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Empowering community health workers in Malawi to deliver gender-responsive life skills training for adolescent mothers to overcome social exclusion

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Abstract

The social exclusion of adolescent mothers has negative repercussions for them, their children, and their families. Community health workers (CHWs) are well-placed to address the social exclusion of adolescent mothers if they are adequately trained and supported. This paper examines CHWs' perspectives about an intervention designed to strengthen their capacity to deliver gender-responsive life skills training to adolescent mothers. We drew on information obtained from focus group discussions with 14 CHWs who facilitated life skills sessions for adolescent mothers in Blantyre in southern Malawi. Prior to the sessions, the CHWs participated in a values clarification and attitudes transformation and a training of trainers workshops on life skills training. The CHWs posited that gender responsive life skills training enabled them to shift from judgmental views of adolescent mothers to greater acceptance and openness to support them. The study underscores the benefit of interventions that enable CHWs to provide gender-responsive support to adolescent mothers. *(Afr J Reprod Health 2025; 29 [6s]: 36-47).*

Keywords: Adolescent mothers; life skills; adolescent sexual and reproductive health; gender-responsive training; values clarification and attitude transformation

Résumé

L'exclusion sociale des mères adolescentes a des répercussions négatives pour elles, leurs enfants et leurs familles. Les agents de santé communautaire (ASC) sont bien placés pour lutter contre l'exclusion sociale des mères adolescentes s'ils sont formés et soutenus de manière adéquate. Cet article examine le point de vue des ASC sur une intervention conçue pour renforcer leur capacité à dispenser aux mères adolescentes une formation aux compétences de vie qui tienne compte des dimensions de genre. Nous nous sommes appuyés sur les informations obtenues lors de discussions de groupe avec 14 ASC qui ont animé des séances de préparation à la vie active pour des mères adolescentes à Blantyre, dans le sud du Malawi. Avant les sessions, les ASC ont participé à un atelier de clarification des valeurs et de transformation des attitudes, ainsi qu'à un atelier de formation des formateurs sur la formation aux compétences de vie. Les auxiliaires de santé ont affirmé que la formation aux compétences de vie tenant compte de la dimension de genre leur a permis de passer d'une attitude de jugement à l'égard des mères adolescentes à une plus grande acceptation et à une plus grande ouverture pour les soutenir. L'étude souligne l'intérêt des interventions qui permettent aux ASC d'apporter un soutien aux mères adolescentes en tenant compte de leur sexe. *(Afr J Reprod Health 2025; 29 [6s]: 36-47).*

Mots-clés: Mères adolescentes ; compétences de vie ; santé sexuelle et reproductive des adolescents ; formation sensible au genre ; clarification des valeurs et transformation des attitudes

Introduction

In Malawi, 29% of adolescent women aged 15-19 years had begun childbearing according to the most recent Demographic and Health Survey.[1,2] Studies in Malawi have highlighted the unique challenges faced by adolescent mothers because of prevailing social norms around adolescent sexuality and pregnancy. Early childbearing often leads to inequalities in society, driven by existing local social structures (including prevailing belief systems) that perpetuate disadvantages experienced by adolescent girls.[3] For adolescent mothers, these inequalities manifest in multiple ways for example, failure to

return to school after delivery due to stigma and poor implementation of school re-entry policies, which severely impacts their economic prospects.[4,5]

