



Gaining insight into the magnitude of and factors influencing child marriage and teenage pregnancy in Malawi

Baseline Report
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by

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Preface

YES I DO. is a strategic alliance of five Dutch organizations which main aim is to enhance the decision making space of young women about if, when and whom to marry as well as if, when and with whom to have children. Funded by the sexual and reproductive health and rights policy framework of the Ministry of Foreign Affairs of the Netherlands, the alliance is a partnership between Plan Nederland, Rutgers, Amref Flying Doctors, Choice for Youth and Sexuality, and the Royal Tropical Institute. Led by Plan NL, the alliance members have committed to a five year programme to be implemented between 2016 and 2020 in seven countries: Ethiopia, Indonesia, Kenya, Malawi, Mozambique, Pakistan and Zambia.

The YES I DO Alliance partners and the Ministry of Foreign Affairs of the Netherlands acknowledge that child marriage, teenage pregnancy and female genital mutilation/cutting are interrelated issues that involve high health risks and human rights violations of young women and impede socioeconomic development. Therefore, the YES I DO programme applies a mix of intervention strategies adapted to the specific context of the target countries. The theory of change consists of five main pathways: 1) behavioural change of community and “gatekeepers”, 2) meaningful engagement of young people in claiming for their sexual and reproductive health and rights, 3) informed actions of young people on their sexual health, 4) alternatives to the practice of child marriage, female genital mutilation/cutting and teenage pregnancy through education and economic empowerment, and 5) responsibility and political will of policy makers and duty bearers to develop and implement laws towards the eradication of these practices.

The programme includes a research component to investigate the interlinkages between child marriage, female genital mutilation/cutting and teenage pregnancy and look at what works, how and why in the specific country contexts. The research focuses on testing the pathways of the theory of change, underlying assumptions and interventions as well as on looking for mechanisms triggering change and enhancing programme effectiveness. To that end, the research component of YES I DO started with a baseline study in each of the seven countries where the programme is implemented.

The aim of the baseline studies is to provide a contextualized picture of the prevalence, causes and consequences of child marriage, teenage pregnancy and female genital mutilation/cutting (where applicable) in the intervention areas of the YES I DO programme. Also, the studies aim to act as a reference point for the monitoring and evaluation of the YES I DO programme throughout its implementation. In four of the seven countries, the baseline studies included control areas. Each baseline study was conducted by the Royal Tropical Institute, in close collaboration with local research partners.

The present report details the baseline study conducted in Malawi. The report draws on literature about child marriage and teenage pregnancy in Malawi, details the methodology used, presents the main results and provides general recommendations for policy and practice on child marriage and teenage pregnancy in Malawi. The findings and recommendations can be used by different stakeholders working in the YES I DO programme as well as in other programmes on sexual and reproductive health and rights of young people.



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Abbreviations and key terms

LIST OF ACRONYMS

BLM	Banja La Mtsogolo
CAMFED	Campaign for Female Education
CBO	Community Based Organization
CRECCOM	Creative Centre for Community Mobilization
FAWEMA	Forum for Women Educationists in Malawi
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
GNB	Girls Not Brides
HIV	Human Immuno-Virus
HSA	Health Surveillance Assistant
IDI	In-depth Interview
IUD	Intrauterine Device
KII	Key Informant Interview
NFM	Natural Family Planning Method
NGO	Non-Governmental Organization
NSO	National Statistical Office
RA	Research Assistant
RTP	Reducing Teenage Pregnancy
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
TA	Traditional Authority
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
VSU	Victim Support Unit
YID	YES I DO
YONECO	Youth Net and Counselling

KEY TERMS

Young women and men: all females and males within the age range 15 to 24

Child Marriage: any legal or customary union involving a girls or boy below the age of 18

Teenage Pregnancy: all pregnancies before the age of 20

Female genital mutilation/cutting: all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

Executive summary

INTRODUCTION

The YES I DO (YID) Alliance, consisting of five partners namely Plan Nederland, Amref, Rutgers, Choice for Youth and Sexuality and the Royal Tropical Institute will be implementing interventions to address child marriage and teenage pregnancy in Malawi. Child marriage and teenage pregnancy are quite common in Malawi: in 2015/16, 49.9% of the women aged 20-49 years old were married before the age of 18 years. Twenty eight percent (28%) of the women aged 15-19 were currently married. About a third of the women aged 15-19 had also began child bearing. The YID programme will be implemented in Traditional Authority (TA) Liwonde in Machinga District in southern Malawi.

OBJECTIVES

The overall goal of the study was to collect baseline data on the causes and effects of child marriage and teenage pregnancy, to provide recommendations for the development of context specific intervention strategies to eliminate child marriage and reduce teenage pregnancy in TA Liwonde in Machinga District. The specific objectives of this study were as follows:

- To explore attitudes of community members and gate keepers around child marriage and teenage pregnancy, whether and to what extent they take action to prevent both issues, and which factors influence this and how.
- To determine the level of meaningful engagement of young women and men in community activities, programmes and policies – thereby claiming their rights - and which factors influence this and how.
- To explore and analyse whether and to what extent young people take informed action on their sexual and reproductive health and which factors influence this and how.
- To explore and analyse whether and to what extent education and economic empowerment of young women provide them with alternatives beyond child marriage and teenage pregnancy.
- To provide insight into developed and implemented legislation and policies on child marriage and teenage pregnancy.

METHODOLOGY

This was a mixed methods baseline study: a questionnaire was administered in TAs Liwonde (intervention area) and Chikwewo (control). A total of 1598 young people aged 15-24 participated in the survey. About half of the respondents (819) was from TA Liwonde and the other half (777) was from TA Chikwewo. Seventy five percent of the respondents were females and the remaining (25%) were males. Most of the respondents were aged 18+ (69.4%) and the rest (30.6%) were below the age of 18 years. The qualitative study component entailed:

- Eight Key Informant Interviews (KIIs) were conducted with government officials and staff of Non-Governmental Organizations (NGOs) based at Machinga Boma.
- Focus Group Discussions (FGDs) were conducted with young women aged 15-19 and 20-24, young men aged 15-19 and 20-24 and parents or caregivers. Eighty-six participants participated in the FGDs.
- Twenty in depth interviews (IDIs) were conducted with young women, young men, parents or caregivers, local leaders, health surveillance assistants (HSAs) and community based organization (CBO) leaders.

Both the qualitative and quantitative components of the baseline study focussed on sexual and reproductive health and rights (SRHR) issues among young people, including child marriage and teenage pregnancy.

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RESULTS

CHARACTERISTICS OF SURVEY RESPONDENTS

Most respondents (66.7%) were Muslims. The major ethnic groups in both the intervention and control areas were Yao (52.5%), Chewa (23.5%) and Lomwe (21%). Sixty percent of the respondents reported having dropped out of school; 20.2% were in primary and 7.3% were in secondary school. The major reason for dropping out of school was the lack of money to pay school fees (49.6%). Among females, pregnancy (14.2%) and getting married (11.8%) were the other major reasons for dropping out of school. The proportion of males who dropped out of school due to pregnancy and marriage was lower than among females.

Sixty five percent of the respondents reported having received an income in the six months period preceding the survey and there were no differences between males and females. Most respondents received below the minimum wage set by the Government of Malawi. More males (54.9%) than females (35%) reported receiving income from temporary jobs. There were more females reporting receiving an income from their spouses (20%) than males (0.4%). During the FGDs and IDIs, participants said that many young people travel to South Africa where they earn a living.

CHILD MARRIAGE

During the FGDs and IDIs, participants reported that these days young women and men start having sex at very young ages; e.g. as young as nine or ten years. Initiation ceremonies and videos were said to contribute to early sexual debut. Thirty percent of the respondents reported they were married, with more females (44.5%) than males (16.4%) reporting this. Among those who were married, 73% of the marriages were not registered. Twenty percent (20.3%) of the females aged 18-24 were married or in union before the age of 18, while 5% of the females aged 15-24 were married by the age of 15. Only 1.5% of the males aged 18-24 were married or in union before the age of 18 years and 0.5% reported being married by the age of 15. There were no differences between Christians and Muslims and neither among ethnic groups in the proportion of child marriage. Most respondents, both males and females, and during the survey as well as the FGDs and IDIs, reported that there were no advantages of child marriage.

Among those who were married, 42% (41.7% among females and 47.8% among males) felt that they were married at the right age. While most respondents (73.5%) said that it was their choice to get married, the remainder (26.5%) said that it was not: someone made a choice for them. Nine percent (8.9%) said that they were pressured into marriage by family/friends, while 9.1% felt pressured by society. For those who were single, only 0.1% said they would get married below the age of 18 years. The majority of the single young women said they would get married before the age of 25, while the males said that they would do so after the age of 25. While these were their aspirations, respondents also mentioned that it is not uncommon to see community marriages involving underage persons. In most cases, there were no contractual agreements involving exchange of money or goods during marriages.

The study found several reasons why young people marry. During FGDs and IDIs participants, said that many young women get married after falling pregnant. One other reason which was commonly mentioned was economic: marriage is perceived as a way of running away from poverty. In some cases, parents tell young women to get married as a way of reducing their financial and other burdens. Young people also get pressured to marry by their peers. Most young people and their parents were aware that once young women get married they drop out of school and most of them do not go back to school despite the school readmission policy being implemented by the Ministry of Education. In most FGDs, participants said that child marriage also results into the new family experiencing poverty, as most of the times, the young woman and man never went far with their education and did not learn any skills for earning a livelihood; hence, they depend on their parents. Such marriages can end up in divorce.

Most respondents (70%) reported being aware of the minimum legal age of marriage and there were more females (71.3%) than males (66.7%) who reported this. Sixty two percent (62.1%) of the respondents mentioned 18 years as the minimum legal age of marriage for females; only 10.7% of the respondents mentioned 18 years as the minimum legal age of marriage for males (more respondents thought the minimum legal age for males was higher). Those with secondary level of education (80%) were more likely to know the minimum legal age of marriage than those who dropped out of school (61.3%) and those with primary school level of education (60%). More Christians (70.1%) than Muslims (58.2%) knew the minimum legal age of marriage. While a good proportion of respondents knew the legal

age of marriage, 49.2% of the respondents reported that children get married under minimum legal age of marriage quite frequently.

Most respondents reported that community leaders (59.6%) intervene on marriages involving children under minimum legal age of marriage and this was followed by NGOs (43.9%) and then parents (33.3%). Only 13% mentioned that the police intervenes in such cases. About a third of the respondents said that people who intervene in such marriages do so all the time (30.9%) and this was followed by those who said they do so frequently (28.1%) or and then those who said rarely (25.6%).

TEENAGE PREGNANCY

Forty three percent of the respondents reported that they had ever had children. There were more females (51.1%) reporting this than males (17.9%). The proportion of respondents who reported this increased with age. Twelve percent of the females reported having their first child by the age of 15 years and the corresponding proportion among males was 6.9%. Most females had their first child at 18-20 years and males at 20-24. While only 21.6% of the respondents reported not knowing a young woman in their community who had children below the age of 18 years, most respondents knew between one and ten cases. The teenage pregnancy rate among young women aged 20-24 years was 63.8%

More than half of the respondents (56.2%) who had children reported they desired to become parents at the time, which implies that the other half did not want to have the child at the time. Most respondents (86.7%) reported that they would turn to family members/relatives if they or their partner fell pregnant. Health service providers, teachers and religious leaders were rarely mentioned as people to whom young women would turn to if they fell pregnant. About two percent of the respondents (1.8%) said that young women hide the pregnancy and do not tell anyone. This also came out during FGDs and IDIs conducted in TA Liwonde. The practice of initiation ceremonies was referred to as one of the factors contributing to teenage pregnancy, by influencing young people's interest in sex.

While the impregnator was most of the times a young man of about the same age, in some cases it was an older man who was already married. Men who are well to do, including sheikhs and teachers, also impregnated young women. Key informants said that men, according to the law, are supposed to be arrested when they impregnate a young women below the age of 18. However, participants mentioned various cases of men who impregnated young women but were not arrested because they bribed the police, or the family just arranged the girl and boy or man to marry.

In terms of consequences, all informants in this study reported that young women who fall pregnant drop out of school, but may go back to school after delivery. Most young women, however, do not go back because of poverty, shyness and fear to be teased by their friends. During FGDs and IDIs, it was also stressed that a young woman who falls pregnant may experience emotional stress as she may be shouted both at home as well as when attending antenatal care. Men who impregnate young women may also deny responsibility and the young women gets the responsibility of raising the child on her own. Key informants, young men and women also said that a young woman who falls pregnant may experience difficulties during delivery, as she is not mature enough.

SEXUALITY AND SEXUAL HEALTH ISSUES

Most respondents (76.4%) reported they have ever received sexuality and sexual health education with more females (77.1%) reporting this than males (74.1%). The major sources of this information were the radio (58.1%) and phones (30.8%). However, young people preferred health facilities (53.7%) and schools (31.3%) as sources of such information. During FGDs and IDIs, a number of sources of information were mentioned including initiation ceremonies, schools and teachers, NGOs, youth clubs, video shows and health facilities. While they were not mentioned as important sources of sexual and reproductive health information, health workers (48.7%) and teachers (27.9%) were important people who, in the view of young people, can promote sexual and reproductive health and rights among young people.

In terms of contraceptives, the most well-known methods for preventing pregnancy were abstinence (69%) and condoms (69.5%). These were followed by injectables (41.2%) and the intrauterine device (IUD) (19.8%). There were more males who mentioned abstinence and condoms than females. There were more females who mentioned

injectables, birth control pills and IUDs than males. Among those who were married, a fifth (22.4%) were not using any method of contraception. The most widely used method of contraception were the injectables (56.9%). The most commonly available methods of contraception in the community were injectables (93%) and this was followed by contraceptive pills (71.4%) and male condoms (71.1%); and then the diaphragm (63.9%) and implant (52.8%). There were more females than males who mentioned that female condoms, diaphragm, injectables, implants and IUD were available in the community.

In terms of violence, most respondents (89%) reported that they have never experienced any form of physical violence from their partners. Only 1.1% of the respondents frequently experienced physical violence from their partners. In TA Liwonde, there were more males (3.3%) than females (1.4%) who experienced this. In TA Chikwewo, none of the males experienced physical violence while 1.6% of the females reported having experienced it. Most respondents (80.5% in TA Liwonde and 77.9% in TA Chikwewo) never experienced any sexual violence from their partners. There were more females who experienced sexual violence than males.

ROLES OF STAKEHOLDERS

NGOs are working with the police and the community leaders to ensure that cases of child abuse (including child marriage) are addressed and the offenders brought to justice. NGOs also encourage young women to go back to school after they have delivered. There are some NGOs which support young women with low income through providing school materials such as uniforms, shoes and sanitary pads. NGOs also create awareness about sexual and reproductive health and rights issues in communities.

The police is responsible for enforcing the law, including arresting men who marry or impregnate women below the age of 18. In Machinga, the police had a project which enabled them to go around communities creating awareness on disadvantages of teenage pregnancy.

The district social welfare office (DSWO) represents children who have been abused in court. The department is responsible for counselling abused children and their parents, advising communities about the dangers of child marriage, providing school materials and other forms of assistance to young women e.g. school fees and creating awareness about children's rights and gender based violence issues.

Teachers have a role in providing sexual and reproductive health and rights education, although this is sometimes not done.

With regard to religious leaders, both sheikhs and pastors advise their members against child marriage and encourage young women who have dropped out of school due to pregnancy to go back to school after they have delivered. Their responsibility is also to bless marriages and refuse to bless marriages involving young people under the age of 18. However, some religious leaders still bless these marriages.

Chiefs develop by-laws and advise pregnant young women to go back to school after they have delivered. A number of cases were cited in which chiefs have ended marriages involving underage children, other cases were reported in which the chief did not prevent these marriage to happen

Health service providers offer health services, including youth friendly health services. They also create awareness about health issues including sexual and reproductive health and rights.

CONCLUSION AND RECOMMENDATIONS

This study has demonstrated that child marriage and teenage pregnancy are major sexual and reproductive health problems among young people and that teenage pregnancies lead to marriage in most of the cases. For Machinga, the high prevalence of poverty and initiation ceremonies constitute some of the factors which lead to teenage pregnancy and, hence, child marriage. Despite the existence of the minimum legal age for marriage, young people marry below the age of 18. The following recommendations are made:

- Other existing pieces of legislation should be reviewed so that they are in line with the Marriage, Divorce and Family Relations Act which specifies 18 as the minimum legal age of marriage.
- There is a need to work with the communities and traditional and religious leaders and other interest groups and develop and implement by-laws which encourage young women and men to go to school and discourage teenage pregnancy and child marriage.
- The YID partners should work with community leaders and young people themselves to ensure that by-laws are implemented.
- The YID partners should develop a comprehensive five year work plan to combat child marriage and teenage pregnancy in TA Liwonde.
- The YID partners should work together with the DSWO and conduct trainings of police and other law enforcers on their role in the fight against child marriages.
- The YID partners should conduct comprehensive awareness campaigns in TA Liwonde on the disadvantages of child marriage and teenage pregnancy, including the existing legislations which deal with these issues among community members.
- Work with the District Education Manager, teachers and community leaders to create awareness among community members on the school re-admission policy and the advantages of educating young women.
- Teachers and health workers were mentioned as preferred sources of information; hence it is important that the programme should work with them to reduce the prevalence of teenage pregnancy and child marriage.
- Collect routine data from schools in TA Liwonde on numbers of young women who drop out of school due to pregnancy or child marriage and monitor this throughout the project period as this will help in determining the impact of the interventions.
- Work with the District Health Office and health facilities in TA Liwonde and disseminate information on sexual and reproductive health and ensure that the youth have access to youth friendly health services including contraceptives.
- There are young people, especially young women, who are forced to marry. Their families make a decision for them to get married. NGOs should work with traditional authorities and the young people themselves to ensure that young people, especially women, make their own decisions about marriage and child bearing and they have access to education which will help them get better jobs and lead an independent life.
- Promote the delivery of youth friendly health services, as evidence shows that this can promote the use of contraceptives among young people. This would delay the onset of child bearing among young people especially young women, prevent HIV infection and this will promote that they stay in school and do not have to choose for child marriage.

1. Introduction

Child marriage and teenage pregnancy are manifestations of deeply rooted gender inequality and social norms, poverty and limited economic perspectives, inadequate access to comprehensive sexuality education and adolescent sexual and reproductive health services, and voiceless youth. Child marriage and teenage pregnancy are interrelated issues that involve high health risks and human rights violations of young women, and impede socio-economic development in many developing countries. Following lessons learnt from current programmes, as well as evaluations and recommendations of international organizations such as UNICEF and UNFPA (Loaiza Sr and Wong 2012, Duncan et al. 2013) and “Girls not Brides” (GNB)¹, the YES I DO (YID) Alliance will address the issues of child marriage and teenage pregnancy in Malawi with a five-year programme.

1.1 BACKGROUND ON CHILD MARRIAGE AND TEENAGE PREGNANCY

1.1.1 CHILD MARRIAGE

Child marriage is defined as any legal or customary union involving a girl, boy, young woman or young man below the age of 18. This definition draws from various conventions, treaties, and international agreements². In practice, the majority of child marriages affects young women (Parsons et al., 2015). Even though child marriage is considered a human rights violation, more than 30% of today’s women in developing countries were married before their 18th birthday³ and a total of 70 million girls and young women worldwide are affected, mostly in South Asia and Sub-Saharan Africa (UNICEF 2014). One study conducted in Malawi found that 10% of the women aged 15-49 were married before the age of 15 years and that 49.9% of the women aged 20-49 were married before the age of 18. Twenty-eight percent of the women aged 15-19 were married at the time of the survey (NSO, 2015).

Studies conducted in Malawi demonstrate that factors such as culture, low education and poverty contribute to child marriage, especially among female children. A study by the National Youth Council of Malawi found that cultural practices contribute to child marriage among the different ethnic groups in Malawi. Females as young as 15 years are married off to men who are much older as a form of replacement of deceased wives (National Youth Council of Malawi, 2009). In the northern district of Karonga, *kupimbira* is practiced where a daughter as young as nine years is offered for marriage as a form of payment of debt incurred by parents (Malawi Human Rights Commission, 2006). In some parts of Malawi, especially in the northern region, a husband may be given a younger sister or niece of his wife by his parents-in-law as a form of appreciation for taking good care of their daughter (Malawi Human Rights Commission, 2006). Other factors which force young women to get married include peer pressure, lack of information and the general lack of role models (Panos Southern Africa, 2015).

In many settings, child marriage marks the beginning of frequent and unprotected sexual intercourse, leading to a greater risk of sexual transmitted infections (STIs), HIV and teenage pregnancy, high numbers of children and limited spacing. Worldwide, 90% of the teenage pregnancies take place within marriage and the complications related to these pregnancies and childbirth are among the leading causes of death among young women aged 15 to 19 in low- and middle-income countries (Williamson 2012). Table 1 shows the prevalence of HIV among women and men aged 15-24 in Malawi.

¹ www.girlsnotbrides.org/child-marriage-theory-of-change

² The Convention on the Rights of the Child, Convention on the Elimination of All forms of Discrimination against Women, Universal Declaration of Human Rights, and recent resolutions of the UN Human Rights Council.
www.girlsnotbrides.org/about-child-marriage

Table 1. HIV prevalence among young people aged 15-24 in Malawi (NSO, 2011)

Marital status	HIV prevalence among females	HIV prevalence among males	Total
Never married	3.8	1.5	2.3
• Ever had sex	7.6	1.4	2.8
• Never had sex	2.1	1.6	1.9
Married/living together	5.5	3.5	5.0
Divorced/Separated/Widowed	12.9	7.8	12.0

Table 1 generally shows that HIV prevalence among young female who never married was at 3.8% which is less than the prevalence among those who are married or living together. However, the prevalence of HIV among those who never married but ever had sex was higher than the prevalence among those who are married or living together. The prevalence among males was lower than that of females regardless of marital status. The high incidence of child marriage associated with high HIV prevalence among young women who have ever had sex stresses the need for promotion of safe sex among young people.

1.1.2 TEENAGE PREGNANCY

Teenage pregnancy, defined as pregnancy before the age of 20, is a reality for 7.3 million young women in developing countries every year. Complications from pregnancy and childbirth are among the leading causes of death among young women aged 15-19 (Williamson 2012). A recent study in Malawi found that 24.3% of women aged 15-19 reported they had had a live birth while 6.1% were pregnant with their first child. In total 30.4% of the women aged 15-19 had, therefore, began child bearing (NSO, 2015). The high prevalence of teenage pregnancies is not unique to Malawi: it is highly prevalent in Sub-Saharan Africa. For example, in Kenya, in 2012, the pregnancy rate was 174 among 1,000 females aged between 15 -19 years (Sedgh, Finer et al., 2015).

