Adolescent Girls and Young Women in Malawi
National and District-Level Factsheets

Introduction .......................................................................................................................... 4
National Factsheet on Adolescent Girls and Young Women................................. 5

Northern District Factsheets on Adolescent Girls and Young Women ............ 7
Adolescent Girls and Young Women in Chitipa District........................................ 8
Adolescent Girls and Young Women in Karonga District ................................. 10
Adolescent Girls and Young Women in Likoma District ............................... 12
Adolescent Girls and Young Women in Mzimba District ............................ 14
Adolescent Girls and Young Women in Nkhatabay District........................ 16
Adolescent Girls and Young Women in Rumphi District.............................. 18

Central District Factsheets on Adolescent Girls and Young Women .......... 20
Adolescent Girls and Young Women in Dedza District.................................... 21
Adolescent Girls and Young Women in Dowa District.................................... 23
Adolescent Girls and Young Women in Kasungu District.................................. 25
Adolescent Girls and Young Women in Lilongwe District............................ 27
Adolescent Girls and Young Women in Mchinji District ............................. 29
Adolescent Girls and Young Women in Nkhotakota District.......................... 31
Adolescent Girls and Young Women in Ntcheu District .................................. 33
Adolescent Girls and Young Women in Ntchisi District ................................ 35
Adolescent Girls and Young Women in Salima District ................................ 37

Southern District Factsheets on Adolescent Girls and Young Women .......... 39
Adolescent Girls and Young Women in Balaka District.................................... 40
Adolescent Girls and Young Women in Blantyre District .............................. 42
Adolescent Girls and Young Women in Chikwawa District............................ 44
Adolescent Girls and Young Women in Chiradzulu District.......................... 46
Adolescent Girls and Young Women in Machinga District........................... 48
Adolescent Girls and Young Women in Mangochi District........................... 50
Adolescent Girls and Young Women in Mulanje District.............................. 52
Adolescent Girls and Young Women in Mwanza District.............................. 54
Adolescent Girls and Young Women in Neno District ................................... 56
Adolescent Girls and Young Women in Nsanje District ................................ 58
Adolescent Girls and Young Women in Phalombe District........................... 60
Adolescent Girls and Young Women in Thyolo District ................................ 62
Adolescent Girls and Young Women in Zomba District ................................ 64
Introduction

Compared to any other time in its history, Malawi has the largest-ever population of adolescent girls and young women. While this population represents great potential for Malawi’s future, their rights, aspirations, and agency are compromised by pervasive harmful traditional practices, norms, and gender inequities. Adolescent girls and young women routinely face the threat of physical violence, early marriage and unwanted pregnancy, interrupted schooling, limited access to healthcare services, and unpaid, potentially unsafe, employment opportunities.

In response, the Government of Malawi developed the country’s first National Strategy for Adolescent Girls and Young Women (2018–2022), which presents investments and strategies for addressing the unique barriers and vulnerabilities faced by these girls and women. To support prioritization of and investment in issues related to adolescent girls and young women, in alignment with Malawi’s national strategy, these factsheets summarize recent data on the realities faced by this population at the national level and in each of Malawi’s districts.

Data for these factsheets has been predominately sourced from the following: Malawi’s 2008 and 2018 population and housing censuses, 2015-2016 Demographic and Health Survey, 2014 Millennium Development Goals Endline Survey (Multiple Indicator Cluster Survey), 2016-2017 Integrated Household Survey, and 2017 Education Statistics.
Malawi’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the country. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the workplace, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers should look to the key actions outlined in the national strategy to address the following disparities faced by Malawi’s young female population.

Realities Faced by Adolescent Girls and Young Women in Malawi

At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- Nearly 2 in 3 married girls and young women 15–24 were in-union before the legal age of 18.
- 2 in 3 youth agree that sexual and gender-based violence against women and girls is an issue in their communities across the country.
- 1 in 3 women have experienced physical violence since the age of 15.

In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. Access challenges are among the dominant reasons why girls drop out of secondary school.

- 25% of young women (15–24) are illiterate.
- The majority of girls (90%) are enrolled in primary school. However, only 15% are enrolled in secondary education.
- Reasons girls drop out of secondary school include poor access (long distance to school) (21%), the burden of family responsibility (17%), the unaffordability of school fees (10%), and pregnancy (7%).

Malawi Population Profile

- Total population of 17.5 million in 2018, a 35% increase from 2008
- More than 1 in 3 inhabitants are youth ages 10–24
- More than half of youth—3.2 million—are adolescent girls and young women
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across Malawi.

- Nearly **1 in 3** adolescent girls 15–19 have begun childbearing. Of those, **46%** gave birth before their 18th birthday.iii
- More than **1 in 3** pregnancies among women and girls aged 15–24 were mistimed—they were wanted later.iii
- Just **1 in 3** women age 15–24 are using contraception. An additional **13%** of these women and girls want to space or delay pregnancy but are not using contraception.iii
- Injectables are the most commonly used method of contraception among adolescent girls and young women (62%). However, they are also the most commonly discontinued method (63%), mostly because of concerns about side effects (24%).iii
- Less than **half** of women age 15–24 understand how to correctly prevent sexual transmission of HIV.vi
- Less than **2 out of 3** women age 15–24 who recently visited a health facility were informed about family planning.iii

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- Half of girls and young women age 15–24 are working outside the home (49%). Of those, nearly **2 out of 3** (64%) work within agriculture; the extent to which this work is hazardous is unknown.iii
- **1 in 3** working adolescent girls and young women receive cash for their work—the majority (64%) are not paid for their work.iii
- Nearly all women age 18–24 (95%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.iii

Sources:
Northern District Factsheets on Adolescent Girls and Young Women
Chitipa’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Chitipa should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

### Realities Faced by Adolescent Girls and Young Women in Chitipa

#### At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- More than half of married girls and young women 15–24 were in-union before the legal age of 18.iii
- More than 2 out of 3 youth (68%) agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- More than 1 in 3 women have experienced physical violence since the age of 15.v

#### In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- More than 80% of young women (15–24) are literate.vi
- The majority of girls (95%) are enrolled in primary school. However, only 13% are enrolled in secondary education.vi
- The dominant reasons girls drop out of secondary school are marriage (34%) and are the unaffordability of school fees (23%).viii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

• Nearly 1 in 4 adolescent girls 15–19 have begun childbearing.v Of those, nearly half (46%) gave birth before their 18th birthday.iii

• Nearly 1 in 5 pregnancies among women and girls age 15–24 were mistimed—they were wanted later.iii

• 1 in 3 women age 15–24 are using contraception. An additional 6% of women and girls want to space or delay pregnancy but are not using contraception.iii

• Injectables are the most commonly used method of contraception among adolescent girls and young women (52%). Injectables are also the most commonly discontinued method (49%), partially because of concerns about side effects (14%).iii

• 1 in 3 women age 15–24 understand how to correctly prevent sexual transmission of HIV.vi

