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The thought that i could continue with school got lost: a qualitative exploration of the impact of COVID-19 on the education and sexual and reproductive health of Malawi youth

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Abstract

Background The COVID-19 pandemic and associated lockdowns altered social interactions and the health and education context of Malawian youth. It is important to understand the repercussions of the pandemic on the wellbeing of youth so that policymakers can better mitigate negative outcomes and address future pandemic needs.

Methods This study used qualitative data from an evaluation of the "Secondary Education Expansion for Development" project to assess how COVID-19 impacted the education and sexual and reproductive health outcomes of youth in Malawi. Focus group discussions and key informant interviews were conducted in rural and urban areas with primary and secondary school students, their caregivers and teachers, and community leaders, providing insights on how the pandemic impacted them.

Results Both male and female students lost motivation to continue their learning during the COVID-19 related school closures and teacher strikes. Participants reported that some female students became pregnant, married early, and sometimes engaged in sex work to make ends meet. There were also reports of increased financial barriers to sending children to school when they reopened, and there were reports of lower grades and poorer quality of teaching post-school closures.

Conclusions The findings highlight the need for community- and policy-level strategies to mitigate interruptions to students' schooling and protect them from outcomes like pregnancy and early marriage that could further hinder their education.

Plain English Summary

The COVID-19 pandemic and the lockdowns that followed changed how young Malawians interacted with each other, their health, and their ability to learn. It is important for decision-makers to know how the pandemic had affected the health and well-being of young people so that they can better address negative consequences and prepare for future pandemics. This study looked at information gathered from the "Secondary Education Expansion for Development" project to see how COVID-19 affected the schooling and sexual and reproductive health of young

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people in Malawi. Researchers collected this information through group discussions and interviews with primary and secondary school students, their families, teachers, and community leaders at community day secondary schools in both rural and urban communities. Our findings showed that both boys and girls lost interest in their studies during the COVID-19-related school closures and teacher strikes. We also found that some girls became pregnant, got married early, or sometimes turned to sex work to support themselves. There were also reports of financial challenges that made it difficult for families to send their children back to school once they reopened. Additionally, students reported lower grades and a decline in teaching quality following the school closures. This study suggests that actions should be taken at the community- and policy-level to reduce school disruptions and protect students from issues like pregnancy and early marriage that can further disrupt their education.

Keywords COVID-19, Sexual Health, Reproductive Health, Malawi, Adolescents, Youth, Pregnancy, Education, Qualitative

Background

The coronavirus disease 2019 (COVID-19) pandemic has had a significant impact on the health and general well-being of people around the world. Lockdowns altered social interactions and the health and education context of youth, with repercussions on a wide spectrum of behaviors. In Malawi, a state of national disaster was declared on March 20, 2020, and the first COVID-19 case was reported on April 2, 2020 [1]. In response, the Government of Malawi implemented containment policies to limit human-to-human contact, which included barring public events, screening for COVID-19 at border posts, closing non-essential workplaces, and closing academic institutions [2]. Schools began closing in March 2020 and started reopening in September 2020 using a phased approach [3]. According to Dang and colleagues [4], from April to June 2020, learning activity in Malawi decreased by almost 80 percentage points. Learning loss was further compounded by the fact that during school closures, very few students had access to remote or distance learning because many lacked access to distance education tools like radios and smartphones [5].

During the same period that the schools were closed, teen pregnancy in Malawi increased compared to 2019, with an estimated increase of 35% [6, 7]. With most of Malawi's population under the age of 20 (56% in 2019), educational opportunities have been shown to contribute to reductions in early pregnancy and its associated risks [8]. This is unsurprising, as higher levels of education and being a student were found to be protective against teen pregnancy [9]. School dropout was more common among older girls, with one study finding that over 30% of those aged 17–19 years did not return to school following the pandemic [10]. During this same time period, one in three girls reported pregnancy was the main reason for not returning to school [5].