Malawi has established several policies to support adolescent mothers' access to need-specific sexual and reproductive healthcare and provide for their re-integration into schools after giving birth. These include policies such as the National Sexual and Reproductive Health and Rights Policy 2017-2022, National Strategy for Adolescent Girls and Young Women 2018-2022, Readmission Policy for Primary and Secondary Schools (2018), Youth-Friendly Health Services Strategy (2022–2030)[6] and the National Girls' Education Strategy (2018-2023).[7] However, despite the existence of these policies, adolescent mothers continue to face systemic challenges in accessing education and healthcare. These systemic gaps continue to worsen the social and economic disparities experienced by adolescent mothers. This is particularly evident in the education sector, where educational systems and the wider community often fail to accommodate the needs of adolescent mothers, resulting in higher dropout rates and limited access to higher education.[3,8,9] In turn, this educational disruption diminishes the future employment prospects of adolescents, perpetuating a cycle of poverty.[9] Healthcare systems, too, are frequently inaccessible or unresponsive to specific needs of adolescent mothers, such as their increased need for financial assistance as well as non-judgmental and confidential care (e.g., without parental consent), leading to inadequate prenatal, delivery, and postnatal care.[10] This can result in poorer health outcomes for adolescent mothers and their children, exacerbating existing health disparities.[10,11] Social exclusion, often in the form of family rejection and isolation, social ostracization from the community which limits their access to care in health facilities, as well as bullying in schools; compounds these systemic inequalities, as adolescent mothers, particularly those who give birth outside marriage, often face stigma and discrimination within their communities.[12] This exclusion limits their access to supportive networks and resources that are crucial for their well-being and ability to pursue opportunities.[12,13]

Community health workers (CHWs) are an integral part of the Malawi health system. They comprise of all community health team members working at rural health centers, such as community health nurses, midwives, medical assistants, environmental health assistants, and health surveillance assistants (HSAs), who provide essential services at the community level. Community workers mainly offer promotive and preventive health care and bridge gaps between health facilities and underserved populations.[14]

Their close ties to local communities make them particularly well-suited to support adolescent mothers. The literature suggests that CHWs have the potential to enhance the social inclusion of marginalized communities, including adolescent mothers; by facilitating social connectedness, addressing stigma, and linking adolescent mothers to health and social services within the communities.[15] However, CHWs, like other members of the community may hold attitudes and beliefs that may impede their ability to effectively provide health and social support to adolescent mothers.[16] In this study, we worked with the HSAs who receive formal 12 weeks training (about 3 months) of training in the implementation of primary health care interventions including vaccination, growth monitoring, delivering health and nutrition talks, and, more recently, providing treatment for childhood illness especially malaria, diarrhea and acute respiratory infections, providing contraceptives and supervising traditional birth attendants and village health and water committees.[17] Following the training, HSAs undertake an examination. They may receive supplementary and refresher training and are supervised by an assistant environment health officer, an environment health officer, or a community health nurse. HSAs are employees of the Ministry of Health and receive monthly salaries.[21] This training often falls short in comprehensively addressing attitudinal issues and beliefs that may affect the quality of care they provide.[17] There is limited evidence on interventions to change frontline health workers' negative gender norms attitudes towards adolescent motherhood,[18]and the effectiveness of the interventions in shifting these negative attitudes.

This paper examines the CHWs' perspectives about an intervention designed to strengthen their capacity to facilitate gender-responsive life skills training for adolescent mothers in Blantyre. This paper addresses an existing knowledge gap by exploring how such an

intervention can improve CHWs awareness and attitudes towards gender equality and social exclusion issues, and, ultimately, enable them to support adolescent mothers to overcome the challenges they face.

Methods

Study design

This research is situated within a broader study—the "Action to empower adolescent mothers in Burkina Faso and Malawi to improve their sexual and reproductive health" or the PROMOTE project. The larger study is a pilot randomized control trial that examines the feasibility, acceptability, and potential effectiveness of three interventions targeting adolescent mothers: cash transfers conditioned on (re) enrolment in school or a vocational training programme, subsidized childcare, and life skills training.[19] The larger study was informed by surveys on the lived experiences of pregnant and parenting adolescent conducted in Burkina Faso and Malawi, which highlighted the need for financial, educational, and childcare support, and life skills training.[12,20] In this paper, we report on results from focus group discussions (FGDs) with the CHWs who facilitated the life skills training workshops for adolescent mothers in Malawi.