• Nearly 1 in 3 women age 15–24 who recently visited a health facility were not informed about family planning.iii

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

• Nearly 2 in 3 girls and young women age 15–24 (63%) are working outside the home. Of those, 81% work within agriculture; the extent to which this work is hazardous is unknown.iii

• Just 14% of working adolescent girls and young women receive cash for their work—the majority (86%) are not paid for their work.iii

• Nearly all women age 18–24 (91%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.iii

Sources:


Karonga’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities.ii With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Karonga should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

Realities Faced by Adolescent Girls and Young Women in Karonga

At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- 2 out of 3 married girls and young women 15–24 were in-union before the legal age of 18.iii
- More than 2 out of 3 youth (69%) agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- Half of women have experienced physical violence since the age of 15.v

In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- More than 80% of young women (15–24) are literate.vi
- The majority of girls (97%) are enrolled in primary school. However, only 18% are enrolled in secondary education.vii
- The dominant reasons girls drop out of secondary school are the unaffordability of school fees (28%) and pregnancy (21%).viii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- Nearly 1 in 3 adolescent girls 15–19 have begun childbearing. Of those, half (51%) gave birth before their 18th birthday.
- Nearly 1 in 3 pregnancies among women and girls age 15–24 were mistimed—they were wanted later.
- 1 in 3 women age 15–24 are using contraception. An additional 10% of women and girls want to space or delay pregnancy but are not using contraception.
- Injectables are the most commonly used method of contraception among adolescent girls and young women (55%). Injectables are also the most commonly discontinued method (60%), partially because of concerns about side effects (22%).
- Just half of women age 15–24 understand how to correctly prevent sexual transmission of HIV.
- 1 in 3 women age 15–24 who recently visited a health facility were not informed about family planning.

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- Nearly 1 in 3 young women age 15–24 (27%) are working outside the home. Of those, 45% work within agriculture; the extent to which this work is hazardous is unknown.
- Less than half of working adolescent girls and young women (47%) receive cash for their work—the majority (53%) are not paid for their work.
- Nearly all women age 18–24 (93%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.

Sources:

Likoma’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the workplace, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Likoma should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

Realities Faced by Adolescent Girls and Young Women in Likoma

At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- Half of married girls and young women 15–24 were in-union before the legal age of 18.iii
- Nearly 2 out of 3 youth (63%) agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- 1 in 5 women have experienced physical violence since the age of 15.v

In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- The majority of girls (88%) are enrolled in primary school. However, only 25% are enrolled in secondary education.vi
- The dominant reasons girls drop out of secondary school are the lack of school teachers (67%) and pregnancy (24%).vii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- Nearly 1 in 5 adolescent girls 15–19 have begun childbearing. Of those, nearly half (45%) gave birth before their 18th birthday.
- Nearly half of pregnancies among women and girls age 15–24 were mistimed—they were wanted later.
- 1 in 4 women age 15–24 are using contraception. An additional 13% of women and girls want to space or delay pregnancy but are not using contraception.
- Injectables are the most commonly used method of contraception among adolescent girls and young women (50%). Injectables are also the most commonly discontinued method, partially because of concerns about side effects.
- 2 out of 3 women age 15–24 who recently visited a health facility were not informed about family planning.

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- Nearly 1 in 5 young women age 15–24 (18%) are working outside the home. Of those, 8% work within agriculture; the extent to which this work is hazardous is unknown.
- While the majority of working adolescent girls and young women (82%) receive cash for their work—an additional (18%) are not paid for their work.
- Nearly all women age 18–24 (95%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.

Sources:

Mzimba’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities.ii With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Mzimba should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

Realities Faced by Adolescent Girls and Young Women in Mzimba

At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- Nearly 2 out of 3 married girls and young women 15–24 were in-union before the legal age of 18.iv
- Nearly 2 out of 3 youth (64%) agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- More than 1 in 3 women have experienced physical violence since the age of 15.v

In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- The dominant share (88%) of young women (15–24) are literate.vi
- The majority of girls (95%) are enrolled in primary school. However, only 16% are enrolled in secondary education.vii
- The dominant reasons girls drop out of secondary school are due to marriage (31%) and long travel distances (21%).viii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- **1 in 3** adolescent girls 15–19 have begun childbearing. Of those, 46% gave birth before their 18th birthday.
- Nearly half of pregnancies among women and girls 15–24 were mistimed—they were wanted later.
- Less than **1 in 3** women age 15–24 are using contraception. An additional 16% of women and girls want to space or delay pregnancy but are not using contraception.
- Injectables are the most commonly used method of contraception among adolescent girls and young women (61%). Injectables are also the most commonly discontinued method (53%), partially because of concerns about side effects (21%).
- **1 in 3** women age 15–24 understand how to correctly prevent sexual transmission of HIV.
- Less than **2 in 3** women age 15–24 who recently visited a health facility were informed about family planning.

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- **More than 1 in 3** girls and young women age 15–24 are working outside the home (35%). Of those, **66%** work within agriculture; the extent to which this work is hazardous is unknown.
- Less than 1 in 3 working adolescent girls and young women receive cash for their work—the majority (68%) are not paid for their work.
- Nearly all women age 18–24 (94%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.

Sources:

Nkhatabay’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities.ii With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Nkhatabay should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

Realities Faced by Adolescent Girls and Young Women in Nkhatabay

At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- More than 1 in 2 married girls and young women 15–24 were in-union before the legal age of 18.iv
- More than 2 out of 3 youth agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- More than 1 in 3 women have experienced physical violence since the age of 15.v

In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- 75% of young women (15–24) are literate.vi
- The majority of girls (92%) are enrolled in primary school. However, only 17% are enrolled in secondary education.vii
- The dominant reasons girls drop out of secondary school are pregnancy (31%) and the unaffordability of school fees (29%).viii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- **1 in 3** adolescent girls 15–19 have begun childbearing. Of those, **43%** gave birth before their 18th birthday.
- More than **1 in 2** pregnancies among women and girls aged 15–24 were mistimed—they were wanted later.
- Just **1 in 5** women age 15–24 are using contraception. An additional 24% of these women and girls want to space or delay pregnancy but are not using contraception.
- Implants and injectables are the most commonly used methods of contraception among adolescent girls and young women (35% and 34%, respectively). Injectables are also the most commonly discontinued method (45%), mostly because of concerns about side effects (23%).
- Less than **1 in 3** women age 15–24 understand how to correctly prevent sexual transmission of HIV.
- Just **half** of women age 15–24 who recently visited a health facility were informed about family planning.

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- The majority of girls and young women age 15–24 are working outside the home (51%). Of those, more than 3 out of 4 (79%) work within agriculture; the extent to which this work is hazardous is unknown.
- Fewer than **1 in 10** working adolescent girls and young women receive cash for their work—the majority (92%) are not paid for their work.
- Nearly all women age 18–24 (95%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.

