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EXEMPLARS IN GLOBAL HEALTH

Policy Brief

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Addressing the Mutual Relationship between Adolescent Pregnancies and Girls' Education in Malawi

- Despite having one of the highest adolescent fertility rates in the world, Malawi reduced the rate from 172 births per every 1000 girls aged between 15 -19 in 2000 to 136 in 2016.
- Education has had a significant impact on adolescent pregnancy rates. Attainment of primary education reduced the risk of pre-marital adolescent pregnancy by 50% and 60% for adolescents who attained secondary or higher education.
- Pregnancy and poverty are major drivers of school dropout among girls, perpetuating a cycle of poverty by limiting future opportunities.
- A multisectoral approach is crucial to enhancing school retention rates and reducing adolescent pregnancies – adolescent girls need knowledge and skills to prevent unintended pregnancies while receiving other support to stay in school.

Photo credit: UNICEF/Eldson Chagara

INTRODUCTION

Adolescent fertility, measured by the number of births per 1,000 women aged 15 to 19 years, remains a prevalent issue in Low- and Middle-Income Countries (LMICs). High rates of adolescent fertility significantly hinder development in these regions, contributing to elevated school dropout rates, increased instances of child marriage, low productivity, poor labour market outcomes for young women, and the perpetuation of intergenerational poverty. Adolescent pregnancy brings serious negative health, economic, and social consequences to both the mother and the foetus. Malawi has one of the highest adolescent fertility rates in the world, which, during the most recent nationally representative Demographic and Health Survey (DHS) in 2016, stood at 136 live births per 1,000 women aged 15 to 19 years which is significantly higher than the global rate of 44 and the Sub-Saharan Africa rate of 102. Childbearing in Malawi starts at a relatively young age, with about 5% of adolescents aged 15 having begun childbearing, 22% having had a live birth, and 7% pregnant with their first child. By age 19, almost 3 out of every 5 adolescent girls have begun childbearing (59%). Despite all this, Malawi has achieved a substantial decline in adolescent fertility, dropping from 172 live births per 1,000 adolescents in 2000 to 136 live births per 1,000 adolescents in 2016 (see Figure 1).

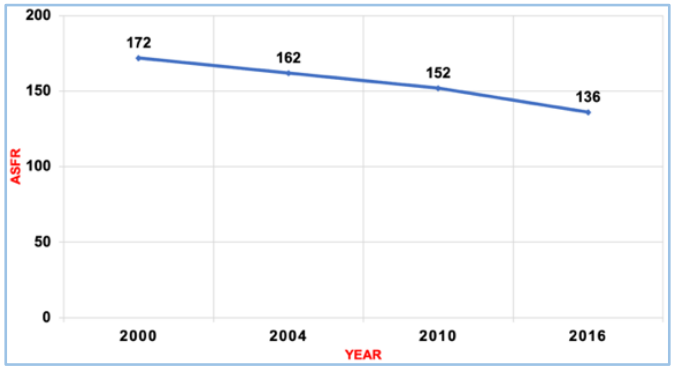

Figure 1: Age Specific Fertility Rates for Adolescents Aged 15 - 19

Over the years, the decline in adolescent fertility rates in Malawi has varied across different socioeconomic backgrounds, with education playing a crucial role in these variations - yet many girls in Malawi face significant barriers to accessing and completing their education. Data shows that adolescents with primary and secondary education have significantly lower pregnancy rates compared to those with minimal or no education (see Figure 2). In analyses conducted by the Exemplars in Adolescent Sexual and Reproductive Health and Rights (ASHER) study, adolescents with primary education had a 50 per cent reduction in the risk of pre-marital pregnancy, while those with secondary education had a

a 60 per cent reduction, compared to adolescents with no education. Additionally, there was a 60 per cent and 90 per cent reduction in the risk of marital pregnancy among adolescents with primary and secondary education, respectively, compared to those with no education.