Study setting

The larger study was conducted in selected high-density areas of Blantyre City in Malawi. This setting was informed by prior research showing low school enrollment among pregnant and parenting adolescents. In Malawi's Blantyre district girls are often at risk of early and unwanted pregnancies due to poverty, sexual assault, unequal gender norms, and a lack of access to reliable contraception information and services.[20]

Intervention

The CHWs were trained to facilitate life skills training in an interactive way that (i) did not further stigmatize adolescent mothers, given the strong socio-cultural norms that proscribe adolescent pregnancy, particularly outside of marriage; and (ii) considered the adolescent mothers' age and their learning capacities as adolescent mothers' cognitive abilities may differ from older women. The CHWs' training was designed to address issues around gender inequality in addition to negative communal attitudes perpetrated towards pregnant and parenting adolescents. The training aimed to transform the CHWs attitudes and beliefs to better equip them to provide gender-responsive support to adolescent mothers.

The first component of the CHWs' training was a comprehensive values clarification and attitude transformation (VCAT) workshop (Figure 1). This component was conducted by external partners with knowledge and expertise in designing and delivering VCAT training. The 2-day VCAT workshop was designed to enhance CHWs' awareness of sensitive gender, sex and sexuality topics, allowing them to implement interventions free of judgment and personal bias. This training included topics that highlight the disparities that affect the specific experiences of women and adolescent girls in pregnancy and sexuality, with a focus on power relations between adolescents and older people in their community that make adolescents vulnerable. During the workshop, CHWs had opportunities to reflect on their personal beliefs and behavioral patterns, including how their upbringing and socialization affected their thoughts about gender roles and sexuality. They also articulated their feelings and views on abortion, gender, and sexual orientation, reflected on the diverse views among them, and discussed how stigma affects individual and societal perceptions and reactions to abortion, gender, and sexual orientation. The CHWs also identified diverse reasons for unintended pregnancies and unsafe abortions and discussed their comfort levels with the different sexual preferences and activities for males and females.

The second component of the intervention was an interactive training of trainers (ToT) workshop designed to enable CHWs to facilitate a curriculum-based life skills training programme for adolescent mothers. The 3-day workshop, immediately after the VCAT training, covered diverse topics such as financial literacy, mental health, sexual and reproductive health and hygiene, and childcare. The ToT aimed to equip CHWs with practical knowledge and skills to empower adolescent mothers in their communities to make

informed decisions on different aspects of life for better outcomes.