Sources:

Rumphi’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Rumphi should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

**Realities Faced by Adolescent Girls and Young Women in Rumphi**

### At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- Nearly 2 out of 3 married girls and young women 15–24 were in-union before the legal age of 18.iii
- 2 out of 3 youth (66%) agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- Nearly half of women have experienced physical violence since the age of 15.v

### In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- More than 88% of young women (15–24) are literate.vi
- The majority of girls (93%) are enrolled in primary school. However, only 33% are enrolled in secondary education.vi
- The dominant reasons girls drop out of secondary school are the unaffordability of school fees (34%) and pregnancy (23%).viii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- **1 in 3** adolescent girls 15–19 have begun childbearing. Of those, nearly half (43%) gave birth before their 18th birthday.iii
- Nearly **half** of pregnancies among women and girls age 15–24 were mistimed—they were wanted later.iii
- **1 in 3** women age 15–24 are using contraception. An additional 13% of women and girls want to space or delay pregnancy but are not using contraception.iii
- Injectables are the most commonly used method of contraception among adolescent girls and young women (45%). Injectables are also the most commonly discontinued method (40%), partially because of concerns about side effects (27%).iii
- Just **half** of women age 15–24 understand how to correctly prevent sexual transmission of HIV.ivi
- Nearly **half** of women age 15–24 who recently visited a health facility were not informed about family planning.iii

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- Nearly **half** of girls and young women age 15–24 (47%) are working outside the home. Of those, 63% work within agriculture; the extent to which this work is hazardous is unknown.iii
- Less than **half** of working adolescent girls and young women (42%) receive cash for their work—the majority (58%) are not paid for their work.ivi
- Nearly all women age 18–24 (94%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.ivii

Sources:


Central District Factsheets on Adolescent Girls and Young Women
Dedza’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first *National Strategy for Adolescent Girls and Young Women (2018–2022)* presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Dedza should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

**Realities Faced by Adolescent Girls and Young Women in Dedza**

### At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- **1 in 2** married girls and young women 15–24 were in-union before the legal age of 18.iii
- **More than 2 out of 3** youth agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- **Nearly 1 in 3** women have experienced physical violence since the age of 15.v

### In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- **2 in 3** young women (15–24) are literate.vi
- The majority of girls (87%) are enrolled in primary school. However, only **7%** are enrolled in secondary education.vii
- The dominant reasons girls drop out of secondary school are pregnancy (33%) and the unaffordability of school fees (26%).viii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- **1 in 4** adolescent girls 15–19 have begun childbearing. Of those, **40%** gave birth before their 18th birthday.iii
- Nearly **1 in 2** pregnancies among women and girls aged 15–24 were mistimed—they were wanted later.iv
- Nearly **1 in 3** women age 15–24 are using contraception. However, an additional **13%** of these women and girls want to space or delay pregnancy but are not using contraception.iv
- Injectables are the most commonly used method of contraception among adolescent girls and young women (66%). However, they are also the most commonly discontinued method (60%), mostly because of concerns about side effects (25%).iv
- Less than half of women age 15–24 understand how to correctly prevent sexual transmission of HIV.v
- Just **1 in 3** women age 15–24 who recently visited a health facility were informed about family planning.iv

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- The vast majority of girls and young women age 15–24 are working outside the home (78%). Of those, nearly 3 out of 4 (74%) work within agriculture; the extent to which this work is hazardous is unknown.iv
- Only **1 in 10** working adolescent girls and young women receive cash for their work—the majority (75%) are not paid for their work.iv
- Nearly all women age 18–24 (97%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.iv

Sources:

Dowa’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities.ii With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Dowa should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

Realities Faced by Adolescent Girls and Young Women in Dowa

At Home and Within Communities
Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- Nearly half of married girls and young women 15–24 were in-union before the legal age of 18.iii
- More than 2 out of 3 youth (69%) agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- Nearly 1 in 3 women have experienced physical violence since the age of 15.v

In School
Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- More than 2 out of 3 young women (15–24) are literate.vi
- The majority of girls (89%) are enrolled in primary school. However, only 8% are enrolled in secondary education.vii
- The dominant reasons girls drop out of secondary school are the unaffordability of school fees (49%) and marriage (25%).viii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

• Nearly 1 in 4 adolescent girls 15–19 have begun childbearing. Of those, 25% gave birth before their 18th birthday.

• 1 in 4 pregnancies among women and girls aged 15–24 were mistimed—they were wanted later.

• 1 in 3 women age 15–24 are using contraception. An additional 6% of women and girls want to space or delay pregnancy but are not using contraception.

• Injectables are the most commonly used method of contraception among adolescent girls and young women (66%). Injectables are also the most commonly discontinued method (65%), partially because of concerns about side effects.

• Less than half of women age 15–24 understand how to correctly prevent sexual transmission of HIV.

• Slightly more than 1 in 3 women age 15–24 who recently visited a health facility were informed about family planning.

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

• Half of girls and young women age 15–24 are working outside the home (49%). Of those, 62% work within agriculture; the extent to which this work is hazardous is unknown.

• 1 in 3 working adolescent girls and young women receive cash for their work—the majority (62%) did not receive pay for their work.

• Nearly all women age 18–24 (94%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.

Sources:


Kasungu’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities.ii With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Kasungu should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

### Realities Faced by Adolescent Girls and Young Women in Kasungu

#### At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- Half of married girls and young women 15–24 were in-union before the legal age of 18.iii
- 2 out of 3 youth (66%) agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- Nearly 1 in 3 women have experienced physical violence since the age of 15.v

#### In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- 3 out of 4 young women (15–24) are literate.vi
- The majority of girls (88%) are enrolled in primary school. However, only 8% are enrolled in secondary education.vii
- The dominant reasons girls drop out of secondary school are the unaffordability of school fees (31%) and marriage (22%).viii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

• 1 in 5 adolescent girls 15–19 have begun childbearing. Of those, 43% gave birth before their 18th birthday.iii

• Nearly half of pregnancies among women and girls 15–24 were mistimed—they were wanted later.iii

• 1 in 3 women age 15–24 are using contraception. An additional 11% of women and girls want to space or delay pregnancy but are not using contraception.iii

• Injectables are the most commonly used method of contraception among adolescent girls and young women (55%). Injectables are also the most commonly discontinued method (62%), partially because of concerns about side effects (25%).iii

• Slightly more than 1 in 3 women age 15–24 understand how to correctly prevent sexual transmission of HIV.vi

• Less than half of women age 15–24 who recently visited a health facility were informed about family planning.iii

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

• More than half of girls and young women age 15–24 are working outside the home (58%). Of those, 68% work within agriculture; the extent to which this work is hazardous is unknown.iii

• Less than 1 in 3 working adolescent girls and young women receive cash for their work—the majority (73%) are not paid for their work.iii

• Nearly all women age 18–24 (94%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.iii

Sources:


Lilongwe’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Lilongwe should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