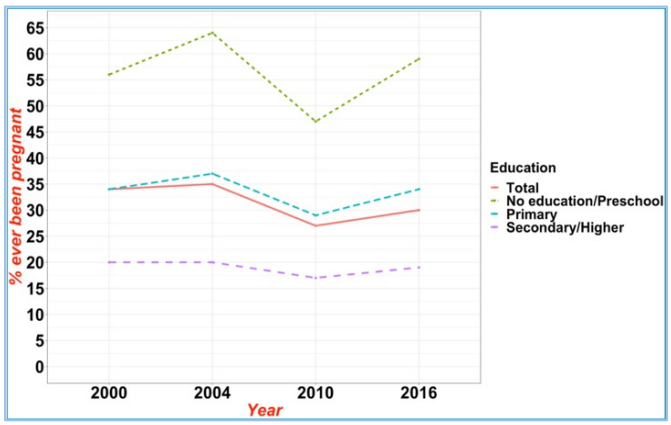

Figure 2: Pregnancies among adolescents aged 15-19 by their level of education

Although primary education is necessary, it is secondary or higher education that has substantial effects on adolescent pregnancies, highlighting the greater gain that can be realized when girls complete primary education and proceed to secondary education and beyond. Given the provision of sexuality education within the education system, the knowledge gained has the potential to reduce reliance on social norms and cultural beliefs that endorse large families, further contributing to high adolescent fertility rates. Adolescents who attain primary or secondary education are more likely to use modern contraceptives compared to those with no education.

In addition to education, there are also variations in adolescent pregnancies by place of residence (rural vs urban), household wealth, and region of residence. In 2016, about 31% of adolescents aged 15 to 19 years residing in rural areas had begun childbearing, as compared to 21% among urban adolescents. As can be seen in Figure 3, the adolescent pregnancy rate among rural adolescents has remained higher and fluctuating, while among urban adolescents, the rate has been lower and on a consistent declining trend.

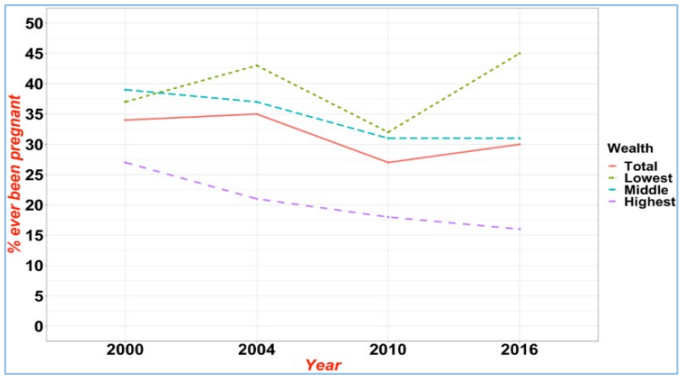

Figure 3: Adolescents 15 - 19 years who had a pregnancy in the last 5 years by residence

The percentage of adolescents who have begun childbearing stands at 44% in the lowest wealth category compared to 15% in the highest category. The disparities in adolescent pregnancies have remained wide between adolescents in the lowest wealth category compared to those in the highest category (see Figure 4). Also, while adolescents from the highest and middle wealth categories have experienced a consistent decline in pregnancies, the pregnancy rate among those in the lowest category has fluctuated.

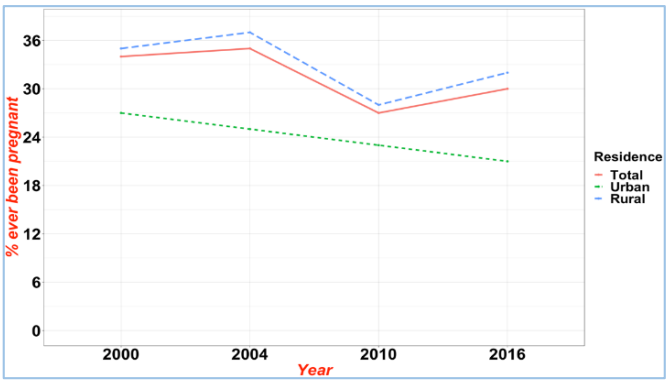

Figure 4: Adolescents 15 - 19 years who ever had a pregnancy by wealth category

Regional disparities in the percentage of adolescents who have begun childbearing and adolescent pregnancy rates (including pregnancy losses and abortions) are not pronounced. However, district-level variations are significant. As depicted in Figure 5, Mangochi and Machinga districts have concerning rates of adolescent pregnancies (about 37%) compared to Dowa, Likoma, and Blantyre districts, which have less than a quarter of adolescents who have ever had a pregnancy.

