The role of community leaders on adolescent HIV and Sexual Reproductive Health and Rights in Mulanje, Malawi

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Abstract

Background: We conducted this study to understand roles of community leaders on adolescents HIV and Sexual and Reproductive Health (SRH) rights in Mulanje-Malawi. We assessed how each role influence health seeking behaviour and improve SRH rights among adolescents from the local perspective.

Methods: A qualitative study approach was used. We conducted 12 Focus Group Discussions (FGDs) and 17 Key Informant Interviews (KIIs) with community leaders. Purposive sampling technique was used to select study participants for both KIIs and FGDs. Random sampling technique was used to identify one Traditional Authority (TA) and 12 villages where FGDs were conducted. Inductive thematic content analysis was done guided by the study objectives to generate emerging themes.

Results: Community leaders have many roles on adolescents HIV and SRH. These roles include advisory, encouragement, regulating and restricting cultural practices, formulating bye-laws and handling sexual abuse complaints. However, community leaders with religious affiliation have shown to have different views with those representing other institutions not affiliated to religion. In addition, the majority of community leaders indicated low level of knowledge on adolescent's SRH rights.

Conclusion: We suggest that the roles of community leaders differ depending on the position held and institution represented. Those community leaders not affiliated to religious can encourage certain behaviour in adolescents while those from religious background are discouraging it. Stakeholders involved in the fight against HIV and SRH rights should invest more on capacity building among the community leaders.

Background

Community leaders are considered as an important element for successful community development in Malawi and some parts of Africa [1]. They play a prominent role in establishing and maintaining norms as well as decision-making at the community level [2]. In South Africa, for example, it was reported that community leaders were effective in engaging their communities that gave an opportunity for the people-centeredness decision making [3]. In Malawi, there are both established and non-established traditional leadership positions like Traditional Authorities (TAs), Group Village Heads (GVHs), Village Heads (VHs), church leaders and initiation leaders (anakungwi or angalibas) [4] who are considered as custodians of culture, society values and customs [5]. They are held in high esteem among their followers and can assist in shaping behaviour of adolescents [6]. They are sources of information to their subjects including on health [7]. In addition, they were reported to have assisted in reducing maternal deaths in Mchinji district, Malawi, by introducing regulation that ban home baby deliveries [8]. They are decision makers and regulate cultural practices and beliefs within their societies [9].

The majority of people in Malawi (84%) lives in rural areas under community leaders [10]. It has been estimated that over 83.3% of girls and 84.1% of boys [11] are living in rural areas. The median age at sexual debut among adolescents in Malawi is 16.8 and some of them have more than one sexual partner.

Moreover, early sexual debut among adolescents expose them to health risks including HIV and early pregnancies [6]. To curb the practice of early marriages among adolescents, the Malawi government emphasize on the importance of involving traditional leaders during program planning for the health interventions [12]. Furthermore, traditional leaders have been reported as one of the most important stakeholders in the fight against HIV and promotion of good health in the communities [13].

Community leaders influence their subjects through multiple routes. Mobilization and sensitisation, formation of bye-laws, use of fines, fear and coercion have been mentioned in other studies as some of the ways used by community leaders in influencing their communities [1, 4, 13]. Although performing many roles, there is paucity of data specifically about the roles of community leaders on adolescents HIV and Sexual Reproductive Health in Malawi. It is important that the roles of community leaders be studied, this may enable policy makers to include them during planning for adolescent health interventions and other relevant policies. This study, therefore, was conducted in Mulanje-Malawi to determine roles of community leaders on adolescents HIV and SRH. Mulanje is one of the districts in Malawi with high adolescents HIV prevalence (7.8%) [14] and early pregnancies (31.6%) [6].