Realities Faced by Adolescent Girls and Young Women in Lilongwe

**At Home and Within Communities**

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- Nearly **half** of married girls and young women 15–24 were in-union before the legal age of 18.$^i$
- Nearly **2 out of 3** youth (61%) agree that sexual and gender-based violence against women and girls is an issue in their community.$^v$
- More than **1 in 3** women have experienced physical violence since the age of 15.$^v$

**In School**

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- Less than **2 in 3** young women (15–24) are literate.$^vi$
- The majority of girls (86%) are enrolled in primary school. However, only **11%** are enrolled in secondary education.$^vi$
- The dominant reasons girls drop out of secondary school are the unaffordability of school fees (38%) and pregnancy (**20%**).$^viii$
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- **1 in 4** adolescent girls 15–19 have begun childbearing. Of those, 35% gave birth before their 18th birthday.iii
- More than **1 in 3** pregnancies among women and girls 15–24 were mistimed—they were wanted later.iii
- Less than **1 in 3** women age 15–24 are using contraception. An additional 11% of women and girls want to space or delay pregnancy but are not using contraception.iii
- Injectables are the most commonly used method of contraception among adolescent girls and young women (62%). Injectables are also the most commonly discontinued method (58%), partially because of concerns about side effects (19%).iii
- **1 in 3** women age 15–24 understand how to correctly prevent sexual transmission of HIV.x
- **Just 1 in 3** women age 15–24 who recently visited a health facility were informed about family planning.iii

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- **Nearly 2 out of 3** girls and young women age 15–24 are working outside the home (63%). Of those, **half** work within agriculture; the extent to which this work is hazardous is unknown.iii
- Less than **half** of working adolescent girls and young women receive cash for their work—the remaining are not paid for their work.iii
- **Nearly all** women age 18–24 (92%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.iii

Sources:

Mchinji’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Mchinji should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

**Realities Faced by Adolescent Girls and Young Women in Mchinji**

### At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- **More than half** of married girls and young women 15–24 were in-union before the legal age of 18.iii
- **2 out of 3** youth (67%) agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- **1 in 3** women have experienced physical violence since the age of 15.v

### In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- **2 out of 3** young women (15–24) are literate.vi
- The majority of girls (88%) are enrolled in primary school. However, only **11%** are enrolled in secondary education.vii
- The dominant reasons girls drop out of secondary school are the unaffordability of school fees (**29%**) and pregnancy (**20%**).viii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- More than 1 in 3 adolescent girls 15–19 have begun childbearing. Of those, nearly half (44%) gave birth before their 18th birthday.
- Nearly half of pregnancies among women and girls age 15–24 were mistimed—they were wanted later.
- 1 in 3 women age 15–24 are using contraception. An additional 14% of women and girls want to space or delay pregnancy but are not using contraception.
- Injectables are the most commonly used method of contraception among adolescent girls and young women (59%). Injectables are also the most commonly discontinued method (70%), partially because of concerns about side effects (24%).
- Just 1 in 3 women age 15–24 understand how to correctly prevent sexual transmission of HIV.
- Nearly 2 out of 3 women age 15–24 who recently visited a health facility were not informed about family planning.

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- The vast majority of girls and young women age 15–24 (76%) are working outside the home. Of those, 77% work within agriculture; the extent to which this work is hazardous is unknown.
- 1 in 4 working adolescent girls and young women (26%) receive cash for their work—the majority (74%) are not paid for their work.
- Nearly all women age 18–24 (98%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.

Sources:

Nkhotakota’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Nkhotakota should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

Realities Faced by Adolescent Girls and Young Women in Nkhotakota

At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- More than half of married girls and young women 15–24 were in-union before the legal age of 18.iv
- 2 out of 3 youth (67%) agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- 1 in 5 women have experienced physical violence since the age of 15.v

In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- More than 2 out of 3 young women (15–24) are literate.vi
- The majority of girls (91%) are enrolled in primary school. However, only 14% are enrolled in secondary education.vii
- The dominant reasons girls drop out of secondary school are the unaffordability of school fees (40%) and pregnancy (28%).viii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

• More than 1 in 4 adolescent girls 15–19 have begun childbearing. Of those, nearly half (43%) gave birth before their 18th birthday.

• More than 1 in 3 pregnancies among women and girls age 15–24 were mistimed—they were wanted later.

• Less than 1 in 5 women age 15–24 are using contraception. An additional 12% of women and girls want to space or delay pregnancy but are not using contraception.

• Injectables are the most commonly used method of contraception among adolescent girls and young women (49%). Injectables are also the most commonly discontinued method (67%), partially because of concerns about side effects (23%).

• Just half of women age 15–24 understand how to correctly prevent sexual transmission of HIV.

• More than 2 out of 3 women age 15–24 who recently visited a health facility were not informed about family planning.

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

• Nearly 1 in 3 girls and young women age 15–24 (31%) are working outside the home. Of those, half work within agriculture; the extent to which this work is hazardous is unknown.

• Just 40% of working adolescent girls and young women receive cash for their work—the majority (60%) are not paid for their work.

• Nearly all women age 18–24 (95%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.

Sources:
Ntcheu’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Ntcheu should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

### Realities Faced by Adolescent Girls and Young Women in Ntcheu

#### At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- More than half of married girls and young women 15–24 were in-union before the legal age of 18.iii
- 2 out of 3 youth (67%) agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- 1 in 4 women have experienced physical violence since the age of 15.v

#### In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- More than 2 out of 3 young women (15–24) are literate.vi
- The majority of girls (82%) are enrolled in primary school. However, only 13% are enrolled in secondary education.vii
- The dominant reasons girls drop out of secondary school are the unaffordability of school fees (31%) and pregnancy (23%).viii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- More than 1 in 3 adolescent girls 15–19 have begun childbearing. Of those, nearly half (46%) gave birth before their 18th birthday.
- More than 1 in 3 pregnancies among women and girls age 15–24 were mistimed—they were wanted later.
- Just 1 in 5 women age 15–24 are using contraception. An additional 14% of women and girls want to space or delay pregnancy but are not using contraception.
- Injectables are the most commonly used method of contraception among adolescent girls and young women (58%). Injectables are also the most commonly discontinued method (60%), partially because of concerns about side effects (15%).
- Less than half of women age 15–24 understand how to correctly prevent sexual transmission of HIV.
- Half of women age 15–24 who recently visited a health facility were not informed about family planning.

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- 2 in 3 girls and young women age 15–24 (67%) are working outside the home. Of those, 83% work within agriculture; the extent to which this work is hazardous is unknown.
- Just 43% of working adolescent girls and young women receive cash for their work—the majority (57%) are not paid for their work.
- Nearly all women age 18–24 (96%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.