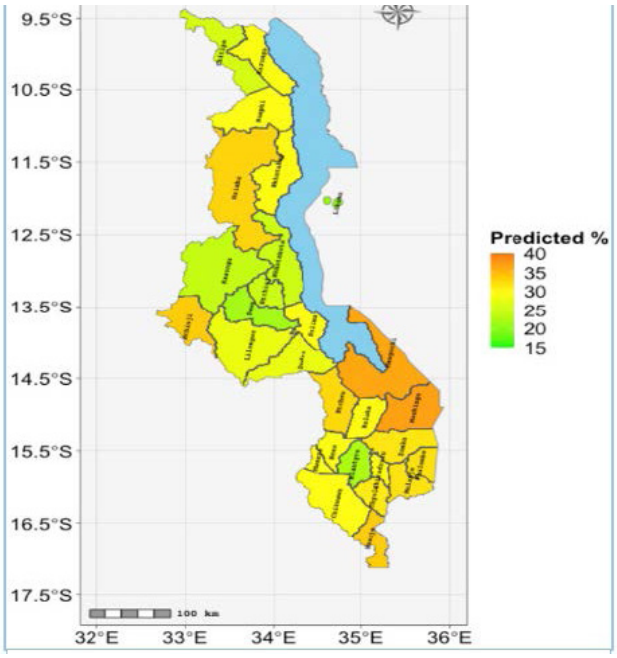

Figure 5: Map of Malawi showing predicted percentage of adolescents (ages 15-19) who ever had a pregnancy, by district

Factors Hampering Further Reduction in Adolescent Pregnancies and the Retention of Girls in School

Child Marriage

Despite the reduction in the percentage of young women (ages 20-24) who had their first marriage by age 18, from 47% in 2000 to 29% in 2020 , Malawi's child marriage rate was fourth-highest in East and Southern Africa. Within the country, there are significant disparities in child marriage rates, with higher rates observed in rural areas compared to urban, though there are considerable variations even within rural regions. The poorest, least educated living in the rural, and remote areas of southern Malawi have the highest child marriage rates. For instance, Phalombe District has the highest child marriage rate at 68%, while Dowa District has the lowest at 38% among rural districts. Rural girls, most of whom are poor, are 1.6 times more likely to marry early than their urban counterparts.

Child marriage is more common among girls and families with lower levels of education. The prevalence of child marriage among girls with secondary education is 19%, three times lower than the 59% rate among those with only primary education. It is estimated that 52% of women who married before the age of 18 had no or only pre-primary education, while a similar percentage had only primary education. These girls typically marry 7.2 years earlier than those with more than a secondary education, compared to just 5% who attained higher education. Low transition rates from primary to secondary school significantly contribute to the high rates of child marriage. Only 38% of children transition from primary to secondary school (41% for boys and 36% for girls), and of those, only 8% continue to tertiary education. Each additional year of secondary education a girl completes reduces her likelihood of marrying as a child by 3.7 percentage points. Furthermore, the proportion of parents, both male and female, who engage in customary marriages involving children decreases as their level of education increases.

Gender Inequality

Persistent gender inequality in Malawi further risks girls, usually forcing them into early marriages. Girls often have less access to education compared to boys, and their educational attainment is frequently undervalued. In many communities, boys are often given preference for educational opportunities, while girls are expected to take on household responsibilities or marry early. This disparity is evident in completion rates for secondary school, which stand at 24% for boys and 21% for girls. Additionally, gender norms and taboos around discussing sexual and reproductive health limit girls' access to essential information and services, leaving them vulnerable to unintended pregnancies due to a lack of knowledge about contraception and the inability to negotiate safe sex because of power imbalances

Poverty and Economic Challenge

Poverty and economic challenges significantly contribute to the high adolescent fertility rates in Malawi. Economic hardship often compels families to prioritize short-term financial stability over long-term educational and health investments. In such circumstances, marriage and childbearing may be seen as a means of financial security or a way to reduce the number of dependents. In low-income communities, the opportunity costs of education are high, leading to situations where girls may be encouraged or forced to leave school early to contribute to household income or enter early marriages, which frequently result in adolescent pregnancies. Poverty is a key driver of school dropout at primary school and also leads to massive dropout at the secondary school level due to the inability to pay school fees.

Moreover, adolescents from poor households are constrained to obtain the necessary information and services to prevent early pregnancies when public health systems fail to provide the services .