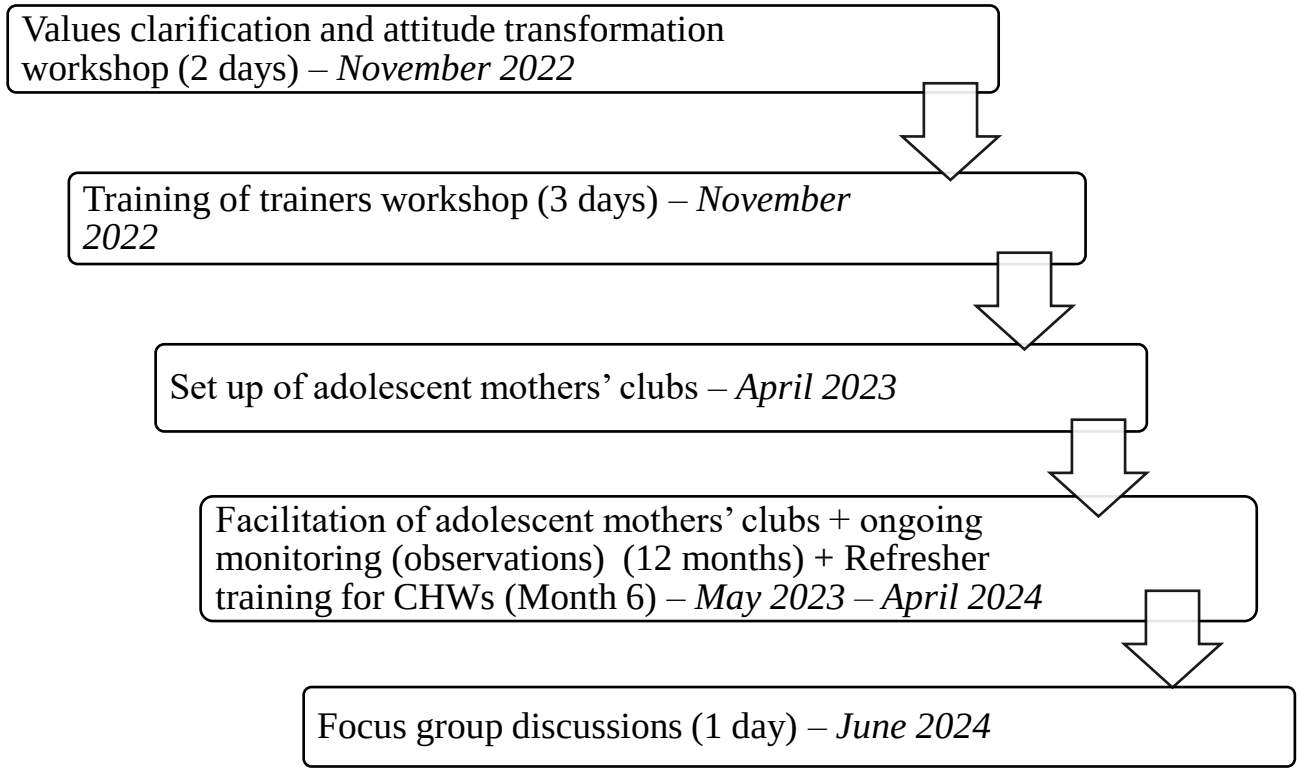

Figure 1: Timeline of project implementation

Following the training, the CHWs facilitated life skills training sessions for adolescent mothers that were delivered to seven groups of adolescent mothers (adolescent mothers' clubs). Each adolescent mothers' club convened bi-weekly over 12 calendar months (a total of 24 sessions). Six months into the implementation of the mothers' clubs, the CHWs participated in a one-day workshop where they shared their experiences facilitating the adolescent mothers' club sessions, discussed challenges, and received refresher training on delivering the sessions. Figure 1

Study participants

The study participants comprised 14 CHWs (9 women and 5 men) who facilitated the adolescent mothers' clubs. This gender representation among CHWs reflects the broader gender composition of CHWs in Blantyre and across Malawi.[22] All were working as HSAs for Blantyre City Council and were selected in collaboration with Council's Health Department based on whether the study areas fell within their catchment areas and their performance and understanding of the content during the 5-days ToT. The majority of these CHWs had attained the Malawi School Certificate of Education (n = 11) and three had diplomas. Their ages ranged from 25 years to 56 years. All of them had been trained by the Ministry of Health.

Procedures

We conducted two FGDs with the 14 CHWs after they had facilitated the final adolescent mothers' club sessions. Each FGD had seven participants. The FGDs were conducted in local venues specially chosen for the adolescent mothers' clubs because they were accessible to the CHWs. The discussions were conducted in the Chichewa language to enable the CHWs to be flexible and comfortable expressing themselves. The discussions followed a sequence

dictated by the discussion guide developed for the process evaluation of the interventions. The FGD guide incorporated questions directly addressing whether the training workshops contributed to transforming gender dynamics and norms, and changes in attitudes towards pregnant and parenting adolescents. Each discussion was audio-recorded.

Analysis

Audio files were transcribed and directly translated from Chichewa to English by a bilingual transcriber. We analyzed the recorded discussions using content analysis; specifically, through a relational analysis to establish a link between the experience of the VCAT and life skills ToT and shifts in attitudes and practices when facilitating the adolescent mothers' club sessions.

Ethical considerations

We obtained signed informed consent from each participant. The APHRC internal research ethics committee and The University of Malawi Research Ethics Committee (UNIMAREC) approved the study protocol (protocol number P.08/22/176).

Results

There were three emerging themes from the FGDs with CHWs: (i) a shift in attitudes and perceptions of the CHWs toward adolescent pregnancy, gender and cultural norms; (ii) a new openness and capacity to provide enhanced support to adolescent mothers; and (iii) integration of learned content into practice.