Sources:
Ntchisi’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities.ii With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Ntchisi should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

Realities Faced by Adolescent Girls and Young Women in Ntchisi

At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- Nearly half of married girls and young women 15–24 were in-union before the legal age of 18.iii
- More than 2 out of 3 youth (73%) agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- 1 in 3 women have experienced physical violence since the age of 15.v

In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- More than 3 out of 4 young women (15–24) are literate.vi
- The majority of girls (87%) are enrolled in primary school. However, only 9% are enrolled in secondary education.vii
- The dominant reasons girls drop out of secondary school are the unaffordability of school fees (31%) and marriage (18%).viii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- Nearly 1 in 4 adolescent girls 15–19 have begun childbearing.\(^i\) Of those, 33% gave birth before their 18th birthday.\(^i\)
- More than 1 in 3 pregnancies among women and girls 15–24 were mistimed—they were wanted later.\(^i\)
- 1 in 3 women age 15–24 are using contraception. An additional 11% of women and girls want to space or delay pregnancy but are not using contraception.\(^i\)
- Injectables are the most commonly used method of contraception among adolescent girls and young women (66%). Injectables are also the most commonly discontinued method (76%), partially because of concerns about side effects (26%).\(^i\)
- More than half of women age 5–24 understand how to correctly prevent sexual transmission of HIV.\(^i\)
- Just 1 in 4 women age 15–24 who recently visited a health facility were informed about family planning.\(^i\)

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- Nearly 1 in 3 girls and young women age 15–24 are working outside the home (29%). Of those, 70% work within agriculture; the extent to which this work is hazardous is unknown.\(^i\)
- Less than 1 in 5 working adolescent girls and young women receive cash for their work—the majority (84%) are not paid for their work.\(^i\)
- Nearly all women age 18–24 (95%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.\(^i\)

Sources:

Salima's largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Salima should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

### Realities Faced by Adolescent Girls and Young Women in Salima

#### At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- Nearly **2 in 3** married girls and young women 15–24 were in-union before the legal age of 18.iii
- **2 out of 3** youth agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- **1 in 3** women have experienced physical violence since the age of 15.v

#### In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- Nearly **75%** of young women (15–24) are literate.vi
- The majority of girls (87%) are enrolled in primary school. However, only **13%** are enrolled in secondary education.vii
- The dominant reasons girls drop out of secondary school are the unaffordability of school fees (**47%**) and pregnancy (**16%**)viii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- **1 in 4** adolescent girls 15–19 have begun childbearing. Of those, **43%** gave birth before their 18th birthday.
- More than **1 in 4** pregnancies among women and girls aged 15–24 were mistimed—they were wanted later.
- **Just 1 in 4** women age 15–24 are using contraception. An additional 13% of these women and girls want to space or delay pregnancy but are not using contraception.
- Injectables are the most commonly used method of contraception among adolescent girls and young women (64%). However, they are also the most commonly discontinued method (60%), mostly because of concerns about side effects (28%).
- Less than **1 in 2** women age 15–24 understand how to correctly prevent sexual transmission of HIV.
- **Just 2 out of 3** women age 15–24 who recently visited a health facility were informed about family planning.

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- Nearly **half** of girls and young women age 15–24 are working outside the home (47%). Of those, nearly **1 in 2** (46%) work within agriculture; the extent to which this work is hazardous is unknown.
- **1 in 3** working adolescent girls and young women receive cash for their work—the majority (54%) are not paid for their work.
- Nearly all women age 18–24 (95%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.

Sources:


Southern District Factsheets on Adolescent Girls and Young Women
Balaka’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the workplace, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Balaka should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

Realities Faced by Adolescent Girls and Young Women in Balaka

At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- Nearly 2 out of 3 married girls and young women 15–24 were in-union before the legal age of 18.iii
- Nearly 2 out of 3 youth (63%) agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- 1 in 5 women have experienced physical violence since the age of 15.v

In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- 85% of young women (15–24) are literate.vi
- The majority of girls (89%) are enrolled in primary school. However, only 16% are enrolled in secondary education.vi
- The dominant reasons girls drop out of secondary school are the unaffordability of school fees (45%) and pregnancy (38%).vii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- Nearly 1 in 3 adolescent girls 15–19 have begun childbearing. Of those, 53% gave birth before their 18th birthday.
- More than half of pregnancies among women and girls aged 15–24 were mistimed—they were wanted later.
- Less than 1 in 3 women age 15–24 are using contraception. An additional 16% of women and girls want to space or delay pregnancy but are not using contraception.
- Injectables are the most commonly used method of contraception among adolescent girls and young women (69%). Injectables are also the most commonly discontinued method (75%), partially because of concerns about side effects (25%).
- 2 in 3 women age 15–24 understand how to correctly prevent sexual transmission of HIV.
- Less than half of women age 15–24 who recently visited a health facility were informed about family planning.

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- Half of girls and young women age 15–24 are working outside the home (51%). Of those, 60% work within agriculture; the extent to which this work is hazardous is unknown.
- 1 in 3 working adolescent girls and young women receive cash for their work—the majority (62%) are not paid for their work.
- Nearly all women age 18–24 (95%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.

Sources:

Blantyre’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the workplace, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Blantyre should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

### Realities Faced by Adolescent Girls and Young Women in Blantyre

#### At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- Over half of married girls and young women 15–24 were in-union before the legal age of 18.iii
- Nearly 2 out of 3 youth (59%) agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- More than 1 in 3 women have experienced physical violence since the age of 15.v

#### In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- 3 out of 4 young women (15–24) are literate.vi
- The majority of girls (82%) are enrolled in primary school. However, only 11% are enrolled in secondary education.vii
- The dominant reasons girls drop out of secondary school are the unaffordability of school fees (38%) and pregnancy (22%).viii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- More than 1 in 5 adolescent girls 15–19 have begun childbearing. Of those, nearly half gave birth before their 18th birthday.iii
- More than 1 in 3 pregnancies among women and girls aged 15–24 were mistimed—they were wanted later.iii
- Less than 1 in 3 women age 15–24 are using contraception. An additional 11% of women and girls want to space or delay pregnancy but are not using contraception.iii
- Injectables are the most commonly used method of contraception among adolescent girls and young women (64%). Injectables are also the most commonly discontinued method (52%), partially because of concerns about side effects (27%).iii
- Just half of women age 15–24 understand how to correctly prevent sexual transmission of HIV.iv
- Less than 1 in 3 women age 15–24 who recently visited a health facility were informed about family planning.iii

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- 1 in 5 girls and young women age 15–24 are working outside the home (22%). Of those, 19% work within agriculture; the extent to which this work is hazardous is unknown.iv
- 2 out of 3 working adolescent girls and young women receive cash for their work—however, the remaining 33% did not receive pay for their work.iii
- Nearly all women age 18–24 (91%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.iii

Sources:

Chikwawa’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities.ii With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Chikwawa should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

Realities Faced by Adolescent Girls and Young Women in Chikwawa

**At Home and Within Communities**

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- More than **2 out of 3** married girls and young women 15–24 were in-union before the legal age of 18.
- **2 out of 3** youth (65%) agree that sexual and gender-based violence against women and girls is an issue in their community.
- **1 in 3** women have experienced physical violence since the age of 15.