The causes and consequences of teenage pregnancy have been the topic of many studies and debates. Generally, all studies acknowledge that teenage pregnancies are associated with poor social and economic conditions. Poverty, low education, being from an ethnic minority, lack of access to sexual and reproductive health (SRH) information and services: all increase the likelihood for young women to become pregnant (Williamson 2012). Studies have shown that young people from families with a low socio-economic status have a higher chance of teenage pregnancies (Miller et al. 2001). In addition, social and cultural norms and values at the family and society level play a role. For example, parent/child closeness or connectedness, parental supervision or regulation of children's activities, and parents' values against teen intercourse (or unprotected intercourse) influence young people's risk for teenage pregnancy. Living with one parent is also a determining factor, which is relevant in many low- and middle-income countries with high percentages of orphan hood, such as Malawi.

Experience with violence also increases the risk for teenage pregnancy (Miller et al. 2001). As stated above, many teenage pregnancies occur within marriage, and in this case, they are mostly intended. However, at the same time, (unintended) teenage pregnancy is one of the most common reasons for child marriage in many countries, showing the interrelatedness of these two problems. In Malawi, teenage pregnancy is also one of the common causes of child marriage. A study conducted by Human Rights Watch links the high prevalence of child marriage in Malawi to poverty, teenage pregnancy and the lack of adequate education. Young women are actually married off, or decide themselves to get married, once they are found pregnant: child marriage is stigmatized and hence, marrying off these young women helps to protect them, but at the same time protect family honour (Human Rights Watch, 2014).

The proportion of teenage pregnancies that ends in abortions vary highly between countries: in Malawi, there are 154 pregnancies per 1,000 females aged 15-19 and it is estimated that 14% of these pregnancies end in abortion, while abortion is illegal. There are other countries which have higher numbers of pregnancies per 1,000 females for example Kenya (174/1,000 pregnancies among females aged 15-19) and Burkina Faso (187/1000 females aged 15-19). These two countries have higher rates of pregnancies which end in abortion, 16% and 22% respectively (Sedgh et al., 2015).

1.1.3 THE TWO PROBLEMS TAKEN TOGETHER

Child marriage and teenage pregnancy have common root causes and social drivers such as gender inequality, social and cultural norms, poverty, and inadequate access to education and sexual and reproductive health and rights (SRHR) information and services. Child marriage and teenage pregnancy have comparable impacts on the health and education of young women, and therefore on economic opportunities, decision-making and agency of young women. Besides sharing common causes and consequences, these two issues can be mutually reinforcing: child marriage increases the likelihood of teenage pregnancy and the other way around (Williamson 2012).

As mentioned earlier, a 2013/14 survey conducted in Malawi found that 49.9% of the women aged 20-49 were married before the age of 18 (NSO, 2015). It is culturally expected that once people are married they should have children: child marriage is therefore a cause of teenage pregnancy as a good proportion of young women get married before the age of 18. It has also been mentioned earlier that in Malawi, teenage pregnancy is quite common: it is one of the major reasons for young women dropping out of school. For example, between 2010 and 2013, 14,051 primary school girls and 5,597 secondary school young women dropped out of school because they were pregnant (Human Rights Watch, 2014). Young women are married off, or decide to get married, once they are found pregnant; hence it is apparent that teenage pregnancy leads to child or early marriage.

Following the above, it is clear that programmes and interventions that aim to reduce child marriage and teenage pregnancy often share the same focus. They try to address social and cultural norms and values, enhance young women's empowerment, increase access to SRH and education services and try to influence laws and regulations related to SRHR. They also involve the same actors, such as young women, young men, community members and other duty bearers that have an important role in society. Child marriage and teenage pregnancy are intertwined with respect to the cause, consequences and therefore also the possible intervention strategies to address them.

1.2 THE YES I DO PROGRAMME

The YES I DO (YID) programme aims to contribute to a world in which young women can decide if, when and with whom to marry and have children. This desires innovative intervention strategies which address child marriage and teenage pregnancy in a combined and holistic manner in Malawi.

1.2.1 THEORY OF CHANGE FOR MALAWI

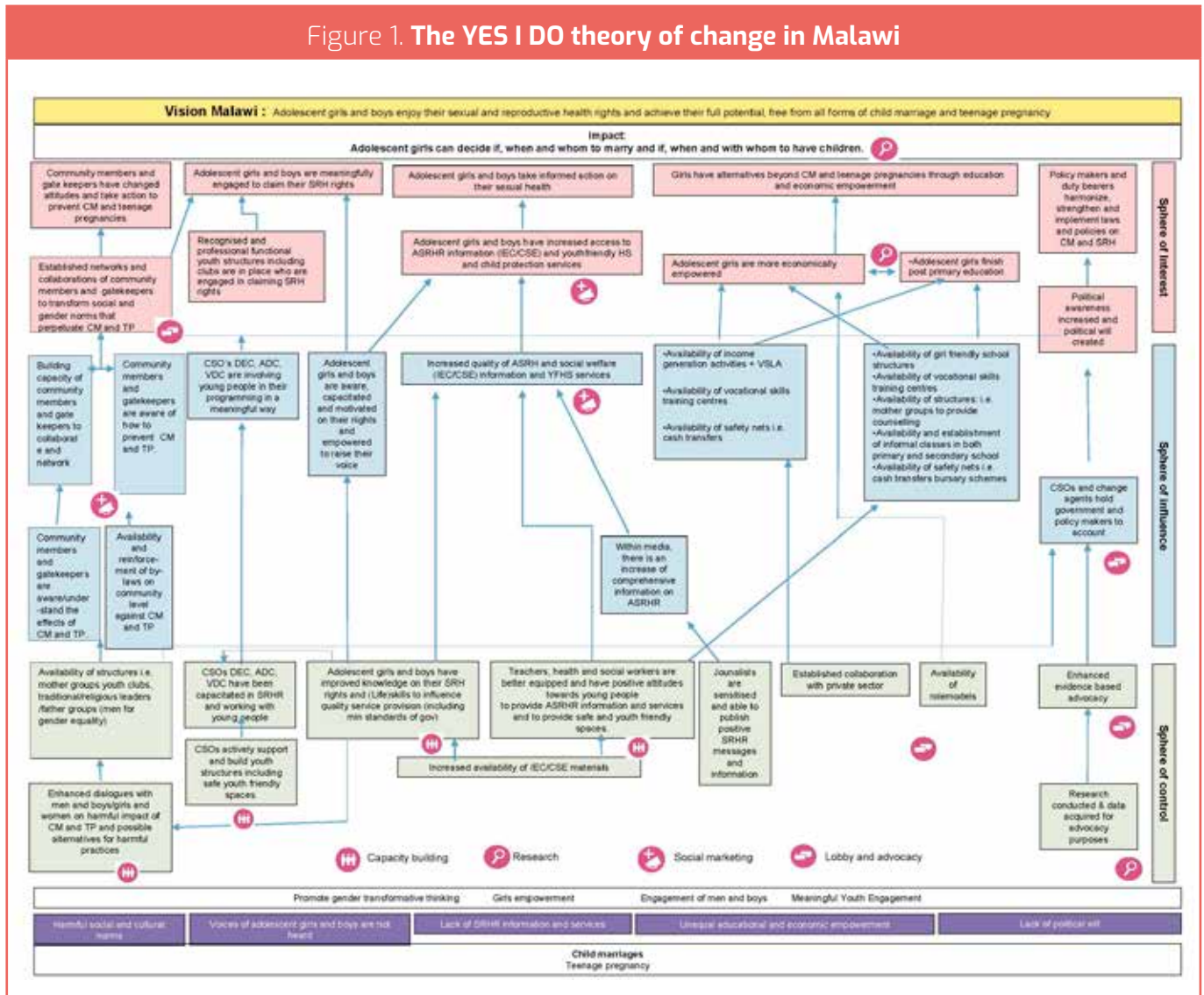
The programme's theory of change (ToC) for Malawi is presented in Figure 1. The programme has five strategic goals:

- Community members and gate keepers have changed attitudes and take action to prevent child marriage and teenage pregnancy.
- Young women and men are meaningfully engaged to claim their SRH rights.
- Young women and men take informed action on their sexual health.
- Young women have alternatives beyond child marriage and teenage pregnancy through education and economic empowerment.
- Policy makers and duty bearers harmonize, strengthen and implement laws and policies on child marriage and SRH.

The five goals are related to five intervention strategies, illustrated by the interrelated boxes in Figure 1. The intervention strategies focus on forming a social movement, empowering and meaningfully engaging young people, improving access to information and services, stimulating education and economic empowerment for young women and enhancing evidence-based lobby and advocacy for improved legal and policy frameworks. These intervention strategies follow experiences of Alliance partners and global evidence on what works in trying to reduce child marriage and teenage pregnancy (OHCHR and UNDP 2008, Malhotra et al. 2011, Williamson 2012, Loaiza and Liang 2013).

With regard to strategy 1, several interventions will build broad social movements, which can influence social norms in communities on child marriage and teenage pregnancy. These social movements will engage in advocacy towards policy makers and stimulate adolescent girls and boys to claim their SRH rights. Strategy 2 involves empowering

Figure 1. The YES I DO theory of change in Malawi



and meaningfully engaging young people. In relation to this, multiple interventions will focus on the role of local government institutions, non-governmental organizations (NGOs) and community-based organizations (CBOs) in meaningfully engaging young women and men in their policy making and programming. As a result, it is hoped that an increased number of young women and men effectively raise their voice; and mechanisms will be in place to sustain training and meaningful engagement of young people. In addition, government institutions', NGOs' and CBOs' policies and programmes would increasingly reflect the needs of young people in the field of SRHR.

Strategy 3, on improving access to information and services, focuses on increased access to quality and affordable youth-friendly SRH and child protection information and services. Strategy 4, on education and economic empowerment for young women, aims to increase the number of years in primary and secondary education for girls and young women, and that they have increased access to productive assets and economic opportunities. Finally, strategy 5 involves enhancing evidence-based lobby and advocacy for improved legal and policy frameworks. The target here is that policy makers and duty bearers develop and implement legislation and policies that are directed to eliminating child marriage and preventing teenage pregnancy.

As indicated at the bottom of Figure 1, the following core strategies will be employed: promotion of gender transformative thinking, girls and young women's empowerment, boys and young men's engagement and meaningful youth participation. The YES I DO programme will be fully implemented in Machinga District in southern Malawi, and partly in Lilongwe District in central Malawi. Machinga District has a population of 627,399 persons: 48.3% are males while the rest (51.7%) are females. The district has one of the highest rates of child marriage in the country. In 2013/14, 42.1% of the women aged 15-49 years were currently married or in union. Seventeen percent of the women aged 15-49 were married before the age of 15. Among women aged 20-49, the proportion of those who got married before the age of 15 was 18.7% (NSO, 2015). Although there has been progress in access to SRH services, young people's access to youth friendly services and information still has a lot of room for improvement (Ford Foundation, 2011).

1.2.2 THE RESEARCH COMPONENT

The research component of the YES I DO programme in Malawi investigates the interlinkages between child marriage and teenage pregnancy. Furthermore, it will look at the effectiveness of the above described intervention strategies. In order to find out what works, how and why, and in which circumstances, in the prevention or mitigation of the impact of child marriage and teenage pregnancy, a mixed methods research containing a base-, mid- and end-line will be conducted. This report details the results of the mixed methods baseline study which was conducted in traditional authority (TA) Liwonde (intervention) and TA Chikwewo (control) in Machinga District.

The overall goal of this component of the study was to collect baseline data on the causes and effects of child marriage and teenage pregnancy to provide recommendations for the development of context specific intervention strategies to eliminate child marriage and reduce teenage pregnancy in TA Liwonde in Machinga District.

The specific objectives of this study were as follows:

1. To explore attitudes of community members and gate keepers⁴ around child marriage and teenage pregnancy, whether and to what extent they take action to prevent child marriage and teenage pregnancy and which factors influence this and how.
2. To determine the level of meaningful engagement of young women and men in community activities, programmes and policies – thereby claiming their rights – and which factors influence this and how.
3. To explore and analyse whether and to what extent young people take informed action on their sexual and reproductive health and which factors influence this and how.
4. To explore and analyse whether and to what extent education and economic empowerment of young women provide them with alternatives beyond child marriage and teenage pregnancy.
5. To provide insights into developed and implemented legislation and policies on child marriage and teenage pregnancy.

A qualitative midline and a mixed methods end-line will enable us to observe changes related to the above presented objectives, over the period of five years and between intervention and control areas. Therefore, the study as a whole hopes to contribute to evidence on effective and context specific intervention strategies to eliminate child marriage and reduce teenage pregnancy in Machinga, and Malawi as a whole.

⁴ Gatekeepers: caretakers; family members such as grandmothers, mothers-in-law; health and social workers; teachers; traditional and religious leaders and peers, who influence girls' situation in relation to child marriage and teenage pregnancy.

2. Methodology

A mixed methods approach was used at baseline: both qualitative and quantitative methods were used. This section describes in detail the methodology which was used to collect data at baseline.

2.1 STUDY AREA

After consulting the Machinga District Council a decision was made that the YID interventions should be implemented in TA Liwonde, as in other TAs there were other NGOs working on SRH. A decision was also made to choose TA Chikwewo as a control area for the study, and the main reason was that there were no major NGOs working in that area.

2.2 RECRUITMENT OF DATA COLLECTORS

Ten research assistants (RAs) were recruited to participate in the collection of data. These RAs were trained for one week. The training started on 27 June 2016 and it took place in Zomba. The issues covered during the training included: the YID programme, objectives of the study, methodology for data collection i.e. administration of the survey questionnaire and topic guides for interviews and focus group discussions (FGDs), and conducting FGDs and in-depth interviews (IDIs) with various target population groups as detailed below. We went through the translation of all questions to get a common understanding of their meaning and went through ethical issues as well. Lastly, RAs were trained on how to use tablets in the collection of survey data. There was a mix of male (4) and female (6) RAs.

2.3 DATA COLLECTION METHODS

2.3.1 QUANTITATIVE COMPONENT

A questionnaire was administered at the household level among young women and men aged 15-24 in intervention and control areas. The questionnaire included questions on SRHR information and knowledge, gender, child marriage and teenage pregnancy. The National Statistical Office was consulted and it printed maps for TA Liwonde and TA Chikwewo showing the enumeration areas (EAs).

A total of 27 EAs were randomly selected in each TA. Thirty questionnaires were administered in each EA. The respondents were split into two: those aged 15-19 and those aged 20-24. Both age groups were supposed to be equally represented in the sample. In each age group, 75% of the respondents were supposed to be female while the rest (25%) were supposed to be male. A sampling interval of two was used, starting from the centre of the EA and the RAs spreading towards the boundaries of the EA until the target number of 30 households was reached. A total of 1,600 questionnaires were supposed to be conducted but, as it will be demonstrated later, a total of 1596 questionnaires were administered in this survey.

The sample size calculation was based on being able to detect a 10% reduction over the period of five years in the percentage of women aged 15-19 who have had a live birth or who are pregnant with their first child. The percentage found in the Demographic Health Survey 2010 was 33.4% for Machinga. This provided a sample size of 319 for females ($p_w=0.8$; $\text{sig}<0.05$). Taking into account possible "design effects" because of the clustered sampling, this was multiplied by 1.5 (yielding 479 females). On top of this, 160 males were added, to gather for a 75%-25% selection of females and males. The total sample size was multiplied by two (yielding a minimum sample size of 1,278), to be able to detect changes in teenage pregnancy rate between the intervention area (TA Liwonde) and control area (TA Chikwewo). However, we aimed to include 1,600 respondents for the survey.

2.3.2 QUALITATIVE COMPONENT

Focus group discussions and semi structured IDIs and Key Informant Interviews (KIIs) were held in the intervention area. The FGDs and interviews focused on young people's SRHR, including issues concerning child marriage and teenage pregnancy. The participants in these FGDs and informants in the interviews included young women and men aged 15-24, parents and guardians, grandmothers, traditional and religious leaders, teachers, health and social workers, staff of CBOs, NGOs and youth organizations and policy makers at district level. The participants were recruited with the help of local resource persons, such as traditional leaders and health surveillance assistants (HSAs).

A total of eight interviews were conducted at district level (three with government officials and five with NGO workers). At community level ten FGDs were conducted with the following groups: young women aged 15-19, young women aged 20-24, young men aged 15-19, young men aged 20-24 and parents or caregivers. There were 86 participants in the ten FGDs: 29 were males while 57 were females. In-depth interviews were also conducted with members of the groups of young women and men: two interviews were conducted per group. Two teachers, two religious leaders and two local leaders were also interviewed. Lastly, one interview was conducted with each of the following people: a HSA, parent, CBO leader and *anankungwi*⁵. A total of 20 IDIs were therefore conducted and 11 of these were with males while the rest were with females.

2.4 DATA COLLECTION AND ANALYSIS

During data collection, males interviewed males while females interviewed females. The quantitative data was collected using tablets and the data was sent to an online protected server at the end of data collection each day. This data was downloaded and analysed using SPSS. Descriptive statistics were employed to describe demographical and behavioural data for both TA Liwonde and TA Chikwewo. Interviews and FGDs were conducted by a selected number of more experienced research assistants, and recorded and transcribed by someone who did not conduct the interviews/FGDs. Content analysis of the data was carried out using a comprehensive thematic matrix developed based on the topic guides, and emerging themes were added. NVivo software was used to support the analysis of the data. During the field work, regular team meetings were held to discuss data and address sampling issues. At the end of the data collection, both the quantitative and qualitative data were jointly discussed in a four-day data analysis workshop, in August 2016.

2.5 ETHICAL CONSIDERATIONS

This study was approved by the ethical review committee of KIT, the Netherlands, and the National Health Sciences Research Committee in Malawi. All participants gave oral informed consent. When participants were under the age of 18, consent of their parent or caregiver was sought.

⁵ These are adult females who conduct initiation ceremonies among girls.

3. Results

3.1 CHARACTERISTICS OF THE STUDY POPULATION FROM THE SURVEY

3.1.1 SEX, AGE, RELIGION AND ETHNICITY OF STUDY PARTICIPANTS

A total of 1,596 questionnaires were administered in this survey: 51.3% (819) were from TA Liwonde while 48.7% (777) were from TA Chikwewo. Overall, 74.8% (1,194) of the respondents were females while the rest (25.2%, 402) were males as per protocol. Sixty-nine percent (69.4%) of the respondents were aged 18+ while 30.6% were aged less than 18 years. In this survey 40.7% were aged 15-19 while the rest (59.3%) were aged 20-24.

Almost all respondents (99.2%, 1,584) reported that they belonged to some form of religion. Only 0.8% reported not being affiliated to any form of religion. Most of the respondents were Muslims (66.7%) and a third were Christians. In terms of ethnicity, just more than half of the respondents were Yaos (52.5%) and this was followed by the Chewas (23.5%) and then the Lomwes (21.0%). The proportion of persons who described themselves as Yaos was much higher in TA Liwonde (60.8%) than in TA Chikwewo (43.8%).

3.1.2 EDUCATIONAL ATTAINMENT

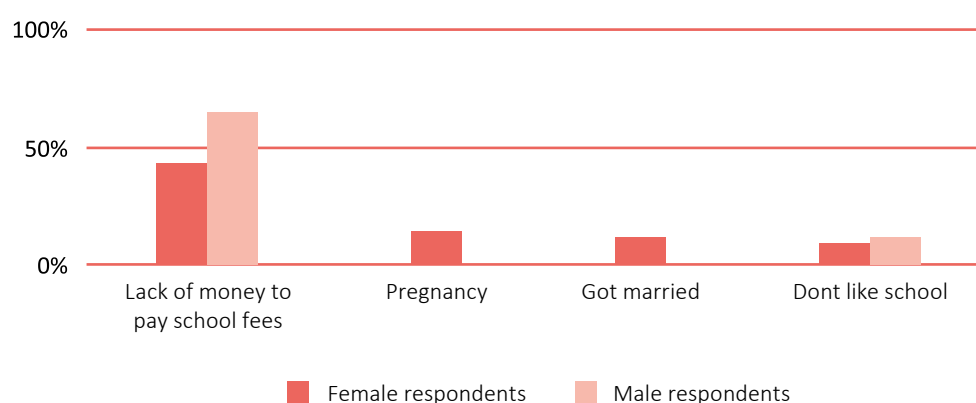
In terms of educational status, only 4.4% of the respondents reported to have not received any education. Of those who received education, only 1.7% of the respondents aged 15-24 reported that they had completed their education. Sixty-one percent (60.8%) of the respondents stated that they had dropped out of school while about a third had gone as far as secondary school. There were slightly more respondents (62.4%) who reported dropping out of school in TA Chikwewo compared to TA Liwonde (59.3%) as can be seen in Table 2.

Level of education	TA Liwonde (819)	TA Chikwewo (777)	Total (1,596)
Completed	2.3	1.1	1.7
Dropped out	59.3	62.4	60.3
Primary	29.3	31.2	30.2
Secondary	9.1	5.2	7.3
Total	100.0	100.0	100.0

Respondents were also specifically asked if they had ever dropped out of school. The answers to this question showed an even higher drop-out rate of 69.9% (69.2% in TA Liwonde and 70.6% in TA Chikwewo). Thirty percent of the respondents reported they had never dropped out of school. For those who reported that they had ever dropped out of school, a number of reasons were given (Figure 2). The major reason young women and men reported for dropping out of school was the lack of money to pay school fees. There were more male (65.6%) than female respondents (44.5%) who gave this reason for dropping out of school. More young men (72.5%) in TA Liwonde dropped out of school for this reason compared to TA Chikwewo (59%). Among female respondents, 14.2% reported to have dropped out of school because of pregnancy. There were more young women in TA Liwonde (21.8%) who reported this than in TA Chikwewo (6.1%). Only one percent of the young men reported they dropped out of school because of pregnancy (having impregnated someone).

Figure 2. Main reasons for school dropout among female and male respondents

(intervention and control districts)



Overall, 11.8% of young women dropped out of school due to marriage. There were more young women in TA Chikwewo (14.4%) who reported they dropped out of school due to marriage than in TA Liwonde (9.4%). Among young men, only 1.5% reported they dropped out of school because of marriage: none reported this as a reason of dropping out of school in TA Liwonde while in TA Chikwewo this was reported by 2.9% of the males. It should be noted that the figures on school drop-out as a result of pregnancy or marriage could be underestimated, as these answers options were not probed for.

During the IDIs some NGO representatives mentioned that young women dropping out of school is a major problem in Machinga. One NGO official, for example, said that most young women in Machinga drop out of school when they are in Standard 5 – if there are 20 young women in Standard 1, only one may get to Standard 8. This is because, according to the informant, when a young woman gets to puberty she drops out of school attracted by, among other things, young men who go to South Africa to run out of poverty to whom they get married or who impregnate the girl.

In some cases, children have a higher chance to go to school if their parents have also gone to school. Table 3 shows that among parents who went to school most of them went to mainstream schools. Almost none of the parents attended private schools as well as Madrassas. One major finding, as can be seen in Table 3, is that a good proportion of mothers (49.2%) and fathers (28.3%) never attended school at all.

Table 3. Type of school parents of respondents attended (% , n=1,596)

Type of school attended	Respondent's father			Respondent's mother		
	TA Liwonde	TA Chikwewo	Total	TA Liwonde	TA Chikwewo	Total
Basic education	1.0	0.4	0.7	0.5	0.0	0.3
Private schools	1.1	0.0	0.6	0.7	0.0	0.4
Mainstream schools	51.3	53.8	52.5	39.9	40.7	40.3
Madrassa	0.0	0.0	0.0	0.0	0.1	0.1
No education	27.4	29.3	28.3	47.6	50.8	49.2
Unknown	19.3	16.5	17.9	11.2	8.4	9.8
Total	100.0	100.0	100.0	100.0	100.0	100.0

There were no major differences between respondents in TA Liwonde and TA Chikwewo in terms of the proportion of respondents who reported their mothers and fathers never went to school.

3.1.3 HOUSEHOLD ARRANGEMENTS

This study also looked at the people with whom respondents were living with at the time of the survey. More than half of the respondents (52.5%) lived with their mothers and then their sisters (46.9%), brothers (45.2%), their children (37.7%) and then their fathers (37.2%). Overall, more male respondents in TA Chikwewo lived with their mothers, fathers and grandmothers than in TA Liwonde. A third of the respondents (33.3%) lived with partners and 37.7% lived with their children. There were more female respondents who reported living with their partners and with their children than male respondents: among female respondents, 39.2% reported that they lived with their partners while 45.7% lived with their children. The corresponding proportions among male respondents were 15.9% and 13.7%, respectively. Among the females there were more respondents in TA Chikwewo (46.7%) than TA Liwonde (32.2%) who reported that they lived with their partners.

3.1.4 INCOME AND EMPLOYMENT

In terms of income, 65.4% of the respondents reported that they had an income in the six-month preceding the survey: there were more respondents in TA Liwonde (70.2%) than in TA Chikwewo (60.4%) who reported they had an income. There were no differences in terms of the proportion of males (65.7%) and females (65.3%) who reported having an income in the six months preceding the survey. Eighty five percent of the respondents who reported having completed their education had an income in the six months preceding the survey. Those who had dropped out of school had the lowest proportion of having had an income in the past six months. Figure 4 shows the levels of monthly income for respondents' households.

The minimum wage as set by the Government of Malawi is about MK18,000 per month. Among respondents who knew the monthly income for their households, it is evident that the majority received less than the recommended minimum wage which generally demonstrates the poverty levels prevail in both TAs. Only 22.7% of the respondents reported that the monthly income was more than the recommended wage by the Government of Malawi. There were more respondents in TA Chikwewo who reported receiving more than the government recommended minimum wage than in TA Liwonde. Just more than a fifth of the respondents in both TAs did not know the monthly income in their households.

Figure 3 shows that the main source of income among both males and females was temporary jobs (40.1%) with more male respondents (54.9%) reporting this than females (35%). There were more male respondents in TA Liwonde (65.4%) than in TA Chikwewo who reported temporary jobs as their source of income. Fourteen percent of the respondents (13.6%) reported that they had their own income. Data also shows that there were more young women than young men who reported mothers (22.3%) and spouses (20%) as their source of income compared to young men at 12.9% and 0.4%, respectively.

Figure 3. Sources of income

Sources of income within the household by sex

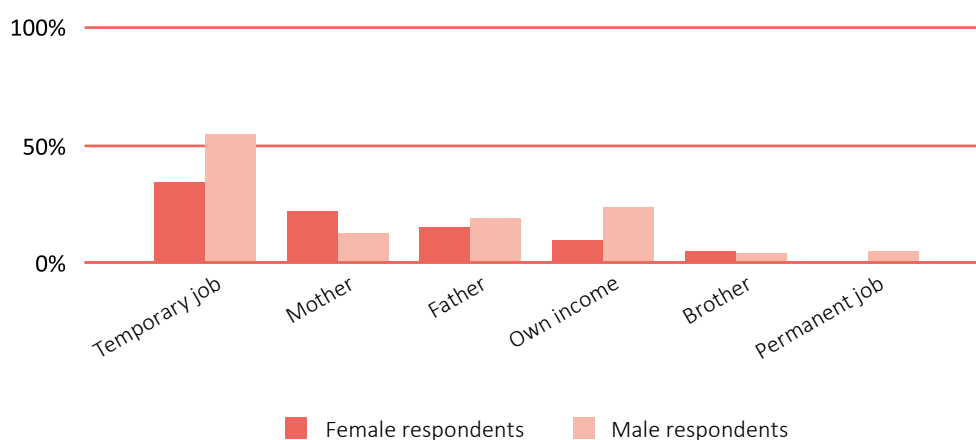
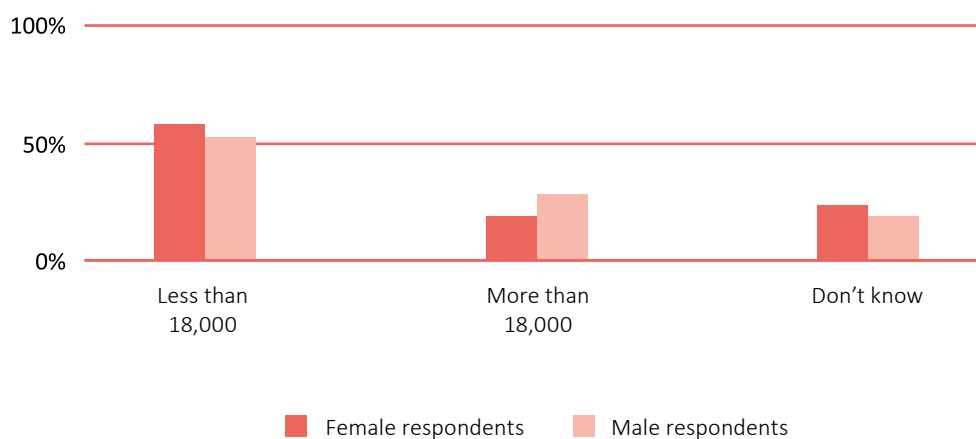


Figure 4. Monthly household income

Monthly household income by sex



The majority of the respondents reported that they were unemployed (63.4%). Nearly a third of the respondents (27.2%) reported that they were engaged in casual work with slightly more males (30.1%) than females (26.2%) reporting this.

Overall 10.4% of the respondents reported being engaged in farming and there were no differences between males (10.3%) and females (10.7%). There were more respondents in TA Chikwewo than in TA Liwonde who reported they were engaged in farming. While there were no males who reported being engaged in unpaid work, 4.9% of the female respondents reported being engaged in unpaid work.

It should be noted that the questionnaire collected information on sources of income and employment status. During the FGDs and IDIs the question was a bit more general as informants were asked about the main sources of livelihoods in their community. While only 10% of the respondents reported engaging in farming in the survey, during the FGDs and IDIs the majority of the informants reported that most of the people in TA Liwonde were engaged in farming as a source of livelihoods.

“There is a problem in this area madam: we only rely on farming, so we wait for the rain to grow maize, sweet potatoes don’t do well so the maize is used for everything: in the morning as breakfast and also in the afternoon and evening. Otherwise we don’t have job opportunities here, there are no companies.... If the rain fails like this year, then we suffer”, (Village head).

People in this area grow crops such as maize, cotton and tobacco. Maize is grown for both food as well as for sale. Other crops which they grow include tomatoes and cabbages. The majority of the people does farming during the raining season with a few who are engaged in irrigation farming. In addition to this, there are parts of TA Liwonde which are close to Lake Chirwa, hence there are a few people who are engaged in fishing. The other source of livelihoods which was mentioned quite frequently in IDIs and FGDs was that many people in Machinga travel to South Africa to work: during an FGD with girls aged 15-19, participants reported that these people who go to South Africa engage in various jobs such as being household maids, cleaning, gardening and taking care of children. A lot of people go to South Africa and this was given as a reason for dropping out of school by some informants. The other source of livelihoods which was frequently mentioned during the IDIs and FGDs was that a lot of people in the area engage in piece work such as ferrying water and working on the farm. People also engage in small scale businesses such as repairing bicycles, making bricks, fetching firewood for sale and phone repairing.

In total 35.1% of the respondents reported that they were employed: more respondents in TA Liwonde (37.1%) than in TA Chikwewo (32.9%) were employed. Table 4 shows the proportion of respondents who were employed by current level of education.

Table 4. Proportion of respondents who reported being employed by current level of education	
Current level of education	Percentage (n=1,596)
Completed	38.5
Dropped	41.5
Primary	25.6
Secondary	20.7
Total	35.1

Those who dropped out of school had the highest proportion of employment (41.5%) and this was then followed by those who reported they had completed their education (38.5%). Those who were in secondary school had the lowest proportion of employment.

3.2 CHILD MARRIAGE

3.2.1 MARITAL STATUS OF RESPONDENTS AND PREVALENCE OF CHILD MARRIAGE

More than one third of the respondents (37.4%) reported that they were married, a percentage that was higher in TA Chikwewo (41.3%) than in TA Liwonde (33.7%). There were more females (44.5%) than males (16.4%) who reported being married⁶. Data shows that among respondents aged 15-24 there were more females (37.8%) who reported being married monogynously than males (15.9%). The same was true for polygynous marriage, which had a higher percentage in Chikwewo. The proportion of respondents who was divorced was higher among females (4.9%) compared to males (0.5%). Most males (70.6%), however, reported they were single with no girlfriend and the corresponding figure among females was 46.1%. Marriage was, therefore, a more common feature among females aged 15-24 than males.

As can be seen in Table 5, 20% of female respondents aged 18-24 were married or in union before the age of 18 years, while 5% of female respondents aged 15-24 women were married or in union before the age of 15. There were no big differences between TA Liwonde and TA Chikwewo in the proportion of young women who reported getting married before the age of 18 or 15. The proportion of young men aged 18-24 who reported being married or in union before the age of 18 was 2%. Only two (0.5%) of the boys reported that they were married before the age of 16.

Child marriage rate	TA Liwonde (815)	TA Chikwewo (780)	Total (1,595)
Young women (18-24) who were married or in union before age 18	18.2	22.7	20.3
Young women (15-24) who were married or in union before age 16	5.5	4.5	5.0
Young men (18-24) who were married or in union before age 18	2.1	2.1	2.1
Young men (15-24) who were married or in union before age 16	1.0	0.0	0.5
Young women (15-18) who are currently married	15	12.2	13.7
Young men (15-18) who are currently married	1.2	0.0	0.6

It can also be seen in Table 5 that while the percentage of male respondents aged 15-18 who were married at the time of the survey was low (0.6%), for female respondents it was higher (13.7%). The proportion of girls aged 15-18 who were married was higher in TA Liwonde (15%) than in TA Chikwewo (12.2%). As reported earlier, among young women aged 15-24, 11.8% reported they dropped out of school because they got married. The proportion of young men who reported dropping out of school to get married was at 1.5%.

In terms of religion, the proportion of respondents aged 15-24 who were Christians and experienced child marriage was at 21.3% in TA Chikwewo compared to 12.7% in TA Liwonde. Among Muslims, the proportion of respondents aged 15-24 who experienced child marriage was at 17.2% in TA Liwonde compared to 15.1% in TA Chikwewo. Overall, there were no major differences in proportion of respondents aged 15-24 who experienced child marriage among Christians (16.8%) and Muslims (16.2%).

⁶ It should be noted that these figures only include respondents who reported that they were either poly-married or mono-married and those who were divorced, separated, widowed and cohabiting were excluded.

The findings also indicate that there are no major differences in child marriage rate among the three major ethnic groups. There are, however, some differences between TA Liwonde and TA Chikwewo. TA Chikwewo (20.3%) had a higher proportion of Lomwes who experienced child marriage than TA Liwonde (15.1%). Among the Yaos, TA Chikwewo also had a larger proportion of respondents aged 15-24 (17.6%) who reported that they had experienced child marriage compared to TA Liwonde (15.5%). It was only among the Chewas where there was a slightly higher proportion of respondents aged 15-24 who experienced child marriage in TA Liwonde (17.7%) compared to TA Chikwewo (15.6%).

Forty two percent of the respondents reported ever being married meaning that they were married at the time of the survey, divorced, separated or widowed. This does not include respondents who reported that they were cohabiting. There were more respondents in TA Chikwewo (44.5%) who reported ever being married than in TA Liwonde (39.8%) as can be seen in Table 6. A higher proportion of females (50.4%) than males (17.2%) reported ever being married. TA Chikwewo had a higher proportion of both married male and female respondents (54.5%) than TA Liwonde (46.6%).

Table 6. Proportion of respondents who were ever married

Traditional Authority	Females (1,194)	Males (402)	Total (1,596)
TA Liwonde	46.6	14.9	39.8
TA Chikwewo	54.5	19.4	44.5
Total	50.4	17.2	42.0

3.2.2 COMMON WAYS OF MARRIAGE AND REGISTRATION OF MARRIAGE

There were three common types of marriage in the selected TAs. The most commonly mentioned way of marriage was informal where agreements are made between families (86.4%). This was followed by religious marriages conducted in mosques (70.8%) and religious marriages conducted in church (55%).

Respondents who were ever married were asked if their marriage was registered and if they had a registration certificate. As Figures 5 and 6 show, most of the respondents who were ever married reported that their marriages were never registered (73%) and 26.4% registered their marriages with a religious institution. Only 0.3% of the respondents reported registering their marriage with the government. Overall, 26.2% of the respondents reported that they had copies of their marriage certificates.

Figure 5. Marriage registration

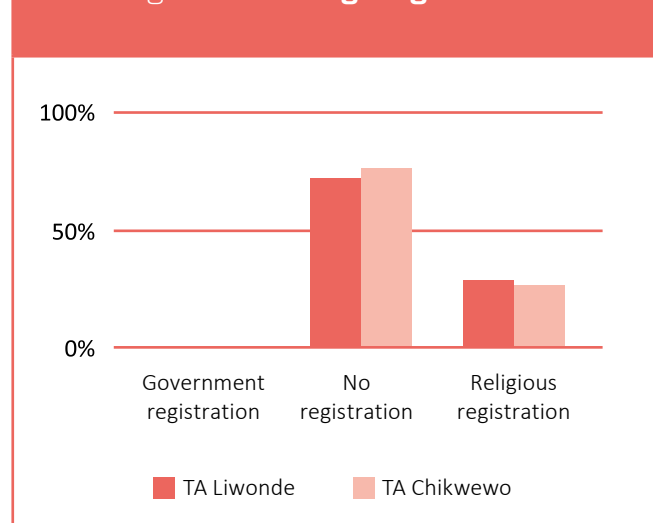
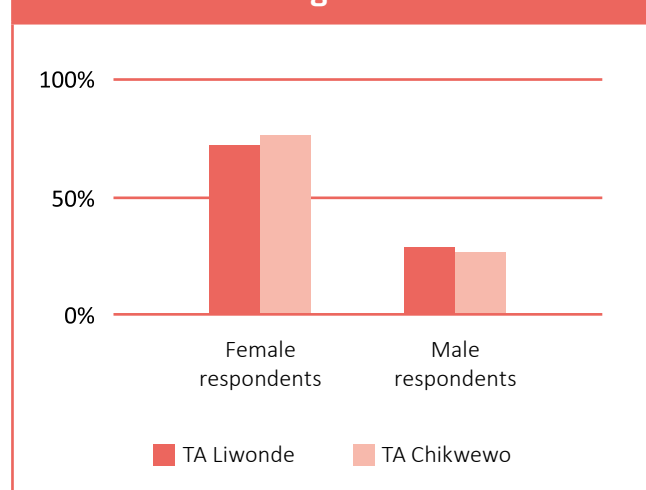


Figure 6. Married respondents with marriage Certificate



3.2.3 REASONS FOR MARRIAGE

As Figure 7 shows, pregnancy, financial reasons and lack of education and jobs were the most commonly reported reasons for child marriage among female and male respondents. Respondents either strongly agreed (44.1%) or agreed (23.6%) with the statement that pregnancy in the community may cause girls marrying young. Most respondents also either agreed or strongly agreed with the statement that pregnancy in the community may cause boys marrying young. In some cases when a young woman is pregnant she runs away from the parents and starts living with her boyfriend. Falling pregnant, therefore, constitutes one of the major reasons why young women and men marry. This is why, for example, as mentioned during an IDI with young men aged 20-24, when young women ask their parents to get married and their parents refuse, these young women continue their sexual relationship until they get pregnant and then end up marrying.

During the FGDs and IDIs participants talked about poverty as a driver of child marriage. In the same line, most respondents agreed with the statement that underage marriage of girls and boys is mostly due to lack of education and jobs and due to financial reasons. During an FGD with girls aged 20-24, participants said that when the girl is married off, some parents are quite happy that their responsibility has been reduced.

“There are some boys who marry because their parents force them to marry. The parents say you are a grown up should I continue feeding you? And yet their age is not appropriate for them to marry”,
(FGD with young women 15-19).

Most of the respondents agreed with the statement that underage girls’ marriages happen due to financial reasons (44.5% strongly agreed, 21.4% agreed and 3.4% slightly agreed). It is evident that underage girls’ marriages are most likely to happen due to financial reasons compared to underage boys’ marriages (Figure 7). In addition, most respondents also agreed with the statement that underage marriage of girls is mostly due to lack of education and jobs (41.4% strongly agreed, 23.2% agreed and 3.4% slightly agreed). There were no big differences in the percentages of the responses to the statements focused on girls and boys.

In addition to the onset of pregnancy as well as the desire to get out of poverty, boys and girls also make decisions on their own to get married: for boys, it might be because they have the resources to adequately take care of the wife and, for girls, it can be because they feel that they have matured and they need to have their own house.

“... Most of the boys have dropped out of school and they venture into the fishing business, some go to South Africa and they make good money so with that they feel that they can marry and care for the wife at home”,
(Key informant, NGO, Machinga).

“Yeah, I have these breasts like this, I can marry and I should be cooking for myself”,
(FGD with young women 15-19)

In a number of FGDs with parents and young people, another reason which was mentioned was that young men and women get married because of the pressure they get from their friends.

“There are no benefits there. Most of the child marriages are due to peer pressure. My friend has married so I should also get married. This is the reason why we have child marriages at 15 years of age”, (FGD with young men 20-24).

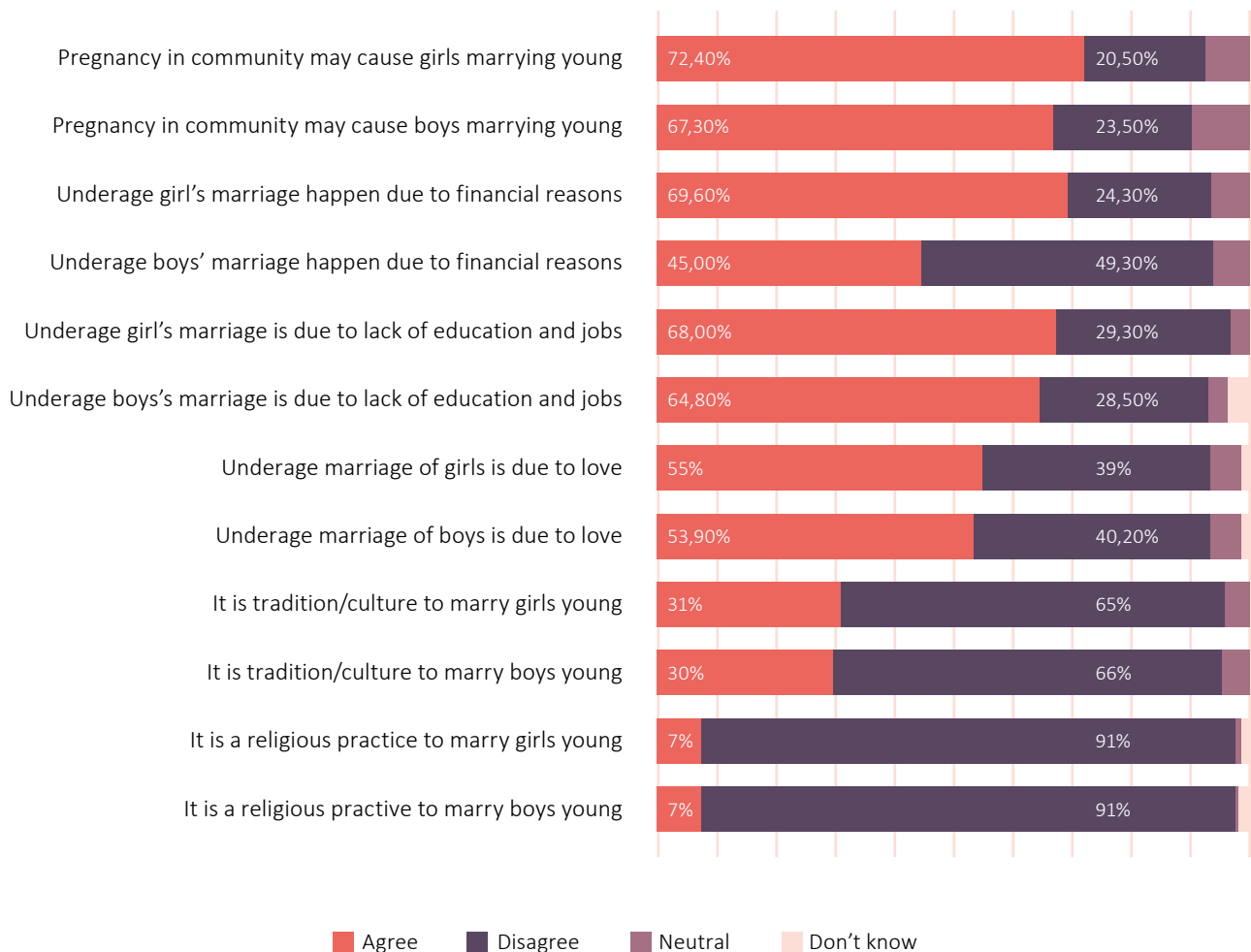
“... It may happen that an unmarried young man such as myself has a married friend. They keep telling me stories about marriage and make me also want to get married soon due to peer pressure”, (Young man 15-19).

During the FGDs and IDIs there was no mention that boys and girls marry because of love. During the survey, however, respondents were asked the extent to which they agreed with the statement that underage marriage of girls and boys is mostly due to love, and data shows that there were slightly more respondents who agreed than disagreed with the statement. Young people can, therefore, marry young due to love.

Finally, respondents were also asked if marrying girls and boys at a young age was the tradition or culture in the society, as well as if marrying boys and girls at a young age was part of their religious practices. Most respondents generally disagreed with the statement that it was a religious practice to marry boys and girls young. There were slightly more males who disagreed with the statement compared to females. The majority of the respondents either strongly disagreed (52.3%) or disagreed (10.3%) that it is their tradition or culture to marry girls young. There were more females (53.9%) who disagreed strongly that this was their culture or tradition than males (47.3%). Again, the majority of the respondents either disagreed (10.7%) or strongly disagreed (53.1%) that it is their tradition or culture to marry boys young. These results are visualized in Figure 7.