Shifts in CHWs attitudes towards adolescent pregnancy, gender and cultural norms

During the FGDs, the CHWs indicated that prior to the VCAT and ToT workshops, they held rigid and conservative views with respect to prevailing gender norms around adolescent pregnancy. They reported that they were initially judgmental toward pregnant and parenting girls because in their culture, childbirth outside marriage was considered inappropriate. The CHWs explained that the training enabled them to change their attitudes towards adolescent mothers with some describing a shift from viewing adolescent mothers as girls who have failed in life to girls who can still achieve their life goals if they receive adequate support. These views were shared by both male and female CHWs.

"In our culture we say that if you are pregnant but no husband, it's a sin and you are wrong. After the training, I changed my perception. Having pregnant is not the end of it all but just starting a new life." (Female CHW, 25 years)

The VCAT training included a session on the reasons why adolescents have sex and get pregnant. The discussions during this session helped them to understand the reasons why girls engage in sexual intercourse and get pregnant, including factors they cannot control, such as sexual violence or survival sex. Some CHWs talked about how they previously viewed adolescent mothers as "loose or prostitutes" but following the training, they understood that societal and gender norms related factors can drive adolescent sexual behavior and learnt "*not to judge and generalize people. It can happen to anyone, even our children."*

"We were thinking that these adolescent girls were harlots and lacked respect. It's not that; they are in this predicament because some they were raped. Others because of other conditions. So, it differs." (Female CHW, 44 years)

"The project had helped me not to judge. They love money, sex without condoms and what have you. Some were just doing it for their first time. They never know. So, we [no] longer judge them…We feel sorry for them. We understand their predicament." (Male CHW, 48 years)

"For me, I can say that training helped to give people a chance in life. It has helped me to realise that these girls can actually rise up again and have a good future and be regarded as valuable [people] in the communities." (Male CHW, 36 years)

In addition to recognizing shifts in their perceptions toward adolescent mothers and gender roles, some CHWs also acknowledged the broader gender imbalances that persist in their communities. They explicitly identified the role of men in sustaining inequality, as they continue to hold on to attitudes that undermine girls' education and view women's worth primarily through their sexual and

reproductive roles. The CHWs noted that harmful gender norms also fail in holding men accountable for their role in perpetuating inequality.

*"In our setting, it was segregation. Girls were not allowed to do what men do. As of now, girls do what men do [girls perform similar roles to boys e.g., going to school]. The challenge is us as men. We do not want them to go to school. We just want to f**k [have sex with] them all day and all night. This is bad. We have changed their minds."* (Male CHW, 48 years)

The discussions with CHWs revealed the sensitivities around having open conversations on topics like sex, sexuality, contraception and abortion with adolescent mothers because of existing cultural and religious norms that consider these topics taboo particularly for young people in the context. Both male and female CHWs explained that the VCAT training empowered them to overcome these cultural barriers, enabling them to shift their attitudes and to freely speak with adolescent mothers about topics including sex and abortion.

"That training in the first place changed me as an individual by learning how I can change my attitudes and how also I can confidently and comfortably discuss some issues like sex, abortion" (Male CHW, 39 years)

"We learned not to be judgmental but also to be open to discuss things that matter a lot but perhaps are regarded as taboos in our societies based on, for example, religion. For instance, we were able to comfortably talk to them (adolescent mothers) about sex despite knowing that they are young. We have taught them about family planning and even issues on abortion and all. This is because we have utilised the skills we learned" (Female CHW, 38 years)

Enhanced support to adolescent mothers within the clubs

The shifting of CHWs views about adolescent pregnancy helped them to better support the adolescent mothers. For example, the CHWs often took on roles akin to counsellors, offering emotional support and mediation in cases of broken marriages among the adolescent mothers.

"We have ended up in other families like counsellors. The marriage ended and the man remarried another wife. We go and support them… We have been marriage go-betweens. We [act] like mediators so that a girl should be accepted to attend our classes." (Female CHW, 44)

Moreover, interacting with the adolescent mothers during the sessions offered the CHWs the chance to know the girls better, and increase the effectiveness of the clubs. Through their engagement with the intervention, CHWs adopted positive behavior and attitudes towards adolescent mothers, positioning themselves as integral figures of trust and mentorship in their lives.