**In School**

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- Nearly **2 out of 3** young women (15–24) are literate.
- The majority of girls (84%) are enrolled in primary school. However, only **7%** are enrolled in secondary education.
- The dominant reasons girls drop out of secondary school are the unaffordability of school fees (**43%**) and pregnancy (**28%**).
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- More than **1 in 3** adolescent girls 15–19 have begun childbearing. Of those, more than half (52%) gave birth before their 18th birthday.
- **Half** of pregnancies among women and girls age 15–24 were mistimed—they were wanted later.
- Less than **1 in 3** women age 15–24 are using contraception. An additional 16% of women and girls want to space or delay pregnancy but are not using contraception.
- Injectables are the most commonly used method of contraception among adolescent girls and young women (56%). Injectables are also the most commonly discontinued method (72%), partially because of concerns about side effects (14%).
- **More than half** of women age 15–24 understand how to correctly prevent sexual transmission of HIV.
- Nearly **2 in 3** women age 15–24 who recently visited a health facility were not informed about family planning.

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- Nearly **1 in 3** young women age 15–24 (31%) are working outside the home. Of those, 68% work within agriculture; the extent to which this work is hazardous is unknown.
- **Just 43%** of working adolescent girls and young women receive cash for their work—the majority (57%) are not paid for their work.
- Nearly all women age 18–24 (95%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.

Sources:

Chiradzulu’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Chiradzulu should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

Realities Faced by Adolescent Girls and Young Women in Chiradzulu

At Home and Within Communities
Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- 2 out of 3 married girls and young women 15–24 were in-union before the legal age of 18.iii
- 2 out of 3 youth (67%) agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- 1 in 3 women have experienced physical violence since the age of 15.v

In School
Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- More than 80% of young women (15–24) are literatevi
- The majority of girls (87%) are enrolled in primary school. However, only 21% are enrolled in secondary education.vi
- The dominant reasons girls drop out of secondary school are pregnancy (39%) and the unaffordability of school fees (30%).vii

Chiradzulu Population Profile

- Total population of 356,875 in 2018, a 23% increase from 2008
- 1 in 3 inhabitants are youth ages 10–24
- More than half of youth—63,901—are adolescent girls and young women
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- More than 1 in 3 adolescent girls 15–19 have begun childbearing.iii Of those, more than half (54%) gave birth before their 18th birthday.iv
- Nearly 1 in 3 pregnancies among women and girls age 15–24 were mistimed—they were wanted later.ii
- More than 1 in 3 women age 15–24 (42%) are using contraception. An additional 10% of women and girls want to space or delay pregnancy but are not using contraception.iii
- Injectables are the most commonly used method of contraception among adolescent girls and young women (67%). Injectables are also the most commonly discontinued method (57%), partially because of concerns about side effects (26%).iii
- Just half of women age 15–24 understand how to correctly prevent sexual transmission of HIV.vi
- More than half of women age 15–24 who recently visited a health facility were not informed about family planning.iii

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- More than half of girls and young women age 15–24 (52%) are working outside the home. Of those, 80% work within agriculture; the extent to which this work is hazardous is unknown.vii
- Less than 1 in 3 working adolescent girls and young women (29%) receive cash for their work—the majority (71%) are not paid for their work.viii
- Nearly all women age 18–24 (96%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.viii

Sources:


Machinga’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the workplace, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Machinga should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

Realities Faced by Adolescent Girls and Young Women in Machinga

**At Home and Within Communities**

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- **2 out of 3** married girls and young women 15–24 were in-union before the legal age of 18.iii
- More than **2 out of 3** youth (70%) agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- More than **a quarter** of women have experienced physical violence since the age of 15.v

**In School**

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- **Less than 2 out of 3** young women (15–24) are literate.vi
- The majority of girls (89%) are enrolled in primary school. However, only **13%** are enrolled in secondary education.vii
- The dominant reasons girls drop out of secondary school are pregnancy (34%) and the unaffordability of school fees (25%).viii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- More than **1 in 3** adolescent girls 15–19 have begun childbearing. Of those, half gave birth before their 18th birthday.iii
- More than **1 in 3** pregnancies among women and girls 15–24 were mistimed—they were wanted later.iii
- Less than **1 in 3** women age 15–24 are using contraception. An additional 22% of women and girls want to space or delay pregnancy but are not using contraception.iii
- Injectables are the most commonly used method of contraception among adolescent girls and young women (72%). Injectables are also the most commonly discontinued method (72%), partially because of concerns about side effects (30%).iii
- Less than **half** of women age 15–24 understand how to correctly prevent sexual transmission of HIV.iv
- Less than **half** of women age 15–24 who recently visited a health facility were informed about family planning.iii

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- More than **half** of girls and young women age 15–24 are working outside the home (59%). Of those, nearly **2 in 3 (63%)** work within agriculture; the extent to which this work is hazardous is unknown.iii
- Just one in four working adolescent girls and young women receive cash for their work—the majority (75%) are not paid for their work.iii
- Nearly all women age 18–24 (94%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.iv

Sources:


Mangochi’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Mangochi should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

Realities Faced by Adolescent Girls and Young Women in Mangochi

**At Home and Within Communities**

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- **2 in 3** married girls and young women 15–24 were in-union before the legal age of 18.iii
- **2 out of 3** youth agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- **More than 1 in 5** women have experienced physical violence since the age of 15.v

**In School**

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- **Only 50%** of young women (15–24) are literate.vi
- Nearly all girls (90%) are enrolled in primary school. However, only **4%** are enrolled in secondary education.vi
- The dominant reasons girls drop out of secondary school are the unaffordability of school fees (26%) and pregnancy (26%).vii

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**Mangochi Population Profile**i

- Total population of 1.1 million in 2018, a **44%** increase from 2008
- **1 in 3** inhabitants are youth ages 10–24
- More than half of youth—186,000—are adolescent girls and young women
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- Nearly 1 in 3 adolescent girls 15–19 have begun childbearing. Of those, half gave birth before their 18th birthday.
- 1 in 2 pregnancies among women and girls aged 15–24 were mistimed—they were wanted later.
- 1 in 5 women age 15–24 are using contraception. However, an additional 21% of these women and girls want to space or delay pregnancy but are not using contraception.
- Injectables are the most commonly used method of contraception among adolescent girls and young women (51%). However, they are also the most commonly discontinued method (79%), mostly because of concerns about side effects (45%).
- Less than 1 in 3 women age 15–24 understand how to correctly prevent sexual transmission of HIV.
- Just 1 in 3 women age 15–24 who recently visited a health facility were informed about family planning.

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- 1 in 3 girls and young women age 15–24 are working outside the home (11% of those women are 15–19; 19% are 20–24). Of those, nearly 3 out of 4 (71%) work within agriculture; the extent to which this work is hazardous is unknown.
- Only 1 in 5 working adolescent girls and young women receive cash for their work—the majority (75%) are not paid for their work.
- Nearly all women age 18–24 (98%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.