Figure 7. Reasons for child marriage

Respondents' agreement and disagreement with statements on reasons for child marriage



3.2.4 MARRIAGE CHOICES

As mentioned earlier on, a good proportion of respondents was married. Those respondents who reported being married were asked whether it was their choice to get married. Most respondents (73.5%), as can be seen in Table 7, reported that it was their choice to get married.

Table 7. Own choice to get married (%)			
Traditional authority	Females (602)	Males (69)	Total (671)
Liwonde (318)	66.7	66.7	66.7
Chikwewo (353)	78.3	89.7	79.6
Total	72.8	79.7	73.5

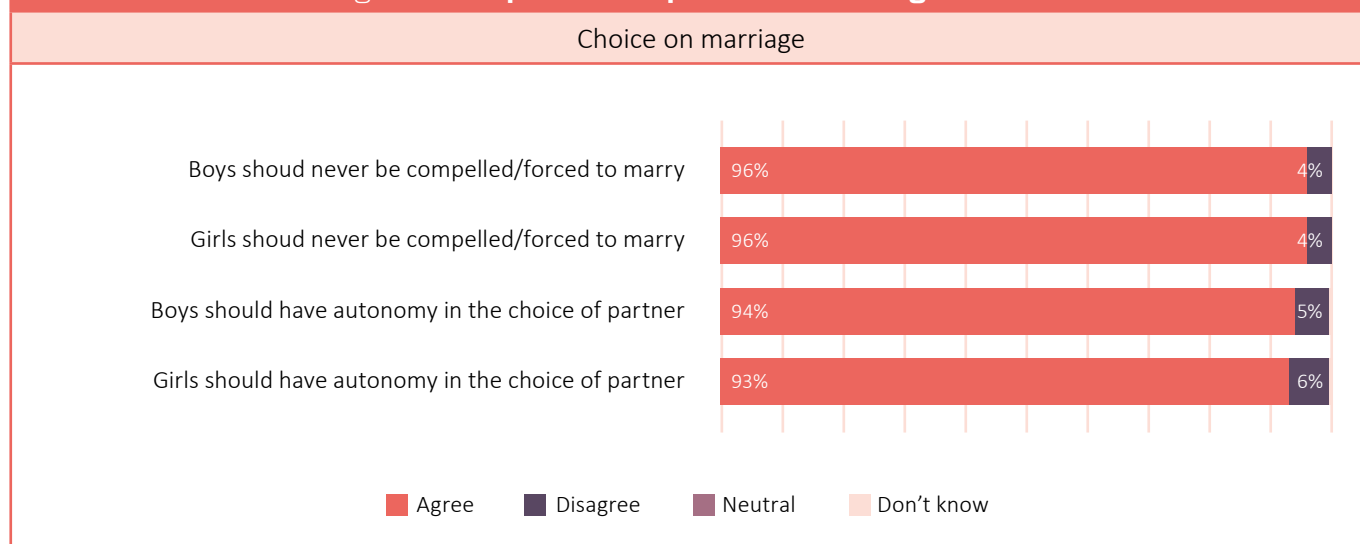
A higher proportion of males (79.7%) than females (72.8%) reported that it was their own choice to get married. The proportion of respondents in TA Chikwewo (79.6%) who reported that it was their own choice to get married was higher than in TA Liwonde (66.7%). While most people make their own decisions to get married, a proportion of young people reported that marriage decisions were made by others and they felt pressured to get married. Married respondents were also asked whether they felt pressured into marriage either by persons/family or by society as shown in Table 8.

Table 8. Pressured into marriage by person/family or society (%)				
Did you feel pressured into marriage?	Traditional Authority	Females (602)	Males (69)	Total (671)
(i) by any person of family/friends	TA Liwonde (318)	10.4	30.0	12.3
	TA Chikwewo (353)	6.4	2.6	5.9
	Total	8.3	14.5	8.9
(ii) by social pressure/pressure from society	TA Liwonde (318)	8.0	20.0	9.1
	TA Chikwewo (353)	9.6	6.1	9.1
	Total	8.8	11.6	9.1

Table 8 shows that there were more males who felt were pressured into marriage by family/friends (14.5%) or by societal pressure (11.6%) compared to females at 8.3% and 8.8%, respectively. Furthermore, it seems that there is more pressure in TA Liwonde for young people to get married compared to TA Chikwewo, as 30% of the married men in TA Liwonde felt pressured into marriage by friends/family compared to 2.6% in TA Chikwewo. As Figure 8 shows, most respondents agreed that girls and boys should be given the autonomy in choice of partner and agreed with the statement that girls and boys should never be forced/compelled to marry.

Finally, respondents were also asked if marrying girls and boys at a young age was the tradition or culture in the society, as well as if marrying boys and girls at a young age was part of their religious practices. Most respondents generally disagreed with the statement that it was a religious practice to marry boys and girls young. There were slightly more males who disagreed with the statement compared to females. The majority of the respondents either strongly disagreed (52.3%) or disagreed (10.3%) that it is their tradition or culture to marry girls young. There were more females (53.9%) who disagreed strongly that this was their culture or tradition than males (47.3%). Again, the majority of the respondents either disagreed (10.7%) or strongly disagreed (53.1%) that it is their tradition or culture to marry boys young. These results are visualized in Figure 7.

Figure 8. Respondents' opinions on marriage choices



3.2.5 DECISION MAKING PROCESS BEHIND MARRIAGE CHOICES

One thing which came out from the FGDs and IDIs was that marriage decisions were not the responsibility of one person. Parents and relatives of both spouses need to meet and discuss marriage arrangements. When there is no pregnancy involved, the young men's family will approach the family of the young women for a marriage proposal. However, if the young woman is pregnant, it is her family which will take the young women to the man's family. During the FGDs and IDIs it came out that it is the uncle (the brother of the young women's mother) popularly known as mwini mbumba who coordinates the marriage.

"... It's the uncle who is in the forefront organizing all that. He looks for the young man who is responsible for the pregnancy so that they get married. If at all the decision is for the child to continue with school, the uncle is mostly in the forefront...", (Teacher).

While the mwini mbumba makes plans it was also mentioned by most informants that the decision to get married is made by young women and men themselves. Parents and relatives from both sides are involved as young women and men themselves cannot make these decisions on their own. Machinga is a matrilineal society and the fathers do not have a major role to play in making decisions concerning the marriage of their daughters and sons. The uncle has much authority over his sisters' children.

One NGO worker said that there are some young women who do not want to be married off when they are pregnant. However, since they do not have much power and it is their parents and uncles who make decisions, they do not have a chance to refuse. While this is the case, some few young women who do not want to be married, go to organizations working in the area for assistance. For example, in TA Liwonde, during the IDIs and FGDs including KIIs at district level, it was commonly mentioned that YONECO has been working in the district and it has helped significantly in addressing cases where young women do not want to be married off. An HSA mentioned that in some cases, if the young woman is being forced to get married, she can seek the intervention of the village head or her grandparents to talk to her parents and, if this does not work, then she can contact organizations such as YONECO.

"We do have YONECO and they call the parents and try to reason with them about this. They do tell them that this is not acceptable and the children go back to school and sometimes the marriage also ends there", (Local leader).

These results generally demonstrate that it is difficult for young women, especially when they are pregnant, to refuse getting married.

3.2.6 PERCEPTIONS ABOUT THE CORRECTNESS OF THE AGE AT MARRIAGE

Respondents who were married were also asked about whether the age at which they got married was the correct one or not and the results are detailed in Table 9.

Table 9. Own choice to get married (%)			
Traditional authority	Females (602)	Males (69)	Total (671)
Liwonde	34	30.0	33.6
Chikwewo	48.7	61.5	50.1
Total	41.7	47.8	42.3

Table 9 shows that 42.3% of the respondents felt that the age at which they got married was the right one: there were more respondents in TA Chikwewo (50.1%) than in TA Liwonde (33.6%) who said that they married at the right age. The proportion of males (47.8%) who reported they married at the right age was higher than that of females (41.7%).

3.2.7 IDEAL AND DESIRED MARRIAGE AGE FOR YOUNG WOMEN AND MEN

In general, most respondents in both TAs Liwonde (75%) and Chikwewo (76.9%) mentioned that the ideal age for girls to get married is 18-20 years and this was followed by those who said 21-24 years (12%) and then 25-29 years (8.6%). This findings suggest that most respondents feel that young women should get married by the age of 20. The proportion of respondents who said that the ideal age for young men to marry was 18-20 years was lower (36.5%). A slightly higher proportion of respondents (38.1%) mentioned 21-24 years as the ideal marriage age for young men. While less than 10% mentioned the age 25-29 as an ideal age for girls to get married, a higher proportion (19.4%) mentioned this as an ideal age for boys to be married. This demonstrates that the perceived ideal age for marrying is higher for males than that of females, as visualized in Figure 9.

Out of the 917 persons who were single, 870 (94.9%) specified the age at which they were to get married. As can be seen in Figure 10 below, the majority of the females wanted to get married before the age of 25 years while the majority of the males wanted to get married at the age of 25+ years. For example, in both TAs Liwonde and Chikwewo more than 60% of the males said that they wanted to get married at the age of 25-30 years.

Most of the single respondents had a clear idea of when they wanted to get married. They were also asked who they would turn to in case someone pressurized them to getting married. Data shows that 44.7% reported that they would turn to their parents if someone pressurized them to get married. There were more females (48%) than males (38.9%) who reported they would turn to their parents. A good proportion of respondents said that they would turn to NGOs (17%) with more male respondents (21.4%) than females (14.5%) reporting this. There were also more males (22.3%) than females (14.5%) who reported they would turn to the police.

Figure 9. Desired age for getting married

Young women and men's desired age for getting married (answered by all respondents)

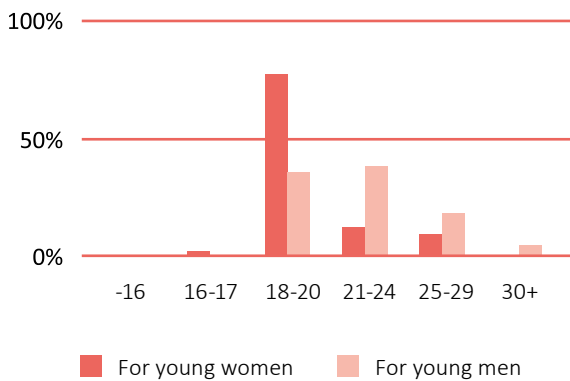
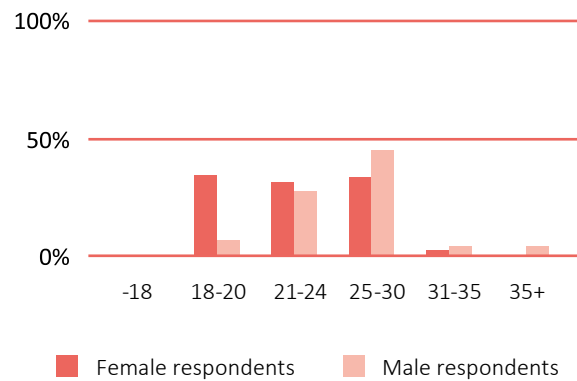


Figure 10. Desired age for getting married

Perceived ideal marriage age for young women and men for getting married (themselves)

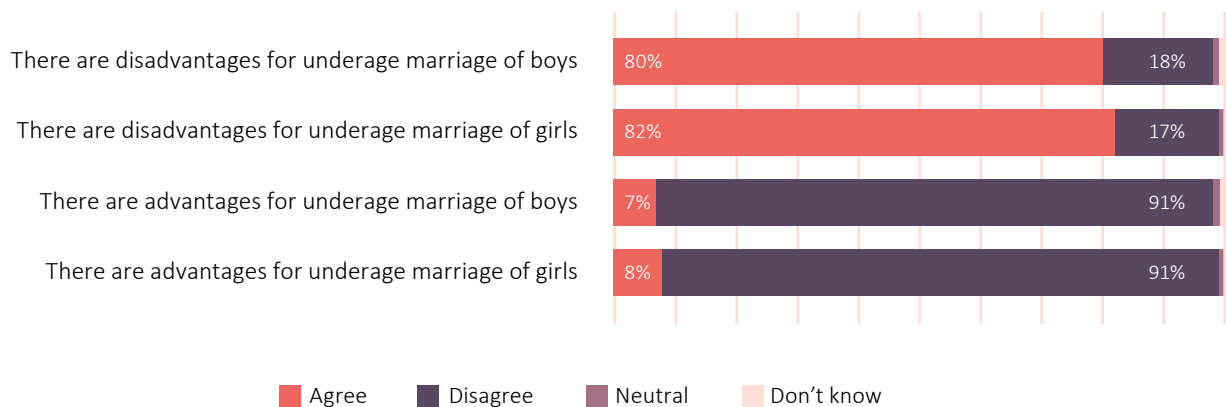


3.2.8 ADVANTAGES AND DISADVANTAGES OF CHILD MARRIAGE

During the survey, respondents were asked to agree or disagree with statements on advantages of child marriage. Data indicate that, in general, most respondents (90.7%) disagreed with the statement that there are advantages of underage marriage of girls and (91.2%) disagreed that there were advantages for marriages of underage boys. At the same time, most respondents either strongly agreed (57.5%) or agreed (22.1%) that there are disadvantages of marriages for underage girls. The corresponding proportions for boys were 55.6% and 21.5%, respectively. These results are visualized in Figure 11 below.

Figure 11. Respondents' opinions on advantages and disadvantages of underage marriage

Advantages and disadvantages of underage marriage



Almost all the informants in this study, namely parents, young women and men aged 15-24, community leaders and other key informants mentioned that there are no benefits of child marriage. As Figure 12 shows, most respondents disagreed with statements on benefits of child marriage, namely that it solves financial problems or family disputes, that it provides security or that it protects family honour.

In most of the FGDs and IDIs one thing which was mentioned frequently was that there are many young men in Machinga who go to South Africa to work, and young women fall for these young men. Parents encourage this relationships because of the (assumed) economic benefits. Similarly, some participants argued that there are some local business persons who are well to do; and young women are attracted to them so that they can get out of the poverty trap they find themselves in. Poverty demonstrated by lack of, for example, food and clothing, forces especially girls to get married so that these problems can come to an end.

“Like the number one thing the girls in this community: when you go to Johannesburg and come back the girls want to marry you right away. And when you go to their parents they do not hesitate giving away their daughter”, (IDI with a young man aged 20-24).

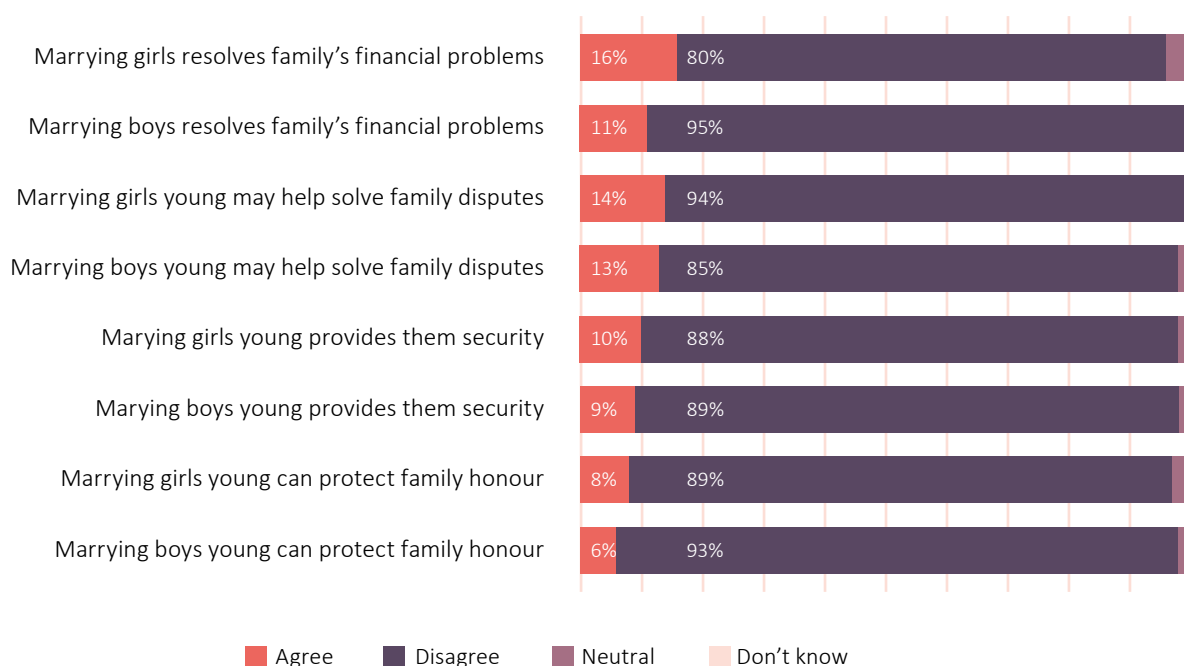
“There are some women who tell their children that with the lack of food, you have to find the means and that is why a lot of girls fall pregnant”, (FGD with young men 20-24).

However, most respondents disagreed with the statement that marrying girls and boys resolves family’s financial problems. There were slightly more respondents who strongly disagreed with the statement about boys (73.5%) compared to girls (67.8%). Hence, data indicates that young people feel that marrying is not a solution to financial problems in the family. Respondents also strongly disagreed with the statement that marrying girls provides them with security.

One of the reasons people can give for marrying boys and girls young is to protect family honour or reputation. However, the majority of the respondents either strongly disagreed (73.4%) or disagreed (14.6%) with the statement that marrying girls young can protect family honour/reputation: there were more males (82.1%) who said this than females (70.5%). Seventy five percent (74.5%) strongly disagreed and 14.5% disagreed with the statement that marrying boys young can help to protect family honour/reputation. The proportion of males (82.8%) who strongly disagreed with this statement was higher than that of the females (71.7%). In addition, most of the respondents strongly disagreed with the statement that girls and boys marrying young may help to solve family disputes.

Figure 12. Potential benefits of (child) marriage

Respondents’ agreement and disagreement with statements on potential benefits of child marriage



3.2.9 CONSEQUENCES OF CHILD MARRIAGE

There main consequences of child marriage highlighted by the study participants and respondents were two: education and economic consequences.

Education

Most of the participants said that child marriage results in young women and men dropping out of school. It was only during one FGD with young men aged 15-19 where participants said that they had seen cases of married people in their area going to school. Table 10 shows the proportion of respondents who ever dropped out of school by whether they experienced child marriage or not.

Table 10. Child marriage or not (%)			
Proportion of respondents who ever dropped out of school by whether they experienced child marriage or not			
Child marriage or not	Ever dropped out of school		Total
	No (480)	Yes (1,116)	(1,595)
No	33.7	66.3	100
Yes	4.5	95.5	100
Total	30.8	69.9	100

Table 10 shows that 69.9% of the respondents ever dropped out of school, and there were more respondents who dropped out of school who experienced child marriage (95.5%) than among those who never experienced child marriage (66.3%). Only 4.5% of those who experienced child marriage reported they did not drop out of school. Respondents mostly agreed with the statement that underage marriage impacts negatively on young women and men’s education (91.9% and 91.1% respectively)

Economic consequences

Young people who get married early often end up in poverty and being dependent on their parents. School drop out as a consequence of marriage contributes to limited income and labour opportunities of young women and men. Key informants and participants in FGDs continuously mentioned that young married couples live very challenging lives, as they often do not have a reliable source of income generation to sustain their life and children.

“... when a child gets married at such an early stage they are not yet matured and it is impossible to find reliable sources of income generation activities to sustain their households. Even if they can have money they cannot manage it properly because they are still young. They can’t work or do other hard work that will help them make money just because they are too young to reason or fend for themselves”, (Key informant from an NGO, Machinga).

When people marry young, they can put a lot of pressure on parents as they often have to provide for the new family. Because of failing to provide for the family, and as it is not easy for young people to find a job at their age, sometimes young men will leave and go away looking for jobs, including in Mozambique and South Africa.

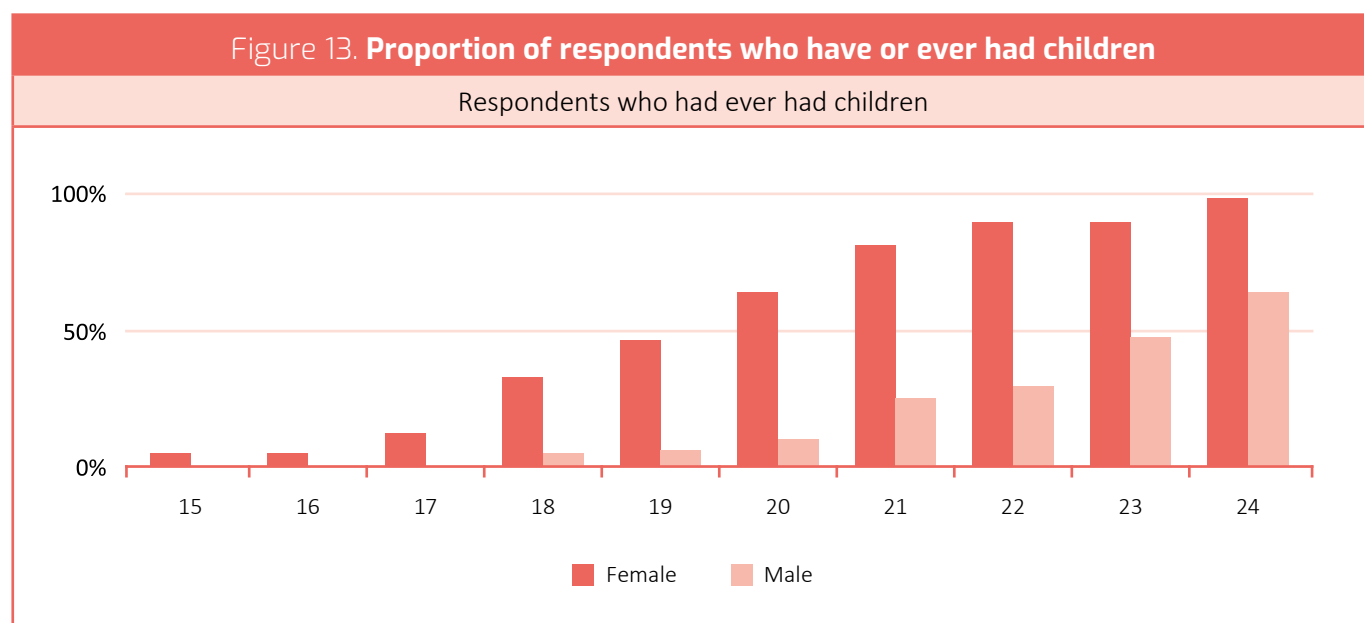
3.3 TEENAGE PREGNANCY

3.3.1 CHILD BEARING

The study found that among all respondents, 43% had ever had children. The proportion of females (51.1%) who reported having children was nearly three times that of males (17.9%). The proportion of females in TA Liwonde (51.9%) who reported to have ever had children was slightly higher than in TA Chikwewo (50.2%) as can be seen in Table 11.

Traditional Authority	Females (1,194)	Males (402)	Total (1,596)
TA Liwonde	51.9	17.9	43.6
TA Chikwewo	50.2	17.9	41.8
Total	51.1	17.9	42.7

Figure 13 shows that the proportion of respondents, both female and male, who reported to have ever had children increases with age. It should also be noted that none of the males below the age of 18 reported ever having a child.



Respondents who had ever had a child were also asked at which age they had their first child and, as Table 12 indicates, there were differences between males and females.

Age at first born	Females' (610) age at first pregnancy	Males' (72) age at first born
Less than 16	11.5	6.9
16-17	23.0	6.9
18-19	47.5	22.2
20-24	18.0	63.9

Among those respondents who had ever had a child, most males (63.9%) reported they had their first born at the age of 20-24 and this was seconded by those who had their first children at the age of 18-19 (22.2%). Unlike the males, 47.5% of the females had their first born at the age of 18-19 and this was seconded by those who said they had their first born at the age of 16-17 (23%). Following the definition of teenage pregnancy as pregnancies under the age of 20, the teenage pregnancy rate was calculated and is presented in Table 13.

Table 13. Teenage pregnancy rate by TA among female respondents (20-24) (n=1,194)	
TA	Teenage pregnancy rate
Liwonde	62.7%
Chikwewo	64.8%
Total	63.8%

The teenage pregnancy rate among young women aged 20-24 years was 63.8%, with little difference between TA Liwonde (62.7%) and TA Chikwewo (63.8%). Respondents were also asked if they knew any young woman who had had children before the age of 18 years in their area. Most respondents knew one to five girls (44.6%) and six to ten girls (21%) who had children before the age of 18 years. These findings confirm that teenage pregnancy was prevalent in both TAs.

3.3.2 RIGHT AGE TO BECOME A PARENT

Respondents were also asked if they desired to become parent at the time they had their first child. About half of the respondents (56.2%) reported that they desired/wanted to become parent at the time they had their first child. There were slightly more males (59.7%) who reported this than females (55.7%). Table 14 shows the proportion of respondents who wanted or desired to become parents at the time by TA and sex. Among both male and female respondents the proportion of respondents who wanted to become parents at the time was higher in TA Chikwewo (70.8%) than TA Liwonde (42.9%).

Table 14. Proportion of respondents who desired to become parents at that time			
Sex	TA Liwonde (357)	TA Chikwewo (325)	Total (682)
Females (610)	42.7	70.2	55.7
Males (72)	44.4	75.0	59.7
Total	42.9	70.8	56.2

3.3.3 PERSONS YOUNG WOMEN WOULD TURN TO IF PREGNANT

Respondents were also asked to whom a young woman would turn to if she fell pregnant. As can be seen in Figure 14, the majority of respondents (86.7%) said that she would turn to family members and relatives.

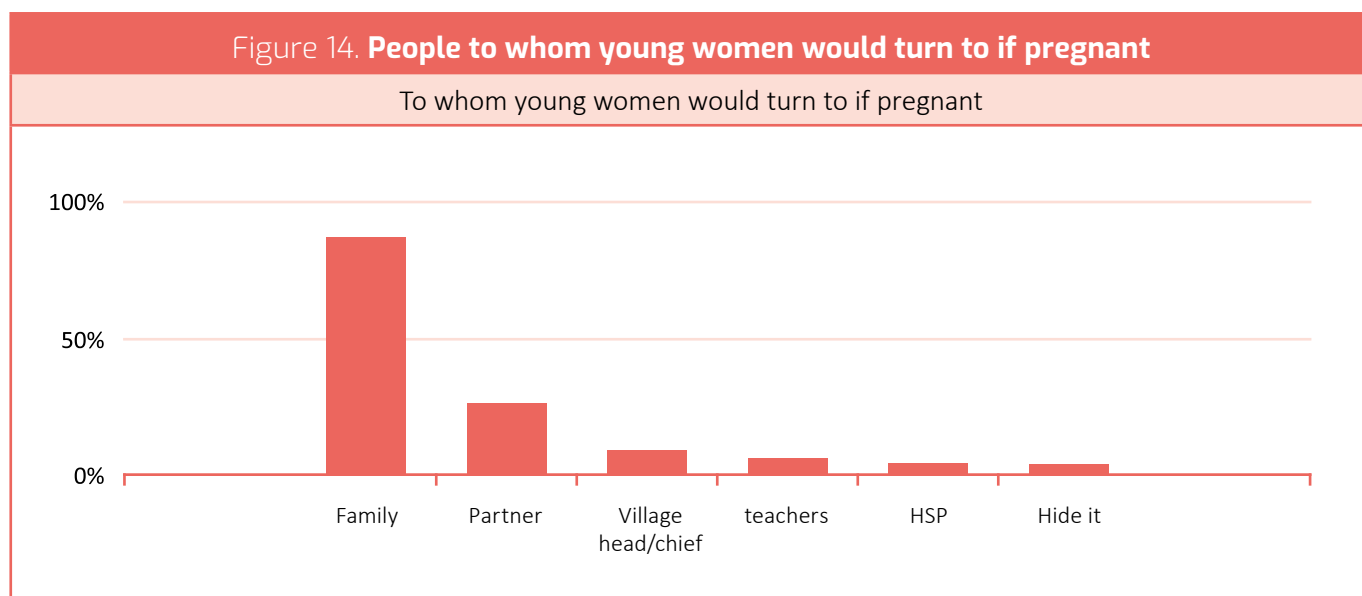


Figure 14 also shows that about a quarter of the respondents said that young women would turn to their partner/boy/girlfriend if they got pregnant. Very few respondents reported that young women would turn to health service providers (HSP) (2.8%) or teachers (3.0%). It is also important to note that some respondents (1.8%) reported that girls would actually hide their pregnancy. One of the issues which came out from the IDIs and FGDs was that informants (e.g. NGOs and young people) said that in most cases when young women become pregnant they do not communicate; they keep it to themselves, stay indoors. Parents just realise that their daughter is changing: they become pale, have a lack of appetite and crave for certain foods.

“Yeah and she is vomiting now. ‘I don’t want this relish’ why? No I don’t like it. I want maize husks flour’ you want that type of nsima? Yes. How? And when you tell others to ask her they report back and say ‘she is 6 months pregnant’. They do not receive advice”, (FGD with parents).

A district government official said that young women actually fear to tell their parents, because they are afraid of the punishment they might get. A young man aged 20-24 said that young women keep it to themselves because of fear and embarrassment. During a FGD with parents, participants also said that in some cases, the young woman is denied food until she discloses the person responsible for the pregnancy.

3.3.4 CIRCUMSTANCES OF GETTING PREGNANT

There are a number of circumstances which lead to teenage pregnancy according to informants in this study. Key informants at district level, as well as some informants at community level, mentioned the initiation ceremonies conducted as a rite of passage from childhood to adulthood as a main driver of teenage pregnancy. Informants explained that initiation ceremonies constitute one of the factors which encourage young women to engage in sexual intercourse and hence, end up getting pregnant. These initiation ceremonies are conducted at a young age (i.e. at 9 or 10 years of age)

For example, a senior government official based at Machinga Boma explained that during initiation ceremonies young women and men are supposed to engage in a rite called kusasa fumbi which encourages them to engage in sex. This governmental official said that this practice is decreasing, as they have conducted awareness campaigns at community level with key gate keepers such as chiefs, *angaliba*⁷ and *anankungwi*. In addition to the practice of *chinamwali* (initiation ceremony for young women) contributing to teenage pregnancy, some informants also mentioned that young women can also get pregnant after being raped.

For example, during an FGD with young men aged 20-24, participants gave an example of a man who told a young woman that he could give her traditional medicine to make her pass examinations. When she went to the man to be given the medicine in the bush he ended up raping and impregnating her. Although not many people mentioned this, it demonstrates that cases of rape exist and can end up in teenage pregnancy. What also came out from this study is that young women generally engage in sex at a young age; and in situations where condoms and other contraceptive methods are not used, they are likely to get pregnant.

3.3.5 MARITAL STATUS

Informants in this study were asked about what happens when a young woman gets pregnant regardless of age. Almost all informants said that when a young woman gets pregnant, in most cases she gets married to the man who impregnated her. It is the responsibility of the parents of the young woman to take her to the young man who impregnated her. While this is the case, sometimes young men refuse responsibility for the pregnancy, and young women end up carrying all the responsibility.

“Yes she was. Her parents tried to get the man responsible arrested but it failed. She dropped out of school and was left to fend for herself and her child. There is little that parents can provide and the rest of the community does not help out in any way”, (Young man aged 15-19).

Participants in a FGD with young women aged 15-19 reported that there have been young men who, after denying responsibility, have run away to South Africa fearing YONECO, an organization known for ending child marriage and getting young men responsible for pregnancy arrested.

3.3.6 IMPREGNATOR

In some cases, the persons who impregnate young women are older men who may already be married. For example, an NGO official in Machinga reported that these older men own bicycle taxis and they give something to young women (transactional sex). In addition, in an FGD with young women aged 15-19, participants also said that there are a number of cases where Sheikhs have impregnated young women and have ended up marrying them. Also teachers, especially young ones, sometimes have sexual relationships with young women and cases have been presented in which they have impregnated young women, some got married and other did not. Young women can also be impregnated by young men of their age who often do not have the means to take the economic responsibilities of having a child.

3.3.7 CONSEQUENCES FOR YOUNG WOMEN

During the FGDs and IDIs, informants mentioned that once young women get pregnant there are a wide range of consequences. School dropout, marriage, emotional stress and health consequences were the most commonly mentioned.

⁷ Angaliba are adult males who conduct initiation ceremonies among boys.

School drop out

In almost all the FGDs and IDIs, one thing which came out was that young women who get pregnant, drop out of school. Table 15 shows that 69.9% of the respondents dropped out of school. The proportion of respondents who dropped out of school was much higher among those who experienced pregnancy at 96.6% than among those who did not experience pregnancy (57.8%).

Table 15. Proportion of respondents who dropped out of school by teenage pregnancy (n=1,596)			
Teenage pregnancy or not	Ever dropped out of school or not		Total (1,596)
	No (480)	Yes (1,116)	
No (1097)	42.2	57.8	100.0
Yes (499)	3.4	96.6	100.0
Total	30.1	69.9	100.0

A number of NGO and senior government officials said that Malawi has a readmission policy: once a young woman withdraws due to pregnancy, she can go back to school after delivery. However, some refuse to go back to school. Even if they go back, some do not do well because of the harsh treatment they receive at home from their parents and guardians.

“But to say the truth most girls in primary school never go back to school but maybe those in secondary school. The thing is that the children at school start laughing at the girls and they call them ‘mother, mother’. Because of that most girls stop”, (FGD with young men aged 15-19).

Even the boys have a tough time because they have to wait until the girl gives birth and after that they don’t go. They call them ‘baba’ a boy. May be if it were in college but not primary school”, (FGD with parents).

In a number of other FGDs and interviews it was also stressed that some young women may not want to go back because they feel shy and just stop. In some cases, it is actually parents who tell them to stop going to school after being readmitted. Even if young women go back to school, the other challenge, as narrated during the FGD with young men aged 15-19, is that they get pregnant again because they do not fear anything. Poverty may also be a barrier for young women to going back to school.

Marriage

Marriage was also often a direct response to pregnancy. Table 16 shows the time relation between pregnancy and marriage. Data indicates that 22.5% had a teenage pregnancy before marriage, and 55.6% had both in the same year. Assuming that when both happen in the same year, it was more likely that teenage pregnancy occurred before marriage, then only 22% had a teenage pregnancy after getting married.

Table 16. The time at which young women get pregnant (%)				
Teenage pregnancy or not	Pregnancy before marriage			Total (532)
	No (151)	Yes (104)	Same year (277)	
No (100)	56.0	7.0	37.0	100.0
Yes (432)	22.0	22.5	55.6	100.0
Total	28.4	19.6	52.1	100.0

Participants also mentioned that being pregnant also has some consequences on future sexual relationships for the young woman. For example, during a FGD with young men aged 20-24, participants said that once a young woman experiences pregnancy it will be difficult for her to find an appropriate partner.

Emotional stress

Participants also mentioned emotional consequences of teenage pregnancy, particularly for young women. A key informant interview explained and the emotional stress comes also from the anger response they get at health facilities or from parents, as well as from the community. In addition, the emotional stress is exacerbated in cases where young men deny responsibility and the young woman has to raise a child on her own. A number of informants, including young women, also said that such young women sometimes isolate themselves.

Health complications

Another consequence which also came out from most FGDs and IDIs was the health risk. Most participants were aware of the health consequences related to teenage pregnancy. An NGO official and young people said that when a young woman becomes pregnant, she is not biologically mature. Participants explained that while some deliver safely, others experience complications, having to deliver through cesar section.

“Aaaah a 16-year-old girl who is pregnant is at risk because her body is still not ready especially when she is giving birth, when she is in labour this is the hardest time, because her reproductive organs are not yet ready so some of them go through ceasarian delivery. If they can deliver normally then it takes long”,
(NGO official).

“Usually they get to face problems at delivery because they are not yet matured, three quarters have problems. Their uterus is not strong and their cervix is also small and they refuse them at Ntaja and tell them to go to Liwonde and most of them give birth through operation, those aged 15 going down”,
(FGD with young men aged 15-19).

These findings indicate that teenage pregnancy leads to many economic, health and emotional consequences, particularly for young women.

3.3.8 ABORTION

Only a few informants mentioned that in cases of teenage pregnancy some young women abort the unborn child. For example, participants in an FGD with young men aged 15-19 said that young women will choose for an abortion because of fear of their parents. Also when impregnated by an older men, young women might abort the unborn child when afraid to disclose. The decision for abortion usually happens if the impregnator refuses responsibility. In the FGD with young men aged 15-19, participants also mentioned that in some cases parents will agree that their daughter should go for abortion and they will take them to the hospital. This issue did not come out in most FGDs and IDIs, as abortion is illegal in Malawi.

3.4 SEXUALITY AND SEXUAL HEALTH ISSUES

3.4.1 SEXUAL RELATIONSHIPS

During the FGDs and IDIs, participants were asked about the age at which young people start having (sexual) relationships. While most study participants said that these relationships start at around 14, 15 or older ages, others mentioned that some young women and men start having sexual relationships much earlier, even at the ages of nine or ten years. One key informant gave an example of her friend whose son was caught with a love letter at his school.

“Maybe 10, 11. Because I have a friend who was telling me that she was called at school to attend to an issue in which his son was involved. He wrote a letter to a girl telling her that ‘I love you. I want you to be my girlfriend’. The teacher picked up the letter from the floor and that is when she called for the mother. So, can you imagine - he is only 11 and in standard 4 and to think of that young boy knowing to say I love you and I want you to be my girlfriend”, (NGO worker).

This key informant also gave an example of Standard 4 boys who tried to rape a girl one after the other. There was another key informant who said that watching videos has significantly contributed to young people starting sex much earlier than young people used to.

“Yeah this time it is worse. In the past sex was being discovered at later stages, but now due to technology and the movies they watch - so once they are exposed to pornographic movies they would want to taste”, (NGO worker).

While people mentioned specific ages, one key informant said that initiation ceremonies are conducted at tender ages (7 or 8 years). Participants argued that what these children are taught at these initiation ceremonies influences them to engage in sex even when sexual organs are not ready for such acts. Some young participants mentioned that relationships in which young women and men engage are sexual and therefore some young women fall pregnant at the age of 13 and, in turn, marry underage.

3.4.2 PROPORTION OF RESPONDENTS WHO HAD EVER RECEIVED SEXUALITY AND SEXUAL HEALTH EDUCATION

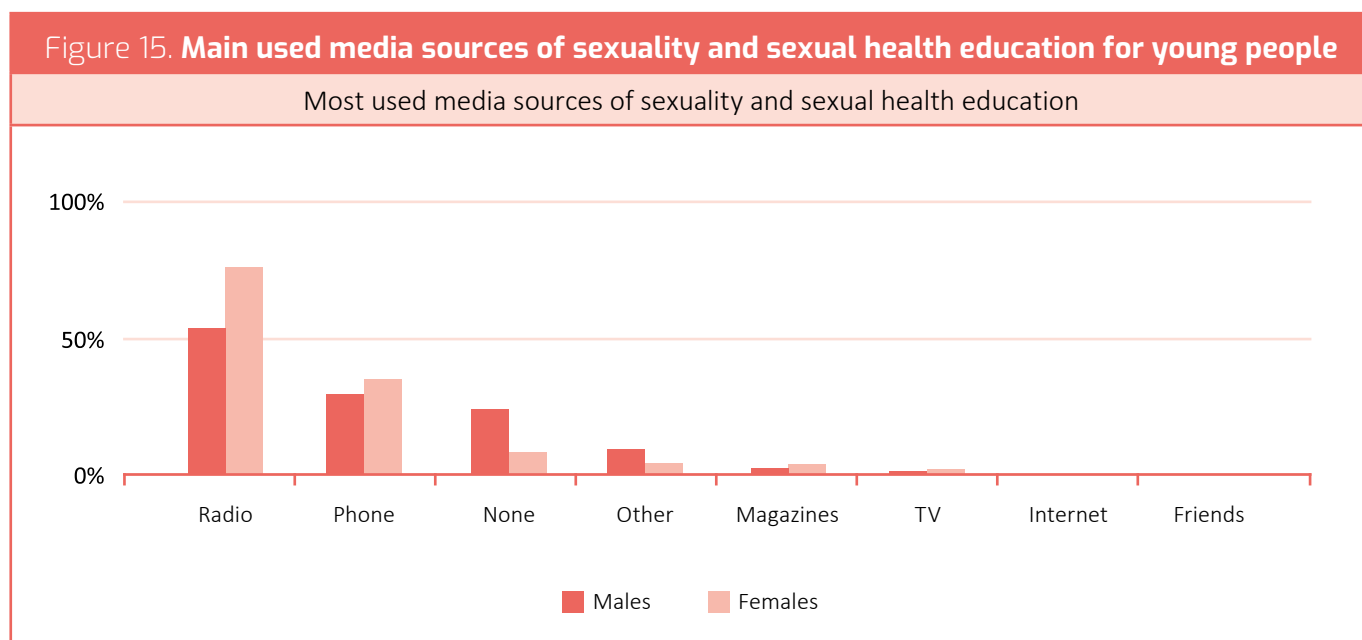
Respondents in this study were asked if they had received sexuality and sexual health education. About three thirds of the respondents (76.4%) reported to have received sexuality and sexual health education, with a higher percentage among females (77.1%) than among males (74.1%). TA Chikwewo had more respondents (78.2%) who reported having received sexuality and sexual health education compared to TA Liwonde (74.6%). Table 17 shows the proportion of respondents who reported they had ever received sexuality and sexual health education by current level of education.

Table 17. Ever received sexuality and sexual health education

Level of education	% (n=1596)
Completed	100.0
Dropped	72.8
Secondary	96.4
Primary	79.8
Total	35.1

Among those who reported that they have ever received sexuality and sexual health education, the highest proportion (100%) was among those who had completed their education and this was followed by those who were in secondary school (96.4%). Those who had dropped out of school had the lowest proportion of having received sexuality and sexual health education at 72.8%.

Respondents who said that they have ever received sexuality and sexual health education were also asked about where they got this education from. Figure 15 shows the most important media sources.



Among respondents who reported that they ever received sexuality and sexual health information, most of them (58.1%) said that they received this information from the radio. There were more males (75.9%) than females (52.2%) who received the information from the radio. The radio was seconded by the phone (30.9%), again with more males (35.3%) than females (29.4%) receiving sexuality and sexual health education through this channel. About a fifth of the respondents mentioned that they received this information from “none”.

3.4.3 SOURCES OF INFORMATION ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS ISSUES

There were various sources of information on sexual and reproductive health for young people. However, some young people seemed to lack information. During the FGDs and IDIs the following sources of information on SRHR issues were described.

A) Initiation ceremonies

In Machinga District, in most communities there are initiation ceremonies conducted for both young women and men. Key informants at district level mentioned that these are important sources of information on SRHR. The challenge with the initiation ceremonies, according to key informants, is that in some cases, the information given is not appropriate for the ones who attend them. Participants argued that these initiation ceremonies also encourage young people to engage in sex in a rite called kuchotsa fumbi. A senior government official reported that a number of NGOs as well as the government were working with chiefs to address the problems associated with initiation ceremonies.

B) Schools and teachers

Almost all informants mentioned that teachers are an important source of information on sexual and reproductive health. Within school there is life skills education, a subject that covers several SRHR issues. These topics are sensitive and, as mentioned by one NGO official based at Machinga, initially some teachers in the district were shy to teach this subject, but some have been trained and are now able to teach. During the FGDs and interviews with young people and parents, participants also said that they got information from their teachers. Parents also said that young people inform each other about SRHR issues:

“... they do not consult parents as they fear. They know most of the stuff at school. So, they know already. They cannot come to the parents”, (FGD with parents).

C) Non-governmental organizations

There are a number of NGOs which are working in Machinga at both district as well as community level. These NGOs are running several programmes, for example FAWEMA with support from Save the Children is implementing a project known as Reducing Teenage Pregnancy (RTP) which has been running since 2014 and focuses on SRHR issues. In this project, FAWEMA is also working with Banja La Mtsogolo (BLM) which goes out to schools teaching the youth about SRHR issues and also provides SRH services including contraceptives to youth. Young people themselves also mentioned that they got the information on SRHR from the NGOs. In a number of FGDs and interviews, YONECO was mentioned as providing SRHR information to young people and this NGO conducts meetings at community level.

“We have YONECO – it’s where they are told about these things. They teach them and also primary justice ... They also tell them about gender based violence”, (Local leader).

NGOs, therefore, constitute an important source of information on SRHR for young people and in TA Liwonde it was mainly YONECO which was mentioned.

D) Youth clubs and youth meetings

Most informants in this study mentioned young people learn quite a lot from each other on SRHR by sharing experiences.

“If you have a girlfriend and you have done something, you ask or tell your friends that this is what happened and what if she is pregnant? Your friends tell you not to worry - do this and this - it will be okay”, (FGD with young men aged 20-24).

At the same time, some key informants mentioned that a number of youth clubs have been established in the district where the youth discuss these issues, or someone may come and talk to them.

“BLM has its protocol that it follows to help the youth. They have established youth clubs at community level and the youth meet and discuss all SRHR issues...”, (NGO official, Machinga).

In these youth forums, according to key informants at district level, young people are open to each other. The youth discuss a wide range of issues among themselves, including sexual transmittable infections and AIDS.

“Yes. We meet in youth meetings and we discuss about issues of sexual intercourse”, (FGD with young men 15-19).

Peers therefore constitute an important source of information on SRHR. However, in this FGD with young men aged 15-19, participants also said that adults are sometimes invited to their meetings and teach them about SRHR issues.

E) Video show rooms

One of the issues which was frequently mentioned by parents was that there are a lot of video show rooms in the community. These are a source of information on SRHR for young people, including information on how to have sex.

“Yeah because they know sex through videos. There is no one who tells them that ‘this is how we do sex’ no. The ones who own the videos want money. They watch it and they go and practice it and at the end they have the pregnancy”, (FGD with parents).

F) Health facilities

A senior governmental official based in Machinga said that the Ministry of Health provides youth friendly health services targeting young people. During the provision of these services, service providers conduct health education sessions in which they talk about a wide range of SRHR issues, including the dangers of not using condoms.

G) Religious groupings

There were not many people in this study who mentioned that they got information on SRHR from religious leaders. However, some of the religious leaders who were interviewed did mention that the churches organise special sessions for young people.

“We have a number of groups as you said. We have village heads who help to advise and we also have health promoters who advise. At church level we also have special advice sessions for the young people”, (Religious leader).

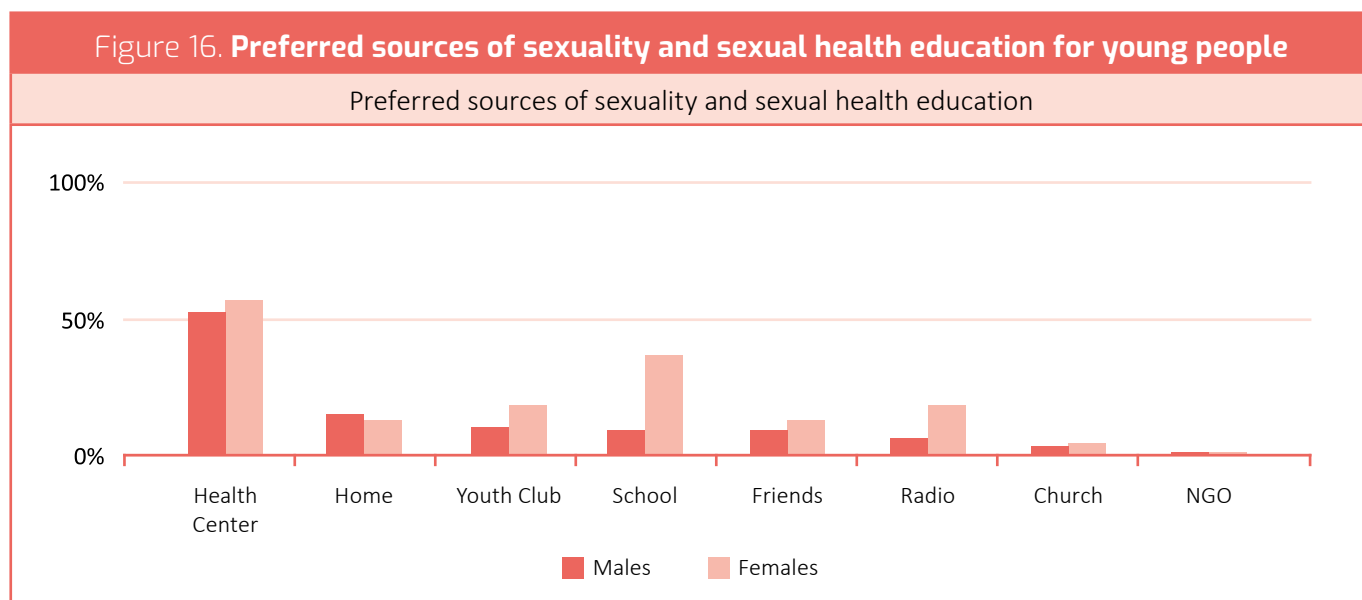
The religious leaders, however, did not explain what issues are communicated to young people during these special sessions which they arrange for young people.

H) Parents, grandparents and other relatives

In a number of interviews and FGDs, especially those conducted with the youth, participants said that young people get information on SRHR from their grandparents. Young women will get this information from their grandmothers, sisters and other female relatives, while young men will get the information from their grandfathers, brothers and other male relatives. It was rare for youth to say they got the information from their parents. However, an NGO official said that in urban areas young men are able to talk to their parents about sensitive issues, unlike in rural areas. This is because they are more sensitised and educated than in rural areas, such as in TA Chikwewo.

3.4.4 PREFERRED SOURCES OF INFORMATION

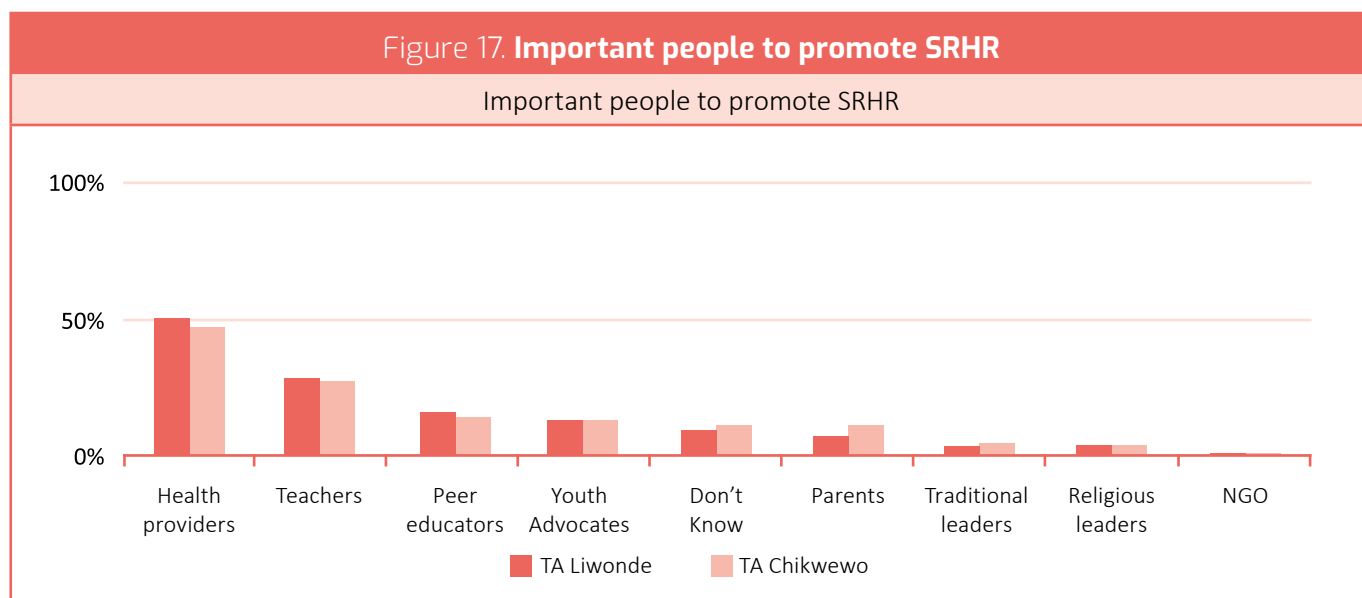
Sections 3.4.2 and 3.4.3 above show the different sources of sexuality and sexual health information for young people. Respondents were also asked what they preferred as sources of sexuality and sexual health education. Figure 16 below the main preferred sources of sexuality and sexual health education among young people.



The most preferred sources of sexuality and sexual health education for young people in TA Liwonde and TA Chikwewo are health centres (53.7%). Home, youth clubs and schools were also mentioned. For schools (31.3%), there were more males (36.8%) who mentioned this as a source of sexuality and sexual health education compared to females (9.4%). There were slightly more females who mentioned home as a source of sexuality and sexual health education (14.6%) than males (12.9%). More than 10% of the respondents also mentioned youth clubs (12.5%).

3.4.5 IMPORTANT PEOPLE TO PROMOTE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

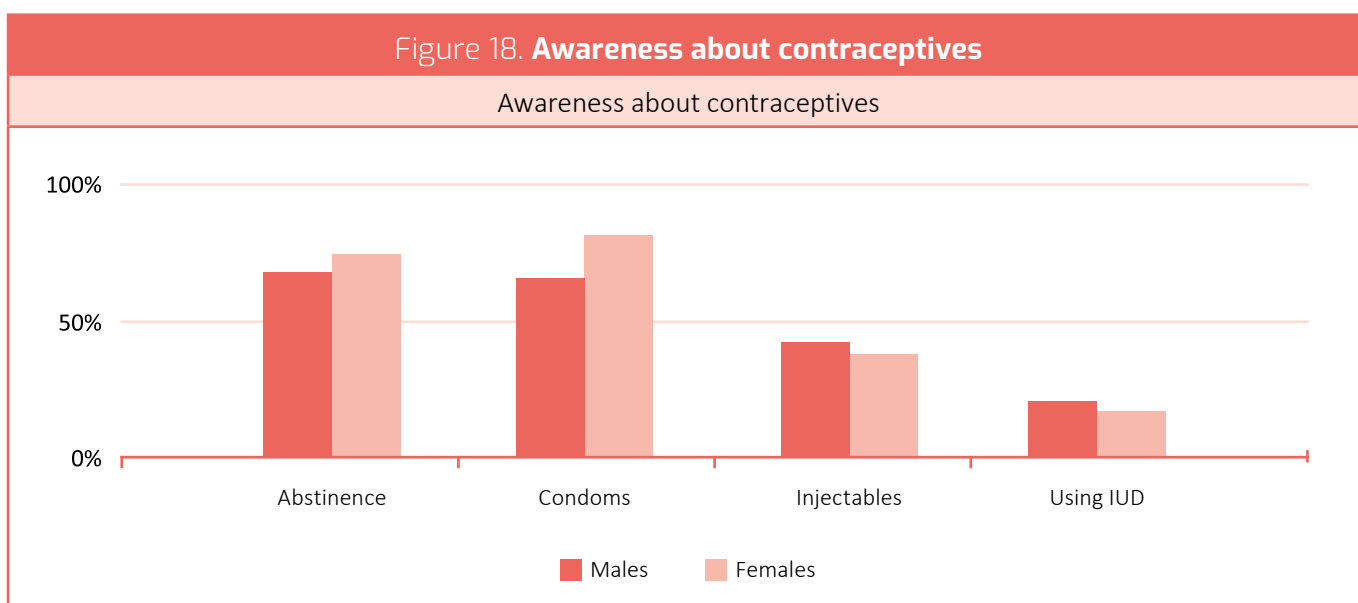
During the survey, respondents were also asked about the most important people to promote SRHR. Figure 17 shows who the respondents mentioned as important people to promote SRHR.



Nearly half of the respondents (48.7%) said that health providers were the most important people to promote SRHR. The proportion of males who reported this was higher than that of females. About a third of the respondents (27.9%) mentioned teachers and again there were more males than females who mentioned this. Other important people who were mentioned included peer educators/peers and youth advocates. Nearly 10% of the respondents mentioned parents as important people to promote SRHR. Religious leaders, traditional leaders and NGOs were rarely mentioned as important people to promote SRHR.

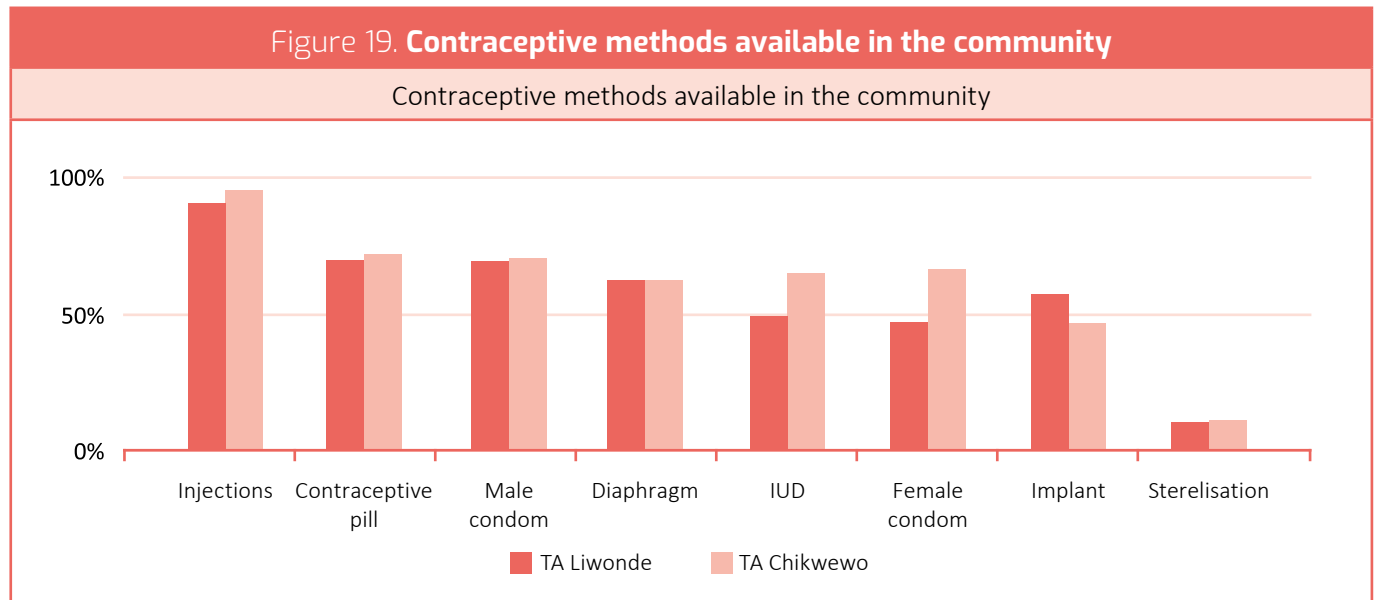
3.4.6 AWARENESS ABOUT CONTRACEPTIVE METHODS

The two most popular methods of preventing pregnancy which respondents were aware of were abstinence (69%) and condoms (69.5%) as can be seen in Figure 18. These were followed by injectables (41.2%) and then IUD (19.8%). There were more males who mentioned abstinence and condoms compared to females. On the other hand, there were more females in both TAs who mentioned the use of injectables, birth control pills and IUD than males.



3.4.7 CONTRACEPTIVE METHODS AVAILABLE IN THE COMMUNITY

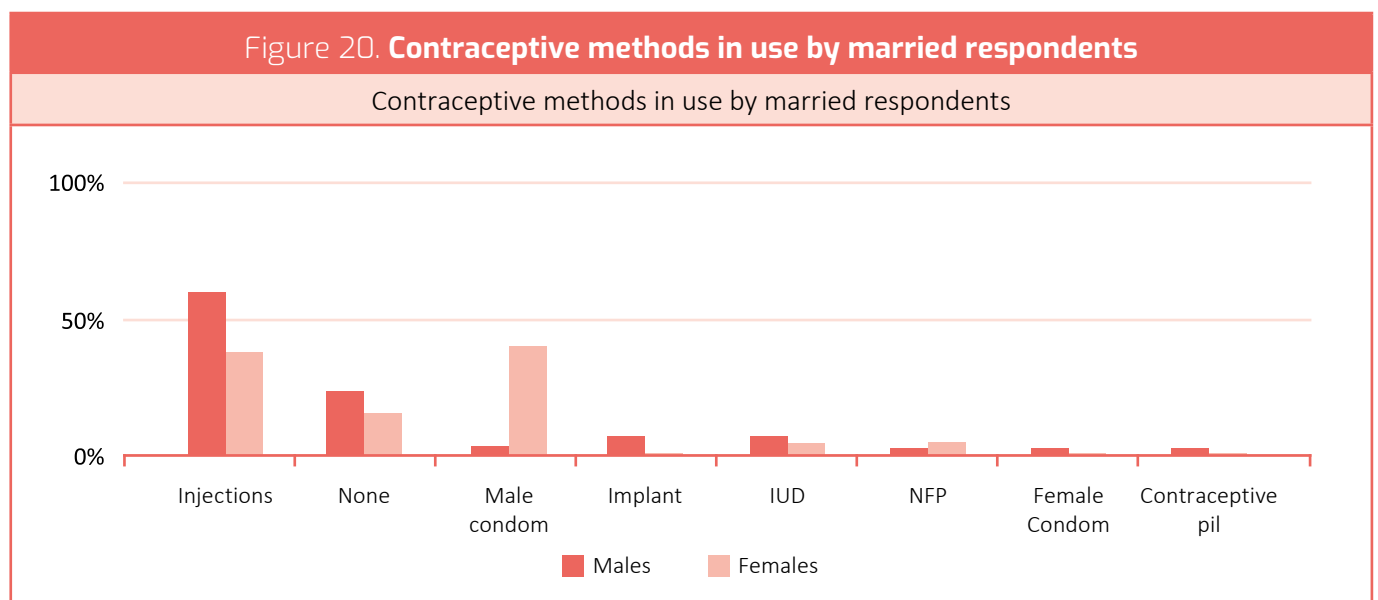
Figure 19 shows that the most commonly mentioned methods of contraception available in the community were injections, as mentioned by 93.6% of the respondents.



More than 90% of the respondents in TA Liwonde (91.6%) and in TA Chikwewo (95.4%) mentioned that injections are available in their community. The male condom (71.1%) and the contraceptive pill (71.4%) were the second popular contraceptive method available in the community. Other contraception methods reported as available in the community were diaphragm (62.9%), IUD (56.9%), female condom (56.6%) and implant (52.8%). Traditional methods and natural family planning were less mentioned by respondents.

3.4.8 CONTRACEPTIVE METHODS BEING USED BY MARRIED RESPONDENTS

Married persons were asked about the contraceptive methods which they were using. Figure 20 shows that 22.4% of the respondents were not using any method of contraception. A higher proportion of women than men were not using any form of contraception, however, it should be noted that the sample of male was small.



The most commonly used method of contraception was the injection as reported by 56.6% of the respondents. A higher proportion of respondents in TA Liwonde (61.6%) reported using this method of contraception than in TA Chikwewo (58.5%). While overall 7% of the respondents reported using condoms as a method of contraception, Figure 20 shows that a higher proportion of males (44.4% in TA Chikwewo and 36.1% in TA Liwonde) than among females (3.1% in TA Chikwewo and 2.5% in TA Liwonde) were using male condoms.

3.4.9 PERCEPTIONS ABOUT CONTRACEPTIVES AND DECISIONS ON RELATIONSHIPS

Respondents were also asked about the circumstances in which a person can access modern forms of contraception. Forty percent of the respondents (40.3%) said that these modern forms of contraception can always be accessed. In both TAs a higher proportion of males mentioned this compared to females. Thirty seven percent of the respondents said that one can access modern contraceptives only after having children, with a higher proportion of females mentioning this in TA Chikwewo compared to TA Liwonde. Just over a tenth of the respondents said that one can access modern contraceptives after attaining puberty. A small proportion of respondents (7.2%) said one can only do this after marriage.

Figure 21 shows that about half of respondents (47%) agreed with the statement that it is appropriate for a girl to propose condom use. A lower proportion of males (40.8% in TA Liwonde and 34.8% in TA Chikwewo) agreed that it is appropriate for girls to suggest condom use. This implies that the majority of young men and about half of the female respondents do not approve of girls proposing condom use. The majority of female and male respondents agreed with the statement that it is easy for boys to propose condom use. While the majority the respondents said they agreed that they were confident about insisting for condom use, the proportion was higher among males (94% and 91.5%) than among females (80.6% and 78.3%).

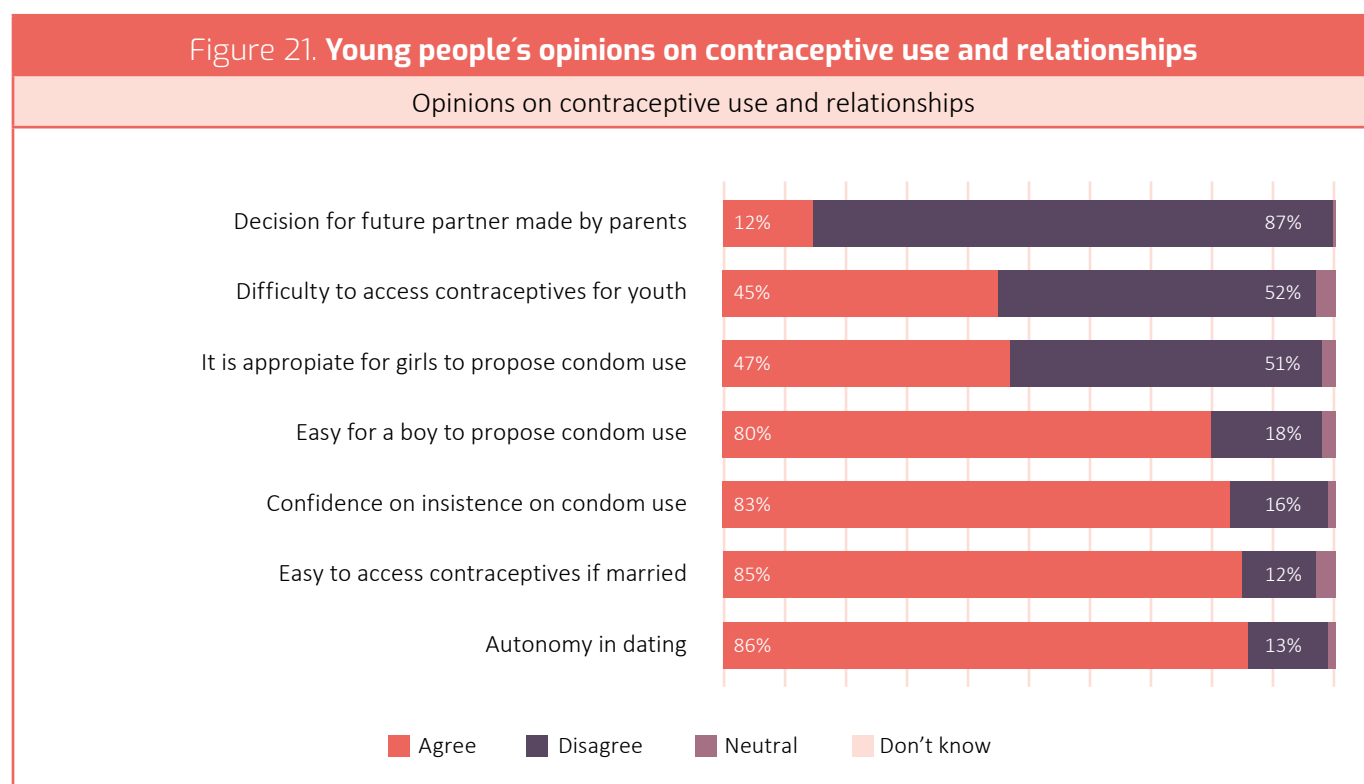


Figure 21 visualizes that most respondents agreed with the statement of autonomy in dating. While more than 80% of the respondents disagreed with the statement that the decision for a future partner should be made by parents, there were some respondents who agreed with the statement. Data further indicates that about half of the respondents felt that it was difficult for youth to access contraceptives.

3.4.10 UTILISATION OF SEXUAL AND REPRODUCTIVE HEALTH AND OTHER SERVICES AMONG YOUNG PEOPLE

There is a wide range of SRH services being offered in Malawi which young people can have access to. Respondents were asked if they had ever utilised services, detailed in Figure 22.

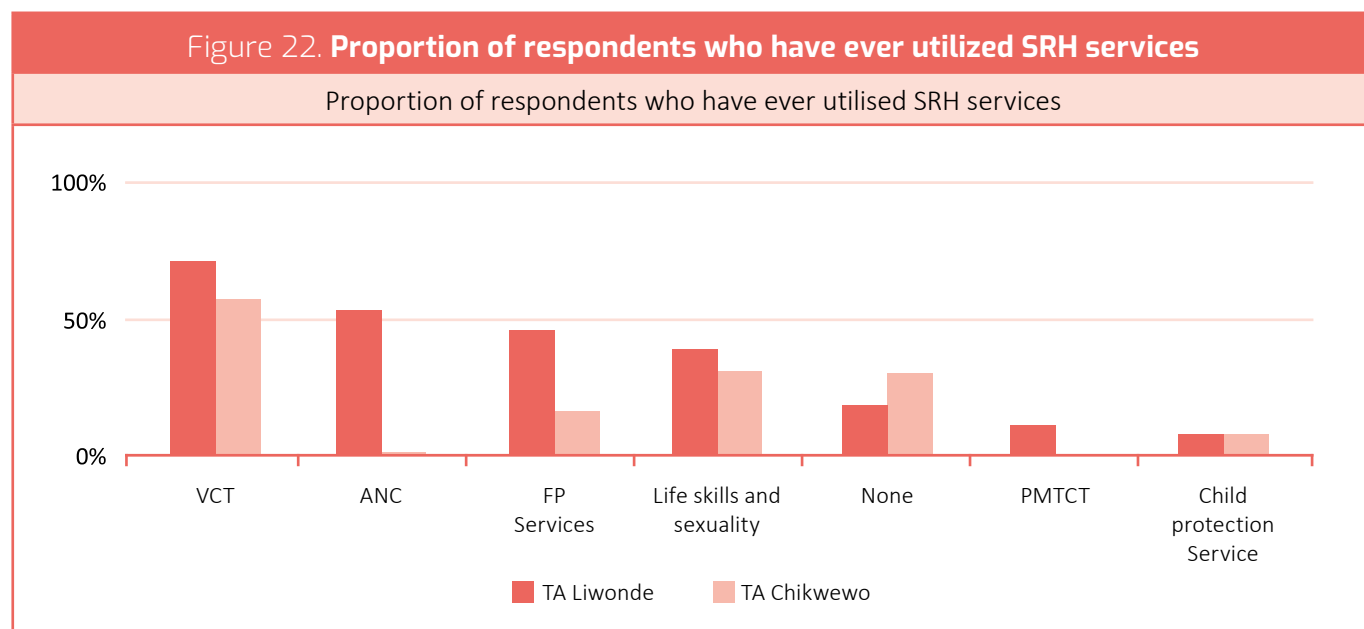


Figure 22 shows that the majority of the respondents (68.3%) reported that they had ever accessed voluntary counselling and testing (VCT) services. Data indicates that more respondents in TA Liwonde (74.5%) reported this compared to TA Chikwewu (61.8%), as well as more females in both TAs than males. The other three services which were also utilised by young people included antenatal services (39%), family planning services (38.4%) and life skills and sexuality services (36.4%)⁸. While 14.9% of the female respondents reported utilising prevention of mother to child transmission of HIV (PMTCT) services in TA Liwonde, none of the male respondents reported using this service. This shows that young males do not participate in PMTCT services. The use of hotlines, child protection, abortion and post abortion care was mainly reported by females and very few respondents mentioned these services. Twenty one percent of the respondents never used any of the presented SRH services.

⁸ This high percentage might be a result of respondents thinking about life skills education at school.

3.5 YOUTH ENGAGEMENT

3.5.1 TALKING ABOUT SEXUALITY AND RELATIONSHIPS

Respondents were asked whether they had ever discussed some SRHR and related issues with friends and family members. As can be seen in Table 18, school dropout and prevention of pregnancy were the most discussed topics (86.4% and 83.3% respectively). The meaning of circumcision was the least thing that respondents reported discussing with friends and family members (57.1%).

Table 18. Proportion of respondents who have ever discussed the following issues with friends and/or family members

Issues	Proportion of respondents (n=1,596)				
	TA Liwonde	TA Chikwewo	Males	Females	Total
Marriage	71.2	77.7	66.9	76.9	74.4
Dating and relationships	71.4	72.6	90.8	65.7	72.0
Dropping out of school	84.4	88.5	93.8	83.9	86.4
Prevention of pregnancy	82.2	83.3	87.3	82.0	83.3
Sexuality and sexual health	71.8	80.8	84.1	73.5	76.2
Rights and entitlements	70.7	70.5	81.6	66.9	70.6
Future hopes and fears	77.2	82.2	85.1	78.3	80.0
Meaning of circumcision	55.1	59.5	87.1	47.2	57.1

It should, however, be noted that 87.1% of the male respondents reported they ever discussed the meaning of circumcision with friends and family members while only 47.2% of the female respondents reported having ever discussed this with friends/family members. This is mainly because in Machinga communities, only male circumcision is practiced. Table 19 also shows that there were more males who discussed dating and relationships, dropping out of school, prevention of pregnancy, sexuality and sexual health, rights and entitlements and future hopes and fears than their female counterparts. It was only the issue of marriage where more females (76.9%) reported discussing this with their friends and family members compared to males (66.9%).

Table 18 also shows that there were no differences between TA Liwonde (70.5%) and TA Chikwewo (70.5%) on the proportion of respondents who reported discussing rights and entitlements with friends/family members. For the rest of the issues, there were more respondents in TA Chikwewo who reported discussing the issues with friends/family members than in TA Liwonde

3.5.2 WORRIES, ASPIRATIONS AND ENTITLEMENTS

As Figure 23 shows, pregnancy and school dropout were the main worries among young people. Most participants agreed they were worried about becoming pregnant/making someone pregnant. It is evident that there were more females who were worried about becoming pregnant than males who were worried about making someone pregnant. There were no major differences between TA Chikwewo (70.3%) and TA Liwonde (71.2%) in the proportion of respondents who were worried about becoming brides, although there were more females who were worried about becoming brides than males becoming grooms.

Figure 23. Young people's main worries

Main worries among young women and men

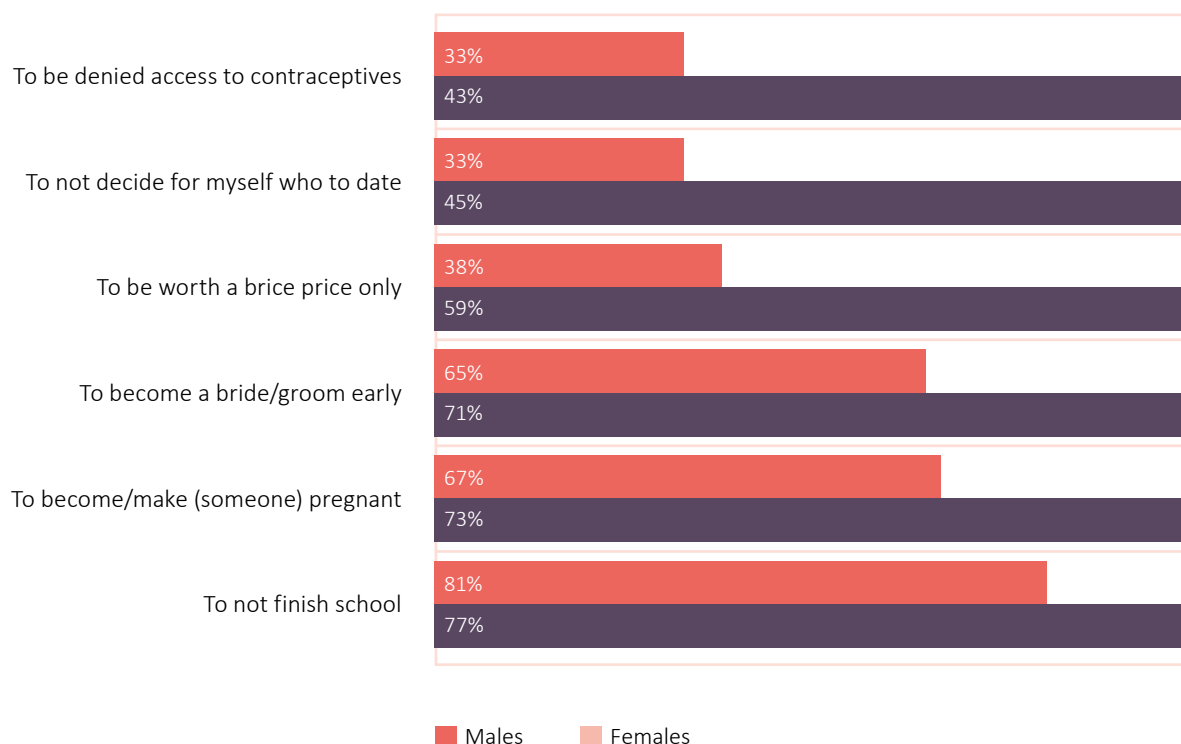


Figure 23 further shows that a high proportion of young women and men were worried about not finishing school. More than half of the female respondents reported being worried about being worth a bride price only. Data shows that 48.1% of the females in TA Liwonde were worried about not deciding for themselves who to date, and in TA Chikwewo this was at 41.7%. A lower proportion of male respondents (Chikwewo (32.8%) and TA Liwonde (33.8%)) were worried about not deciding themselves who to date. This demonstrates that someone else can make a decision for them. The majority of respondents were not worried about being denied access to contraceptives. Figure 23, however, shows that there were more females who were worried being denied access to contraceptives than males.

Respondents were also asked what they thought most about in their lives. Table 19 shows that respondents thought most about three things in their life, and these were education/completing studies, getting a job/working/prospering and their health/future. There were slightly more females in TA Liwonde (47.9%) than females in TA Chikwewo (44.6%) who thought most about their education/completing their studies. Table 20 also shows that males were more likely to think about getting a job/working/prospering than their female counterparts. It further shows that females were more likely to think about their health/future than their male counterparts in both TAs. Females were also more likely to think about their family members/relatives than their male counterparts.

Table 19. What respondents think most about in their life (%)

What young people think most about in their life	TA Liwonde			TA Chikwewo		
	Females (618)	Males (201)	Total (819)	Females (576)	Males (201)	Total (777)
Education/completing studies	47.9	46.3	47.5	44.6	56.7	47.7
Getting a job/working/prospering	32.4	61.7	39.6	39.4	64.2	45.8
My health/future	20.4	17.9	19.8	25.3	14.4	22.5
Obtaining/taking medication	1.9	0.0	1.5	0.5	0.0	0.4
HIV	1.8	2.0	1.8	0.7	0.0	0.5
Family members/relatives	12.6	11.4	12.3	11.5	5.5	9.9
Engage in business	1.9	8.0	3.4	0.7	6.0	2.1
Other	2.3	1.0	2.0	1.9	0.5	1.5
Nothing	0.5	0.0	0.4	2.1	0.5	1.7

Figure 23 and Table 19 demonstrate that young people in general have their own worries and that there are things that they think most about in their lives. It is important that there should be someone whom they can talk to about these worries and concerns. Respondents were also asked if there was someone at their homes with whom they could talk to about their feelings/hopes/worries most of the time. Eighty two percent (82.1%) of the respondents reported that there was someone at home with whom they could talk to about these things.

Data show differences to whom male and female respondents would talk to about their worries and feelings. Most female respondents preferred talking to their sisters, mothers and grandmothers. Males said they would talk to their brothers and fathers about their worries/feelings and hopes. For respondents who were married, there were more females (15.3% in TA Liwonde and 17.5% in TA Chikwewo) who reported that they would talk to their spouses about their worries/feelings than their male counterparts (7.6% in TA Liwonde and 7.5% in TA Chikwewo).

3.6 COMMUNITY CONTEXT

3.6.1 GENDER EQUALITY AND VIOLENCE

The survey also sought to reveal how confident young people are in discussing gender equality. Data shows that most females in both TAs Liwonde and Chikwewo are not confident to discuss gender equality issues with males of their age (64.7%). At the same time, data shows that most females were confident discussing gender equality and girls' rights with other young women of their age (64.9%). Most males were not confident in discussing these issues with young women of their age (54.3%). In addition, there were more females (34%) than males (15.7%) who reported they were confident to discuss gender equality and girls' rights with adult women. On the other hand, there were more females (90.3%) than males (75.8%) who were not confident to discuss these issues with adult men. Overall it seems that the proportion of young people who were not confident to discuss these issues with adults was much higher compared to discussing them with people of their age.

Married respondents were asked about the frequency their partners ever physically hurt or hit them and the experience of sexual harassment/eve teasing. Data indicate that most of the respondents reported that they never experienced any physical violence from their partners and there were no differences between TA Liwonde (89.9%) and TA Chikwewo (89.2%). In relation to sexual violence, also most respondents, 80.5% in TA Liwonde and 77.9% in TA Chikwewo, reported that they never experienced sexual violence.

3.6.2 ROLES OF DIFFERENT STAKEHOLDERS

There are a number of stakeholders who play or can play important roles in reducing child marriage and teenage pregnancy. This sub-section describes the roles of NGOs, police, social welfare, chiefs and religious leaders as mentioned by informants who participated in interviews as well as participants in the FGDs with young people and parents.

A) The role of NGOs

There are a number of NGOs working in Machinga and they are playing important roles in the lives of young people in general. One of the most important roles is that they provide counselling services to young women to stay in and finish school, and get a job so that they can be independent (e.g. FAWEAM). Another NGO working in the area, YONECO, has introduced the concept of role modelling, which consists of trying to inspire young people through specific (positive) cases of young women and men. Another role of NGOs is to take issues of abuse to the police so that justice can take its course. During the interviews and FGDs, informants frequently mentioned YONECO as an NGO which has played an important role in terms of ensuring that cases of child marriage are broken and young women are sent back to school. NGOs also create awareness among youth on SRHR issues.

In line with the Malawi school re-admission policy, NGOs working in Machinga are encouraging married young women and men to go back to school. For example, CAMFED has a programme called 'Stay in School' which focuses on young women but also supports a few young men with little income. CAMFED has supported many needy students in primary schools with school uniform, shoes and sanitary pads for menstrual hygiene management, among other things. CAMFED would continue supporting children if they went to secondary school. Other NGOs such as YONECO, Save the Children and CRECCOM also have programmes which encourage young women to go back to school. Some NGOs have trained mother groups within the communities who are working very closely with young people who have dropped out of school to go back to school.

B) The role of the police

The role of the police, as mentioned by key informants, is to enforce the existing laws. For example, if a young woman marries before the age of 18 years, the police is supposed to ensure that the case is resolved. The police can prosecute the perpetrators of child marriage; key informants mentioned cases of men who have been arrested and jailed.

“The role of the police is that if they receive a complaint they are supposed to investigate the issue properly until they find the truth and if they do so they should ensure that justice takes its course. We have a lot of examples in Machinga where the police have resolved such issues like a man impregnating a child and he is in jail right now. That is what the police are doing and it’s helping”, (NGO worker, Machinga).

The police are, therefore, responsible for the enforcement of the law and ensuring that justice is done on issues relating to child marriage and teenage pregnancy. Within the police, there is the victim support unit (VSU) which works very closely with NGOs. This unit also helps to disseminate information on child protection issues in schools and communities. A police officer explained that the office has been running the Youth and Schools Development Project in which they were visiting schools and youth clubs and advising young people on the disadvantages of early sex. The police officer said that the office also creates awareness among people in the community to report cases of sexual abuse to the One Stop Centre.

C) The role of social welfare

The role of social welfare in relation to child marriage and teenage pregnancy is to represent children in court and counsel the abused child and the parents so that they understand the child rights and accept the situation they are in.

“If the child has made a mistake that is not the end of it all. So, they must counsel the pregnant girls that that is not the end of life that they still can go back to school. The parents must take care of the baby while the girls attend school”, (Government official, Machinga).

The District Social Welfare Office (DSWHO), therefore, advises on child marriage issues emphasizing that young women and men should not marry below the age of 18. The challenge with social welfare is that there are not enough social welfare officers as explained by one district based NGO worker. While there are child protection workers at community level, NGO officers felt that these are responsible for large areas and therefore cannot work effectively. In addition to this, another NGO worker said that social welfare also provides school materials and other forms of assistance, such as the payment of school fees so that young women continue their studies. A number of key informants said that social welfare helps in creating awareness about child rights, and issues of gender based violence and human rights.

D) The role of teachers

One of the major influences of education and teachers on child marriage and teenage pregnancy is that being in school helps young women and men to minimize teenage pregnancy: for example, in an FGD with young men aged 15-19, participants explained that in school they learn many things including SRHR and this makes them knowledgeable about certain issues which they put into practice immediately.

Some teachers were reported to advise children and young people on the dangers of child marriage and teenage pregnancy. However, as SRHR are sensitive issues, in some cases teachers are not all that comfortable to teach the subjects. An NGO official however said that one of the projects being implemented in the district called ASPIRE provided training to teachers on how to teach sensitive topics within life skills education. Even some pupils acknowledged that some teachers are shy when they are teaching life skills.

“Some teachers are very shy that they don’t explain some things. But some teachers are focused and they just teach as it is”, (FGD with girls aged 15-19).

While the school can help to minimize the occurrence of child marriage and teenage pregnancy, one of the major concerns, as highlighted earlier, was that there are some teachers who engage in sexual relationships with young women to the extent that some marry them as young as 15 years. In an FGD with young men aged 15-19, some participants even gave examples of girls who were impregnated by teachers and they ended up marrying them.

“In secondary I saw a teacher who impregnated a girl but because he is married, he gave the girl K10,000 for abortion: that’s what the educated people do [all laughing]”, (FGD with young women aged 20-24).

On a positive note, teachers also encourage young women to work hard in school and may warn parents about the behaviour of their children in school.

E) The role of religious and traditional leaders

Religious and traditional leaders play important roles in their communities and are influential among community people. Religious leaders such as sheikhs also have the responsibility of blessing marriages.

The role of religious leaders

During an FGD with young men aged 15-19, participants said that Islam as a religion does not allow sex before marriage. However, during this FGDs and other interviews, participants mentioned that in most cases people engage in sex before marriage. FGD participants said that those who adhere to the ideology that young people should not have sex before marriage are sometimes described as *“anafa nkabudula amene uja”* meaning they are “dead in the panties”. There seems to be an age restriction in Islam that the man should at least be 20 or more years when getting into marriage otherwise the Nikah⁹ will not take place.

“But in Islam they try that a young man should be 20 or 22 and if not that the Nikah does not happen”,
(FGD with young men aged 20-24).

It was also emphasized by a number of study participants that the teachings at the madrassa emphasize that Muslims should not get married or pregnant early. In addition to this, in a number of FGDs and IDIs it was also emphasized that the religious leaders also play an important role in terms of encouraging young women who fell pregnant to return to school soon after they have delivered, in line with the re-admission policy. Participants argued that in the Christian churches, the moment a young woman marries underage or has a teenage pregnancy, the marriage cannot be blessed.

“As long as a child has fallen pregnant or has married early, she isolates herself that they cannot go to church to have their marriage blessed, so they just go pray and the church only knows when they see them with a baby”, (FGD with boys aged 20-24).

Both sheikhs and pastors tend to discourage young women and men from marrying underage by raising awareness among the community on the negative consequences of child marriage. One teacher explained that different religions prohibit child marriage and, according to him, the coming in of different NGOs has brought about the change through sensitization of the religious leaders. Religious leaders can actually refuse to bless a marriage involving teenagers.

“The young people are told they are too young to get married. Usually it is when they are pregnant. Even in the church they refuse to marry them because they are too young, even at home they are sometimes told if they get married they should leave the parents’ house”, (Religious leader, Catholic Church).

“In our church we refuse child marriages even if they love each other a lot, those are the laws in the Catholic Church”, (Religious leader, Catholic Church).

This religious leader also mentioned that within the Catholic Church they call upon young people of different ages and give them advice in their respective age groups in a yearly event called mbindikilo. It seemed that religious leaders did not bless marriage of underage young women and men. However, some participants including young people and parents said that it is sometimes difficult for sheikhs and pastors to say anything against child marriage or teenage pregnancy, because they also engage in sexual intercourse with young women and, in some cases, end up marrying them.

“To say the truth, we shouldn’t cover up for Islam even though we are Muslims: in Islam, even if a girl gets married very young nothing is said, even when a sheik has impregnated a girl, they do nothing, and we shouldn’t lie”, (FGD with young women aged 15-19).

⁹ Muslim wedding.

This was also mentioned in connection with pastors in the Christian churches. One thing which was brought up during an FGD with young men aged 20-24 was that in some cases, when these religious leaders impregnate a young woman, they advise her not to mention them but to mention young men of their age, and pay some money to the young women for that.

The role of chiefs

Chiefs, including group village headmen and TAs, play an important role in issues relating to child marriage and teenage pregnancy. Most study participants reported that chiefs have the responsibility of developing the by-laws at community level and ensuring that these by-laws are enforced:

“Their importance is that they can give a law in the village saying that anyone who gets married while young will be banished from this village”, (FGD with young men aged 15-19).

There are a number of challenges relating to by-laws, the enforcement is a key one. As mentioned by participants in an FGD with young men aged 15-19, the chiefs themselves may even participate in weddings involving young people. The chiefs are also playing an important role in terms of influencing that child marriage does not happen. Whenever there is a child marriage, the chief will call the parents and ask them about the marriage, and if the young woman is pregnant, the chief will advise parents that once she delivers she should go back to school. A number of informants mentioned that chiefs are the ones who intervene in cases of child marriage in the district and they tend to break such marriages.

“The leaders intervene and break the marriage”, (FDG with young women aged 20-24).

“When the girl was in school and after she got pregnant she went to get married, with the agreement of parents we go dissolve that marriage. Sometimes we also push them to go to the hospital to check for sexual transmitted diseases”, (Village headman).

In addition to these roles, some chiefs are also promoting the use of contraceptives. For example, in an FGD with parents, participants said that the chiefs work very closely with the health workers and encourage young women to take injections so that they do not get pregnant until they finish school.

F) The role of mother groups

The concept of mother groups has been introduced in Machinga District by government and NGOs. An NGO official based at Machinga Boma explained that there exist mother groups who are working with young women and their mothers on a number of issues. For example, these mother groups counsel pregnant young women and they also advise their mothers to accept the pregnancy and encourage them to send the young woman back to school after she has delivered. This NGO official said that the mother groups tend to visit young women from time to time exploring how she is being treated home. If there are any issues, these mother groups work with the local leaders to address these problems. The coming in of mother groups is an important intervention, as it provides an opportunity for young women who experience pregnancy to talk to someone instead of their real mothers who may advise them issues that may negatively impact on their lives.