Malawi has had a free primary education policy since the mid-1990s; however, secondary level education must be paid for by families [11]. Accordingly, barriers to

seeking secondary education remain due to school fees, limited space in secondary schools, and the long distances that some students must travel to reach a school [11]. The Government of Malawi has tried to address barriers to secondary level education through efforts such as creating Community Day Secondary Schools (CDSSs). Although they are not free, CDSSs educate three-quarters of secondary school students [12]. In recent decades, Malawi has seen increases in educational attainment, with those aged 19 and under more likely to attend school and to reach higher levels of education than their older counterparts [13]. Since 2009, net enrollment in secondary school has increased from 8% of secondary school age children to 16% in 2016 [13]. In 2016, girls and boys of secondary school age were about equally as likely to attend secondary school [13]. However, following COVID-related school closures, secondary school net enrollment in 2021 dipped below 15% [14].

Globally, increased educational outcomes lead to improved health, reduction of poverty, and increased gender equality [15]. Each additional year of secondary education is associated with an average 6% decrease in risks of child marriage and having a baby before age 18 [16]. In Malawi, 29% of girls and women aged 15–19 years have given birth or are pregnant, and 30% of babies are born to mothers younger than 19 years [13]. The median age at first marriage in Malawi is 18.2 years for women and 23 years for men, and about 64% of women in Malawi initiate sex before the age of 18 [13]. In 2016, 4.9% of adolescents and young women in Malawi had HIV [13]. A large cohort study in Northern Malawi from 2007 to 2016 found that for girls, being out of school was strongly associated with earlier sexual debut, pregnancy, and marriage [17].

In 2019, to expand access to schools across Malawi while also improving education, health, and socioeconomic outcomes, the United States Agency for International Development (USAID) and the Malawi Ministry of Education started the Secondary Education Expansion

for Development (SEED) project. SEED consists of two phases: Phase I (completed in 2021) included the expansion of existing CDSSs in urban Malawi and Phase II (ongoing) entails the construction of new CDSSs in rural Malawi. To understand the impact of the SEED project on surrounding rural and urban communities, Data for Impact (D4I), in collaboration with the Centre for Social Research (CSR) at the University of Malawi, collected baseline data in 2021 as part of a mixed-methods evaluation [18]. Using the qualitative data collected for the SEED baseline study, we explored the impact of COVID-19 on the education and sexual and reproductive health (SRH) outcomes among primary and secondary school students in urban and rural Malawi.

Methods

Study design and setting

The present study used qualitative data collected as part of the 2021 impact evaluation baseline of the Malawi SEED project. The baseline report provides a detailed description of the evaluation methods [18]. In brief, the evaluation baseline used a mixed-methods approach to assess the impact of SEED on a variety of key outcomes, including educational outcomes like primary school completion rates, school-related gender-based violence (SR-GBV), early and forced child marriage (EFCM), sexual behaviors, water, sanitation, and hygiene (WASH) behaviors, and child safety.

Qualitative data were collected in both urban and rural areas of Malawi through focus group discussions (FGDs), in-depth interviews (IDIs), and key informant interviews (KIIs). In the urban areas, data were collected at two purposively selected CDSSs that were expanded by SEED in each of the three cities of Mzuzu, Blantyre, and Lilongwe, resulting in a total of six CDSSs. The CDSSs were purposively selected to represent one peri-urban and one urban area within each city. In rural areas, data were collected at two primary schools each in the Northern, Central, and Southern regions that will feed into new CDSSs, resulting in a total of six feeder primary schools. The schools were purposively selected to achieve ethnic and geographic representation within and across the regions. Although the SEED project did not focus on COVID-19, questions about the pandemic were included in the qualitative component of the baseline to better understand the project context [18]. This included the perceived impact of COVID-19 on education and health outcomes among Form 1 urban students and Standard 7 rural students. Form 1 students are in their first year of secondary school and are typically around 14 years old. Standard 7 students are in their second to last year of primary school and are typically around 12 years old.

