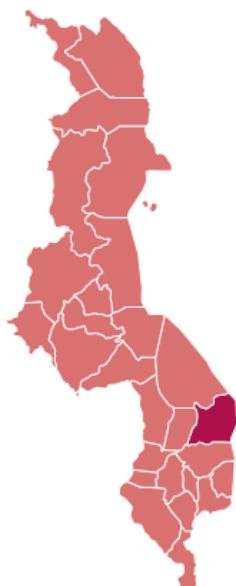


# YES I DO. BASELINE STUDY IN MALAWI

## Contextual insights into the interlinkages between child marriage and teenage pregnancy



MAP OF MALAWI  
MACHINGA DISTRICT IN RED

In Malawi, child marriage and teenage pregnancy are major problems for young people's sexual and reproductive health. Rates are high and the problems are mutually reinforcing leading to school dropout, particularly among young women. The YES I DO programme (2016-2020) aims to contribute to enhancing young women's decision making space on whether, when and whom to marry as well as on whether, when and with whom to have children. The research component of the programme focuses on the interlinkages between child marriage and teenage pregnancy.

The baseline study provides the prevalence of child marriage and teenage pregnancy in Machinga district and highlights the main causes and consequences of both issues. The study also presents insights into young people's opinions around sexual and reproductive health topics. Based on the results, recommendations for the YES I DO intervention strategies and further research are formulated. In addition, the baseline data will facilitate the monitoring and evaluation of the programme.

## Methodology

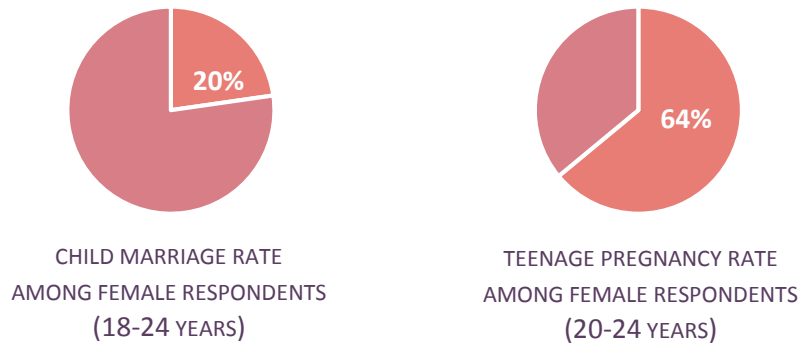
### A mixed methods study in Machinga

By using a mixed methods research design, quantitative and qualitative data were collected in two traditional authorities: Liwonde as the intervention area and Chikwewo as the control area. The methods used were household questionnaires, focus groups discussions, in depth interviews and key informant interviews. The analysis was based on descriptive statistics and thematic content analysis.

- 1596 household questionnaires among young females and males between 15 and 24 years old; 75% female and 25% male respondents, and 50% in Liwonde and 50% in Chikwewo
- 10 focus group discussions; 86 participants: young women, young men and parents/caregivers
- 20 in-depth interviews; 11 male and 9 female participants: young people, teachers, religious leaders, local leaders, parents, health surveillance assistants, community based organization leaders and *anankungwi* (women who conduct initiation ceremonies)
- 8 key informant interviews: 3 government officials and 5 representatives from non-governmental organizations

## Results

Child marriage and teenage pregnancy were reported to be common in Machinga, particularly among young females. The teenage pregnancy rate was higher than the child marriage rate, and in most cases teenage pregnancies preceded child marriage (33%) or occurred during the same year (56%). Child marriage and teenage pregnancy were found to be mutually reinforcing, with similar and sometimes overlapping causes and consequences, such as low education levels and school dropout, lack of money or future prospects and cultural norms regarding young people's sexuality.



### Child marriage: own choice, pressured or forced?

The baseline data indicate that 20% of the surveyed young women (18-24 years) married under the age of 18 (18% in Liwonde and 22% in Chikwewo), with no differences based on religion. Among young men, the rate was much lower (1.5%), which was confirmed by the findings that more respondents ascribed the status of an adult to males at a later age than females. In addition, most respondents thought males should marry later than females.

Most marriages were not registered and did not involve contractual agreements involving exchange of money or goods between the spouses or their families. The legal age of marriage was generally known, as 70% of all the respondents reported 18 as the minimum age to marry. Eighty nine percent (89%) of the respondents saw no advantages of child marriage. At the same time, participants argued that child marriages are frequent in Machinga and that the decision to get married often relies on young women and men themselves; and is often connected to pregnancy. Baseline data show that married young women (73%) and men (80%) often said that it was their own choice to get married.

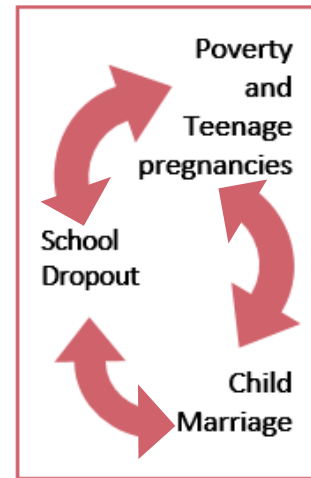
However, marriage arrangements usually required family discussions in which the young woman's uncle plays an important role. Some marriages were forced or pressured by relatives or friends. Of all married respondents, 26.5% stated that someone made the choice of marriage for them. Among female respondents who married under the age of 18, 10% reported being pressured into marriage by family and/or friends, and 11% by society. Community leaders appeared to be the people that mostly intervene in cases of child marriage, although some participants reported leaders were also part of the problem.