Sources:

Mulanje’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Mulanje should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

### Realities Faced by Adolescent Girls and Young Women in Mulanje

#### At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- **2 out of 3** married girls and young women 15–24 were in-union before the legal age of 18.iii
- **2 out of 3** youth (67%) agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- Nearly half of women have experienced physical violence since the age of 15.v

#### In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- **3 out of 4** young women (15–24) are literate.vi
- The majority of girls (96%) are enrolled in primary school. However, only **13%** are enrolled in secondary education.vii
- The dominant reasons girls drop out of secondary school are pregnancy (32%) and the unaffordability of school fees (31%).viii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- More than 1 in 3 adolescent girls 15–19 have begun childbearing. Of those, half gave birth before their 18th birthday.
- Half of pregnancies among women and girls 15–24 were mistimed—they were wanted later.
- Just 1 in 3 women age 15–24 are using contraception. An additional 13% of women and girls want to space or delay pregnancy but are not using contraception.
- Injectables are the most commonly used method of contraception among adolescent girls and young women (70%). Injectables are also the most commonly discontinued method (66%), partially because of concerns about side effects (26%).
- Just over half of women age 15–24 understand how to correctly prevent sexual transmission of HIV.
- Just 1 in 3 women age 15–24 who recently visited a health facility were informed about family planning.

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- Nearly half of girls and young women age 15–24 are working outside the home (47%). Of those, 66% work within agriculture; the extent to which this work is hazardous is unknown.
- Less than 1 in 3 working adolescent girls and young women receive cash for their work—the majority (72%) are not paid for their work.
- Nearly all women age 18–24 do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.

Sources:

Mwanza’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Mwanza should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

### Realities Faced by Adolescent Girls and Young Women in Mwanza

#### At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- **2 out of 3** married girls and young women 15–24 were in-union before the legal age of 18.iii
- More than **2 out of 3** youth (72%) agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- More than **1 in 5** women have experienced physical violence since the age of 15.v

#### In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- More than **74%** of young women (15–24) are literate.vi
- The majority of girls (91%) are enrolled in primary school. However, only **11%** are enrolled in secondary education.vii
- The dominant reasons girls drop out of secondary school are the unaffordability of school fees (19%) and pregnancy (29%).viii

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Mwanza Population Profilei

- Total population of 130,949 in 2018, a **41%** increase from 2008
- 1 in 3 inhabitants are youth ages 10–24
- More than half of youth—24,155—are adolescent girls and young women
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- Nearly 1 in 3 adolescent girls 15–19 have begun childbearing. Of those, more than half (58%) gave birth before their 18th birthday.
- Nearly 1 in 3 pregnancies among women and girls age 15–24 were mistimed—they were wanted later.
- 1 in 3 women age 15–24 are using contraception. An additional 13% of women and girls want to space or delay pregnancy but are not using contraception.
- Injectables are the most commonly used method of contraception among adolescent girls and young women (71%). Injectables are also the most commonly discontinued method (68%), partially because of concerns about side effects (17%).
- Less than half of women age 15–24 understand how to correctly prevent sexual transmission of HIV.
- Nearly 2 in 3 women age 15–24 who recently visited a health facility were not informed about family planning.

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- More than 1 in 3 girls and young women age 15–24 (38%) are working outside the home. Of those, 53% work within agriculture; the extent to which this work is hazardous is unknown.
- Less than 1 in 4 working adolescent girls and young women (24%) receive cash for their work—the majority (76%) are not paid for their work.
- Nearly all women age 18–24 (98%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.

Sources:

Adolescent Girls and Young Women in Neno District

Neno’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Neno should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

Realities Faced by Adolescent Girls and Young Women in Neno

At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- 2 out of 3 married girls and young women 15–24 were in-union before the legal age of 18.iii
- 2 out of 3 youth (68%) agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- More than 1 in 5 women have experienced physical violence since the age of 15.v

In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- 2 out of 3 of young women (15–24) are literate.vi
- The majority of girls (93%) are enrolled in primary school. However, only 18% are enrolled in secondary education.vii
- The dominant reasons girls drop out of secondary school are pregnancy (57%) and early marriage (16%).viii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- **Nearly 1 in 3** adolescent girls 15–19 have begun childbearing. Nearly half (49%) gave birth before their 18th birthday.iii
- **1 in 2** pregnancies among women and girls age 15–24 were mistimed—they were wanted later.iii
- Less than **1 in 3** women age 15–24 are using contraception. An additional 16% of women and girls want to space or delay pregnancy but are not using contraception.iii
- Injectables are the most commonly used method of contraception among adolescent girls and young women (66%). Injectables are also the most commonly discontinued method (80%), partially because of concerns about side effects (33%).iii
- **Half** of women age 15–24 understand how to correctly prevent sexual transmission of HIV.iv
- Nearly **2 in 3** women age 15–24 who recently visited a health facility were not informed about family planning.iii

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- More than **half** of young women age 15–24 (53%) are working outside the home. Of those, **74%** work within agriculture; the extent to which this work is hazardous is unknown.iii
- Less than **1 in 3** working adolescent girls and young women (30%) receive cash for their work—the majority (70%) are not paid for their work.iii
- Nearly all women age 18–24 (98%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.iii

Sources:

Nsanje’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the workplace, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Nsanje should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

### Realities Faced by Adolescent Girls and Young Women in Nsanje

**At Home and Within Communities**

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- Nearly 2 out of 3 married girls and young women 15–24 were in-union before the legal age of 18.
- Nearly 3 out of 4 youth (72%) agree that sexual and gender-based violence against women and girls is an issue in their community.
- More than 1 in 3 women have experienced physical violence since the age of 15.

**In School**

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- More than half of young women (15–24) are literate.
- The majority of girls (86%) are enrolled in primary school. However, only 11% are enrolled in secondary education.
- The dominant reasons girls drop out of secondary school are pregnancy (55%) and marriage (18%).
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- More than 1 in 3 adolescent girls 15–19 have begun childbearing. Of those, 47% gave birth before their 18th birthday.
- Nearly 2 out of 3 pregnancies among women and girls 15–24 were mistimed—they were wanted later.
- 1 in 3 women age 15–24 are using contraception. An additional 22% of women and girls want to space or delay pregnancy but are not using contraception.
- Injectables are the most commonly used method of contraception among adolescent girls and young women (55%). Injectables are also the most commonly discontinued method (70%), partially because of concerns about side effects.
- Slightly more than 1 in 3 women age 15–24 understand how to correctly prevent sexual transmission of HIV.
- Just half of women age 15–24 who recently visited a health facility were informed about family planning.

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- Nearly half of girls and young women age 15–24 are working outside the home (45%). Of those, 43% work within agriculture; the extent to which this work is hazardous is unknown.
- Less than 1 in 3 working adolescent girls and young women receive cash for their work—the majority (65%) are not paid for their work.
- Nearly all women age 18–24 (97%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.