Study participants

A total of 378 respondents participated in the qualitative component of the SEED impact evaluation baseline. These included FGDs conducted with 90 Standard 7 students, 92 caregivers of Standard 7 students, 94 Form 1 students, and 72 caregivers of Form 1 students. An additional 12 Form 1 students participated in IDIs. Due to a limited study budget, the evaluation team needed to focus on one cohort for IDIs and chose to focus on Form 1 students. This is because they were affected by the SEED program directly and could be followed up with over time during later data collection rounds. Finally, KIIs were conducted with six Form 1 class teachers and 12 community leaders. Respondents were selected through purposive sampling methods.

At both urban and rural sites, respondents were selected by the data collection teams in collaboration with teachers. For FGD participants at each site, the data collection team first requested the headteacher and/or class teacher to provide names of eligible students available at the school on the day of data collection, ensuring that the identified students were not from the same household/village where possible. Next, the students were asked to invite their caregivers to participate in FGDs; however, not all invited caregivers were available. Additional caregivers for Standard 7 or Form 1 youth were invited to participate, as needed, to reach ideal FGD size. FGDs were conducted at the selected school in a private space (i.e., classroom). Six to eight participants were included in each FGD. Form 1 class teachers in urban sites were de facto selected to participate in the teacher KIIs. The selection of community leaders for KIIs was also done purposively in collaboration with the headteacher for the selected school or site. For a summary of the distribution of participants in the qualitative component of the SEED study, see Table 1.

Table 1 Distribution of Participants in the Qualitative Component of Malawi SEED Impact Evaluation Baseline Study

Method	Respondent type	N
FGD	Standard 7 students	90
	Caregivers of Standard 7 students	92
	Form 1 students	94
	Caregivers of Form 1 students	72
IDI	Form 1 students	12
KII	Form 1 class teachers	6
	Community leaders	11
Total N = 378		

N number, FGD focus group discussions, IDI in-depth interview, KII key informant interviews, N/A not applicable

Data collection

Data collection was conducted by trained interviewers/facilitators between October and November 2021. Across the study sites, there was a different semi-structured FGD, IDI, or KII guide for each category of respondent (i.e., students, caregivers, community leaders, and teachers). Interviewers/facilitators were sex-matched to respondents (e.g., a woman led FGDs with female students). All interview guides were translated into local languages (Chichewa and Tumbuka) and interviews were conducted in those languages, based on respondents' preference. Researchers piloted the translated tools during training to refine the translations, test the methods, and allow the data collection team to internalize the tools. Translation changes were made following the pilot. The Malawi SEED impact evaluation protocol and data collection tools were reviewed and approved by the University of Malawi Research Ethics Committee (approval number: P.09/21/82). The Institutional Review Board of the University of North Carolina at Chapel Hill also reviewed the study protocol and determined that it was not human subjects research, as this is an evaluation study (study number: 21-0661). All respondents provided

written informed consent before participating in the study. For respondents under 18 years old, consent was obtained from their parents/caregiver or headteacher and they assented to their participation. See Fig. 1 for some of the SRH- and pandemic-related questions that study participants were asked during data collection.

Data analysis

Interviews and FGDs were conducted in the local languages and audio recorded by the interviewers. They were then simultaneously transcribed and translated into English. Researchers developed a codebook with deductive and inductive codes. Initially, the codebook was developed based on the categories of topics in the guides. To improve intercoder reliability, each member initially coded the same two transcripts (one interview and one focus group) and then researchers met as a group to discuss the use of the codes and revise the codebook, as needed. Inductive codes were added during the coding process, as needed. Excerpts that were coded for COVID-19 were exported to a separate Excel file and thematically analyzed using an adapted version of grounded theory, to assess the impact of the pandemic on education and SRH