Methods

Study design and setting

We conducted an exploratory qualitative study in Mulanje district, Malawi. The district has 5 Traditional Authorities (TAs) namely; Mabuka, Mthiramanja, Mkanda, Chikumbu and Juma. **Sample size and sampling technique**

In total, the study had 118 participants of which 17 took part in Key Informant Interviews (KIIs) and 101 participants took part in Focus Group Discussions (FGDs). This sample size was reached at after saturation point. We used purposive sampling technique to select KIIs participants. We then randomly selected one TA where FGDs were conducted. Then 12 villages were purposively selected from the randomly selected TA for FGDs. All participants in the FGDs were also purposively selected.

Data collection

We recruited and trained two Health Surveillance Assistants (HSAs) to be part of research field team for a period of one week. We recruited those community leaders who held leadership positions and resided in the area for more than one year. Apart from note taking, the field team used two voice recorders to ensure that the collected data is safe in case one develop mechanical faults during and after interviews. We conducted the interviews at a place preferred by the study participants. We assured our study participants that participation into the study was voluntary and they can terminate the interviews whenever they feel so.

Data management

We listened to the proceedings of the interviews several times before transcribing the data in English. The transcriptions were read several times before data analysis for familiarisation and identification of themes emerged. We assigned each theme with appropriate code.

Data analysis

We sorted and analysed data using inductive thematic content analysis by grouping of similar themes, ordering and structural through utilization of matrices. Data was imported into Nvivo for analysis.

Ethical review and approval

The study was reviewed and approved by the College of Medicine Research and Ethics Committee (COMREC), (certificate number P.08/18/2449). Permission to conduct the study in Mulanje district was granted by the District Commissioner. The study participants were identified by numbers in order to ensure privacy and confidentiality. All study participants consented and an impartial witness was requested to consent for participants who could not read and write. All participants consented for the peer review and publications of the study results.

Results

In total, we conducted 12 FGDs and 17 KIs. The study participants described different roles that are performed by community leaders in protecting adolescents from HIV infection and improve SRH and rights. Notably, the roles included advisory, regulating cultural practices and beliefs, advocacy and protection over domestic violence.

Advisory role on health life for adolescents

We found that the majority of community leaders advise adolescents on abstinence to avoid contracting HIV. One of the key informant said: *"I always talk with adolescents on the risk of HIV and how they can prevent it, I mostly put much emphasis on the need for them to abstain from premarital sex because in doing so they cannot contract HIV."* (Key informant 12). Community leaders also reported that there are some adolescents who cannot resist from sexual intercourse. Such adolescents are advised to use condoms. One of the key informants reported that: *"Some of the adolescents cannot stand the temptation of having sexual intercourse due to modern technologies as most of these youth have modern cell phones they use to browse pornographic videos (**zithunzi zolaula**) as such I strongly encourage them to use condoms when they are in that situation."* (Key informant 13).

However, some community leaders expressed different views on advising adolescents to use condoms. A participant reported that: *"I don't discuss issues concerning condom use with adolescents because it's like I am encouraging them to commit adultery."* (Key informant 6). Another participant said, *"It's against our belief to encourage adolescents to use condoms whenever they have a desire to have sexual intercourse."* (FGD 5, respondent No 7)

The community leaders indicated that they advise adolescents on the importance of HIV testing and counseling. They reported that knowing the HIV status can help the adolescents to make decisions that could prevent the spread of HIV. One of the participants reported that, *"I advise adolescents to go and have HIV test at the health centre to ascertain their HIV status."* (Key informant 3).

The community leaders indicated that they also encourage those living with HIV to continue taking their Anti-retroviral drugs *"It is our role to ensure that those adolescents living with HIV are living positively and that they are also healthy, so we encourage them to continue taking their drugs daily and whenever they are not feeling well, we encourage them to seek medical care."* (FGD 12, respondent number 1).

Encouragement role on safe behaviour towards prevention of HIV and SRH

The community leaders explained that they encourage adolescent boys on medical male circumcision instead of going for tradition circumcision. This was mostly disclosed by the community leaders affiliated to religious denominations. One of the religious leaders reported that: *"Our religion demands that male children should be circumcised and in the past we used to send them to ndagala (Initiation camps) where they were being circumcised by the ngalibas (local initiation counsellors). Due to HIV, we are now sending our children to health facilities where they are circumcised first before enrolling them into initiation camps."* (Key informant 13).