“When a girl is pregnant currently we are advising them to go to the mother group members and tell them because they have now been given the powers as the second mothers in the community, because some of the girls if they go to their real mothers, there are some mothers encouraging the girls to go for an abortion and in so doing the girls lose their lives. So we encourage them to report to the mother group and then the mother group takes up the issue to the parents and discuss with them on the way forward”, (NGO official, Machinga).

The mother groups also play an important role in terms of advising young women to abstain or use family planning methods to avoid pregnancies as mentioned during an FGD with young men aged 20-24.

G) The role of health workers

There are a number of roles which health workers perform at facility as well as at community level. For example, during an FGD with young men aged 20-24, participants said that HSAs actually visit the schools and they talk to learners about how to prevent diseases as well as pregnancies, including the provision of family planning services to young people as well as adults. One of the key informants working for the Government reiterated that it is the role of the Ministry of Health to disseminate information which promoted “good adolescence” which includes issues related to prevention of teenage pregnancy.

The work done by HSAs is one of the channels being used to spread these messages. It should be mentioned that HSAs stay within the community and they are the lowest cadre employed by the Ministry of Health in Malawi. They conduct meetings at community level and, as mentioned by a religious leader, during such meetings they also talk about the negative implications of child marriage and teenage pregnancy. They also advise pregnant young women to consider going back to school after delivery during meetings at community level as well as at health facilities. In addition to the provision of health services such as family planning methods, what also came out from this study was that the health workers know the law regarding marriages which was passed recently. In an FGD with young men aged 20-24, participants mentioned that health workers also teach people when they go to the facility what the law says about marriage:

“... We should not get married before the right age that is 18 years old and also we have to take care of our homes like disposing wastes...”, (FGD with young men 20-24).

Health workers therefore provide advice on the age of marriage and that young women should not get pregnant at a very young age (they did not mention the boys a lot).

3.7 POLICY AND LEGAL ISSUES

3.7.1 KNOWLEDGE OF LEGAL MINIMUM AGE OF MARRIAGE FOR GIRLS AND BOYS

Overall 62.1% of the respondents knew that the legal age of marriage for young women is 18 years. While the legal age of marriage for young men is 18 years as well, only 10.7% of the respondents mentioned this age; most respondents mentioned that the minimum legal age of marriage for young men was 18+ (36% in Liwonde and 85% in TA Chikwewo). Most respondents were knowledgeable about the minimum legal age of marriage for young women: the proportion of respondents in Liwonde (69.7%) who knew that the minimum legal age of marriage for young women was 18 years was higher than in TA Chikwewo (63.7%). In both TAs, the proportion of young men who knew this was higher than that of young women. Table 20 shows the knowledge of minimum legal age (18 years) of marriage for girls by current level of education.

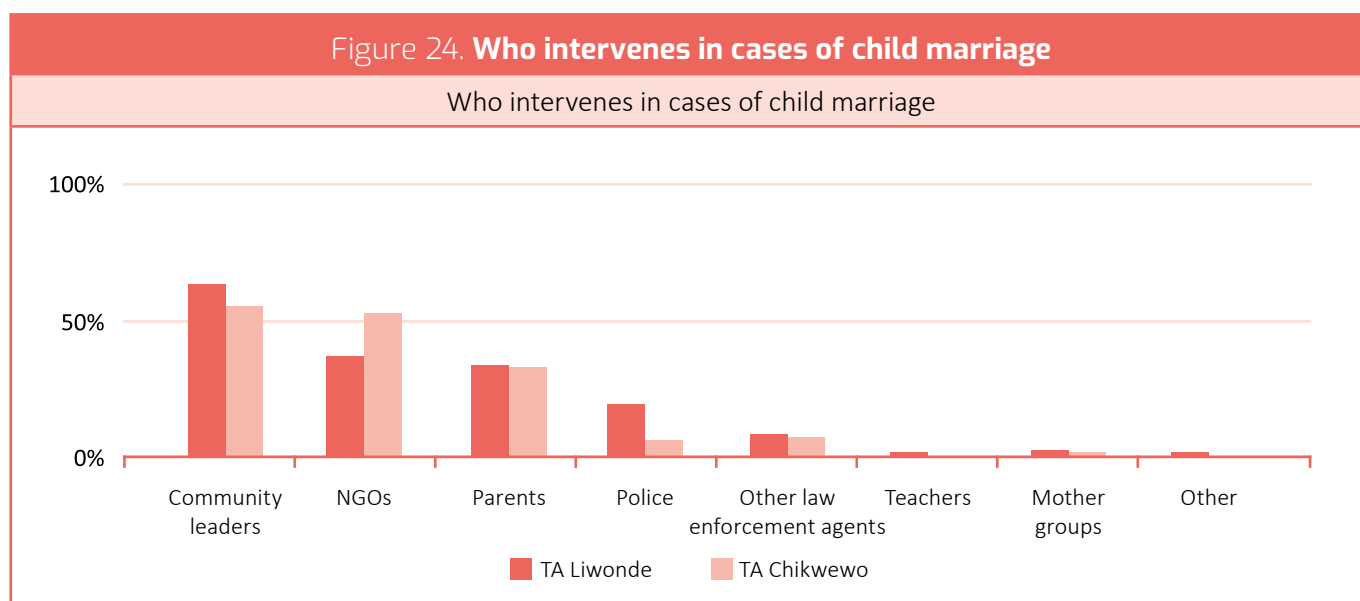
Table 20. Knowledge of minimum legal age of marriage for girls by current level of education (%)

Level of education	Knowledge of minimum legal age of marriage for young women (n=1,080)	Knowledge of minimum legal age of marriage for young men (n=1,080)
Completed	69.6	13.0
Dropped out	61.3	11.4
Primary	60.0	10.2
Secondary	80.6	10.8

Most respondents (80.6%) with secondary school level of education knew that 18 years was the minimum legal age of marriage for young women and this was followed by those who had completed their education (69.6%). Those who dropped out (61.3%) and with primary level (60%) of education had less knowledge about the legal age of marriage. With regard to the minimum legal age of marriage for young men, there were not many differences in the answers of respondents with different current levels of education.

3.7.2 INTERVENING IN CHILD MARRIAGE

Respondents were asked about who intervenes in marriages involving children who get married before the legal minimum age. Figure 24 shows that 59.6% of the respondents said that community leaders intervene.



There were more respondents in TA Liwonde (63.1%) who said that the community leaders intervene than in TA Chikwewo (55%). This was seconded by those who mentioned NGOs (43.9%). There was a higher proportion of respondents who mentioned NGOs in TA Chikwewo (52.3%) than in TA Liwonde (37.3%). A third of the respondents said that parents intervene in such cases, with no differences between the TAs. The police was reported to be more likely to intervene in TA Liwonde (19.2%) than in TA Chikwewo (5.8%). Other interveners were mentioned by less than 10% of the respondents. Table 21 shows the frequency at which the respondents thought that interventions were taking place in the case of marriage of underaged young women and men.

Table 21. Proportion of intervention in cases of children marrying before legal marriage age

Frequency at which they intervene	TA Liwonde			TA Chikwewo			Total (617)
	Females (256)	Males (86)	Total (342)	Females (198)	Males (44)	Total (242)	
All	34.9	27.2	33.5	28.1	25.6	27.5	30.9
Frequently	25.2	25.9	25.3	31.6	31.4	31.6	28.1
No share	0.6	0.0	0.5	0.0	0.0	0.0	0.3
Rarely	28.5	32.1	29.2	21.5	19.8	21.1	25.6
Sometimes	10.8	14.8	11.5	18.8	23.3	19.9	15.2

A third of the respondents said that either they intervene in all cases (30.9%) or they do so frequently (28.1%). A higher proportion of female respondents in both TAs said that the above mentioned actors intervene in all cases. There were no differences in the proportion of females and males who reported that the actors intervene frequently in such cases. However, the proportion of respondents who said that actors rarely intervene was higher among males than females in both TAs.

3.7.3 BY-LAWS

Most people who participated in this study acknowledged that there are by-laws which some communities have developed, that are being implemented relating to several issues including teenage pregnancy, child marriage and school readmission. One key informant at district level mentioned some of the geographical locations where by-laws have been introduced, and these include TA Chamba, TA Liwonde and TA Sitola. In some communities, they do not have any by-laws. At district level, an NGO worker explained that some by-laws have been developed by the chiefs, including TAs, and these are waiting for endorsement by the council.

“One of the by-laws is about the children attending school. 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).

These fines are paid by the young people’s parents because they have failed their responsibility as parents to raise the children. The fines that are paid include a goat or payment of cash, for example MK5,000. One NGO in Machinga mentioned that some chiefs have even gone to the extent that they tell such parents and their children that they have embarrassed him so much, that they should move away from his village and settle elsewhere. A religious leader added that the payment of a fine by the parents may be shelved if there is evidence they tried to advise the young women or men.

“They are asked to pay a chicken maybe. It also depends on the condition, if the parent advised the child enough that everyone could see it was the girl’s fault, they are excused. There are some parents that report the bad behaviour to the village head”, (Religious leader).

Both young women’s and young men’s parents are supposed to pay. One of the issues which was also frequently mentioned by informants was that by-laws have also been established which demand that anyone who forces a underage young person to get married should be fined, and as reported by one NGO official, the fine differs and may be as high as MK10,000. A number of examples were given of people who were arrested, paid the fines and young people going back to school.

While by-laws have been introduced in some areas of Machinga, a number of key informants as well as young people themselves mentioned that there are challenges of enforcement:

I: So how are they enforced? How do they work?

P2: Although we have these laws I don’t see them enforced. They are not in use, they don’t work.

P: They are not enforced or used. The chiefs do not have even the will to enforce them.

(FGD with young women aged 20-24).

A police official said that when cases of child marriage that are not addressed with by-laws are referred to them they are able to assist, because they use the penal code as the law deals, among other things, with issues relating to children including defilement. A few people mentioned that there is some corruption relating to by-laws, and one of the informants said that it is important that this should come to an end.

“The corruption should end first, because even when they take the issue to YONECO and they arrest the boy, his parents can still find money and dish it out there to get their son out. Some say those ones came back from YONECO and they are not afraid”, (FGD with young men aged 15-19).

3.7.4 EXISTING LAWS

At district level, a number of key informants mentioned several pieces of legislation that relate to child marriage. These pieces of legislation included the Constitution; Child Care, Justice and Protection Act; the Marriage, Divorce and Family Relations Act and the Penal Code. Some key informants mentioned that the new Marriage, Divorce and Family Relations Act prohibits any marriage for young women and men below the age of 18. One key informant, however, said that there are contradictions in the pieces of legislation which exist in Malawi: for example, the Child Care, Justice and Protection Act provides for marriages for children aged 16 years, while the age of 18 is provided for in the new Marriage, Divorce and Family Relations Act. There was a suggestion that these pieces of legislation should be harmonized. During the discussions with a police officer he stressed that in their case they use the Penal Code and one of the sections in this piece of legislation says that any man who has had sex with a girl aged 15 and below is a case of defilement. In cases of child marriage, the issue for them is not the pregnancy but having sex with an underaged person.

4. Discussion

4.1 PREGNANCY AND CHILD MARRIAGE CONTRIBUTE TO HIGH SCHOOL DROPOUT RATES

In this study, 21.8% of the female respondents in TA Liwonde reported that they dropped out of school because of pregnancy, while 9.4% did so because they got married. These figures are probably underestimated, because there was no probing when respondents were asked about the reasons for drop-out. At the national level, family responsibilities constitute a major reason for young men (14%) and young women (14.1%) to drop out of school. In 2015, 5.1% of young women and 0.9% of young men dropped out of school due to marriage. Lower percentages of males (0.2%) and females (3.2%) dropped out of school due to pregnancy (Ministry of Education, Science and Technology, 2015). The results from the survey imply that there are generally higher levels of young women who drop out of school due to child marriage and teenage pregnancy in Machinga District compared with the rest of Malawi.

A significant proportion of the parents of the respondents never went to school. Hence, it is important to continuously create awareness for parents to encourage their children to go to school. While the national literacy rate in 2011 was estimated at 65.4%, in Machinga District it was much lower (41%). In addition, 42% of the people between 25 and 49 years never went to school, with the major reasons being lack of money (23.7%) and not being allowed to attend school (47.1%) (NSO, 2012). These results demonstrate that there are challenges with regard to accessing education in Machinga District for various reasons, including teenage pregnancy, child marriage and poverty.

Studies have shown that young women aged 15-19 with no education are more likely to have begun child bearing. This implies that investing in education would help delaying childbearing. It has been shown that in Malawi, women with no education have seven children on average, while women with secondary school education have 3.8 children on average (NSO, 2011 & Population Research Bureau & GoM, 2014). Although there is a re-admission policy, Human Rights Watch says that young women do not return to school because of lack of money to pay secondary school fees, lack of child care and the need for them to perform household chores (Human Rights Watch, 2014).

4.2 POVERTY IS WIDESPREAD IN MACHINGA AND A FACTOR CONTRIBUTING TO CHILD MARRIAGE

This study has also shown that poverty in Machinga is widespread: most households in both TAs Liwonde and Chikwewo do not get more than the minimum wage of MK18,000 per month. During the FGDs and IDIs, most informants reported that they were generally poor. At national level, it is estimated that 50.7% of the population in Malawi are poor (i.e. they live below the poverty line). The proportion of the population who live below the poverty line in Machinga District is much higher at 75% (NSO, 2012). Therefore, poverty in this district is widespread and this has implications on a number of things. For example, this study found that more than 40% of the respondents dropped out of school because of lack of money. The high poverty levels in this district also contributes to high levels of child marriage and teenage pregnancy. It was often mentioned during the FGDs and IDIs that some young women in TA Liwonde get married in order to escape from the poverty prevailing in their district.

4.3 CHILD MARRIAGE AND TEENAGE PREGNANCY ARE QUITE COMMON IN TAS LIWONDE AND CHIKWEWO

The 2010 MDHS found that 25.6% of young women aged 15-19 had begun child bearing. The proportion of young women in that same age group who reported that they had begun child bearing in the YID survey was less at 18.9% while among males it was 2.5%. The lower percentage could be explained by the fact that the YID survey was conducted six years later than the DHS, and during this time span, various efforts have resulted in less teenage pregnancies. Both studies have shown that the proportion of females who report that they have started child bearing increases with age as shown in Table 22.

Table 22. Proportion of females who had begun childbearing in 2010 DHS and YID 2016

Age	Percentage of females who had begun childbearing	
	2010 MDHS	2016 YID
15	3.5	3.9
16	12.6	4.9
17	21.7	12.6
18	43.4	32.2
19	63.5	46.3
Total	25.6	18.9

The 2010 MDHS found that 1.9% of the males aged 15-19 were married while the proportion of females of this age group who were married was much higher at 19.5%. The proportion of females aged 15-19 who were married during the MDHS was slightly higher than in the YID survey. The findings indicate that in the majority of the cases, marriages occurred after or in the same year as the pregnancy. This points towards a situation in which often, pregnancy is preceding marriage, especially for young women. However, there are also situations where marriage precedes pregnancy. Child marriage leads to early child bearing, exacerbates poverty and limits young women's ability to negotiate safer sex (Population Research Bureau and GoM, 2014).

4.4 SOME YOUNG WOMEN AGED 15-24 ARE FORCED INTO MARRIAGE

This study found that 73.5% of the respondents reported that they made their own decisions to get married; with more males (79.7%) than females (72.8%) reporting this. This means that more females did not make their own decisions to get married than males. One of the major reasons why young women get married below the age of 18 is that once they get pregnant they are forced to get into marriage, even if they do not want to. This force can be experienced directly from the family, but it can also be felt as a given: the society at large has the norm that pregnancy should be within marriage.

There are other factors which force young women to get married as well, mainly to economically benefit from marriage or to escape from poverty. Some parents get relieved once young women are married off. Other studies have also shown that young women are forced to get married. For example, a study by the Human Rights Watch (2014) found that young women were pressured to marry by family members even at tender ages of 9 or 10 years: they are forced in order for their families to get some form of payment, because they were pregnant or they themselves saw marriage as a route to escape poverty. The payment that young women's families receive in the form of a bride price/ dowry is still there, also in Machinga. However, from our data, it seems to not play the biggest role in decisions around marriage. The longer-term prospect of having a daughter being taken care of by another family seemed to be more important. Teenage pregnancy is a key driver of child marriage, and young women lack the power to negotiate safer sex (Human Rights Watch, 2014). In Machinga, this can be result of initiation ceremonies, in which young women are taught how to have sex with men, and are stimulated to please men as they have become adults.

4.5 CONSEQUENCES OF CHILD MARRIAGE ARE PROFOUND

This study has shown that study participants were aware that child marriage has an impact on young people's education and economic status. Once they got married they dropped out of school and most of them did not get back to school. While young women expect that by marrying early their poverty situation will be addressed, the reality is that it actually worsens it. This is why most participants in this study mentioned that there are no advantages of getting married under the age of 18. Child marriage puts young women at risk of early child bearing and its consequences, prevents them from completing school and limits their economic opportunities (Population Research Bureau and GoM, 2014). It is important to note that while the knowledge of negative consequences of child marriage an early child bearing is there, the phenomena are quite prevalent in Machinga.

4.6 THERE ARE SOME ORGANIZATIONS ADDRESSING CHILD MARRIAGE

In this study a number of informants said that there are organizations in Machinga addressing the issue of child marriage. For example, YONECO was mentioned in a number of FGDs and IDIs. This organization works with village heads and the police to intervene in situations where young women get married under the age of 18, and a number of cases were cited in which men have been arrested and sent to jail for impregnating underage young women. In some communities, by-laws have been introduced which forbid child marriage but implementation is a challenge. In most cases it is the village headmen, NGOs and parents who intervene in such cases. Only one third of the respondents reported that all cases are intervened in. As many marriages result from teenage pregnancy, addressing youth SRH, including access and use of contraception, is important.

4.7 INADEQUATE KNOWLEDGE ABOUT THE LEGAL AGE OF MARRIAGE FOR YOUNG WOMEN

The minimum age of marriage is 18 years for both male and females. About 62% of the respondents knew that the legal age of marriage for young women is 18 years, while only 10.7% of the respondents reported 18 as the minimum age for males to marry. In addition, a good proportion said that marriage below this age is not uncommon in their areas. The MDHS shows that about half of women (aged 20-49) get married by the age of 18 years, while the YID found that 20.3% of the young women aged 18-24 were married before the age of 18.

Other studies have also found that many young women have begun child bearing and marriage by the age of 18 years (Population Research Bureau and Government of Malawi, 2014; NSO, 2011). This implies that while young people may have an idea of what the law says about the age of marriage, the reality is different for them.

4.8 USE OF CONTRACEPTIVES AMONG MARRIED PERSONS IS LOW

Just over 20% of the respondents, 25% among females and 20% among males, reported they were not using any contraceptives at the time of marriage although most respondents were aware of the contraceptive methods available in their community. A good proportion of respondents felt it was inappropriate for young women to propose condom use, while most of them felt it was okay for young men to propose condom use. About 40% of the married respondents had ever used family planning methods.

This study has the limitation that contraceptive use was only asked for among married respondents. Other studies have found that contraceptive use among young people aged 15-19 is quite low: 25% among married young women, 30% among single young women and 40% among all young men (Population Research Bureau and GoM, 2014; NSO, 2011). It seems that young people experience obstacles in accessing contraceptives and health services in general, increasing the risk of unintended pregnancies (Population Research Bureau and GoM, 2014). It is important to provide family planning services to young people, as it reduces the risk of diseases and unintended pregnancies and, in turn, child marriage. Sex is a reality among young people: 22% of the males and females aged 15-24 have ever had sex (NSO, 2011).

4.9 VIOLENCE AGAINST WOMEN AND GIRLS IS A REALITY

While lower levels of violence were found in the YID study, other studies have found higher levels of violence. Twenty-one percent of the women aged 15-19 have ever experienced physical violence since the age of 15, while 18% of the women in this age group have ever experienced sexual violence (Population Research Bureau and GoM, 2014). The 2010 MDHS found that of all the young women aged 15-49, about 41% had experienced physical or sexual abuse. Human Rights Watch says that child marriage exposes young women to gender based violence, including domestic and sexual violence (Human Rights Watch, 2014). These figures confirm that young people have little means of choosing what they want and voicing their rights when it comes to SRH.

5. Conclusion and recommendations

5.1 CONCLUSION

This study has demonstrated that child marriage and teenage pregnancy are major sexual and reproductive health problems among young people and that teenage pregnancies lead to marriage in most of the cases. In Machinga, the high prevalence of poverty and the prevailing culture especially the conduct of initiation ceremonies which encourage early sexual debut are the main drivers of teenage pregnancy and, hence, child marriage. While young people might be aware of the legal age for marriage and in some communities by-laws have been established, this study has shown that young people still marry below the age of 18 and that the by-laws are not strictly implemented by community leaders. It seems that while community members, including young people, are aware about the school re-admission policy, most young women do not go back to school after delivering due to poverty and fear of stigma at school. Therefore, these issues need to be addressed.

5.2 RECOMMENDATIONS

Based on the findings of this study the following recommendations are made:

- While the Government of Malawi has enacted the Marriage, Divorce and Family Relations Bill, there is a need to advocate for the review of the other pieces of legislation so that they are in line with the Marriage, Divorce and Family Relations Act.
- There is a need to work with the communities, traditional and religious leaders and other interest groups to develop and implement by-laws that encourage young women and men to go to school and discourage teenage pregnancy and child marriage.
- While by-laws exist, they are not enforced. It will therefore be important for YES I DO partners to work with community leaders and young people themselves to ensure that by-laws are implemented.
- Work with the district assembly, NGOs as well as community leaders including young people and develop a comprehensive five year work plan to combat child marriage and teenage pregnancy in TA Liwonde. Work with the DSWO and conduct a training for police and other law enforcers on their role in the fight against child marriage.
- In conjunction with other stakeholders, including the DSWO, conduct comprehensive awareness campaigns in TA Liwonde on the disadvantages of child marriage and teenage pregnancy, including the existing legislations which deal with these issues among community members.
- Work with the District Education Manager, teachers and community leaders to create awareness among community members on the school re-admission policy and the advantages of educating girls and young women.
- Teachers and health workers were mentioned as preferred sources of information; hence, it is important that the programme works with them to reduce the prevalence of teenage pregnancy and child marriage.
- Collect routine data from schools in TA Liwonde on the numbers of young women who drop out of school due to pregnancy or child marriage and monitor this throughout the project period, as this will help in determining the impact of the interventions.
- Work with the District Health Office and health facilities in TA Liwonde and disseminate information on SRH and ensure that the youth have access to youth friendly health services, including contraceptives.
- There are young people, especially young women, who are forced to marry. Their families make decision for them to get married. NGOs should work with traditional authorities and young people themselves to ensure that young people, especially women, make their own decisions about marriage and child bearing and they have access to education, which will help them to get better jobs and lead an independent life.
- Promote the delivery of youth friendly health services, as evidence shows that this can promote the use of contraceptives among young people. This would delay the onset of child bearing among young people, especially young women, prevent HIV infection and it would ensure that they stay in school and do not have to choose for child marriage.

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