1. *(If not addressed already)* What factors have affected the health of students in your age range in the past year? *(probe on COVID and personal safety, HIV/AIDS, and pregnancies if not mentioned)*
 - a. How do you think have these factors have affected students' health?
2. *(If not addressed already)* What other factors have affected the education of students in your age range this past year? *(probe on COVID and personal safety, HIV/AIDS, and pregnancies if not mentioned)*
 - a. How do you think these factors have affected students' education?
3. *(If not addressed already)* I do not want any names, but have you had any friends or girlfriends of friends who have gotten pregnant in the last year? If so, tell me more about that.
 - a. What did they do?
 - b. How did this affect their lives? *(probe to try to understand potential impact on education and health)*
4. *(If not addressed already)* I do not want any names, but have you had any friends who have been affected by sexual, physical, or psychological violence in the last year? Tell me more about that. *(probe for who/what/where/when details)*
 - a. How did this affect their lives? *(probe to try to understand potential impact on education and health)*
5. *(If not addressed already)* I do not want any names, but have you had any friends who have been affected by HIV/AIDS in the last year? Tell me more about that.
6. How did this affect their lives? *(probe to try to understand potential impact on education and health)*

Fig. 1 Sample of Questions Specific to SRH and the COVID-19 Pandemic

Table 2 Distribution of Number and Age of Urban Respondents in the Qualitative Component of Malawi SEED Impact Evaluation Baseline Study

Method	Respondent type	N	Average age (years)	Age range
FGD	Form 1 girls	46	15.0	13–17
FGD	Form 1 boys	48	15.4	13–19
FGD	Female caregivers of Form 1 youth	38	41.4	22–76
FGD	Male caregivers of Form 1 youth	34	44.4	21–67
IDI	Form 1 girls	6	15.7	14–18
IDI	Form 1 boys	6	15.3	13–18
KII	Form 1 teachers	6	36.7	32–46
KII	Community leaders	6	49.7	46–57

N number, FGD focus group discussions, IDI in-depth interview, KII key informant interviews

Table 3 Distribution of Number and Age of Rural Respondents in the Qualitative Component of Malawi SEED Impact Evaluation Baseline Study

Method	Respondent type	N	Average age (years)	Age range
FGD	Form 1 girls	46	14.3	12–18
FGD	Form 1 boys	44	14.8	11–18
FGD	Female caregivers of Form 1 youth	45	40.7	22–67
FGD	Male caregivers of Form 1 youth	47	43.9	23–72
KII	Community leaders ¹	6	N/A	N/A

N number, FGD focus group discussions, KII key informant interviews, N/A not applicable

¹ Age data was only collected for two of the six community leaders

outcomes. Data were thematically analyzed by reading through each excerpt, and writing notes on reoccurring themes related to SRH and academic outcomes. These notes were then synthesized and organized into appropriate categories and themes. Findings were summarized by topic area and differences or similarities by type of respondent were noted.

Results

A total number of 190 urban respondents participated. The average age of students was approximately 15 years. A summary of the distribution of urban participants can be found in Table 2.

The team collected data from 188 rural respondents. The average age of students was approximately 14. A further breakdown of rural participants can be found in Table 3.

Several themes emerged on both education impacts and SRH impacts. Education impact themes included financial barriers to attending school once it reopened, interruptions in schooling due to school closures and a teachers strike, and a decrease in student motivation and academic performance. SRH impacts included increased sexual activity, pregnancy, and instances of early and forced marriage. Overall, we did not find major differences between location (rural vs. urban), or by gender. The only exception was participants' reports of pregnancy and early marriage among girls.

Education impacts

The COVID-19 pandemic affected schooling for students in a variety of ways. Participants described increased financial barriers to sending children to school when they reopened, teacher strikes, a decrease in motivation to continue school, decreased grades, poorer quality of teaching post-school closures, and dropouts.