"The change is that we have developed a good relationship with these adolescent mothers. They now consider us as their role models and friends, which is more important" (Female CHW, 44).

As adolescent mothers' club facilitators, CHWs played an important role in empowering the adolescent mothers through the acquisition of diverse skills. For example, CHWs spoke about how they encouraged adolescent mothers to save money and reported how adolescent mothers began engaging in small income-generating activities.

In Nkolokoti it was hard. They were saying that they could not make it to have savings. The money they were making, they were saying it's not enough to deposit to an account with banks. We try as hard as possible convincing them that they should save even at home. They should be prepared for a disaster. They will need some savings to serve them during some misfortune at home. We emphasize to them that it's not only saving money at the Bank but even at home, you can do it. So, the majority of them started even selling zibwente (Irish potato flitters) and what have you." (Female CHW, 45 years)

Additionally, CHWs reported that the workshop equipped them with practical tools to advocate for adolescent mothers within their communities, contributing to a more supportive environment. For example, they also reported actively intervening in domestic conflicts and challenges faced by adolescent mothers, including situations that required reporting to authorities or referrals for

counselling. They acted as mediators in familial disputes, such as issues of being locked out of homes, and supported adolescent mothers in being accepted back into their families. Further, CHWs also facilitated acceptance of life skills training for adolescent mothers among family members that were resistant to the intervention, ensuring that adolescent mothers could attend the life skills sessions.

"Mothers club they are more challenges to solve. We had a girl in our club but it was a challenge. We had to discuss about her to the point of reporting and discussing with police. They were locking her out from the house. We had to intervene. You see..." (Female CHW, 56 years)

However, CHWs reflections on their support to adolescent mothers also exposes CHWs limited ability to address the intersectional barriers that adolescent mothers face. In some instances, they were only able to provide empathetic care and support. One of the CHWs highlights the financial challenges that adolescent mothers face and demonstrates the CHWs' limited ability to address systemic financial barriers.

"We were not equipped (financially) and it was a challenge to us…. We only gave advice. We were able to provide advice but not material or financial support…It should have been a charity project. We should have been linked to [a] charity programme. It's not that they were not given what they wanted. Some benefited." (Female CHW, 56 years)

Another challenge CHWs observed was men's denial or lack of awareness of their role in sustaining violence and inequality. The CHWs emphasized the need for interventions addressing gender and other social norms to include men, especially men who hold leadership positions in their communities, as this would strengthen the impact of the interventions. They also noted that the inclusion would also be crucial in ensuring that men were aware of their role as perpetrators of violence within their community, which would help men be accountable for their actions, addressing the root causes gender inequalities.

"It would have been better to include males too because they are the head of the households. It was tough to tell one gender while the perpetrator is a male. They cannot accept that they are perpetrators of sex or rape. Why is it so? They were not told about it. It's only one gender being told. So, there was a need to include males too in the project" (Female CHW, 25 years)

Integration of learned content into practice

The CHWs understood that the VCAT and life skills ToT workshops were meant to enhance broader engagements within their communities. They reported that the training had permitted them to interact with different strata of individuals in a nuanced manner, noting that they used different approaches for different people.

"It's true because standing in front of people and speaking it's part of our job. The training equips us to be able to deliver better than before. We see some pastors when speaking they use different approaches. Even teachers, they change the style. So, we learnt about [the] style of teaching. We learn on how to attract the audience." (Male CHW, 48 years)

Additionally, the CHWs noted that the ToT had prepared them in dealing not just with adolescent mothers, but also in dealing with their own children as well. Especially for the CHWs who were breaking from the mold of tradition where males do not engage in childcare. The ToT was gender-responsive as it fostered an enabling environment for challenging and unlearning deeply embedded social and gender norms that previously confined childcare giving to women only. As a result, CHWs became more attuned to their roles as active and intentional caregivers. One male CHW noted this transformation.