The majority of female community leaders reported that they have the responsibility to encourage adolescent girls to go and access cancer screening service at the health facilities when they have reached an adulthood age. A female community leader reported that: *"Whenever adolescents have gathered at one place, I always have an opportunity to discuss and encourage them to go and have cancer screening at the health facility when they are old enough as I believe in early preparation (mmera npoyamba)."* (Key informant 4). This claim was affirmed by another community leader who reported that: *"I advocate for safe motherhood issues within this area and most of the times, when I chat with adolescents, I also inform them on the dangers of cervical cancer"* (FGD 6, respondent 1).

Some community leaders reported to encourage adolescents on contraceptive use. This was reported by many community leaders in both FGDs and KIIs. One community leader in a FGD said: *"I sometimes advise adolescents to consider taking contraceptives especially girls whenever they feel that they cannot convince their boyfriends to use condoms so that they can avoid early pregnancies."* (FGD 4, respondent 6). Likewise in KII interview another community leader supported this by saying: *"I know there are some adolescent girls who do not take our advice seriously and don't like the issue of condom use, so I always ask them to go to the health facilities and get contraceptives to avoid pregnancy."* (Key informant 11).

There were also mixed feelings among the community leaders about advising adolescents on contraceptive use. Some community leaders reported that they do not advise adolescents to use contraceptives as that might encourage them to practice unprotected sex and be exposed to STIs including HIV. A respondent said: *"I do not advise adolescents to use contraceptives because it's like I am encouraging them to practice unsafe sex intercourse."* (A female respondent, FGD 10).

Several community leaders reported to encourage adolescents on their education. However, long distances to schools were mentioned as a challenge faced by many adolescents. This was highlighted in FGDs and KIs. In acknowledgement of this claim, one respondent in FGD said: *“As leaders we took time to encourage adolescents to concentrate on their education if they are to become reliable leaders in the future.”* (FGD 5, respondent 6). This was also reported in KIs as another key informant said: *“Whenever I have called for a meeting with my subjects I remind them on the need to encourage adolescents on education, however, the long distance to schools and lack of boarding facilities makes it difficult to monitor the behavior of adolescents as some take advantage of that to indulge in bad habits including sexual intercourse.”* (Key informant 8).

The role of regulating and restricting cultural practices and beliefs that fuel HIV and deterred SRH rights

The community leaders also indicated that they have a role on determining what should be practiced or not within their communities by restricting harmful practices that fuel spread of HIV. Majority of the community leaders reported that they condemn cultural practice of cleansing (*kusasa fumbi*). A community leader said: *“I personally restrict anakungwi and ngalibas (initiation counsellors) never to tell any adolescent that once out of initiation camp should have sex to cleanse themselves. If anyone disobeys this order I do ban such person from practicing in my area apart from fining him/her.”* (A male respondent, KIs 1). This was also highlighted in the FGD and one respondent said: *“Much as we are supposed to safeguard our culture but we have also responsibility to ensure that we stop all harmful practices and beliefs that increases the spread of HIV because things are changing. During our days we had curable diseases (meaning other STIs) but now we have AIDS that cannot be cured, so I always discuss with my subject to restrict some cultural practices that promote spread of HIV in their respective villages.”* (FGD 2, respondent 11).

The role of formulating and advocating for bye-laws that guide adolescent SRH

The community leaders indicated that they perform many roles on adolescent SRH in their respective areas. They perform these roles to prepare and safeguard adolescents from problems that come with early pregnancies. The community leaders reported to have a role in formulating bye-laws to guide adolescents SRH within their areas. They advocate for these bye-laws to be discussed at the district level during full council meetings. One of the key informants said: *“We formulate bye-laws like ensuring that no adolescent is married before reaching an adulthood age which we present during council meetings at DCs office”* (Key informant, number 16). In agreement to this, another traditional leader reported that: *“In my area, I have informed all my subjects to ensure that no adolescent fails to attend school because of early marriage or employment, if anyone found doing that can be punished by paying MK10, 000.00 and everyone is fully aware of this.”* (Key informant number 3).

The role of dealing with sexual abuse

The community leaders also reported that they have a role in dealing with domestic violence including sexual abuse. They perform this role by either bringing the perpetrators and punish them under local laws

or reporting them to police. A female community leader reported that: *"When I receive a report that an adolescent has been sexually abused, I make sure that the culprit is brought to book and punished. Sometimes I report such cases to police if the issue is beyond us like rape cases"* (Key informant no 16). In agreement to this, another community leader reported that: *"I have been sending some issues to police for their intervention, I remember one of the cases was to do with an adolescent who was impregnated by the step father, however, there are some issues we discuss here and if punishable under local laws then we normally do so, otherwise we don't just refer each and every issue to police."* (A male community leader, FGD 5).

Role of Promoting Youth Friendly Reproductive Health Services (YFRHS)

Many of the community leaders were not sure of YFRHS available at their nearby health facilities hence they are unable to inform adolescents on that. The community leader said; *"To be honest with you I don't know anything about YFRHS."* (Key informant 2). However, some community indicated that they are aware of the YFRHS at their health facilities. A community leader said, *"I have heard of YFRHS at our health facility but I don't know exactly what type of services are provided to these adolescents, so I don't advise them anything on that."* (FGD 6, respondent 2)

The community leaders also mentioned that they faced some challenges as they perform their duties when advising adolescents. They indicated that lack of parental support, inadequate knowledge on SRH issues and adolescent's rudeness were among some of the challenges. One community leader said, *"Some adolescents are rude that they cannot listen to you when advising them which discourage us."*

How do the roles influence health seeking behaviour among adolescents.

We further explored the influence of the roles of community leaders on adolescent's health seeking behaviour. The community leaders reported that advises they give to the adolescents are giving positive outcomes. They reported that many adolescents are able to access health services when the need arises. One respondent in FGD said: *"There is positive response from adolescents nowadays, I have seen some of them going to the health facility for HIV test unlike how things were before."* (FGD 2, respondent 9).

The community leaders also reported an improvement on SRH as adolescents are able to access services including contraceptives. A study participant reported that: *"I have seen some adolescents especially boys coming to me complaining about shortage of condoms at the health facility. To me this is the sign of positive results of our discussions with them, its encouragement on our part."* (KII No 14). Another participant reported that: *"I have seen many girls getting contraceptives which is an indication that they are taking our advices seriously."* (FGD 10, respondent 7)

Identifying ways of improving adolescents SRH rights from local perspective

The community leaders mentioned various ways of improving adolescents SRH rights in their communities. The ways include trainings, community awareness and use of leaflets and addition of SRH rights on education curriculum.

Training the community leaders on SRH rights

The majority of the community leaders mentioned the need to train them on the adolescents SRH rights to improve their knowledge. A community leader said, *"If I can be trained on the adolescents SRH rights then I will be able to advocate for that as I will have enough knowledge about the rights. Sometimes i fail to answer basic questions concerning the rights as a leader but if i can be trained then it will be easy for me to answer some of the questions."*(Key informant 13). A village Head said, *"Hahaha ok I can say that let those who have information whether from government or NGOs come and train us, may be from there we will have enough information about the importance of the SRH rights."* (FGD 10 participant 1).

Intensifying community awareness and advocating for SRH rights through Village Action Groups (VAGs)

Some community leaders mentioned the need for intensifying community awareness. This will enable many community leaders to access the messages and have the knowledge of the SRH rights. Some of the community leaders mentioned of VAGs as vehicles for strengthening adolescent SRH rights within communities. A participant reported that: *"Let the NGOs take a leading role through community awareness. This will assist some of us to be conversant with adolescent SRH rights."* (FGD 18, respondent No 11). Another participant said; *"In our community we have what we call community actions groups (meaning VAGs) who are championing various projects, these people can also be used to promote adolescent SRH rights if properly trained."* (FGD 9, respondent 5).

Use of printed leaflets

Some of community leaders suggested use of leaflets as a way of promoting adolescents SRH rights within communities. The leaflets in both languages, Chichewa and English, should be displayed in common places like community grounds, health facilities' notice boards and school notice boards. One of the community leaders said; *"I can read and write and if I can get a printed leaflet concerning adolescent SRH rights I can easily read especially one in our local language "Chichewa."* (A female respondent No 2, FGD 4). A female key informant said; *"Although I didn't go very far with school but at least "a yekha ndimatomuziwa" (meaning she can manage to read some basic printed materials) but I don't have chance of having these print out about adolescent rights."* (Key informant 2).

Inclusion of SRH rights into education curriculum

Some community leaders were of opinion that SRH rights should be included on the education curriculum. They suggested that this will assist adolescents to know these rights early and how they can exercise them. A community leader said: *"The SRH rights should be taught in our schools so that adolescents can have clear understanding and exercise them with some responsibilities."*(Key informant 11). Another community leader reported that: *"I think it is right time now that SRH rights for adolescents should be taught in our schools for early preparation of our children."* (FGD 4, respondent 12).

Discussion

According to the study findings, community leaders are taking part in advisory role on adolescent's health life. They do this by advising adolescents on the importance of abstinence and the need for HIV testing. In addition, community leaders indicated that they encourage those on ART to live positively and continue taking their drugs. This finding is similar with what was reported in another study in Zimbabwe by Dodo in 2013, where it was reported that traditional leaders were considered as mediators, judges and advisors whose verdicts were respected and taken with high esteem [15]. In another study conducted in Mulanje and Thyolo by Liwewe et-al, it was reported that initiation counsellors were giving conflicting messages to adolescents. The study further revealed that while initiation counsellors advised adolescents on the negative effects of sexual intercourse, they were at the same time encouraging it [16]. This is in agreement with what our study has found as there were mixed feelings among the community leaders about advising adolescents on SRH issues. This has also been reported in another study done in Mulanje, whereby, many of initiation counsellors claimed not to encourage girls to practice sex intercourse but at the same time they reported knowing others who do that [17]. Therefore, our study ascertain the claims made by other studies on adolescents when it comes to addressing SRH and HIV issues. Probably, this mixed information could be due to literacy level of the community leaders, or differences in religious backgrounds. We suggest sensitization of the community leaders on adolescents HIV, SRH and rights to enhance their knowledge since they have a very key role as advisors.

Safe behaviour can assist in reducing HIV transmission and promote SRH practices among adolescents. Our findings indicate that community leaders are encouraging adolescents on safer behaviours towards prevention of HIV and promote SRH. The safer behaviours include VMMC and cervical cancer prevention among adolescent boys and girls respectively. This finding is similar with what was reported in another study by Marashe J in Zimbabwe, where it was reported that traditional leaders were encouraging behavioral change among the youth and adults in order to curb the spread of HIV. They further reported that the HIV pandemic could possibly be contained if government fully empowered the community leaders [18]. To concur with this, another study on perceptions of VMMC among circumcised and non-circumcised communities in Malawi [19] reported that community leaders especially those from religious background were encouraging VMMC among adolescents. This should be commended if the fight against HIV is to be won and have an HIV free generation by the year 2030 as desired in Sustainable Development Goals.

Cervical cancer is a public health problem in Malawi. It is the leading cause of cancer deaths among women in Malawi [20]. Enhance cervical cancer awareness and behavior change among adolescents can promote SRH during their adulthood. This study found that community leaders are encouraging adolescents for cervical cancer screening when they reach adulthood age. In another study done on cervical cancer in Blantyre, Malawi, reported that majority of people do not know correct age that screening can be offered [21]. This is a challenge among many Malawian women especially those from rural areas. Our study suggest continuous sensitization so that adolescents and young women should have full information about risk factors associated with cervical cancer.

Community leaders are highly regarded and respected within their communities. They can assist in HIV prevention among adolescents. The results of this study indicate that the community leaders regulate and restrict harmful cultural practices and beliefs that can fuel HIV transmission and deterred SRH within their communities. Our findings are similar with what was reported in another study done in Malawi [22]. The Malawi National HIV prevention Strategy 2015–2020 [23] included the need to address cultural practices and beliefs in order to reduce the spread of HIV. Addressing cultural practices and beliefs which fuel HIV transmission can also assist to promote SRH. It is imperative that community leaders are taking part in encouraging changes, which calls for a different approach to the longstanding traditional practices that are harmful to adolescents. It is also reported that the village chief, who are community leaders, plays the principal role in establishing and maintaining norms as well as decision-making around communities [24]. Therefore, changing harmful traditional practices is a complex process that must involve all stakeholders including community leaders and their subjects.

The majority of community leaders reported that they formulate and advocate bye-laws within their communities to ensure that adolescents are protected from forced or coerced sex intercourse and early marriages. This finding is similar with what was reported in another study on gendered norms of responsibility and reflections on accountability politics in maternal health care in Malawi [25]. In another study conducted in Mangochi, Malawi, by Mamba K.C et-al, it was reported that bye-laws were among reasons that forced pregnant women to start antenatal clinics early as they were afraid to be fined which is similar with what we have found [26].

However, another study reviewed indicated that, some bye-laws formulated by community leaders limit access to health services. A study done in Ntcheu, Malawi, on understanding barriers preventing pregnant women from starting antenatal clinic in the first trimester of pregnancy by Chimatiro S.C et-al, reported that, absence of male partners prevented women from starting antenatal clinic early, following the introduction of bye-laws that every women should be accompanied by her partner [27]. This implies that, the role of formulating and advocating for bye-laws by community leaders is very essential much as it brings an improvement to lives of their subjects without restricting access to health services.

Domestic violence is common in Malawi as it has been reported that 34% of women experienced it since their adolescents age [28]. Sexual abuse is one of the common domestic violence experienced by most adolescents in the country [29]. The findings of this study indicated that community leaders are taking part in dealing with sexual abuse among adolescents. This finding is in line with what was reported in South Africa, where it indicated that traditional leaders were addressing cultural practices that predispose communities to HIV and gender-based violence [30].

The community leaders however highlighted that they depend on the adolescents to report and disclose information relating to the abuse she/he has been subjected to. This means that community leaders are limited on addressing sexual abuse as some adolescents do not report such conducts. This is in line with what was reported during national survey on violence against children and young women in Malawi that most of the adolescents are less likely to report sexual abuse especially done by their relations [29].

Moreover, it is indicated that traditional leaders are major providers of justice [31] implying that they can assist in ending domestic violence including sexual abuse. In an evaluation of the joint programme on adolescent girls in Malawi, it was reported that girls were advised to report cases of abuse to appropriate authorities and structures including community leaders such as village headmen [32].

Involvement of community leaders in dealing with domestic violence including sexual abuse is very important in the promotion of adolescents' health. The results of evaluation of the project on the "Traditional Leaders Championing Prevention of Domestic Violence in their Communities Project in Lesotho and Malawi," indicated that 9 in every 10 traditional leaders reported a decline in prevalence of domestic violence after their involvement [33]. This study, suggests that community leaders can assist in bringing much needed change in dealing with sexual abuse to improve adolescents SRH and HIV problems.

YFRHS are not well known among many community leaders as this current study indicates. It has been reported somewhere that YFRHS awareness and use is low especially in rural areas which is consistency with our finding [32]. Moreover, it was also reported that culture was one of the major factors that prevented most adolescents from accessing YFRHS. Further, there is high resistance from religious and community leaders to discuss sexual issues with adolescents [34]. The poor knowledge and low usage of the YFRHS among many of adolescents in Malawi was also reported by Zombe [35]. This study suggests continuous community awareness and engagement of community leaders on YFRHS can help to strengthen service accessibility among adolescents.

Community leaders have many influences on the lives of adolescents as indicated by our study. Adolescents are able to access health services following advice they get from the community leaders. The finding of this study is similar with what was reported by Botha C.J that community leaders were among the sources where adolescents would like to get SRH information from [7]. In South Africa, Traditional Leaders were also reported as being influential in rural communities and play a key role in advocating and driving social mobilization initiatives for the improvement of SRH and HIV issues [36]. Therefore, involving community leaders is essential in addressing health needs of adolescents as they can influence their health seeking behaviour.

The knowledge level of community leaders on SRH rights negatively affects the way how community leaders perceived those adolescents who claim to exercise their rights as they are deemed to be rude. Trainings can increase the knowledge of the community leaders on SRH rights. This study suggests that all relevant stakeholders should consider provision of training to community leaders on SRH rights. In another study, it was reported that there is direct relationship between level of knowledge and specific training attended by an individual [37]. This means that individual's level of understanding improves as the level of knowledge increases.

The community action groups are important in advocating for social change at the local level and also have important influence on participants. The findings of this study indicate that community leaders

mentioned VAGs as a vehicles that can be used to strengthening adolescents SRH rights. These VAGs are able to reach many people within their communities.

There are various ways of passing important health information to the community. Our study indicates that use of printed leaflets in Chichewa can increase knowledge of SRH rights among community leaders. Therefore, the study suggests that if community leaders can be supplied with printed leaflets of SRH rights to read, their knowledge can improve.

Investing in young children and adolescents health education is a cost-effective way of promoting SRH rights in Malawi. The country introduced life skill education program with the intention to empower children with appropriate information to deal with social and health problems affecting their lives, including the fight against HIV infections [38]. The findings of this study suggest that SRH rights for adolescent should be included in the curriculum.

Conclusion

Our study suggests that the roles of community leaders differ depending on the position held and institution represented. Those community leaders from religious back ground have shown to have different views with those community leaders representing other institutions not affiliated to religion. However, our study has shown general agreement among all community leaders on the challenges faced as far as adolescent HIV and SRH issues are concerned in Mulanje. In addition, the study has also shown that community leaders irrespective of their positions and institutions represented but are concerned with adolescent's health. We have further indicated that there is limited knowledge among community leaders on adolescent SRH rights. However, community leaders are ready to advocate adolescents SRH rights within their communities if they can be trained to develop their knowledge. We recommend that stakeholders involved in the fight against HIV and SRH rights should invest more on capacity building among the community leaders.

Abbreviations

HAS: Health Surveillance Assistant; HIV: Human Immunodeficient Virus; SRH: Sexual and Reproductive Health; MDHS: Malawi Demographics and Health Survey; YFRHS: Youth Friendly and Reproductive Health Services;

Declarations

Acknowledgement

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Availability of data and materials

Data for this study can be accessed at University of Malawi College of Medicine Library and from the corresponding author upon request.

Declarations

Competing interests

The authors declare that they have no competing interests.

Authors' contributions

CSC planned the study, developed study methods, developed the analysis plan, analysed the data and drafted the manuscript. PH reviewed study methods, analysis plan, developed and checked the manuscript. ASM supervised the planning, development of the methods, analysis plan, and data analysis and contributed and supervised the manuscript writing. All authors have read and agreed to the final version of this manuscript and have equally contributed to its content. All authors read and approved the final manuscript.

Ethical approval

The study protocol was reviewed and approved by the College of Medicine Research and Ethics

Committee (COMREC) under research certificate number P.08/18/2449. Permissions to carry out the study was obtained from the District Commissioner (DC) for Mulanje.

Consent for publication

All participants consented for peer review and the publication of the study results.

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