Increased financial barriers

Because parents lost their jobs, money became limited, and returning to school was challenging for many. Two students explained:

"I want to comment on COVID-19; our parents lost their jobs as they were told to stay home. This had an impact as parents had no help." (Male student, urban, FGD)

"This affected us because parents find money to pay for our school fees through their jobs. And them not having jobs made it difficult for them to get money. It could sometimes happen that almost the whole term could go by without them paying our school fees." (Male student, urban, FGD)

Teacher strikes

Once schools reopened, another interruption to schooling came in the form of teacher strikes. Teachers demanded risk allowance for teaching during the pandemic, and the strikes continued for about two weeks. One teacher remarked:

"During the COVID pandemic, teachers were on sit-in demanding risk allowance because the government overlooked the issue of risk allowance. We were living in fear, considering the fact that students come from different homes, and we were afraid that we could get infected by COVID-19 and from the overcrowding in classes. That sit-in affected us so much and after reporting back to work, we had a lot of lessons to cover." (Teacher, KII)

A student confirmed the lack of learning during the strikes:

"Yes, COVID-19 affected our education because teachers were on strike and that affected us students, because we were not learning, making us remain in [the] same class year for a long time." (Female student, FGD)

Decreased motivation and performance

Students expressed a loss of hope in pursuing their education due to the interruption in schooling. One male student stated:

"...the youths were affected as others lost hope in school due to the lockdown...We really lost hope in school during that time, but now are thankful that things are okay." (Male student, FGD)

Due to school closures, some course material was not covered, and there were minimal resources available at home to continue learning; therefore, some students forgot class material that had been covered while school was in session. Students still had to take exams despite not having covered some of the material in school. As a result, some students' grades decreased.

As one female caregiver noted:

"... it is true that COVID-19 has affected many families including children, and what is happening to our children is not what we expected...the exam results for our children were not good and they were not the results we expected from our children, but due to how things were, the quality of education was negatively affected." (Female caregiver, FGD)

Another male caregiver noted:

"...most students were supposed to have moved on to another Form by now...Most children have forgotten about what they had learned before the closure and needed to be seriously reminded about it. If the materials that would address the problem are not provided, it will persist." (Male caregiver, FGD)

Students also discussed the impact of the closures on their academics, with one male student stating:

"COVID-19 has affected the lives of so many students as it came at a time when we were about to sit for our national examinations. COVID-19 prompted abrupt closure of schools, and when they were reopened, we had forgotten some of the academic elements." (Male student, FGD)

Some students also expressed how some of their peers were forced to repeat a year after failing their exams, due

to being out of school for an extended time. One female student explained:

"COVID-19 affected our education because schools were closed, and this affected the passing rate which means many learners had to repeat classes." (Female student, FGD)

A male student noted:

"During the COVID-19 [school closure], we were just staying at home, and we were not even studying or reading our notes because we thought that we will not go back to school there was no vaccine or medication for COVID-19. Some of our textbooks were eaten by ants." (Male student, FGD)

Students' grades and academic performances declined during this time, and students were required to write exams after months without classes. Students reported that the quality of teaching decreased upon their return to school and said that this made it challenging to be engaged during school.

School dropouts

There were many anecdotal reports of school dropouts. Although both boys and girls were reported to have dropped out of school, some girls were reported to have dropped out due to getting pregnant during their time away from school. Other reasons for dropping out included health reasons and being unable to pay for school. Among boys, some were reported to have dropped out of school to find work and support their families. One male student described:

"The COVID-19 school closure and teacher demonstrations have led to increased cases of pregnancies (for girls) and also high dropout rates amongst boys...Some girls got pregnant because of poverty, and some boys dropped out of school because of poverty so they had to find piece work [small jobs] to get money to support themselves or their families." (Male student, FGD)

Sexual and reproductive health impacts

Students, caregivers, educators, and community leaders shared the perspective that many students increased their sexual activity, and some became pregnant, got married, and/or engaged in sex work while schools were closed due to the pandemic.