Inconducive school and health care environment

Many schools in Malawi, particularly in rural areas, lack the necessary infrastructure to support a conducive learning environment. Poorly equipped and unsafe school environments significantly deter girls from continuing their education, which in turn increases their vulnerability to early pregnancies. When schools lack essential facilities such as clean and private sanitation, girls may face challenges related to menstrual hygiene, which can lead to higher absenteeism or even dropout further reducing girls' attendance and participation. Unsafe school environments, including the presence of harassment or violence, lack of effective reporting mechanisms, and support systems also discourage girls from attending school regularly and can lead to emotional distress, making them more susceptible to early pregnancies as they might seek stability or escape through early marriage.

Additionally, inadequate healthcare facilities and resources often prevent young people from accessing essential sexual and reproductive health services and education. Many regions face shortages of youth-friendly health services, making it difficult for adolescents to obtain confidential and effective contraception and health inf information . This aggravates unintended pregnancies as girls are unable to protect themselves.

Required actions to accelerate the reduction of adolescent pregnancies and the retention of girls in school

Enforcement of child protection and gender-based violence laws: Malawi has enacted several laws and policies to align with regional and international protocols designed to protect adolescents' rights. For instance, the Marriage, Divorce, and Family Relations Act of 2015 sets the minimum marriage age at 18 years to safeguard adolescents from early and forced marriages. Additionally, the constitution was amended in 2017 to outlaw marriages by parental consent from age 15. Moreover, the Marriage Act stipulates punitive measures for crimes such as child trafficking, and exposing children to harmful cultural practices, forced marriage, or betrothal . However, the enforcement of these laws at the community level is minimal. Most communities remain unaware of the laws and are less empowered to demand their enforcement.

Implementation of policies and interventions to end child marriages and promote gender equality: The government and stakeholders should strengthen their efforts to prevent child marriage and support affected girls by implementing interventions that focus on raising awareness about the detrimental impact of child marriage. Community-based programs should be introduced to demonstrate the benefits of keeping girls in school and the risks associated with early marriage. The engagement of local leaders and community influencers to advocate for delaying marriage and investing in girls' education should be promoted.

Policies that advocate for gender equality in educational and societal settings by ensuring that girls have equal opportunities for education and personal development need to be promoted. This requires challenging societal norms that prioritize early marriage and childbearing for girls over their educational and career aspirations. Interventions should engage communities in discussions about gender norms and actively support girls' education, helping to shift attitudes and reduce the pressure on girls to marry early. Additionally, gender equality should be integrated into the education curriculums, ensuring that all students are equipped with the knowledge and skills to challenge discriminatory practices and support equitable development for girls and boys.

Economic empowerment: Given the significance of household and individual economic empowerment in addressing adolescent pregnancies and school dropout, the government and stakeholders need to upscale related interventions. The Social Cash Transfer (SCT) program is one of the interventions that has proved to significantly improve school participation, particularly for girls from poorer households and rural areas. Interventions that aim to

improve access to education should integrate economic empowerment and strengthen social protection systems.

Improving school environment and upscaling education support to vulnerable groups: The government should invest in improved school facilities to create safe and conducive learning environments, including building adequate sanitation facilities to address menstrual hygiene needs. Community engagements through mother groups and other platforms need to be strengthened to facilitate the reintegration of girls who dropped out, back into the education system.

Targeted interventions such as scholarships and financial incentives should also be implemented to reduce dropout rates. Additionally, the government should support the transition of girls from primary to secondary and tertiary education through mentorship programs, career guidance, and bridging scholarships, ensuring a smooth progression through the educational system.

Improving access to sexual and reproductive health information and services: The implementation of the 2022-2030 Youth Friendly Health Services (YFHS) strategy is key to ensuring that healthcare is responsive to the needs of adolescents. While scaling up YFHS to all health facilities, supportive supervision of the sites needs to be strengthened to ensure adherence to quality standards. Additionally, the government should enhance synergies between the health and education sectors by integrating interventions to address both the educational and reproductive health needs of learners. Schools should be made accessible to health service providers to offer health education including SRH and provide services at both primary and secondary levels as needed.

About the Study

The Adolescent Sexual and Reproductive Health and Rights Exemplars (ASHER) project was implemented by the African Institute for Development Policy (AFIDEP) along with researchers from the University of Southampton (UK) and the University of Portsmouth (UK) in collaboration with the Exemplars in Global Health (EGH) program at Gates Ventures (GV). The project identified positive outlier countries in Adolescent Sexual and Reproductive Health and Rights (ASRHR) among low and middle-income countries (LMICs). Malawi was selected as a positive outlier country, along with Ghana, Rwanda, Cameroon, Nepal, and India. Furthermore, the project examined drivers of success in reducing adolescent fertility and preventing as well as managing unintended pregnancies. The project also identified lessons and best practices that can be applied across geographies to improve SRHR outcomes for adolescents.