"We have also learned. We did not know how to join these children as they were playing. We are supposed to be with them and play with them…, we have learned a lot. The children that we have now, are enjoying the fruits of the topic since we are playing with them. We understand them better. Change is here!" (Male CHW,44 years)

After exposure to the VCAT, the CHWs described a shift in their behavior that allowed them to advise and help their own families and communities. The training also provided CHWs with problem solving

skills and expertise to deal with the unique issues faced by adolescent mothers, increasing their confidence and competence in providing care.

"It has helped our attitude towards the adolescent. We are able to advise them in our households." (Female CHW, 45 years)
"We are now the experts of this. We now know how to handle and care even when dealing with these adolescent girls. We had not had these skills before. We know the challenges they go through and how to deal with them." (Male CHW, 48 years).

Discussion

In this study, we examined CHWs' perspectives about an intervention designed to strengthen their capacity to deliver gender-responsive life skills training to adolescent mothers. The training addressed challenges that perpetuate gender inequality through social exclusion of adolescent mothers. Below we discuss these points in greater detail.

The FGDs conducted with CHWs in Malawi provided valuable insights into the effectiveness of the VCAT workshop and adolescent mothers' club ToT. The results demonstrate that the VCAT workshop facilitated critical reflection among CHWs, helping them to recognize and challenge their own preconceptions about adolescent motherhood and related values and ideas about gender. As evident in the discussions, many CHWs reported a shift from judgmental and stigmatizing views to more supportive and understanding attitudes.[23] By engaging CHWs in VCAT workshops, the intervention targeted the root causes (societal, and cultural views about femininity, and male dominance over women and resources) of gender bias and discrimination.[24] This transformation is crucial, as it directly impacts the quality of care and support that adolescent mothers receive, creating a more inclusive and equitable environment.[23] The workshops encouraged CHWs to reflect on their own beliefs and attitudes towards gender roles and adolescent motherhood, allowing a deeper understanding and commitment to gender equity and equality. This critical reflection helped CHWs deliver more empathetic and supportive care, reducing stigma and promoting the dignity and rights of adolescent mothers.

The positive changes in attitudes are supported by broader literature on gender-transformative health interventions.[25–27] For instance, Chavula and colleagues highlighted that health workers and teachers who undergo training that addresses gender norms and biases are more likely to provide empathetic and high-quality care.[28] This is particularly important for providers who interact with adolescent mothers, who often face compounded age- and gender-related stigma. The CHWs' enhanced empathy and understanding, as reported in the FGDs, align with Turner and colleagues', and Chavula and colleagues' findings, demonstrating the power of VCAT in shifting gender attitudes and perceptions.[24,29] By shifting CHWs' perceptions, the VCAT workshop may have contributed to dismantling the intrapersonal and interpersonal gender biases that hinder adolescent mothers' access to supportive healthcare and social services. Gender transformative interventions also give people the space to reflect on the root causes of power imbalances that result in detrimental sexual and reproductive health outcomes and unfriendly health services.[30,31] Ultimately, the improvements in learning and communication and support not only benefit the immediate health and well-being of adolescent mothers but also contribute to broader social change by promoting gender-sensitive practices within the healthcare system. In essence, these findings highlight the value of including gender transformative elements in the training of CHWs and possibly other actors who interact with adolescents such as teachers.

By promoting a cultural shift and challenging negative traditional attitudes, the VCAT training may have helped CHWs overcome their preconceptions and enabled them to adopt a more supportive view of adolescent motherhood. This is consistent with gender transformative theories and research emphasizing the need to address socio-cultural factors in interventions targeting adolescent mothers.[32] Nevertheless, the training equipped CHWs with specific skills and expertise to deal with the unique issues faced by adolescent mothers, increasing their confidence and competence in providing care. The CHWs also reported actively intervening in domestic conflicts and challenges faced by adolescent mothers, acting as mediators and offering emotional support. The results show the CHWs' reported improvements in their

communication skills, particularly in their ability to listen without judgement, offer targeted advice, and support adolescent mothers. These skills are fundamental in building trust with adolescent mothers, enabling CHWs to intervene beyond health issues to include domestic conflicts, thus helping adolescent mothers feel more comfortable in seeking health and social services. Previous studies have found that gender-sensitive communication training can enhance health workers' ability to engage empathetically with marginalized groups and, subsequently, foster a supportive environment that addresses both emotional and practical needs.[33] In the context of gender transformation, enhanced communication, along with shifts in attitudes and supportive behavior, helps dismantle power imbalances between healthcare providers and adolescent mothers that lead to unfriendly services. Gender transformative approaches counter these power imbalances by emphasizing the importance of open and empathetic communication, and mutual respect.[34]