Sexual activity and pregnancy

Due to the uncertainty of when schools would reopen and ample time without the structure of classes, many

students reported that other students began having sex. For example:

“What happened is that during the COVID-19 pandemic, school was closed. So, most friends engaged into relationships. Then most girls happened to be getting unwanted pregnancies.” (Male student, FGD)

Students reported that girls who became pregnant often dropped out of school because of fear of judgment from their classmates, and some got married after becoming pregnant. Some students who got pregnant decided to return to school but had to repeat a year, delaying their academic trajectory. One student noted:

“COVID-19 has prompted early marriages, for instance, when we were in Standard 8, most students thought schools were over and they rushed into marriages. Most youths got pregnant or impregnated their partners.” (Male student, FGD)

Early and forced marriage

In addition to getting married due to pregnancies, participants reported that other girls were offered money in return for marriage, and some were forced by their parents to marry. COVID-19 created a tremendous financial strain on many families, leaving many parents out of work with little money, and girls acceding to marriage to escape the financial burden. Two students noted:

“Because of COVID-19, people thought they would never open schools again and were just doing things in whatever manner they felt like at the time. Some opted to get married because they had lost hope in the reopening of schools. Only a few were able to wait patiently to see what the future held with regard to their education.” (Female student, FGD)

“From my point of view, I think a lot of girls got pregnant because in their mind they thought that COVID 19 would not come to an end, so they may not go back to school. The point is that some parents were discouraging their children by telling them that schools will not be opened again, and that they should just get married. Some of these parents were just happy that their children were not going to school and that they have saved money for school fees. To find their way out from supporting their children, they just allowed them to get married so that they can avoid paying school fees.” (Female student, FGD)

Sex work

Male students at two urban schools reported that some girls began engaging in sex work to support their families

in acquiring daily necessities. Through sex work, some students were at an increased risk of contracting HIV as noted by the following participant:

“There are some girls, since their fathers got suspended from work, they needed the money to help themselves. So, they started prostitution which affected their health as they could contract HIV/AIDS and COVID-19 and their bodies would be weak because of the diseases.” (Male student, FGD)

Discussion

This study aimed to assess the perceived impact of the COVID-19 pandemic on academic and SRH outcomes among primary and secondary school students in Malawi. The pandemic interrupted schooling for many students across the country. With seven months of mandatory school closures, students were unsure of when they would return and reported having “lost hope.” Many students’ parents also experienced job loss, meaning they could no longer afford to pay school fees. Participants reported that while schools were closed, more girls became pregnant, with some getting married and dropping out of school, or turning to sex work to make ends meet. Some students reported their peers were at an increased risk of contracting HIV from sex work.

To our knowledge, there have been no qualitative studies assessing the impact of COVID-19 on education outcomes among youth in Malawi. However, our education outcome findings are consistent with a study led by Coetzee and colleagues [19], who conducted qualitative interviews with young people, their parents, teachers, and school counselors in South Africa to assess their experiences during the COVID-19 pandemic. Teachers noted that during the lockdown, students’ motivation for school had decreased [19]. Given the disruption that the pandemic caused on students’ learning, there is a need for education-related outcomes to be considered for future policies and approaches to strengthen resilience among youth.

Some of our findings also aligned with a mixed-methods study conducted by Karp and colleagues [20], who assessed how the COVID-19 pandemic has impacted relationships of adolescent girls and young women in Kenya. Their findings also indicated that school closures yielded a sense of lost hope and less interest in studying [20]. Moreover, some girls started sexual relationships to pay for necessities like sanitary pads, and participants perceived that the pandemic increased the chance of early marriage and early pregnancy, partially due to economic hardship, and that it accelerated relationships into marriages [20]. A study by Nuwematsiko and colleagues [21] used mixed-methods to assess unintended

socioeconomic and health outcomes resulting from COVID-19 in slums of Uganda. Their findings also indicated that the pandemic increased adolescent pregnancy and early marriages [21].