Sources:

Phalombe’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Phalombe should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

Realities Faced by Adolescent Girls and Young Women in Phalombe

At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- More than 2 out of 3 married girls and young women 15–24 were in-union before the legal age of 18.iii
- More than 2 out of 3 youth (68%) agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- 1 in 3 women have experienced physical violence since the age of 15.v

In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- Nearly 2 out of 3 young women (15–24) are literate.vi
- The majority of girls (92%) are enrolled in primary school. However, only 6% are enrolled in secondary education.vi
- The dominant reasons girls drop out of secondary school are the unaffordability of school fees (31%) and pregnancy (23%).vii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- Nearly 1 in 3 adolescent girls 15–19 have begun childbearing. Of those, more than half (61%) gave birth before their 18th birthday.
- Nearly 2 in 3 pregnancies among women and girls age 15–24 were mistimed—they were wanted later.
- More than 1 in 3 women age 15–24 are using contraception. An additional 13% of women and girls want to space or delay pregnancy but are not using contraception.
- Injectables are the most commonly used method of contraception among adolescent girls and young women (75%). Injectables are also the most commonly discontinued method (72%), partially because of concerns about side effects (23%).
- Less than half of women age 15–24 understand how to correctly prevent sexual transmission of HIV.
- More than 1 in 3 women age 15–24 who recently visited a health facility were not informed about family planning.

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- The vast majority of young women age 15–24 (75%) are working outside the home. Of those, 84% work within agriculture; the extent to which this work is hazardous is unknown.
- Just 15% of working adolescent girls and young women receive cash for their work—the majority (85%) are not paid for their work.
- Nearly all women age 18–24 (99%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.

Sources:

Thyolo’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Thyolo should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

Realities Faced by Adolescent Girls and Young Women in Thyolo

At Home and Within Communities

Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- More than 2 out of 3 married girls and young women 15–24 were in-union before the legal age of 18.iii
- 2 out of 3 youth (66%) agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- 1 in 3 women have experienced physical violence since the age of 15.v

In School

Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- More than 2 out of 3 young women (15–24) are literate.vi
- The majority of girls (89%) are enrolled in primary school. However, only 15% are enrolled in secondary education.vii
- The dominant reasons girls drop out of secondary school are early pregnancy (24%) and marriage (24%).viii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

• Nearly 1 in 3 adolescent girls 15–19 have begun childbearing. Of those, more than half (55%) gave birth before their 18th birthday.

• More than 1 in 3 pregnancies among women and girls age 15–24 were mistimed—they were wanted later.

• Just 1 in 3 women age 15–24 are using contraception. An additional 14% of women and girls want to space or delay pregnancy but are not using contraception.

• Injectables are the most commonly used method of contraception among adolescent girls and young women (67%). Injectables are also the most commonly discontinued method (71%), partially because of concerns about side effects.

• Less than half of women age 15–24 understand how to correctly prevent sexual transmission of HIV.

• More than half of women age 15–24 who recently visited a health facility were not informed about family planning.

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

• Half of girls and young women age 15–24 (49%) are working outside the home. Of those, 81% work within agriculture; the extent to which this work is hazardous is unknown.

• Just 12% of working adolescent girls and young women receive cash for their work—the majority (88%) are not paid for their work.

• Nearly all women age 18–24 (97%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.

Sources:


Zomba’s largest-ever population of adolescent girls (ages 10–19) and young women (ages 20–24) represents great potential. However, these adolescent girls and young women are negatively affected by gender inequity, sociocultural norms, and harmful traditional practices, all of which impede their ability to thrive, realise their aspirations, and contribute to the future development of the district. To set the stage for positive long-term development, adequate support structures and protections are needed for these young women, particularly those who are most vulnerable—mothers, orphans, and those living with HIV and/or disabilities. With support and protections in place at home, school, and the work place, as well as within communities and health facilities, adolescent girls and young women can realise their potential now and in the future.

The Government of Malawi’s first National Strategy for Adolescent Girls and Young Women (2018–2022) presents multi-sectoral, collaborative investments and strategies for addressing the unique barriers and vulnerabilities faced by these women. Decision-makers in Zomba should look to the key actions outlined in the national strategy to address the following disparities faced by the district’s young female population.

### Realities Faced by Adolescent Girls and Young Women in Zomba

#### At Home and Within Communities
Adolescent girls and young women marry at early ages and are susceptible to physical violence and harmful practices. These realities increase their risk for unintended, mistimed, and higher-risk pregnancies, compromise their access to all functions of society, and violate their basic human rights.

- More than 2 out of 3 married girls and young women 15–24 were in-union before the legal age of 18.iii
- 2 out of 3 youth agree that sexual and gender-based violence against women and girls is an issue in their community.iv
- Nearly half of women have experienced physical violence since the age of 15.v

#### In School
Very few adolescent girls progress to secondary school, challenging future employment opportunities and empowerment. The high cost of school fees and pregnancy are dominant reasons why girls drop out of secondary school.

- More than 2 out of 3 young women (15–24) are literate.vi
- The majority of girls (94%) are enrolled in primary school. However, only 10% are enrolled in secondary education.vii
- The dominant reasons girls drop out of secondary school are the unaffordability of school fees (37%) and pregnancy (31%).viii
In Health

A significant share of pregnancies among girls and young women are mistimed, which may be driven and further aggravated by the high unmet need for family planning. There are missed opportunities for decreasing contraceptive discontinuation, as well as increasing uptake among new users, across the district.

- **1 in 3** adolescent girls 15–19 have begun childbearing. Of those, 56% gave birth before their 18th birthday.

- More than **1 in 3** pregnancies among women and girls 15–24 were mistimed—they were wanted later.

- Just **1 in 3** women age 15–24 are using contraception. An additional 14% of these women and girls want to space or delay pregnancy but are not using contraception.

- Injectables are the most commonly used method of contraception among adolescent girls and young women (67%). Injectables are also the most commonly discontinued method (72%), partially because of concerns about side effects.

- Less than half of women age 15–24 understand how to correctly prevent sexual transmission of HIV.

- Just half of women age 15–24 who recently visited a health facility were informed about family planning.

Within Employment

Of the adolescent girls and young women who work outside the home, the majority do so in agriculture, and without cash payment. Few young women have opportunities to obtain credit in order to grow other forms of business and improve livelihoods. Agricultural work can be hazardous, compromising the health, safety, and education of these girls and women.

- Nearly half of girls and young women age 15–24 are working outside the home (44%). Of those, more than 1 in 3 (42%) work within agriculture; the extent to which this work is hazardous is unknown.

- Less than half of working adolescent girls and young women receive cash for their work—the majority (54%) are not paid for their work.

- Nearly all women age 18–24 (96%) do not have an account at a bank or other financial institution, a barrier to obtaining credit for other means of self-employment.

Sources:


