
**THE ROLE OF YOUTH MEDIA BRANDS IN FULFILLING MALAWIAN GIRLS'
RIGHT TO SEXUAL REPRODUCTIVE HEALTH EDUCATION - A FOCUS ON
*ZATHU***

BY

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Dedication

*I dedicate this dissertation to every Master's student who managed to finish their work under
the duress of anxiety and depression:*

You can officially do anything

Abstract

Using human rights standards, state legal components and principles of health communication, this research seeks to explore the place and efficacy of the media brand, *Zathu*, a non-state initiative, in the substantive realization of the right of Malawian adolescent girls to sexual reproductive health education (SRHE). Using the media for women's law methodological framework the research reveals that youth media brands play a major role in tackling the cultural aspect of the law through educating society which influences the lived realities of such girls. Effectively, they are a developmental institution working to achieve the United Nations' (UN's) Sustainable Development Goals (SGDs) and are absorbed as an entity into state policies and strategies. This study recommends that more work needs to be done by both the state and *Zathu* to amplify explicit sexual reproductive health rights (SRHR) messaging as well as to monitor the progress of behavioural change and the actualization of state and global policy goals. Furthermore, state and non-state actors involved in the implementation of *Zathu* must work hand in hand and increase the allocation of resources to ensure that SRHE goals are achieved for adolescent girls notwithstanding changes in government and the COVID-19 pandemic.

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Declaration

I, Nyokase Madise, declare that the work ‘The Role of Youth Media Brands in Promoting Adolescent Girls’ Right to Sexual Reproductive Health Education - A Focus on *Zathu*’ is genuinely mine, and that, to the best of my knowledge, it has never been submitted for examination purposes to this or any other institution of higher learning. Acknowledgements have been duly made where other people’s works have been used.

Signed:
Nyokase‘Kas’Madise

Date: 29/04/2020

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To my father Sunduzwayo: thank you for creating a feminist monster.

List of abbreviations and acronyms

| | |
|-----------------|---|
| ACRWC | African Charter on the Rights and Welfare of the Child |
| AGYW | Adolescent Girls and Young Women |
| CEDAW | Convention on the Elimination of All forms of Discrimination Against Women |
| CONGOMA | Council of Non-Governmental Organizations in Malawi |
| CRC | Convention on the Rights of the Child / Committee on the Rights of the Child |
| DREAMS | Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe |
| DYO | District Youth Officer |
| ESCR | Economic, social and cultural rights |
| FGD | Focus group discussion |
| GAVI | Global Alliance for Vaccines and Immunisation |
| GC | General Comment |
| HC | Health Communication |
| ICESCR | International Covenant on Economic, Social and Cultural Rights |
| ICPD | International Conference for Population and Development |
| KPI | Key Primary Indicator |
| Maputo Protocol | Protocol to the African Charter of Human and Peoples' Rights on the Rights of Women in Africa |
| MoH | Ministry of Health |
| MoY | Ministry of Youth |
| MSI | Marie Stopes International |
| NAC | National AIDS Commission |
| NAYCoM | National Youth Council of Malawi |
| NGO | Non-governmental organization |
| NICE | National Initiative for Civic Education |
| NYP | National Youth Policy |
| PEPFAR | President's Emergency Plan For AIDS Relief |
| SDG | Sustainable Development Goal |
| SEARCWL | Southern and Eastern African Regional Centre for Women's Law, University of Zimbabwe |
| SRH | Sexual Reproductive Health |

| | |
|--------|--------------------------------------|
| SRHE | Sexual Reproductive Health Education |
| SRHR | Sexual Reproductive Health Right |
| STI | Sexually Transmitted Infection |
| TEGA | Technology Enabled Girl Ambassador |
| UN | United Nations |
| UNFPA | United Nations Population Fund |
| VVC | Value-Voice-Connection |
| WHO | World Health Organisation |
| YONECO | Youth Network for Counselling |
| ZATHU | <i>Chewa</i> for ‘Ours’ |

List of international human rights instruments

African Charter on the Rights and Welfare of the Child (ACRWC)

Convention on the Elimination of All Forms of Discrimination Against Women, 1979
(CEDAW)

Convention on the Rights of the Child (CRC)

Committee on the Rights of the Child (CRC) General Comment No.15

International Covenant on Economic, Social and Cultural Rights (ICESCR)

Protocol to the African Charter of Human and Peoples’ Rights on the Rights of Women in
Africa (Maputo Protocol)

List of local legislation

Gender Equality Act, 2014

Non-Governmental Organisations Act

National Youth Council Act

List of local policies

National Adolescent Girls and Young Women’s Strategy

National Sexual and Reproductive Health Rights Policy

National Youth Policy

List of key terms and meanings

Adolescent

A person aged between 10 and 19 years old.

Gatekeeper

An adult in society who is in position to make decisions that influence a child's/adolescent's life.

Media brand

A multifaceted media product that has one main, constantly resonating idea with which it would like its targeted consumers to identify. *Zathu* (a *Chichewa* word meaning “ours”) is the name of the youth media brand in focus in this dissertation.

Right to SRH Education (SRHE)

The right to access and receive information, formal education and informal education, through state and non-state implementation, and subsequently to freely express themselves in order to enjoy the best attainable state of Sexual and Reproductive Health (SRH).

Sexual and Reproductive Health (SRH)

The state of physical, mental and social well-being in all matters relating to the reproductive system.

Zathu

This is a *Chichewa* word meaning “ours” and is the name of the youth Media Brand which is the focus of this research.

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CHAPTER ONE

1.0 INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Background

The promotion of Sexual Reproductive Health Rights (SRHRs) remains a contentious issue in most parts of the world due to the many socio-cultural, economic and political factors that largely revolve around the question of women's bodily autonomy, especially in African countries (Banda, 2005). The mere consideration of Sexual Reproduction as a priority area of health is a recent emergence as a result of global discussions at the International Conference for Population and Development (ICPD) and Beijing Platform for Action, among others, which have subsequently influenced legislation and actions of global, regional, state and non-state entities. SRH itself refers to the state of physical, mental and social well-being in all matters relating to the reproductive system (UNFPA, 2016). As an area of health, Sexual Reproductive Health Rights are drawn from general health rights as stipulated under the International Covenant on Economic Social and Cultural Rights (ICESCR), the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the Protocol to the African Charter of Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) and the African Charter on the Rights and Welfare of the Child (ACRWC). The vastness and multidimensional nature of SRH, however, justly warrants specific stipulations in Human Rights treaties, as can be seen in treaties such as those mentioned above. Ultimately, Sexual and Reproductive Health Rights (SRHR) compel State and Non-State actors to eliminate preventable maternal and neonatal mortality and morbidity, to ensure quality sexual and reproductive health services, including contraceptive services, and to address Sexually Transmitted Infections (STIs) and cervical cancer, violence against women and girls, and sexual and reproductive health needs of adolescents (WHO, 2014).

As all other health-related rights, the fulfilment, protection and respect for one's SRHR cannot be achieved without substantive provision and access to education on SRH. This provision and access includes addressing all barriers that prevent the right holder's access to education, be it social, cultural, economic or political. As such, the right to SRH education becomes an inalienable Sexual and Reproductive Health Right. Education itself encompasses: the holistic process of creating an environment that allows for meaningful provision and

access to information and skills training; the actual provision and access to sufficient information and skills training; pedagogical discussion on the information and skills training; and an evident absorption and utilization of the training and information. The Right to Sexual Reproductive Health Education therefore entails the right to access and receive information, training, formal education and informal education, through state and non-state implementation, and subsequently to freely express themselves in order to enjoy the best attainable state of Sexual and Reproductive Health.

In the effort to achieve the right to SRH Education and other SRHR for Malawian women, the Government has developed various local legislation and policies such as: The National Sexual and Reproductive Health Policy, the National HIV/AIDS Policy, the National Family Planning Strategic Plan, the National Youth Policy, the National Gender Policy, the Gender Equality Act and the Public Health Act. These fall in line with universal human rights obligations under the ICCPR, the ICESCR, CEDAW, the ICPD and the Maputo Protocol, as well as with International Development Agenda such as the 2030 Global Goals and Africa 2063. In order to effectively implement these laws and policies, the Malawi Government has put in place state agencies such as the Ministry of Health, the Ministry of Gender, various Parliamentary Committees, the National Initiative for Civic Education (NICE), the National AIDS Commission (NAC), the National Youth Council, and the Family Planning Association of Malawi.

The actual implementation of these laws and policies is a different story. It seems to be a challenge for the Malawi government to fully ensure the enjoyment of SRHR for women, due to its limited resources and lack of political will. Fortunately, the resounding global response to provide SRHR services for women, as well as to address barriers that prevent women and girls from enjoying their SRHR, has seen non-state actors such as NGOs play their role in working with State bodies to create multi-disciplinary approaches towards the fulfilment of SRHR for women and girls. One such NGO is Girl Effect, which uses media brands to address socio-cultural barriers that inhibit girls' agency, their freedom of expression, and their ability to access and effectively use SRH services, particularly for girls in developing countries, including Malawi. Media in this context refers to a mode of communication aimed at mass audiences (Turrow, 2009) and a media brand is a multifaceted media product that has one main, constant resonating idea with which it would like its targeted consumers to identify.

Girl Effect's use of media brands for girls' empowerment can be mainly attributed to the fact that it was created as a CSR initiative by the sports apparel brand Nike in 2012, and it became its own entity in 2014. As an independent organisation, Girl Effect proceeded to launch *Yegna* - the all-girl music and drama brand in Ethiopia; *Ni-Nyampinga* - the all-girl journalism brand in Rwanda; *Springster* - the social media brand in the USA, and *Zathu* - the girl-boy music, drama, radio and magazine brand in Malawi.

Zathu is a Youth Media Brand under Girl Effect (Malawi) in collaboration with PEPFAR (the President's Emergency Plan For AIDS Relief) DREAMS (Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe). *Zathu* uses the power of culture-based music, drama and storytelling to close the gender gap between adolescent girls and boys, and to tackle challenging topics such as relationships, stereotypes, self-expression and sexual health (Girl Effect, 2017). The face of the brand is a musical band of three boy and three girl characters called the *Zathu* band, and the brand revolves around their stories and how they come together to overcome individual and group challenges despite where they come from and existing gender stereotypes in society. Girl Effect (2017) asserts that:

“By helping to close the gender divide, *Zathu* has the potential to deliver something much bigger than the sum of its parts. By improving the perceived value of girls - by girls themselves and those around her - we can have a knock-on impact on far wider health and poverty indicators. For example, by informing girls and giving them confidence, they will better understand why their wellbeing is important, seek help, and be more likely to visit a clinic.”

Zathu was the first of Girl Effect's Media Brands to place both girls and boys at the centre of the brand as equal champions of gender equality, hence the name *Zathu*, meaning “Ours” in *Chichewa*, Malawi's national language. According to Girl Effect (2017), this was done to respond to the outcry from Malawian boys that they often feel left out in gender equality initiatives and subsequent affirmative action benefits. For this approach, *Zathu* has received local and international recognition as a media brand, as a music artist, as a gender equality initiative, and as a demand creation initiative in Sexual and Reproductive Health.

Zathu is not the first arts and/or media for social change initiative in Malawi, especially in the area of Sexual Reproductive Health. Brands such as *Tikufelanji* (“why are we dying”) - a drama brand by Story Workshop Trust; *YONECO* (Youth Network for Counselling) - a radio

and culture brand and *Youth Alert!* By PSI Malawi - a radio and magazine brand by PSI Malawi, have gained popularity and made strides in the mainstreaming of Sexual Reproductive Health Rights in Malawi, including positively reshaping the SRH context for women and girls in Malawi. While their use of popular culture, heritage and entertainment garner nation-wide popularity and positive reception, the question of whether such brands are successful in substantively fulfilling the right to SRH education as modes of communication proves complex to answer. Using the media brand *Zathu* as a case study, this research paper endeavours to answer this question by looking into the efficacy of the media brand method itself, its adherence to human rights standards, and its interaction with the State of Malawi as the primary body responsible for helping to realise the right to SRH education for adolescent girls.

1.2 Motivation

I chose *Zathu* as the case study for this paper because I was one of the first six members of the *Zathu* Band, and so this is an attempt to objectively analyze the impact of the work I did.

I auditioned for *Zathu* in September 2016. The auditions advertisement contained no leading details, other than that it was an opportunity for young singers and actors aged 17-21 to be part of an exciting media brand. I was urged to audition by my ex-boyfriend (here's an example of the male influence on female choices) who is a music producer, and he told me that his colleagues on the team said it would be like a Malawian "High School Musical" with very good pay. The auditions garnered over 60 applicants nationwide which was then reduced to 16 after a second round. The final 6 who would make up *Zathu* Band were chosen after a series of musical, theatrical and dance tests, as well as oral interviews. It was during these final interviews that it was revealed to us that Girl Effect is launching in Malawi with a youth media brand initiative that will use creative arts to promote gender equality and youth empowerment. The Girl Effect team explained how the brand would use a different approach and involve boys as much as girls in the gender equality process. I was extremely excited to be selected as one of the final six because this had turned out to be an Arts for Change initiative, which was my dream career to pursue after recently finishing my Bachelors Studies in Music and Theatre at the University of Malawi.

The first name for the Brand was *ZiZa*, an acronym for *ZithoZathu*, meaning “Our Power” in *Chichewa*. Our band of 6 really liked this name because it sounded cool and glamorous. We could see our name in lights and would imitate people calling our name onstage. However, to our initial dismay, the name of the brand was changed to just *Zathu*, meaning “Ours”. The rationale behind the change by the Girl Effect team was that when the name *ZiZa* was tested with its target audiences in the rural and neo-urban areas in Malawi, it did not make sense to them. *Zathu*, on the other hand, carried meaning and they felt they had ownership of the brand - it was something which they could now relate. This was my first lesson in the value of community participation in media for change.

As the face of the brand, the now *Zathu* band, we were trained in basic concepts of gender equality, the Brand’s themes and objectives, public behaviour, media etiquette and the creative approach *Zathu* would take. All of these were done to mainstream *Zathu*’s 3 main themes: Platonic Boy-Girl Friendships, Breaking Down Stereotypes and Encouraging Self Expression (especially among girls), as well as tackling the sub-themes of Education, Health and Gender Based Violence.

Of all the themes, our relationship with health seemed the vaguest to me, and yet it was one of the themes that the brand used for publicity, funding and recognition. Our introductory video cited *Zathu* as “unlocking the power of friendship to stop the spread of HIV”, and our partnerships with SRH advocacy institutions such as the President’s Emergency Plan For AIDS Relief (PEPFAR), the Global Alliance for Vaccines and Immunisation (GAVI) and local offices such as the Ministry of Youth showed that Sexual and Reproductive Health was an important goal for *Zathu*.

Upon pursuing my studies at SEARCWL and learning about how social justice and media activism work, I sought to look back and examine how exactly *Zathu* tied in with Sexual and Reproductive Health Rights.

1.3 Problem Statement

Research on the efficacy and impact of *Zathu* in promoting SRH is limited to Girl Effect’s own 2017 reports, which are expected to lack objectivity and a multi-dimensional insight. Furthermore, the non-release of reports since 2017 means there is no shared information of

Zathu's reach and impact after one year since its launch, which is an ideal time to collect information on the brand due to comparison and saturation factors. As a brand, *Zathu* places less apparent emphasis on their Health theme, which requires a more in-depth analysis of the relationships between the themes that has not been provided. The critical aspect of whether girls are enjoying their right to SRH education as a result of *Zathu*'s work (i.e., knowing what they need and to what they are entitled; knowing where to get it when they need it; having the agency to get what they need and what to do if something hinders their access) needs to be further clarified with more objective academic research.

Lastly, it is vital to look at *Zathu*'s work through a legal lens as a contribution to the fulfilment of SRH education, more than a humanitarian development initiative. This will provide a foundation for a better monitoring framework that examines the project method efficacy as well as human rights accountability through interaction with state bodies, human rights and the right holder herself - the adolescent girl.

1.4 Study Objective

Using Human Rights standards, State legal components and principles of Health Communication, this research sought to explore the media Brand *Zathu*'s place and efficacy in the substantive realization of Malawian Adolescent Girls' Right to Sexual Reproductive Health Education, as a non-state initiative.

1.5 Research Assumptions

In light of the objective of my research, my lived experience as a *Zathu* insider, as an arts practitioner, as well as engagement with relevant law and literature, I held the following prior assumptions as I embarked on my study:

- (1) The media brand, *Zathu*'s, behavioural change approach to fulfilling the human right of adolescent girls to sexual reproductive health education (SRHE) is effective.
- (2) *Zathu*'s products do not adequately or receptively provide information on sexual reproductive health (SRH) to adolescent girls.

- (3) Adolescent girls rely on media brands for information on their sexual reproductive health (SRH).
- (4) State and non-state youth media brands in Malawi work in tandem to achieve the fulfilment of girls' right to sexual reproductive health education (SRHE).
- (5) Youth media brands tackle the cultural aspect of the law through educating the society which influences girls' lived realities.
- (6) The media youth brand, *Zathu*, emphasizes sexual reproductive health education (SRHE) as a right.

From these assumptions stemmed the following research questions that guided my study.

1.6 Research Questions

- (1) Is the media brand, *Zathu*'s, behavioural change approach to fulfilling the human right of adolescent girls to sexual reproductive health education (SRHE) effective?
- (2) Do *Zathu*'s products adequately and receptively provide information on sexual reproductive health (SRH) to adolescent girls?
- (3) Do adolescent girls rely on media brands for information on their sexual reproductive health (SRH)?
- (4) Do non-state youth media brands in Malawi work in tandem to achieve the fulfilment of girls' right to sexual reproductive health education (SRHE)?
- (5) Do youth media brands tackle the cultural aspect of the law through educating the society which influences girls' lived realities?
- (6) Does the media youth brand, *Zathu*, emphasize sexual reproductive health education (SRHE) as a right?

All of these questions contribute to the overall question this paper sought to answer: What is the role of youth media brands in fulfilling adolescent girls' right to sexual reproductive health education in Malawi?

CHAPTER TWO

2.0 THE “MEDIA FOR WOMEN’S LAW” METHODOLOGICAL FRAMEWORK

2.1 Introduction

This paper proposes using a “Media for Women’s Law” mixed methodological framework which has been designed to examine how mass media as a communication tool can interact with the three components of the legal system (Structural, Substantive and Cultural) in order to review, critique and reform the law for the substantive realization of women’s rights in their lived realities. After all, the objective of Women’s Law is to scrutinize all areas of the law to assess their impact on women (Stewart et al, 2007). In this case, the primary area of the law that is in focus is the Cultural component of the legal system, which tackles cultural barriers in accessing justice through education in the form of media campaigns, legal awareness, the training of lawyers and legal personnel as well as paralegals (Stewart et al., 2007).

The theories and research methods thrown into this methodological basket therefore are those which contribute to:

- (a) The understanding of the correlation between youth media brands and SRHR; and
- (b) The establishment of the role of the media brand *Zathu* in fulfilling SRHR; and
- (c) The selection and analysis of respondents during my research; and
- (d) The review, critique and reform of *Zathu* (and its relationship with the State) as an agent for enlivening the cultural component of the law.

Table 1 shows the theories and research methods within the Media for Women’s Law methodology, and the research questions they aim to address:

Table 1: Showing the application of the “Media for Women’s Law” methodological framework to the research questions

| RESEARCH QUESTION | THEORY | RESEARCH METHOD |
|--|--|---|
| (1) Is the media brand, <i>Zathu</i> ’s, behavioural change approach to fulfilling the human right of adolescent girls to sexual reproductive health education (SRHE) effective? | Grounded Theory Health Communication Theory Media Effects Theory Human Rights Approach African Feminist Theory | Desk research Interviews Observational study |
| (2) Do <i>Zathu</i> ’s products adequately and receptively provide information on sexual reproductive health (SRH) to adolescent girls? | Grounded Theory Health Communication Media Effects Theory Human Rights Approach Brand Equity Theory | Media Content Analysis Desk research Interviews |
| (3) Do adolescent girls rely on media brands for information on their sexual reproductive health (SRH)? | Grounded Theory Brand Equity Theory Media Effects Theory Human Rights Approach African Feminist Theory | Interviews Desk Research Observational Study – popularity fam Media Content analysis |
| (4) Do non-state youth media brands in Malawi work in tandem to achieve the fulfilment of girls’ right to sexual reproductive health education (SRHE)? | Grounded Theory Human Rights Approach Brand Equity Theory Media Effects theory | Desk research Interviews Observational study – including the researcher’s own experiential data |
| (5) Do youth media brands tackle the cultural aspect of the law through educating the society which influences girls’ lived realities? | Grounded Theory Human Rights Approach African Feminist Theory Health Communication Media Effects Theory | Interviews Observational study Media content analysis Desk research |
| (6) Does the media youth brand, <i>Zathu</i> , emphasize sexual reproductive health education (SRHE) as a right? | Grounded Theory Human Rights Approach Health Communication African Feminist Theory | Interviews Media Content Analysis Desk research |

The above theories and research methods, as applied to this research, are unpacked in detail below.

2.2 Theoretical Lens

2.2.1 *Grounded Theory*

When employed, grounded theory pivots the choice of research methods for field study, the employment of other theories to analyse data collected, and it informs the direction of research. Grounded Theory is a qualitative approach to research that aims to be faithful to the lived experiences of women. It allows lived realities found on the ground to shape and inform the direction of the study (instead of setting out to prove or disprove existing hypotheses), and therefore designs new concepts and methodologies to effectively tackle issues under scrutiny.

In this research paper, assumptions rather than hypotheses were used to conceive research questions for the field study since hypotheses already have guiding theories that leave little room to focus on what the realities of women are on the ground. With grounded theory, however, data collected in the field and through desk research informed the choice of subsequent theories used to analyse data and answer the questions this study posed, thereby generating the unique and more informed methodology called the Media for Women's Law methodology.

2.2.2 *Human Rights Approach*

As has already been shown in chapter, SRHE is a human right. The Human Rights Approach is used in this study to unpack what it entails, who is the right holder and who is responsible for the fulfilment of that right, especially in a media-for-development initiative, such as *Zathu*.

For this piece of research, the human rights based approach will also spell out who is accountable and responsible for fulfilling a right in development work. Most development agencies have been pursuing a "basic needs" approach, that is, an approach based on identifying the basic requirements of human development and advocating their fulfilment within their society. Although human rights are need-based claims, a human rights approach

to programming differs sharply from the basic needs approach. Most importantly, the basic needs approach does not imply the existence of a duty-bearer.

“When demands for meeting needs have no “object,” nobody has a clear-cut duty to meet needs, and rights are vulnerable to on-going violation” (Jonsson, 2001).

In this grounded study, the Human Rights Approach also looks into pre-existing practices in our communities and cultures that enforce or encourage human rights or inherent principles of human dignity, equality, unity and respect, before the introduction of the formal concept of human rights.

2.2.3 *Health Communication (HC) Approach*

Health Communication (HC) encompasses the study and use of communication strategies to inform and influence both the individual and the community. It is a multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals, special groups, policymakers and the public to champion, introduce, adopt, or sustain a behaviour, practice, or policy that will ultimately improve health outcomes (Schiavo, 2006). The Health Communication approach as a human rights channel contains qualities that every health communication strategy must have to ensure empirical efficacy and the promotion of health-related rights.

In this study, HC analyzes and provides insight into improving how *Zathu* not only inculcates a human rights culture and health seeking-behaviour into its audience, but also how it reshapes the narrative on how adolescent girls, boys and their gatekeepers in Malawi are socialized to develop agency (or lack thereof) to know about girls’ SRH and SRHR, to allow them to apply their knowledge, and to know what to do when hindrances to enjoying their rights occur.

2.2.4 *Media Effects Theory*

This theory delves into how mass media influence the attitudes and perceptions of audience members (Borah, 2016). Media effects theory looks into selectivity patterns of media forms; the properties of the media form itself (content, modality and design); the indirect/subliminal

messaging in the media form; the conditions that influence the media form; and the transferral nature of media (Valkenburg et al., 2016).

In this paper, media effects theory establishes the parameters and the potential of *Zathu*'s influence to effectively promote and contribute to the fulfilment of SRHE, not only with its audience, but with relevant policy makers and stakeholders as well.

2.2.5 Brand Equity Theory

A brand can be a name, symbol, design, or mark that enhances the value of a product beyond its functional purpose (Clarke, 2009). Brand equity theory asserts that a brand is more valuable and successful when it is widely recognized, because the name itself becomes associated with particular feelings and an identity. This popularity and association allows brands to promote ideas and products that they would not have been able to do otherwise (Clarke, 2009).

Similar to the media effects theory, the brand equity theory also examines *Zathu*'s reach as an effective vehicle for SRHR, with more particular focus on its consumption, consistency and reliability as a brand.

2.2.6 African Feminist Theory

This theory asserts that substantive equality must be harmonized with the lived realities and socio-cultural harmony among African women and men that stems from the value of relationships, common heritage and shared values. It recognizes that as Africans living in a plural legal system, it is imperative to uphold positive indigenous practices in African culture and tradition, as they align themselves with global and regional human rights agendas.

As a brand that is self-proclaimed and born out of culture, African Feminist Theory was used in this study to critically look into the cultural influences behind *Zathu* and the youth media brand's attempts to use culture and heritage as positive forces for the advancement of women's rights, in this case, adolescent girls' right to Sexual Reproductive Health Education.

2.3 Research Methods

These are the methods that were used to collect data relevant to this study in order to answer the research questions posed. They were chosen to support the qualitative nature of this study and provide room for further inquiry.

2.3.1 Desk Research

Desk research was carried out in order to understand, draw from and compare with past, present and potential future knowledge by previous authors, studies and theories on Sexual reproductive Health Rights, Media Brands in Health Communication, NGOs and State initiatives, among others. Desk research was also used to triangulate data in order to adequately answer the questions this study poses.

2.3.2 Interviews

Two interview formats were chosen, one-on-one interviews and focus group discussions. One-on-one interviews worked largely when soliciting information from stakeholders such as representatives of relevant government departments, and *Zathu* cast/management. Focus groups were highly effective with adolescent girls and boys as they were able to actively talk about their shared experiences with *Zathu*. Key participants for the study included:

- Adolescent girls
- Adolescent boys
- Government officials
- *Zathu* (Girl Effect) management and cast

2.3.3 Observational study

I made observations of people who recognized my character and the comments they made upon recognizing me in order to establish brand reach as well as what their take home message is - what triggers their minds when they see me which determines the first thing they say. I was also able to observe how the adolescent girls and boys interacted with each other during the focus group, if at all, signifying a behaviour change towards gender equality.

2.3.4 Media Content Analysis

This is an examination of the context and the structure of the media form under scrutiny. In this particular case, media content analysis was done to examine the implicit and explicit SRHR messaging available in the various products of the *Zathu* Brand (e.g., music, drama, talk show, magazine and Facebook Page). An example of media content analysis is shown in Table 2.

Table 2: Media content analysis table

| TITLE | TYPE | SOURCE |
|-----------------------------|------------|---|
| <i>Sitigonja</i> | Song | https://www.youtube.com/watch?v=FgptDGaulkE |
| <i>Season 1, Episode 22</i> | Radio show | http://zathu.mw |
| <i>Season 3, Episode 11</i> | Radio show | http://zathu.mw |
| <i>Season 2, episode 10</i> | Radio show | http://zathu.mw |
| <i>Season 5, Episode 2</i> | Radio show | http://zathu.mw/sections/our-show/zathu-pa-wailesi-season-5-episode-2/ |

CHAPTER THREE

3.0 LAW AND POLICY REVIEW

3.1 Introduction

This chapter discusses the relevant human rights instruments, state laws and policies that surround adolescent girls' right to SRHE in Malawi. This review will enable an understanding and analysis of what the right to Sexual Reproductive Health education entails, from its definition in ratified international human rights instruments and its translation in Malawi legislation and policy, to how this right is connected with *Zathu's* work since its launch in 2016. The laws and policies in this chapter are those that apply to women and adolescents.

3.2 Defining the Right to SRHE for Girls

The right to sexual reproductive health education, especially for adolescent girls evolved from the ICESCR's initial stipulation of everyone's right to the highest attainable standard of health (Article 12). This right to health unequivocally includes the right to make informed decisions about one's sexual and reproductive health (as reiterated in Article 14 of the Maputo Protocol). Following the echoing of this right in Article 24 of the CRC, the Child Rights Committee General Comment No. 15 also reiterates that:

“Children's right to health contains a set of freedoms and entitlements. The freedoms, which are of increasing importance in accordance with growing capacity and maturity, include the right to control one's health and body, including sexual and reproductive freedom to make responsible choices. The entitlements include access to a range of facilities, goods, services and conditions that provide equality of opportunity for every child to enjoy the highest attainable standard of health.”

General Comment No. 15 describes that the ultimate effect of the provision of the child's right to health is health-seeking behaviour met with the availability of services, and an environment that nurtures levels of health knowledge, life skills and values of children as well as their guardians and social gatekeepers. This environment includes the reduction of social and cultural barriers that prevent girls' access to education as women, as Article 3 of CEDAW expressly states.

Although these rights could be interpreted to refer to matters of sexual reproductive health, the Maputo Protocol expressly recognizes that the enjoyment of Sexual Reproductive Health (Article 14) is vital for the fulfilment of women and girls' right to health, including their right to sexual reproductive health information, communication and education as specified in article 14.2 of the Maputo Protocol.

Furthermore, article 2 of both CEDAW and the Maputo Protocol emphasises the use of public education, information, education and communication strategies to modify socio and cultural patterns for the advancement of equality. It should be inferred, therefore, that State support of a local initiative that uses communication strategies for the purposes of providing information and education on equality, in this case *ZATHU*, is not only prudent, but necessary by law.

3.3 Arts and Media tools as part of the right to SRHE

Health education manifests itself differently for children. Human rights place the mandate for health education, particularly for female adolescents, with the media, entertainment and recreational, artistic, cultural activity (article 14 of the Maputo Protocol; article 17 of the ACRWC).

While article 14 of the Maputo Protocol outlines the right to receive information and communication on Sexual Reproductive Health, the CRC and ACRWC emphasise the use of media, recreation and entertainment.

3.4 Non-State involvement

CRC General Comment No. 15 emphasises the duty of the State to guide non-state actors in their responsibilities towards contributing to the State fulfilment of the child's right to health. Through their reference to non-state actors and their involvement through shadow reports, Human Rights Committees (such as the Child Rights Committee) recognize the contribution of non-state actors to the fulfilment of human rights including the right to health education. For example, the Malawi Government has taken steps to adhere to the CRC 2017 recommendations through the launch of the National Adolescent Girls and Young Women Strategy in 2019.

Non-state actors, including organizations such as Girl Effect, have assumed a leading role in fulfilling Global Policy such as Agenda 2030 (Sustainable Development Goals, SDGs) and the Beijing Platform Plan of Action. Commonly cited by initiatives that seek to fulfil health responsibilities to adolescent girls are SGD Nos. 3, 4, 5, and 17.

3.5 Malawi's Compliance: Legislation and policy

In Malawi, the Constitution is the supreme law of the land (Section 199) and all Acts of Parliament, common law and customary law are lawful only insofar as they are consistent with the Constitution (Malawi Constitution, sections 10.2, 200). According to Kapindu (2019), the hierarchy sees the Constitution at the top, followed by legislation, and then international law. The Constitution also provides that where applicable it shall be interpreted in accordance with International Law (Section 11). Furthermore, section 211 stipulates that international treaties entered into after the commencement of the Constitution (i.e., 2001) shall become part of Malawian law if so provided for by an Act of Parliament and those entered into before 2001 shall continue to be binding and part of the law of the Republic. This is beneficial towards the creation of Acts of Parliament that outline more specific human rights provisions, for instance, the Gender Equality Act (Chapter VI) which emphasises sexual and reproductive health rights as provided for by section 13(c) of the Constitution.

Through Acts of Parliament, state Ministries are mandated to implement policies that effect the realization of rights. These Acts make provision for the state allocation of resources required for the implementation of policies, their processes and goals. It is during the implementation process that non-state actors are incorporated, and as such, they become part of state efforts to fulfil human rights. This absorption is done through the Non-Governmental Act of 2013, which requires Non-Governmental Organizations (NGOs) to submit to the Council of Non-Governmental Organizations in Malawi (CONGOMA), together with other normative registration requirements, a plan of the activities which the NGO intends to undertake, together with approval from the Ministry responsible for the activities to be undertaken by the NGO in the form of a memorandum of understanding or any other agreement between the Ministry and the NGO (Section 20.3, NGO Act of 2001).

The primary legislative Acts that bring adolescent girls' SRH rights and subsequently policies to life are the Gender Equality Act and the National Youth Council Act. While the Gender

Equality Act stipulates SRH Rights and Freedoms, the National Youth Council Act (through sections 4 and 12) gives the National Youth Council of Malawi (NYCoM) the mandate to develop and implement the policies and programs towards the realization of these rights and other youth-related rights. Such policies include the National Youth Policy (3.6 - youth health and nutrition; 6.4 - role of NGOs and international stakeholders); the National SRHR Policy (3.6.2, 4.1.2), and the National Adolescent Girls and Young Women (AGYW) Strategy. Non-State Organisations such as Girl Effect, through their state mandate to align their activities (by the NGO Act) with the relevant policies under their responsible Ministry, fulfil state obligations towards fulfilling the Human Right to Sexual and Reproductive Health Education.

CHAPTER FOUR

4.0 LITERATURE REVIEW

4.1 Introduction

This chapter engages with related literature and research material on: The role of non-state actors in fulfilling human rights obligations; SRHE as a universal human right; The media, youth and health communication - Global, regional and local insights; and Youth media brands & health rights in Malawi.

4.2 The role of non-state actors in fulfilling human rights obligations

Although they are not placed under direct obligation by human rights treaties, especially in the fulfilment of rights, Non-State actors play very important roles in the fulfilment of human rights obligations. They can act as human rights defenders, Aid/partners to civil society and state agencies, research and advocacy, observer status and litigation, corporate social responsibility, or be developmental agencies with a global human rights agenda (Alston, 2005).

4.3 Sexual and Reproductive Health Education as a Universal Right

4.3.1 *Understanding SRH Rights*

According to Mesquita and Hunt (2006), SRH issues are sensitive, controversial, large, complex and important in most communities of the world. As such, the ICPD's achievement of placing SRH rights at the top of the global health agenda is a human rights and health milestone.

According to Mesquita and Hunt (2006), SRH Rights are enveloped in certain human rights, particularly health rights, that are already recognized in national laws, international human rights documents and other consensus documents. The overall right to health includes an entitlement to a system of health protection, including health care and the underlying determinants of health which provide equality of opportunity for people to enjoy the highest attainable level of health. For example, women should have equal access, in law and fact, to information on sexual and reproductive health issues. As such, States have an obligation to ensure reproductive health services for women, including access to information on Sexual and Reproductive Health.

Mesquita and Hunt (2006) remark that in addition to the competence of the health care system itself, social and economic conditions play a significant role in determining women's sexual and reproductive health. Girls and women are often given low status in society, and this frequently contributes to their poor state of sexual and reproductive health, including failure to access services or receive relevant education on SRH. Furthermore, some traditional views about sexuality are obstacles to the provision of sexual and reproductive health services, including reliable information, and these views have an especially damaging impact upon adolescents.

According to the UN Inter-Parliamentary Union (2016), international human rights treaties and customary law impose three obligations on States: (1) the duty to respect, in which states must not interfere in the enjoyment of anyone's rights; (2) the duty to protect, in which States must preventively and remedially protect individuals against abuses by non-State actors, foreign State agents, or State agents acting outside of their official capacity ; and (3) the duty to fulfil, in which States are required to take positive action to ensure that human rights can be realized. A good illustration of these three duties is cited in the Union handbook:

'On the Right to health:

Respect: The authorities shall not restrict the right to health (*inter alia*, through forced sterilization or medical experimentation).

Protect: Female genital mutilation shall be prohibited and eradicated.

Fulfil: An adequate number of hospitals and other public health-care facilities shall provide services equally accessible to all' (Inter-Parliamentary Union, 2016).

The duty to fulfil is often overlooked by States in their human rights obligations. States often feel as long as they do nothing wrong, then they're doing everything right. Furthermore, economic, social and cultural rights often come with the fulfilment caveat that allows States to operate within the limits of their resources. This is where the principle of progressive realization must be enforced. The principle of progressive realization applies to the positive State obligations to fulfil and to protect human rights, in particular economic, social and cultural rights (Inter-Parliamentary Union, 2016). The principle recognizes that while especially in poor and developing countries the State may not be able to guarantee the highest enjoyment of ESCR, the State must set targets and make endeavours to ensure that basic state services are available to all, as well as to effectively tackle the socio-cultural factors that are hindering people from accessing basic state services. The Union (2016) does emphasize,

however, that the total absence of positive measures can, however, amount to a violation of a human right.

Mesquita and Hunt (2006) concur with this in emphasising that not all sexual and reproductive ill health represents a violation of the right to health or other human rights. Ill health constitutes a human rights violation when it arises, in whole or in part, from the failure of a duty-bearer – typically a State – to respect, protect or fulfil a human rights obligation. Obstacles stand between individuals and their enjoyment of sexual and reproductive health. The key objective from a human rights perspective is to ensure that human rights duty-bearers are doing all in their power to dismantle these barriers.

4.3.2 Right to SRHE for adolescent girls

Lehtmaki (2015) observes that in most countries, health systems and services are mainly designed for either young children or adults, leaving adolescents without tailor-made health services and responsive anticipatory models despite their specific health needs. What's more, adolescent girls need to be especially taken into account, considering their biological and gender-based differences that result in varied health risks and disease incidence. Therefore, provisions for the enjoyment of adolescent Sexual Reproductive Health Rights must always employ a gender equality approach. In order for these rights to be fulfilled, Governments need to reach adolescents with high quality, well-coordinated and well-integrated programs in their everyday context. Such achievements require coordinated state, non-state and multi-sectoral action across a range of service delivery platforms, and should be complemented by laws guaranteeing that adolescents have access to all the necessary services that they are entitled to.

Lehtmaki (2015) asserts that adolescents have a right to be empowered with information about the diseases, health needs and barriers they are vulnerable to, so that they can initiate action and take charge in making decisions that affect their health and development. What makes adolescents such a special group is that it during this age period that we as people experience so much physical, psychosocial, cognitive and emotional rapid changes, and failure to see adolescents through such a period with required information, counselling, social support and services will see their falling into repeated cycles of vulnerability and susceptibility to disease, STIs, early and unsafe parenthood, malnutrition and overall poverty and lack of wellbeing.

According to Wood & Aggleton (2005), there is a repetitive cycle surrounding stigma and discrimination of adolescents and SRH issues. They may be stigmatized due to being found HIV-positive, having an STI, being pregnant outside marriage or engaging in premarital sex. As a result, they have no opportunity to seek the right information they need for their health since they feel they have no choice but to conceal their sexual activity. Thus, they end up engaging in activities that place them in the situations that attract stigma and discrimination.

Furthermore, young people, especially girls, are often not considered to be mature enough to make decisions about important aspects of their lives, including whether or not to be sexually active, timing of first sex, who they should have sexual relationships with, whether or not they can access and use contraception, and so on. In most settings, gatekeepers such as parents and teachers are expected to have control over the lives of children and young people, including their access to information about sexuality and sexual and reproductive health, and their decisions about sexual relationships and health-seeking practices. Visibility and openness about Sexual Reproductive Health issues are prerequisites for the successful mobilisation of government and community resources to respond to the epidemic. As such, fulfilling adolescents' right to Sexual Reproductive Health Education is integral to attaining their best possible SRH and enjoying all SRH Rights.

According to Marie Stopes International (MSI), young people want a package of services that meets their needs. A comprehensive, context specific understanding of young people's needs, preferences and realities is the foundation for defining both the appropriate service package as well as the best model for delivering services. Hearing directly from young people about what they need and how they want to access services leads to the design of effective service packages. As would be expected, there are wide variations in young people's cultural and contextual preferences. MSI found that in Malawi, young women have voiced their preference for more 'discrete' contraceptive methods, such as injectables.

In provision all SRH, health, Gender-Based Violence and social services, MSI recommends information, education, counselling and an all-round youth friendly approach as one of the priorities of institutions, public or private.

4.3.3 *The SRH situation for adolescents in Malawi*

Fleischman (2017) presents alarming data on the vulnerability of Malawian adolescent girls to HIV/AIDS, STIs, sexual abuse, childhood pregnancy that leads to school dropouts and childhood marriage, maternal mortality, and Sexual/Reproductive complications: 9% of girls complete secondary school; 1 in 5 girls under 18 have been sexually assaulted; 46% of girls are married by age 18, 29% of girls are pregnant by age 19, and the total fertility rate is 4.4 children per woman. By the time such a woman has reached the adult age of 25, she is three times more likely to be HIV positive than her male peers. Adolescent girls now comprise almost a third of new infections in Malawi, stemming from the social, economic, and cultural factors, including the ongoing shortage of food that places girls and young women at higher risk.

4.4 The Media, Youth and Health Communication (HC) - Global, regional and local insights

4.4.1 *Principles of Health Communication (HC)*

According to Schiavo (2007), health communication (HC) is:

“a multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals, special groups, policymakers and the public to champion, introduce, adopt, or sustain a behaviour, practice, or policy that will ultimately improve health outcomes.”

The overall purpose of communication is to share and transmit meanings and ideas in order to create feelings of approval, recognition, fulfilment or friendliness, among others. What HC does, is that it takes forms through which people communicate and infuses them with health-positive and progressive content, so that subjects of health create mutual feelings of approval, recognition, fulfilment, friendliness etc., across target audiences. Basically, Health Communication is about improving health outcomes by encouraging behaviour modification and social change. It is a comprehensive approach that relies on the full understanding and involvement of its target audiences.

As a behaviour change approach, the main aims of health communication are to *inform and influence* individual and community decisions towards attainment of a better well-being for everyone; to *motivate* individual, institutional, and public audiences to be aware and want to

be aware about important health issues; to *change behaviours* in a large-scale target audience regarding a specific problem in a predefined period of time; to *increase knowledge and understanding* of health-related issues; and to *empower* people by providing them with knowledge and understanding about specific health problems and interventions (Schiavo, 2007).

HC demands that whatever form of communication is used and/or health-related issue is being addressed, the overall strategy (campaign, programme, etc) must be audience-centered, research-based, multidisciplinary, strategic, process-oriented, cost-effective, creative, audience specific, aimed at relationship building, and behavioural or social change. In addition, health communication strategies must be sustainable over a long period of time, as behavioural change is not an overnight process. An effective HC initiative will enable individuals, communities, and other audiences to adopt or sustain a recommended behaviour, practice, or policy change as a further step from the initiative itself.

Schiavo (2007) further asserts that in order for the health message to go across and generate intended results it is important that the people constructing or carrying out the communications themselves are informed and trained on the health content itself. This would mean that musicians in a health song campaign, designers for a health magazine, or actors staging community theatre should receive technical training on the health content that they are channelling into the communication for they are responsible for creating.

“The level of technical competence of communication practitioners can affect outcomes. A structured approach to health communications planning, a spotless program execution and a rigorous evaluation process are the result of adequate training. In health communication, the learning process is a lifetime endeavour and should be facilitated by the continuous development of new training initiatives and tools” (Schiavo, 2007).

Schiavo (2007) recommends that in order to assess the efficacy of a HC, the following must be analysed: Changes in people’s attitude and beliefs; Changes in intended and actual behaviours; Changes in public and private policies; Changes in population attributes; and Changes in trends in morbidity and mortality.

The reason communication becomes an effective approach in health rights is that forms of communication such as the mass media create a receptive and favorable environment in

which information can be shared, understood, absorbed, and discussed by the program's intended audiences. However, this requires an in-depth understanding of the needs, beliefs, taboos, attitudes, lifestyle, and social norms of all key communication audiences. It also demands that communication is based on messages that are easily understood.

According to Servaes (2008) and Schiavo (2007), various behavioural change theories fuel health communication, especially depending on the form or model of communication used:

Health Belief Model

This model aims to explain why people did not participate in programs to prevent or detect diseases. It aims to predict health behaviour by observing: the subjective perception of risk of developing a particular health condition (Perceptive Susceptibility), feelings about the seriousness of the consequences of developing a specific health problem (Perceptive Severity), beliefs about the effectiveness of various actions that might reduce susceptibility and severity (Perceptive Benefits), the potential negative aspects of taking specific actions (Perceived Barriers), what bodily or environmental events trigger action (Cues to Action), and the individual's capacity to take action (Self-Efficacy). Health Communication therefore works to address each of these aspects of health belief in order to positively affect health behaviour.

Social Cognitive Theory

Social cognitive theory basically explains behaviour using the common premise, "everybody's doing it." According to this theory, behaviour is dynamically determined and fluid, influenced by a mix of both personal factors and environmental events. When this mix happens in more than one person, it engenders a chain of behaviour change in others. This change is not, however, only in the "copying" of others' behaviours; it also provides the opportunity for one to observe the actions of others and learn the consequences of those behaviours. This process requires the change factors to grab people's attention, to be something others can remember, to be something others can do themselves or reproduce, and to have a motivational factor that makes people want to reproduce that behaviour or produce an alternative behaviour if the original is perceived to have consequences.

4.4.2 The power of the media - Media effects and brand equity theories

Schiavo (2007) asserts that the media has an increasingly powerful influence on public opinion and everyday decisions, and that the general public tend to view the mass media as an objective source of information. People rely on the media as their main source of information and are increasingly conditioned in their health, political, or life choices by what they hear, see or read. This does not only apply to the masses. The more popular something from the media is, the more likely it is to influence policymakers to develop new prevention or treatment policies. In addition, the fact that media coverage can also affect what people eat or do in their leisure time, creates an opportunity for people to absorb health-related messaging even during their recreational time. All of this can help reduce the stigma associated with many diseases or break the cycle of misinformation and silence about health.

Media Effects Theory

Media effects theory explains how the mass media influence the attitudes and perceptions of audience members. According to Chavez (2007) and Borah (2016), the following are the schools of thought that contribute to Media effects theory:

- (a) *Priming Theory*: This school of thought asserts that exposure to an event from the mass media activates other similar ideas for a short time afterward. These thoughts, in turn, can activate other semantically related concepts and make them more accessible.

- (b) *Cultivation Theory*: This theory explains how the media shape social cognition in that heavy exposure to mass media creates and cultivates attitudes more consistent with a media-directed version of reality than with reality itself. Media portrayals and messages might affect the behaviour of young persons over time by enabling them to acquire new attitudes and behaviours or by changing the likelihood that they will perform new or previously learned responses. This may occur when a child's expectations about the outcome of certain behaviours are altered through a portrayal of a character and environment they relate with.

4.4.3 Critiques of using media for health communication

While media continues to be effectively used for health communication, it can only be most effective if it is a result of collaboration of all relevant stakeholders, including public health personnel, state agencies and other health service providers. According to Schiavo (2007):

“HC can only reach its highest potential when it is discussed and applied within a team-oriented context that includes many other health care and public health professionals. Teamwork and mutual agreement on the intervention’s ultimate objectives and expected results are key to the successful design, implementation, and impact of any program.”

Schiavo (2007) also emphasises that while Health Communication is integral in the Health Rights process, it cannot replace the provision of the actual health services in their adequacy. Health communication cannot replace the lack of local infrastructure (such as the absence of appropriate health services or hospitals) or capability (such as an inadequate number of health care providers in relation to the size of the population being attended). It cannot compensate for inadequate medical solutions to treat, diagnose, or prevent any disease. And so, while State involvement in a popular and effective media HC strategy is commendable and necessary, it should not excuse them from their obligation to provide infrastructure, treatment, human resource and other human rights obligated health services.

The “donor-dependency syndrome” also affects the efficacy of media in any behaviour change intervention in developing countries. Chisiza (2017) is of the opinion that media for development forms often fall short in efficacy because content is driven by the donor, instead of focusing on delivering outcomes which target the audience’s best interest.

Servaez (2008) cautions against preconceptions towards how media works in health communication. For instance it is incorrect to assume that a simple strategy designed to trigger a once in a lifetime behaviour, such as immunization, would be adequate for changing and maintaining complex, lifelong behaviours, such as consistent condom use; or to design HC programming only for the women affected, instead of taking an approach that involves all genders and stakeholders.

Mugira (2007) remarks that changing social and behavioural patterns is difficult, and that engaging people individually and collectively to internalize, adopt, adapt and enact new ideas about social relations communities in adopting and adapting new ideas is a big challenge. Furthermore, he notes that modes of communications don’t change people, they only get a message across to inspire change.

“The most striking thing is that they are the people who change people and not leaflets, radio programmes or newspapers. Such things merely help the change agent to get their message across.”

According to Mugira (2007), to effectively prevent the occurrence and impact of diseases in any society, there is a need for the vigorous education of the masses with the right information. As a result, health communicators have to be armed with facts.

Such interventions need to be grounded in strong pillars in the society if at all social and behavioural change is to occur, bearing in mind that such behaviours were attained after a long period and so it takes a long process to do away with them. This presents a conundrum on the fact that health risks catch on to people very risky, and so saturation of message is vital to enhance change.

Health communication must also consider and utilise local people’s culture first. As culture is already a common and dynamic source of unity and familiarity, it is an opportunity for penetrating communities and solving their problems.

Mugira (2007) points out that the entertainment aspects of media may work against achieving the main purpose the main aim of the health communication program.

“In some circles, entertainment is taken as an object of pleasure and therefore there is a possibility of the audience members using it as just simply a means to get pleasure and neglect the information it is delivering.”

Mugira quotes Phyllis Piotrow:

“Entertainment Education and Viagra may have more in common than you think... Both act by expanding human capacity to absorb and retain new materials, both can be effective for women, as well as men, and both can bring new blood, new excitement and new enjoyment to the whole field of health communication.” Surely the use of Entertainment-Education strategy through Radio, TV or live drama has an intense impact on the way public perceive and make sense of the information.”

Entertainment media forms are able to present to their target audiences visible role models, and these role models demonstrate behaviours that members of the audiences emulate. Members of the audience also see for themselves the consequences of unhealthy behaviours

which force them to change for the better. This emotional response is what can make the audience reader to accept the message, internalize it and eventually adapt their actions to align with the message.

According to Collins (2010), traditional media include forms such as print media (e.g., newspapers and magazines), television, radio and entertainment media (e.g., film, theatre, dance and music). Modern forms of media are mainly technology based, such as video games, YouTube, social networks and telemarketing.

4.5 Youth Media Brands and Health Rights in Malawi - An overview

4.5.1 Changes in sexual behaviour

According to Munthali (2004), some young people have their sexual debuts at as early as age 10, and many report having sexual intercourse by age 17. Madise et al. (2007) offer similar statistics: Among 15–19-year-olds, 26% of females and 49% of males are unmarried and sexually active; 26% of females and 3% of males have never been married. Among 20–24-year-olds, 16% of females and 9% of males had had sexual intercourse by age 15, and by age 20, 79% and 74%, respectively, had done so.

Furthermore, Munthali (2004) asserts that adolescents in Malawi grow up in a social and cultural context that appears to reinforce the contradictions and confusions that adolescents face as they grow into adulthood. While the traditional as well as modern societies discourage premarital sex and boy-girl relationships, the sex and family life education that boys and girls receive promotes gender imbalances that put girls in a particularly vulnerable and submissive position on sexuality matters - their informal sex education, which is what they mostly receive, revolves around lessons on how they should please men sexually. As this happens, not much is done to control boys' sexual behaviour. Boys then grow up with a sense of superiority and command over girls' bodies, a factor that continues to increase women's vulnerability to STIs, even within marriage.

According to Munthali (2004), there are various sexual and reproductive health services offered to adolescents, but some adolescents are not even aware of the existence of such services. This is largely due to the fact that prevailing cultural and socio-economic contexts have a strong impact on patterns of adolescent sexual and reproductive behaviour. When

Munthali's research was done in 2004, it showed that the socialization process that young people undergo is influenced largely by the existence of opinion leaders, including village headmen, traditional initiators, traditional birth attendants, churches and mosques, local political leaders, community "big fish", parents and teachers.

Because it is considered taboo for children to discuss sexual matters with their parents, many parents have traditionally left this responsibility to grandparents, aunts and traditional initiators, who may not always have access to or choose to have factual and realistic advice on SRH, and especially on SRHR.

Adolescents get a lot of their information on sex and SRH from their friends and peers. Because they often get wrong information from friends (e.g., that a girl will not get pregnant if she has sex while standing), the youth indicate that there is pressure on both males and females to have sexual relationships from other youth who have already started sexual relations. Adolescents also learn about sexual and reproductive health matters from schools, either through biology or life skills lessons, or through school clubs.

Trends in sexual behaviour and adolescent social behaviour in general have changed since 2004. According to Self (2018), barriers to youth accessing family planning now include contraception misconceptions, costs of family planning services, and negative attitudes. Participants said involving community leaders in family planning discussions, improving counselling services, integrating family planning services and education within school curricula, and utilizing youth clubs could improve family planning services.

Participants in Self's study expressed the need for youth to protect themselves and avoid negative consequences from unprotected sex as another motivating factor. Participants mentioned preventing unwanted pregnancies, avoiding birth complications as a result of adolescent pregnancies and improper child spacing; fistulas, not wanting to die at an early age as a result of HIV, and protection from sexually transmitted diseases as drivers for youth accessing family planning.

To date, more recent studies show that youth know a lot more about contraceptives, safe sex and SRH conditions and services. According to Self (2018), most participants could name popular contraceptive methods and could list which methods were available in their

community, although misconceptions about how contraceptives work and their side effects were common. The most frequently mentioned misconceptions were that the use of contraceptives cause permanent sterility, illness, cancer, and weaken men's libido. Interestingly, male youth and out-of-school youth were more likely than female and in-school youth, and parent participants to talk about contraceptive misconceptions. For example, some young males perceived them to cause cancer and sores on the penis and oral contraceptive pills weaken sperm cells. Some females perceived condom lubricants to cause stomach pains, and that oral pills clog up and accumulate in the womb.

This concurs with the observation of Madise et al. (2007) that *young people's knowledge is broad but not deep*. More than 90% of young people are aware of HIV/AIDS. However, only 51% of females and 65% of males know that abstinence, being faithful and using a condom are three ways to avoid HIV infection (This was taught as part of the life skills lessons in schools). Misinformation about how pregnancy occurs is common: More than 40% of 12–19-year-olds believe that a woman cannot get pregnant the first time she has sex or if she has sex while standing up. Most adolescents know of at least one modern contraceptive method, but only 15% of young women and 24% of young men who have heard of the condom have witnessed a formal condom demonstration. Young people hold misperceptions about condoms: For example, among 12–19-year-olds, 44% of females and 32% of males believe that a condom can be used more than once. Although roughly two-thirds of young people know about STIs other than HIV/AIDS, knowledge about most STI symptoms is low.

Munthali (2004) also found that out-of-school youth held more misconceptions about family planning than in-school youth, and targeted strategies are needed to reach out-of-school female youth to improve their knowledge about contraceptives and meet their demand.

4.5.2 Media health communication initiatives

According to Madise et al. (2007), as of 2007, more young people (71%) receive information on sexual and reproductive health from the media than from any other source, and the radio is the most cited form of mass media. In addition, among 12–19-year-olds, 67% of females and 73% of males say that it is important for sex education to be taught in schools.

Media for health communication in Malawi has a long history and various forms of mass media have been used as health (including SRH) interventions, such as the The Chancellor

College Travelling Theatre, MBC Radio, Story Workshop's Tikufelanji, Pakachere, PSI's Youth Alert!, Theatre for a change's Tisinthe, CRECCOM, YONECO, Condomize! By UNFPA and *Zathu*.

4.5.3 *Zathu*

According to Fleischman, *Zathu* launched as a partner in the DREAMS initiative (Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe), a public-private partnership led by the President's Emergency Plan for AIDS Relief (PEPFAR) that aims to reduce the number of new HIV infections among 15- to 24-year-old women by 40 percent in areas where adolescent girls and young women are most prone to HIV infections. As a prevention program, it is attempting to reach young women and their male counterparts, populations that have proven very difficult to reach thus far:

“In DREAMS *Zathu* brought private-sector knowledge and skills to the table. *Zathu* (“Ours”) is a norms change program that looks to bridge the gender divide and promote girls’ empowerment in Malawi. As the primary private-sector partner under DREAMS, Girl Effect (formerly part of the NIKE Foundation) is looking to harness the power of branding to unlock behaviour change, supported by in-depth market research to customize messaging for a Malawian audience and high-level execution.”

Fleischman (2017) also acknowledges that *Zathu* is Girl Effect's first program targeting girls and boys and it is looking to reach young people through a coordinated mass-media campaign.

“This includes a radio show starring three male and three female characters who are part of a band; the shows feature dramas and music (emphasising themes from friendship to sexual and reproductive health), and are broadcast to all districts in Malawi.”

In 2018, *Zathu* has gained impact recognition locally and internationally in the form of awards such the Malawi MISA awards, the 2018 HIV Breakthrough award, Nyasa Music awards, CIM social Marketing Initiative and the Social Disruptor Award (Girl Effect, 2017).

According to Fleishman, Girl Effect worked with PEPFAR to create indicators around the perception of girls and gender equality and is employing Technology Enabled Girl Ambassadors (TEGAs) to collect data using mobile research tools.

4.5.4 Donor Effects on media health communication initiatives

Fleischman asserts that the donor's (especially federal aid) benefit for funding health programs is that they provide potential economic benefits for the donor country, as controlling the HIV epidemic helps to create stable markets for their countries' business.

Malawi is considered by the Commonwealth and World Bank as a low-income country, and the majority of the national health budget is funded by donor partners. As such, an instability in donor states and agencies is very likely to affect the work and efficacy of fulfilling the human rights that the project took upon itself to be a part of fulfilling. For instance, when a program is concluded prematurely due to funding cuts or change in donor-funding policy, the important learning about the impact of comprehensive approaches could be lost.

Furthermore, Chizisa (2017) asserts that donors, although playing a large role in creating media health communication initiatives in Malawi, often end up presenting agenda that may interfere with implementing the initiative in a way that will actually respond to the lived realities of girls on the ground. The team members, especially those in the creative roles, will often feel they have no choice but to take the money since there are very few opportunities for creatives in Malawi.

CHAPTER FIVE

5.0 FINDINGS AND DISCUSSION

5.1 Introduction

Using the Media for Women's Law methodological framework, this chapter discusses all relevant field research findings obtained through the research methods outlined in Chapter 2. A total of 55 participants were engaged for this study; three focus group discussions were conducted at SOS and Chisapi Secondary schools in Lilongwe and Blantyre, respectively - two were all female groups of 25 and 15, and one was a male-female group of 6. Nine participants were engaged in one-on-one interviews.

In accordance with the research questions that guide this study, the findings analyzed in the following categories: Effectiveness of the Media brand *Zathu's* behavior change approach to fulfilling adolescent girls' human right to SRH Education; How adolescent girls receive and interpret SRH information in *Zathu's* products; Relationship between state, non-state initiatives and donors in order to fulfill state goals for girls' right to SRH Education; and *Zathu's* emphasis of Sexual Reproductive Health Education as a right.

5.2 Effectiveness of the Media brand *Zathu's* behaviour change approach to fulfilling adolescent girls' human right to SRH Education

As seen in Chapter 3 (Law and Policy Review), Human Rights instruments, such as the Convention on the Elimination of Discrimination Against Women (CEDAW, Article 3) and the Convention on the Rights of the Child (CRC, General Comment No.15), recognize the important place of behaviour change in the promotion and fulfilment of human rights, especially sexual and reproductive health rights for children and young women.

The use of media behaviour change strategies for the fulfilment of Human Rights for adolescent girls shows great promise as demonstrated, for instance, in South Africa's youth media brand Soul City, which has contributed to the advancement of social justice and policy in the realm of SRHR in South Africa (Goldstein *et al*, 2004; SCI, 2020). So how has Malawi's *Zathu* fared in their quest to fulfil SRHR through behaviour change?

Firstly, according to *Zathu*'s Country Director (Personal Communication, 2020), *Zathu* as a project explicitly aligns itself with the following legal policies:

- The 2030 Sustainable Development Goals: Goal 1 (End poverty in all its form everywhere), Goal 3 (Ensure healthy lives and promote well-being for all at all ages), Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all), Goal 5 (Achieve gender equality and empower all women and girls). Goals 3 and 5 give express attention to the fulfilment of Sexual and Reproductive Health Rights, including the right to information and education on Sexual Reproductive Health and SRHR (3.7, 4.7)
- The National Youth Policy (Which contains Priority Area 3: Youth Health and Nutrition, with specific focuses on SRHR: “In complementary operation with the Health and Population Policies, the Youth Policy shall promote general health, and non-discriminatory sexual reproductive health and rights of young people... Full involvement of youth in identifying their reproductive and health needs and designing programmes that respond to these needs with special attention to vulnerable and disadvantaged youth.”)
- The Malawi Strategy on Adolescent Girls and Young Women (which contains the “challenge [against] harmful traditional or cultural practices which preserve gender inequity” and “increase[ing] access to equitable and quality essential Sexual and Reproductive health services” as priority areas.)

In the brand's alignment with these legal policies, *Zathu* on its own sets out to fulfil specific human rights, including Sexual and Reproductive Health Rights. It is therefore worth examining what *Zathu* says it is, and whether their mission is truly aligned with the laws and policies to which they aim to contribute. Girl Effect International as well as Girl Effect Malawi's Country Director describes *Zathu* as a Health Communication initiative. According to the Girl Effect Country Director (personal communication, 2020):

“*Zathu* is a branded media intervention primarily aimed at (1) increasing the perceived value of girls both to girls themselves, and those around them and

(2) improving girl’s agency and empowering them to create strong social connections, express their voice and improve their self-esteem and confidence. The brand also delivers content to change perceptions and behaviours around more issue specific or tactical outcomes including HIV and sexual and reproductive health. Specifically, *Zathu* will challenge stigmas around health seeking, HIV and reduce stigma around girls and young mothers returning to school. To achieve this, *Zathu* combines a mass-media based social marketing approach with a strong emphasis on the role of the brand to reframe the role of girls in Malawi.”

The content of *Zathu*’s brand products is created based on the following themes that unpack their behaviour change strategy for achieving SRHR:

- (1) Platonic Mixed Gender Friendship: Emphasizing the normality and benefits of platonic, mixed gender friendships amongst young people.
- (2) Self-Expression: Revealing the importance of self-expression, especially for girls and the freedom to believe, speak up and influence the decisions that affect their lives.
- (3) Harmful Stereotypes: Challenging harmful stereotypes and ensuring that girls are viewed beyond the traditional roles of being a wife and a mother.
- (4) Safety: Raising awareness of the prevalence and types of gender based violence against boys and girls and showing that it is not acceptable or justified.
- (5) Education: Highlighting the importance of girls education and equal access between boys and girls to learning opportunities.
- (6) Health: Encouraging girls and boys to value their health and providing guidance on access to SRH services.

This, of course, is an expansion of *Zathu*’s description on the Girl Effect Website:

“*Zathu* is a Youth Media Brand under Girl Effect (Malawi) in collaboration with PEPFAR DREAMS. *Zathu* uses the power of culture-based music, drama and storytelling to close the gender gap between adolescent girls and boys, and to tackle challenging topics such as relationships, stereotypes, self-expression and sexual health” (Girl Effect, 2017).

From these descriptions, it is clear that *Zathu* seeks to *inform and influence* individual and community decisions towards attainment of a better well-being for everyone especially girls; to *motivate* audiences to be aware and *want to* be aware about important health issues; to *change behaviors* in a large-scale target audience regarding a specific problem in a

predefined period of time; to *increase knowledge and understanding* of health-related issues; and to *empower* people (especially girls and boys) by providing them with knowledge and understanding about specific health problems and interventions. According to Schiavo (2007), these are the main characteristics of a behaviour change initiative, particularly in health communication.

According to the Country Director (2020), *Zathu* originated out of a partnership with PEPFAR on the DREAMS project to create a girl brand in response to the desire among the youth for greater collective involvement and mutual support.

“A culturally diverse and beautiful country, Malawi also has entrenched gender divides. From puberty, boys and girls are largely kept apart and the only relationship expected between them is a sexual one. Friendships between boys and girls are often discouraged. This has contributed to misunderstandings between the opposite sexes and the deepening of gender stereotypes and discrimination; leading to higher rates of early marriage, teenage pregnancy and GBV. In spite of these entrenched divisions, there is a strong desire amongst younger generations in Malawi to mix. They recognize the benefits of collaboration and helping one another reach their potential that will create a stronger, thriving Malawi in the future.”

From these, *Zathu* satisfies most of the health communication criteria: being Audience-centered, Research-based, Multidisciplinary, Strategic, Process oriented, Creative, Audience specific, aimed at relationship building, and behavioural or social change. Whether *Zathu* is a cost effect initiative is not known from these descriptions. However, what determines the actual effectiveness of this approach is the health-seeking behaviour noticed among the target primary audience of adolescent girls, and the secondary primary audience. The targeted audiences must feel informed and influenced in how they as individuals and the community make decisions that affect the adolescent girls’ health; the audiences must feel motivated to be aware and want to be aware of girls’ SRH; they must express a change in health-related behaviour upon interaction with *Zathu*; and they must express an increase in knowledge and understanding about specific SRH health problems and more importantly health interventions (State and non-state) as well as duty bearers (Schiavo, 2007).

Zathu chose behaviour change as their strategy for fulfilling SRHR (including the right to SRH education) because, from the horse’s mouth:

“By helping to close the gender divide, *Zathu* has the potential to deliver something much bigger than the sum of its parts. By improving the perceived value of girls - by girls themselves and those around her - we can have a knock-on impact on far wider health and poverty indicators. For example, by informing girls and giving them confidence, they will better understand why their wellbeing is important, seek help, and be more likely to visit a clinic.”

Zathu production manager further reiterates that *Zathu*'s approach was to phase in strong SRH content after establishing the need for gender equality among boys and girls:

“This was a deliberate strategy from the beginning, because we realized that how boys and girls perceive each other is a big barrier to how girls access sexual health services and access information. And SRH health is a very important issue, so we decided to break this barrier first, get boys and girls to a place that they can relate each other in a positive way, and then get the SRH conversation going. Season 6 that is launching in March will be focusing mainly on Sexual Reproductive Health actually.”

Thus far, it can be concluded that the underlining focus of the media brand's behaviour change strategy is to inspire equality among boys and girls and nurture confidence and agency in girls so that they can access services and they have access to information and support on their sexual and reproductive wellbeing from the community, their friendship circles and in their homes.

It must now be analysed whether the intended primary beneficiaries of *Zathu* - the adolescent girls themselves - felt any sort of behaviour change as a result of the brand, i.e., do they feel *Zathu* has given them that sense of confidence, agency and equality in relation to their boy counterparts, and did they feel they have developed health-seeking behaviour as a result? The focus group discussions conducted for the purpose of this study provide insight into how the audience has responded to *Zathu*'s behaviour change approach. In all three focus groups engaged, a majority of adolescents felt that *Zathu* has given them confidence to express themselves to their peers and guardians.

This self-expression is not only verbal, but occurs also in their individual personalities and group goals. During the focus group discussion at Chisapi Secondary school, one participant revealed that *Zathu* helped her overcome being bullied at school as a result of being accused of being too outgoing for a girl and not having the latest girls' hairstyle. Such a change in behaviour shows individual awareness of their agency and the right to express themselves

and seek what they feel they need in order to enjoy their freedoms. This particular participant also felt she could freely talk with her guardians about sexual and reproductive health issues, and seek SRH services and information from a clinic. Some girls also felt that *Zathu* has empowered them to see themselves as equals with boys, to confidently interact with their male peers, and to have positive non-sexual friendships with their male friends. This shows an awareness of what can infringe their SRH rights as adolescent girls, and a desire to prevent those infringements.

Gatekeepers also noticed a change in girls and boys who followed *Zathu*. The Head teacher at SOS secondary school felt that *Zathu* has done a great job in encouraging girls to focus on their studies and in generating mutual respect between boys and girls. The actress playing the character Gogo (the wise grandmother who readily answers young people's questions) mentioned that since she joined *Zathu*, young girls visit her house frequently to ask for her advice on sex and relationships.

During the focus group discussion of six female and male students at SOS, the participants revealed that after seeing *Zathu*, they were inspired to create a group of three boys and three girls as well. The participants shared that they hang out as a group, assist each other in solving problems and encourage each other to aim high and aspire to study at public universities. An emulation of behaviour is a positive sign of a successful behavioural change health communication intervention (Chavez, 2008).

These sentiments tally with the results of Girl Effect's 2017 tracer study, as reiterated by Girl Effect Malawi Country Director:

'Girls and boys across Malawi have felt more united, with 93% of *Zathu* [girl] consumers reporting that *Zathu* has improved their friendships with boys. 94% of regular consumers, both boys and girls, say *Zathu* has taught them gender equality, believing that females should be treated equally to males. *Zathu* has also increased confidence levels in 95% of 12 to 17 year old consumers, making them "feel more in control" of their lives.'

'*Zathu* has already "successfully" delivered against partner outcomes, most recently PEPFAR, the President's Emergency Plan for AIDS Relief, under the DREAMS project. Of adolescent girls and young women ages 10-24 years old in DREAMS districts 60% strongly agree that "*Zathu* has improved their perception of girls and young women in Malawi", with 70% agreeing that

Zathu has taught them that females should be treated equally to males, and 66% reporting “a lot” to the statement: “*Zathu* made me feel more in control of my life”. Additionally, through our Structural Equation Modelling Research with PEPFAR, it has been proven that supporting agency has an impact on behaviour change.’

From my own experiential data, I came across a group of young boys jeering at an adjacent group of girls, both groups walking from school. When they recognised me passing by (“me” being my character Annetti), the boys said without any prompting that they would no longer make fun of girls because they follow *Zathu*. This strongly suggests that as a brand, *Zathu* has achieved such equity that a visual object from the brand (in this case a *Zathu* character) reminds the target audience of the idea the brand is trying to communicate, the idea in this case being that of equality and respect among girls and boys. Furthermore, Borah (2016) suggests that this type of “action priming” signifies an effective mass media intervention strategy. African Feminist theory also suggests that *Zathu*’s use of culture through the brand’s culture-based music and language is more likely to have a lasting impact in terms of priming ideas, especially those promoting equality in an African community.

5.3 How adolescent girls receive and interpret SRH information in *Zathu*’s products

One of the most basic characteristics of an effective health communication strategy, mass media form and/or brand is the use a mode that the target audience relates with and will continuously consume. In this regard, health communication initiatives often use an entertainment media approach when targeting young people. As the Child Rights Committee pointed out, health education manifests itself differently for children (General Comment No. 15). Human rights place the mandate for health education, particularly for female adolescents, to be coupled with media, entertainment and recreational, artistic, cultural activity (Maputo Protocol, Article 14; ACRWC, Article 17). Therefore what must be examined is how *Zathu*’s target audience has received the brand since its launch, what messages they get out of *Zathu*, and whether they are able to find SRH information through *Zathu*’s products.

Girl Effect (2017) expressly describes *Zathu* as being a source of SRH information for adolescent girls, e.g., knowing where to find a clinic. It is therefore essential to analyse the

SRH information content of *Zathu*'s products themselves, namely: as they are presented in the channels of music, drama, talk show, magazine and social media.

During an interview with the production manager of *Zathu*, she revealed that the primary mode of communication for the Brand is radio. She said that it was chosen because it is the simplest form of communication, the most widely accessible and affordable, both in the urban as well as the rural areas. In other words, radio was chosen to reach the brand's target audience in the rural areas through a medium they can access on a regular basis in order to engage with its content and feel like they are part of the brand.

According to *Zathu*'s production manager, music was chosen to be part of the intervention because they found it to be the easiest form of mass communication in terms of getting messages out to mass audiences:

“It isn't only about the message, it's about using the repetitive melodies and tones, which have been proven to stick with people, people associate with them, learn and memorize. So when people are singing, even if their particular focus or interest is not on the content, with the repetition they are made to memorize and in one way or another they will familiarize themselves with that content and engage with it because they've memorized it.”

Furthermore, she remarked that music works especially well for a youth media brand because it is a powerful tool especially for reaching young developing minds, in a way that will hold their short attention spans. She observed:

“Music comes easy when it comes to breaking down a message to just the important points, then making beautiful music that is rooted in their culture and with their traditions so that they know that it is something that is theirs, that is local-the they associate with the music on that level as well.”

Magazines, according to the brand production manager, were chosen for their visual attraction. She remarked that magazines not only enable people to read but the colours and layouts lure young people in; young people are attracted to beautiful colours and designs so *Zathu* intentionally designs their magazines to be visually appealing, so that young people can find them playful, but at the same time they get to read powerful and useful messages that the magazine carries. She added:

“They may not read the whole thing, but as they peruse through it they will pick up something that will stick with them and hopefully they will get to use them.”

As far as content analysis is concerned, the *Zathu* radio drama does contain SRH messaging for instance: creating awareness on Youth Friendly Health Services (Season 1, Episode 22); involvement of teachers and the police in issues gender based violence (Season 3, Episode 11); fighting stigma and discrimination against young people living with HIV/AIDS (the character Chikondi’s story in seasons 3-6); the importance of using condoms (Season 2, episode 10) and how to talk about contraceptives with guardians (Season 5, Episode 2). The radio talk show, through the segment Funsani Gogo also provides advice and information on SRH information and SRHR. The use of Gogo employs an African feminist approach in using the traditional role of a grandparent as a fountain of wisdom in providing information on adolescent girls SRH across generations.

Girl Effect’s tracer study (2017) cites that within just six months of launching, 6.7 million people were aware of *Zathu* (64% of the +10million population), 4.5 million have consumed *Zathu* (43% of the population) and 2.6 million regularly consume *Zathu* (25% of the population). This may demonstrate the effective salience required of a brand to disseminate information. However, *knowing* that *Zathu* is on air may not necessarily mean *listening* to its content. Out of the 25 girls in the focus group discussion at Chisapi secondary school, 18 knew about *Zathu* - a good percentage of recognition. However, only 6 listened to the radio show which contains more direct SRH content. They know the music a lot better and remember the videos even better. Of the group of 15 girls from SOS secondary school, 12 knew about *Zathu*. The participants were able to mention the band character names and relate their basic story arc. However, almost none of them were able to talk about health-related aspects of their story, e.g., they are able to describe Chikondi as an orphan with a strained relationship with her aunt but do not know that Chikondi is HIV positive. Only one participant during the study describes the character TK as a young girl who likes sports and is learning about the HPV vaccine. The adolescents recommended more face time in the form of videos, as well as school and community visits by the band.

When they were asked what they liked most about *Zathu*, most of the participants in the Focus Group Discussions cited its music component in contrast with *Zathu*’s intended direction as outlined by their production manager. The songs, *Sitigonja*, *Panga Zako*,

Zimatere and Malawi were often mentioned. These songs happen to be the first four singles of the *Zathu* band which were all produced as music videos which the participants could describe. These songs share the common themes of being self-confident, pursuing one's dreams and coming together despite gender, cultural and socio-economic differences. These songs, however, do not provide direct messaging on sexual and reproductive health.

Government officers interviewed for this study felt *Zathu* could have done more in incorporating SRHR information in their content, and in taking a more active role in influencing change in policy. The District Youth Officer (DYO) felt that while *Zathu* does well in changing perceptions of boy-girl social dynamics, *Zathu's* communication on SRH is shallow. He feels that *Zathu's* brand ambassadors are not trained in SRH, and *Zathu's* IEC material promotes the brand itself, with no SRHR messaging. The DYO also felt that TV is a more appropriate medium for information for today's youth and that adolescents in the rural areas are also attracted to visual messaging. The adolescent girls themselves (at Chisapi and SOS secondary schools), however, felt that both TV and radio should be incorporated into *Zathu*; that more videos should be released, but that the radio show should also be available if one is unable to access a TV. They also felt that the *Zathu* band itself needs to have more personal interaction with their target audience, the adolescents.

The Principal Youth Officer felt that while *Zathu* is widely known and has good messaging, the brand needs to focus on the legitimacy of the youth voice itself in the brand and whether they are being given the information they need in a language they understand.

The lead actors of *Zathu* felt that as young people themselves, the messaging of *Zathu* was not clear and persistent enough on SRH issues. The actor playing the Character Chikondi expressed the view that a lot of SRH content that was introduced in seasons 5 and 6 would have been more meaningful if it were introduced earlier when *Zathu* was at its peak in terms of popularity.

One of the factors that may have contributed to the “non-aggressive” incorporation of sexual and reproductive health information is the fact that creators of *Zathu's* content and the brand's production team as well as cast do not receive training on SRH rights and policy. According to *Zathu's* Country Director:

“When we design our general staff training, we look at the laws and policies and design our trainings so they are in line with them - so we don’t necessarily train staff on national policies and strategies, we just tell our staff to look at them in their own time because they are available. So the content takes issues in the strategies and policies that *Zathu*’s themes are aligned with, and presents it to adolescents in a “real life” and practical way. For example, in the Drama, Mphatso, as a teen mom, has the right to back to school and get an education- practically; how does one access such a right?”

According to the production manager of brand *Zathu*, however, it was deliberately decided only to introduce the theme of health in later seasons and begin with the themes of friendships and gender stereotypes because it was found that the way boys and girls perceive each other is a bigger barrier to how girls access sexual health services and access information.

“SRH is a very important issue, so we decided to break this barrier first, get boys and girls to a place that they can relate each other in a positive way, and then get the SRH conversation going.”

Zathu’s Season 6 which launched in March focused mainly on Sexual Reproductive Health. Chisiza (2017) suggests that this was most likely influenced by *Zathu*’s main funder, GAVI. This may be seen as an approach to inculcating health-seeking behaviour as described by the Child Rights Committee (General Comment No. 15).

5.4 Relationship between State, non-State initiatives and donors in order to fulfil state goals for girls’ right to SRH Education

It may not seem so at first glance, but the relationship between a non-governmental initiative, its donor and the government has a significant impact on the experience of the group which the initiative targets, especially where the fulfilment of human rights are concerned. Schiavo (2007) recommends that in order to assess the efficacy of a Health Communication intervention, change in private and public policy must also be observed. This cannot be done without adequate engagement with responsible duty bearers in Government. As stipulated by the NGO Act, any non-governmental organisation in Malawi must align itself with a specific Ministry that operates in tandem with its interests. The organisation must also submit periodic activity and financial reports. However, the NGO Act does not provide for State monitoring of projects or hold States accountable to creating an enabling environment for NGO s to meet

mutual goals. This is seen in *Zathu*'s relationship with its parent ministry, the Ministry of Youth.

This Ministry is responsible for implementing the National Youth Policy, the Adolescent Girls and Young Women Policy and the Youth Friendly Health Services Strategy. According to the Girl Effect Country Director, *Zathu* has aligned itself with the National Youth Policy, the AGYW Strategy as well as SDGs 3, 4 and 5. The fulfilment of these goals is said by the Country Director to be reported to the state through their involvement in a national Technical Working Group for the youth, as well as through the submission of reports. As the authority responsible for receiving them, the Principle Youth Officer at the Ministry of Youth, remarked never to have received any reports from *Zathu*. This shows a lack of communication and vigilance on the part of *both* parties to fulfil the state's agenda and human rights. If *Zathu* has a following of over 1 million Malawians, it is worthwhile for both state and non-state parties to strengthen their partnerships as is mandated by Articles 2 and 3 of CEDAW.

The agenda of the donor organisation also greatly determines the direction which a non-governmental initiative takes, as remarked by Chisiza (2017) and Mugira (2006). According to *Zathu*'s production manager, the approach Girl Effect had taken in creating *Zathu* was to create messaging that would feel more interactive than "preachy". However, some like the DYO and members of the band itself felt that messaging would have done well to be more direct and detailed about SRHR. As *Zathu*'s main donor changed from PEPFAR to Gavi in 2018, SRH messaging became more prevalent in seasons 5 and 6, although two band members feel it was too late as lack of funding for *Zathu* led to a reduction of content and an eventual hiatus in 2020. Such breaks and shifts in content delivery weaken the ability of a brand to continually resonate with its audience and inspire behavioural change. Girls in the focus groups discussion felt the same way, recommending that *Zathu* be more consistent and frequent in the production of its content and events.

5.5 *Zathu*'s emphasis on Sexual Reproductive Health Education as a Right

In the light of African Feminist Theory, *Zathu* can only go so far in driving home the message that the right to SRH information is a legal right, because traditional African society views the "abundance" of human rights as an enemy of its cultural order. Hence, a behaviour

change approach is implemented in order to inculcate a human rights culture among Malawians. Therefore, while it is clear that *Zathu* focuses on promoting and providing SRH Education, the brand takes on a more needs-based than a human rights approach in its behavioural change strategy, which, according to SIDA (2015), can become problematic as it lacks the crucial factor of accountability. In its content, *Zathu*'s products make little or no mention of substantive sexual and reproductive health rights; however, they do address the substantive component of the law through reference to police officers and state health services, even though such officers are always portrayed in the dramas as helpful and friendly, when that may not always be the case in real life. *Zathu* also tackles the cultural part of the law by attempting to educate all product consumers that the rights of girls are everyone's responsibility and for everyone's benefit.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

This paper sought to answer one main question: *What is the role of youth media brands in fulfilling adolescent girls' right to sexual reproductive health education in Malawi?* In conclusion, this research produced the following answer.

Zathu's role as a media brand in fulfilling the right to sexual reproductive health education for adolescent girls is twofold. Firstly, it is a developmental institution working to achieve the SGDs and, secondly, it is an entity absorbed into State agenda through Ministerial policy and strategy (via the NGO Act).

The 'endgame' of *Zathu* seems to be a long-term development of a human-right embracing culture, particularly the rights of adolescent girls and women. Its creation is based on the mandate (under CEDAW and the Maputo Protocol) to explore and address what is holding girls back from enjoying their sexual and reproductive health rights. While *Zathu's* target audiences may not have picked up explicit SRHR messaging, they do recognise the right of the adolescent girl to be heard, to pursue her dreams, to know about things that affect her life and to take charge in making decisions for herself. Changing the perception of equality among boys and girls, which has been established as often being a barrier to accessing and owning the correct, relevant and needed SRH information, is an important step in ensuring access to and ownership of the information for girls and their boy counterparts as a right. This newfound agency as a result of the brand provides the foundation for health-seeking behaviour.

However, the question remains as to whether it is enough, or if perhaps the brand should take advantage of its popularity with more direct, rights-based messaging. All opportunities must be utilised to ensure that adolescent girls know what they are entitled to access in terms of SRH education and services, that other people respect their rights, that they know what to do and where to get help or information when they need it, and that those sources will provide them with substantive service. The inherent emotional connection in *Zathu* is what can be

relied upon to evoke respect for inherent, intangible human dignity which is the basis of all human rights.

The popularity that *Zathu* has amassed since 2017 reveals that the that the law, the state and scholarship ought to pay attention to media and cultural initiatives seeking to fulfil rights in civil society, or as developmental initiatives, because they not only have the capability of developing a large following relatively quickly, but they also reveal socio-cultural aspects of a problem that may not have been previously considered.

One more question to consider is whether we are sure that these adolescent girls can be connected to the right channels to access their SRH rights through edutainment that adolescent girls can also enjoy and want to be a part of.

As an entity that is part of State and non-state networks, *Zathu* needs to act and be regarded as an important collaborator co-operating with local health and youth facilities through research, content creation and community engagement in order to realise a change in uptake for SRH information and services. This will contribute to *Zathu*'s objective of creating substantive evidence of Demand Creation.

Another major factor that has affected the efficacy of *Zathu*'s work is its reliance on donors who have various agenda. *Zathu*'s change in sponsorship ended up affecting how *Zathu*'s target audience related with the brand, which, in turn, adversely affected the behavioural change process. This was seen when girls felt that *Zathu* lost its fire after Season 3 and this occurred when *Zathu*'s main donor changed from PEPFAR to Gavi. It is therefore worth investigating how to keep an initiative such as *Zathu* sustainable in Malawi and how it can increase its reach.

Furthermore, the COVID-19 pandemic has escalated the world's digital migration. This development will most probably favour initiatives that make more use of technology in their approaches. Although *Zathu* was initially designed to cater for a Malawian audience that primarily does not have access to technology (as much as the developed parts of the world that give Malawi Aid), the brand's primary audiences welcome more usage of online and television platforms. However, both State agencies, audiences and *Zathu* itself feel that traditional mass-media forms such as magazines, music and radio must keep being produced

because most Malawians enjoy greatest access to them. Ultimately, the State will need to mainstream digital accessibility in Malawian communities so that Malawi is not left behind in social justice partnerships at a global level. This is evidenced by Girl Effect itself taking a more digital direction with its brands.

As seen from WHO (2014), SRHR span a range of issues and behaviour or policy change does not happen overnight. Regardless of the approach taken, an initiative that aims to fulfil Sexual and Reproductive Health Rights must put much thought into the intersectional nature of these rights for the Malawian girl and subsequently involve all relevant stakeholders to ensure the full realisation of the adolescent girls' human rights.

6.2 Recommendations

From the above conclusion, the following recommendations are made:

- (1) *Zathu* should capitalise on its successes in promoting agency and freedom of expression and develop stronger partnerships with Civil Society Organizations, the Youth Parliament and Young Members of Parliament for a stronger human-rights based approach.
- (2) *Zathu* should incorporate a State Liaison Officer who is responsible for ensuring active communication and co-operation between *Zathu* and the State.
- (3) The State must allocate more resources to the activities that support the education component in SRH-related youth policies.
- (4) A more girl-centered monitoring and evaluation framework for Health Communication-Media initiatives such as *Zathu* must be employed based on strong partnerships with District Youth Offices, District Health Offices, DREAMS partners in order to assess demand creation and uptake of SRH information and services.
- (5) In order to protect non-state initiatives such as *Zathu* steps must be taken (using risk management strategies) to anticipate and prepare for fluctuations in funding and changes of in the agendas of donors.

6.3 Areas for Further Study

A comparative study with other previous and existing brands would contribute to further understanding of how best to utilise youth brands in fulfilling SRHR, especially considering *Zathu* is recovering from its hiatus in 2021.

The “Media for Women’s Law” approach was used in this study and is worth exploring further to uncover and refine its applicability to women’s law, activism and social justice.

As technology progresses in line with global digital and “green” agenda, it is necessary to further explore how culture brands may retain impact in a less physically interactive and social distancing age, especially in a country that has limited access to technology when other countries aiming to fulfill similar goals are operating on a larger digital scale. The global call for digital migration has been amplified by the current COVID-19 global pandemic.

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