the strategy is generally **advocacy and representation** within these structures; and when the problem relates to cultural components exemplified by attitudes and shared values, the strategy is **education...**”

(Emphasis supplied)

Drawing from conclusions of this research study and *Madzara case*, therefore it looks obvious that where sexual learning has complementary interface with sexuality education – meaning that sexual learning is filling a gap in sexuality education, advocacy within the structures as an intervention is a way to go. The same intervene should apply to a situation where sexual learning has a substitutive interface with sexuality education – meaning that formal institutions i.e. sexuality education has not been enforced at all e.g. Sexual and Reproductive Health Rights Policy is there but it is not been enforced in schools.

Where sexual learning has accommodating interface with sexuality education like where sexual learning is contradicting sexuality education by encouraging a harmful cultural practice to push girls into early marriages, here there is need for civic education to change the attitude and shared values. While in the case where sexual learning has a competing interface e.g. sexual learning is liberalizing sexuality of male children only by re-enforcing sexual assertive behavior and not of the female children, this is also an attitude and shared value problem which require education as an intervention.

⁵⁷ High Court Case No. 546 of 2015

⁵⁸ Drawing on the general structure and interactions of the legal system articulated in the book: M Schuler (Ed) Empowerment And The Law : Strategies Of Third World Women (Washington: OEF International) 1986 at p22-23

The research findings show that there is no need for law reform but advocacy – develop an advocacy strategy and education – public awareness campaigns.

But for the interventions to be effective, change process has to be managed i.e. leading and managing change. Cummings and Worley (2008) illuminate five main activities that are needed to have a good change management i.e.

Ministry of Education and Malawi Human Rights Commission, in collaboration with Ministry of Health, Ministry responsible for Youth, and Ministry responsible for Gender and children, should take lead in managing the desired change by:

1. Motivating change or motivating people (sexuality education stakeholders) for change in sexuality education by creating readiness for the change; and by overcoming resistance.
2. Creating a vision driven by values and preferences of the sexuality education stakeholders – mission (broad outlook), valued outcomes (goals or standards for assessing progress) and valued conditions (steps that should be taken).
3. Develop political support by change agent's power (evaluate own agent's source of power to the desired change) – in the present case, laws and policies form part of own agent's source of power to the desired change; identify key stakeholders (identify powerful individuals and groups having an interest in the change); and influencing the stakeholders (gaining support of stakeholders in order to motivate critical mass for change) e.g. government as State Party to human rights covenants, International bodies, International Non-Governmental Organizations, local Non-Governmental Organizations to influence government through enhancing government dialogue with government officials; male and female members of cultural (religious and traditional) community to take part in cross-cultural dialogue; individual women, religious leaders, community leaders to increase their knowledge, skills, and self-confidence to contribute to enhancing cultural change.
4. Managing the transition e.g. making a road map to change etc.
5. Sustaining momentum e.g. by providing resources for the change; building support system for change agents for the continued advocacy; develop new competencies and skills; re-enforcing new desirable behavior and sanctioning behaviors that not good; and staying the course.

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