This policy brief was written by Amos Nsabwe, Ruckia Ibrahim & Henderson Mitoni of the African Institute for Development Policy. It was edited by Naa Dodua Dodoo. The authors gratefully acknowledge the ASHER Study Team Members. The findings and conclusions contained within do not necessarily reflect the positions or policies of the donors.

References:

- *Abdoulayi, S., Angeles, G., Barrington, C., Brugh, K., Handa, S., Kilburn, K., Molotsky, A., Otchere, F., Zietz, S., Tsoka, M., Mvula, P., de Hoop, J., Palermo, T., & Peterman, A. (2017). Evaluating the effectiveness of an unconditional social cash transfer programme for the ultra poor in Malawi. International Initiative for Impact Evaluation (3ie). https://www.3ieimpact.org/sites/default/files/2018-08/Grantee%20Final%20Report%20TW1.1015.pdf*
- *Dickson, K and Bangpan, M (2012) Providing access to economic assets for girls and young women in low-and-lower middle income countries*
- *Glassman, Amanda L., Rachel Silverman, and Katherine McQueston. "Adolescent fertility in low-and middle-income countries: effects and solutions." Center for Global Development Working Paper 295 (2012*
- *Government of Malawi, (1998), National Constitution of Malawi (as amended up to Act 38 of 1998), Lilongwe, Government of Malawi*
- *Government of Malawi & UNICEF, (2019). "Budget Scoping on Programmes and Interventions to End Child Marriage in Malawi"*
- Ministry of Education, Science and Technology [Malawi]. (2018). Education Management Information System (EMIS) Report. Lilongwe: Government of Malawi.
- Ministry of Education. (2023). Malawi Education Statistics Report. Lilongwe. Government of Malawi.
- National Statistical Office (NSO) [Malawi] and ICF. (2017). Malawi Demographic and Health Survey 2015-16. NSO and ICF.
- National Statistical Office. 2021. Malawi Multiple Indicator Cluster Survey 2019-20, Survey Findings Report. Zomba, Malawi: National Statistical Office.
- NYONI, Smartson P., and Thabani NYONI. "Adolescent Fertility Forecasting for Malawi Using Holt's Double Exponential Smoothing Technique." International Research Journal of Innovations in Engineering and Technology 7.2 (2023): 189.
- Plan International. (2022). Girls' Education and Gender Equality.
- Plan International. (2022). Adolescent Girls and the COVID-19 Pandemic: The Impact on Education, Protection, and Well-being. London: Plan International.
- United Nations Population Fund (2017). State of World Population 2017: Worlds Apart—Reproductive Health and Rights in an Age of Inequality
- United Nations Population Fund (UNFPA). (2020). State of the World's Population 2020: Against My Will: Defying the Practices that Harm Women and Girls and Undermine Equality. New York, NY: UNFPA
- United Nations Children's Fund (UNICEF). (2021). Education in a Post-Pandemic World: Nine Ways to Put Education First. New York, NY: UNICEF.
- University of Zurich, Ministry of Gender, Children, Disability and Social Welfare, & National Statistical Office of Malawi. (2018). Child Marriage in Malawi.
- Wodon, Q., Montenegro, C., Nguyen, H., & Onagoruwa, A. (2018). Missed Opportunities: The High Cost of Not Educating Girls. World Bank Group. https://www.worldbank.org/en/topic/education/publication/missed-opportunities-the-high-cost-of-not-educating-girls
- World Bank. (2018). "The Economic Impact of Child Marriage: Global Synthesis Report. Washington, DC: World Bank.
- World Bank. (2020). Poverty and Shared Prosperity 2020: Reversals of Fortune. Washington, DC: World Bank.
- WHO. Global Health Observatory (GHO) data repository. Adolescent birth rate. Data by country (http://apps.who.int/gho/data/view.main.GSWCAH31v).
- World Health Organization (WHO). (2021). Adolescent Sexual and Reproductive Health and Rights: Guidance for Policies and Programmes. Geneva: WHO.