"The thing is, once they are pregnant, most of them get married, but it is not their intention to get married, the parents just say they should get married", (FGD with young men aged 15-19).

## Poverty and teenage pregnancy as key drivers of child marriage

Poverty and teenage pregnancy came out as the main drivers of child marriages in Machinga. The study shows that poverty in Machinga was widespread, as most households in Liwonde and Chikweko did not earn more than the minimum wage (MK25,000) and participants reported that they were generally poor. Marriage was sometimes seen as a solution to the constrained economic capacity of households. Marriage of young females in particular would make the husband responsible for food, shelter and other basic needs.

However, rather than improving families' financial situation, study participants highlighted that child marriage reinforces the cycle of poverty. But in hindsight, 34% of married young people in Liwonde and 50% in Chikweko also indicated they felt they married at the right age.

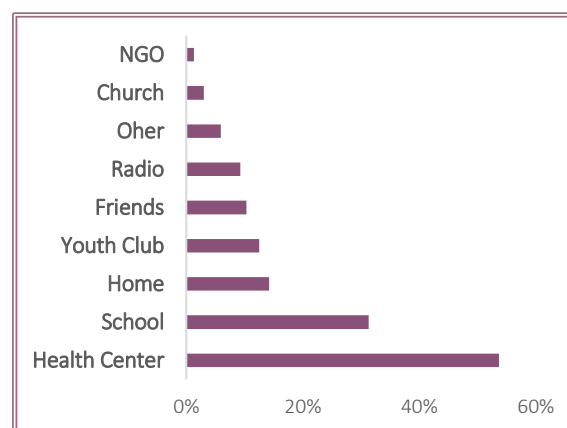


Teenage pregnancies were also a main cause of child marriages. Half of all female respondents (51%) already had children. The rate was lower among young men (18%), indicating young men become father at an older age, or, consciously or unconsciously, do not see themselves as fathers. Pregnancies were often unplanned as only half of the respondents stated that they desired to become parents at the time they had the children. However, this also indicates that a good number of young people did like to become parent at an early age. This was, amongst others, linked to the feeling of having no prospects at home and wanting to proceed to “the next stage in life”. Transactional sexual relationships also led to teenage pregnancy. In case of teenage pregnancy, parents and relatives appeared as the people to whom young women would turn to for assistance.

## Health facilities and schools are the preferred sources of information on sexuality and sexual health

In relation to the main causes of teenage pregnancy, respondents highlighted that young women and men start having sex at a young age, partly related to initiation rites. Most young people (76%) had received some form of sexuality and sexual health information, the major sources being the radio and mobile phones. However, ideally, young people, preferred health facilities (54%) and schools (31%) as sources of such information. Teachers and health workers were seen as people who can promote sexual and reproductive health among young people. However, some participants reported teachers being involved in sexual relationships with female students in exchange for good marks or goods.

PREFERRED SOURCE OF SEXUALITY AND SEXUAL HEALTH INFORMATION



The most well-known contraceptive methods were abstinence and condoms, followed by injectables and intrauterine devices. One fifth of all married respondents did not use any contraception. The most widely used modern method of contraception was injectables which also appeared to be the most commonly available in the communities. Other available contraceptive methods were pills, male condoms, the diaphragm and implant.

## School drop-out: the most highlighted consequence

The most highlighted consequence of both child marriage and teenage pregnancy was school dropout. School drop-out was high across the sample: 70% of the respondents said that they ever dropped out of school. The baseline data indicate that 22% of female respondents in Liwonde dropped out of school because of pregnancy, while 9% did so because they got married. These figures might be higher as there was no probing when respondents were asked about the reasons for drop-out.

“If the parent is not sending the child to school [s/he] should pay a fine, the fine differs from one village to the other, this is where we say they should come and sit down to centralize the by-laws, the other by-law is that if a child is pregnant they should also pay the fine to the chief”, (NGO worker).

Although there was a school readmission policy that allows young females to go back to school after delivery, they mostly did not because of poverty, shyness and fear to be teased by other students. Other consequences, particularly of teenage pregnancies, included emotional stress, having to raise the child alone when young men denied responsibility, or delivery complications because of body immaturity.

To recap, the baseline study in Machinga shows that in a context of poverty and early sexual debut, child marriage and teenage pregnancy are highly prevalent, mutually reinforcing and leading to school dropout and emotional and economic hardship, particularly among young women.

## ✓ Recommendations

### Recommendations for the YES I DO intervention strategies:

- Ensure the enforcement of existing by-laws addressing child marriage and teenage pregnancy, and facilitate the development of by-laws where non-existent
- Work with the District Health Office, District Social Welfare Office, police and other law enforcers on their role in the fight against child marriage
- Conduct comprehensive awareness campaigns on gender equality, the disadvantages of child marriage and teenage pregnancy and the existing legislation
- Create awareness among community members about the school readmission policy and the advantages of young women’s education and monitor school dropout
- Promote the delivery of comprehensive sexuality education in schools

- Promote the delivery of youth friendly health services to increase the use of contraceptives among youth and provide a place where young people can receive comprehensive information on sexuality and sexual health
- Support young women's economic empowerment through capacity strengthening around entrepreneurship

## Recommendations for further research:

- Explore how gender (in)equality plays out in young people's life and in which ways this influences child marriage and teenage pregnancy
- Explore more in-depth how socio-economic and other factors influence young people's agency with regard to sexuality and transition into adulthood
- Further explore the influence of initiation ceremonies on young people's preferences around marriage and family formation, and how sexuality and sexual health information can be best integrated in these ceremonies