The CHWs' awareness of harmful gender norms is important in addressing some systemic barriers faced by adolescent mothers. The literature on this maintains that health interventions show greater impact when challenging these norms.[32,35] While our results show promise for CHWs to challenge prevailing harmful gender norms, wider community engagements and interventions are required to address structural barriers and harmful norms that may exist at the family, community, institutional (e.g., the education system) and societal (e.g., patriarchy) levels. This argument is supported by Keleher and Franklin, who emphasized that health interventions must be holistic, including engaging men in such interventions, addressing both individual behaviors and the larger socio-cultural context.[35] Such an approach improves immediate health outcomes and can establish a foundation for long-term social change. Further research to understand how these changes can be diffused and sustained is warranted.

Limitations

Study findings should be interpreted considering several limitations. First, the perspective of adolescent mothers is missing in this paper. Their perspective is critical in evaluating the effectiveness of attitude change towards guided support in gender-transformative life skills acquisition. Second, the study's findings might not be easily transferable to other regions or populations without considering local socio-cultural dynamics and specific challenges faced by CHWs and adolescent mothers in those contexts. Third, considering the FGDs asked about VCAT and ToT workshops that took place 12 months prior, recall bias is a potential limitation. Although CHWs were reminded that both positive and negative feedback was acceptable, there is a high possibility of desirability bias, as CHWs may have wished to portray the training and their engagement with adolescent mothers and the community in a positive light. Additionally, the perspectives and perceptions of the CHWs is ineffective as a true metric of the effectiveness of the VCAT. The effectiveness could have been better measured through observational assessments, adolescent mothers' feedback on whether CHWs apply gender sensitive practices in their interactions, or by knowledge retention and application assessments administered before and after the training to gauge their understanding and application. Despite these limitations, the positive changes observed in CHWs' attitudes and practices suggest that gender-transformative interventions, including VCAT, are crucial in promoting gender equity and improving health outcomes for adolescent mothers.

Implications for policy and practice

The results of this study have important ramifications for practice and policy in Malawi's pursuit of gender-transformative programme delivery changes. The study emphasizes the value of including gender-transformative training into national health programmes by showing how VCAT workshops can improve CHWs' ability to provide non-judgemental support to adolescent mothers. To combat deep rooted gender norms and structural injustices, ministries of health could consider integrating VCAT workshops in CHW training programmes to improve the standard of care given to adolescent mothers.

Conclusions

Through this study, we show that a gender transformative intervention incorporating VCAT training can help CHWs provide more empathetic support to adolescent mothers by enabling CHWs to

reflect on and adjust their attitudes towards prevailing gender and socio-cultural norms about adolescent pregnancy. Essentially, gender transformative approaches integrated into CHWs practice can subsequently improve the quality of care offered. Further research to examine whether similar interventions can be extended to other actors in the health system, community leaders, parents and with young people may be valuable in informing action to drive broader social change.

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Contribution of authors

This paper was authored by a team of multi-disciplinary researchers from sub-Saharan Africa. Three authors (WOTA, AM and CT) are from Malawi and have significant experience in conducting research on adolescent sexual and reproductive health in Malawi. Eight of the authors (WOTA, AIA, CWK1, BWM, MNM, AM, CT, RO) were involved in developing the curriculum for the adolescent mothers' clubs and five facilitated the ToT (WOTA, CWK1, MNM, AM, CT). We acknowledge that our differing backgrounds and involvement in the interventions may introduce potential biases in how we interpreted the findings of this paper. However, the FGDs were conducted by a team of enumerators who were not directly involved in the project implementation process and the initial coding process was led by CWK2, who was not involved in earlier aspects of the project.

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