Our findings suggest that the pandemic has had an overall perceived negative impact on the SRH outcomes of primary and secondary school students in Malawi, and led to an increase in early and forced child marriage. These data can be leveraged to inform future policies and initiatives to better protect youth in Malawi from HIV, early pregnancy and marriage, and any future pandemic(s) that may impact schooling. School closures were implemented to protect Malawians from COVID-19; however, the unintended consequences of school closures for students should be considered for any future school closures. The COVID-19 pandemic has had a massive impact on access to and delivery of SRH services in many countries since it began in 2019. For example, a study conducted in 64 countries by the International Planned Parenthood Federation [22] revealed that the COVID-19 pandemic led to, among other things, the closure of static and mobile clinics and community-based care outlets, and the scaling down of HIV testing and contraceptive care services. Similarly, Catterson's 2021 study in 6 countries (Bangladesh, Burkina Faso, Colombia, Democratic Republic of Congo, Nigeria, Syria) reported that the COVID-19 pandemic reduced access to family planning services [23]. Our findings, coupled with these data, provide insight on how poor access to SRH services during the pandemic could further adversely impact the SRH of youth not only in Malawi, but around the world. This information can be leveraged to mitigate interruption of access to SRH care services during potential future COVID-19 or other pandemic lockdowns in Malawi and can inform policies and initiatives to prevent adverse SRH outcomes among the country's youth.

Strengths & limitations

The breadth of FGDs, IDIs, and KIIs was a study strength. The data from students, parents, educators, and community members provided rich and in-depth insight into students' experiences, and to some extent their families as well. It also allowed us to triangulate results by respondent type and method. In addition, sex stratifying FGDs and sex matching FGD facilitators and KII and IDI interviewers may have helped participants to feel more comfortable expressing their views. Another strength of this study was the representation of both rural and urban experiences with the pandemic, and the purposive representation of all three regions in the country.

The study has its limitations, however. These findings are only applicable to similar populations in Malawi—they are not representative of all youth in Malawi or

youth in the broader region. These data were collected as part of an evaluation not focused on COVID-19; thus, we may not have achieved as in-depth an understanding of the topic as we would have if we had focused inquiry on COVID-19 impacts. Data collection took place seven months after the school lockdown and participant recall of the lockdown and the time immediately following it may be inaccurate.

Conclusions

This study provided rich first- and second-hand perspectives on youth experiences with the COVID-19 pandemic in Malawi. The findings indicated that the COVID-19 pandemic led to teacher strikes and an increased financial burden on families, which disrupted adolescents' schooling. Additionally, participants reported some instances of early and forced marriage, sex work, and pregnancy during the pandemic. School closures may have exacerbated gender inequalities due to increased teen pregnancy and early marriage preventing female students from returning to school. Participants reported decreased motivation to continue school, lower grades, and poorer quality of teaching when they returned to school after the closures. Few studies have qualitatively assessed the impact of the pandemic on academic and SRH outcomes among students in the region, and the findings from this study create an opportunity for future policies and initiatives to be implemented to protect the SRH and academic pursuits of youth in Malawi.

Abbreviations

CDSS	Community day secondary schools
CSR	Centre for Social Research
COVID-19	Coronavirus disease 2019
D4I	Data for Impact
EFCM	Early and forced child marriage
FGD	Focus group discussion
GBV	Gender-based violence
HIV	Human immunocompromised virus
IDI	In-depth interview
KII	Key informant interview
SEED	Secondary Education Expansion for Development
SR-GBV	School-related gender-based violence
SRH	Sexual and reproductive health
USAID	United States Agency for International Development
VACS	Violence against children survey
WASH	Water, sanitation and hygiene

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Author contributions

ET conducted data analysis, conceptualized the paper, and wrote the first draft of the paper. TMV, CT, EK, and JK contributed to data collection, analysis,

and critically reviewed the manuscript. LM contributed to conceptualization, conducted data analysis, and contributed to writing the paper. MM contributed to the design, data collection, data analysis, and critically reviewed the manuscript. DM contributed to data collection, analysis, and contributed to the revised draft. JF led the design and implementation of the study from which the data came; supported the lead author to conceptualize the paper and revised the first and subsequent drafts. All authors read and approved the final manuscript.

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Availability of data and materials

The data that support the findings of this study are not available to protect the privacy of study participants.

Declarations

Ethics approval and consent to participate

The University of Malawi Research Ethics Committee reviewed and approved the study protocol and tools (approval number: P:09/21/82). The Institutional Review Board of University of North Carolina at Chapel Hill also reviewed the study protocol and determined that it was not human subjects research (study number: 21–0661).

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

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