STUDY BRIEF MARCH, 2022

Understanding the Experiences of Pregnant and Parenting Adolescents in Blantyre, Southern Malawi

BACKGROUND

Close to one in three adolescent girls in Malawi begin childbearing before their 19th birthday. Early childbearing has significant negative implications for girls' health and wellness. It starts a cycle of social exclusion that often begins with their expulsion or voluntary withdrawal from school with dire socio-economic consequences. Children born to adolescent girls are also vulnerable and excluded from full societal benefits because of their parents' poor socioeconomic status.

The Centre for Social Research (CSR), University of Malawi, and the African Population and Health Research Center (APHRC) implemented a mixed methods study in Blantyre District in southern Malawi to understand how early and unintended pregnancy culminates in the social exclusion of adolescent mothers. We also explored what interventions could ensure their education and economic empowerment.

OBJECTIVES

The overall objective of this study was to generate evidence to support advocacy and policies for pregnant and parenting adolescents (PPAs).

The specific objectives of the study were to:

1. document the lived experiences of PPAs, including the health, social, and economic challenges they face;
2. examine how social exclusion from sexual and reproductive and health rights(SRHR) information and services increases adolescent vulnerability to unintended pregnancies;
3. determine the barriers and facilitators to school re-entry for PPAs; and
4. identify promising ways of supporting PPAs to access education, livelihood opportunities, and other services.

METHODS

We conducted a concurrent, equal status mixed-methods cross-sectional study comprising a quantitative survey (n = 669 PPA girls) and qualitative interviews (n = 57 multiple category participants) in urban and rural Blantyre. Survey participants were selected using two-stage cluster sampling after we conducted a household listing. Overall, we conducted 44 in-depth interviews: 18 among PPA girls, 10 among parenting boys and 16 among parents/guardians. In addition, we conducted 13 key informant interviews, four with teachers, three with policymakers, and six with community leaders and non-governmental organization (NGO) representatives. We also held two validation/dissemination workshops—one among PPA girls in Blantyre and the other in Lilongwe—among key stakeholders, including two representatives of the PPA girls. During both meetings, key findings of the study were presented, and stakeholders not only shared their experiences but also made recommendations on ways to address challenges facing PPAs.

FINDINGS

Background characteristics of pregnant and parenting adolescent girls

Majority of girls were from urban areas (62%). About three out of every ten girls had ever worked for pay. More than half of the girls were either married (46%) or separated (12%). Table 1 summarizes the sociodemographic characteristics of the PPA girls who participated in the quantitative survey

Table 1: Sociodemographic characteristics of pregnant and parenting adolescent girls (N=669)

Variables	Weight sample	
	Frequency	Percent
Residence		
Rural	275	38.2
Urban	394	61.8
Age		
13-16	87	13.3
17	133	19.9
18	199	29.8
19	249	37.1
Highest level of education		
Primary	440	(65.8)
Secondary	229	(34.2)
Religion Affiliation		
Catholic	121	18.2
Protestant	485	72.3
Islam	56	8.4
Traditional	7	1.1
Ever worked for pay		
Yes	191	28.7
No	478	71.3
Orphan hood status		
Double orphan	39	5.8
Single orphan	181	27.1
Non-orphan	449	67.1
Living with both parents		
Not living with both parents	220	32.9
Living with one parent or both parents	449	67.1
Marital status		
Married	307	45.8
Separated	79	11.8
Single	283	42.3
Parental support		
Good	425	63.3
Fair	136	20.5
Poor	33	4.9
No support	75	11.2
Friends support		
Good	155	22.9
Fair	137	21.0
Poor	83	12.4
No support	294	43.7
Partner support		
Good	415	61.9
Fair	108	16.4
Poor	48	7.2
No support	98	14.5
Belong to social groups		
Yes	265	39.7
No	404	60.3

Health status of PPAS and their access to health services

Two in five (42%) PPA girls described their past month's health status as fair, bad, or very bad (Figure 1). Despite their poor health status, many reported challenges to seeking care. These challenges included concerns around drug availability (60.6%), distance to health facilities (51.5%), cost of care (51.1%), and transport (50.0%). Most PPAs (94.5%) attended antenatal care (ANC) services during pregnancy. However, qualitative interviews revealed that many did not commence ANC in the first trimester per the recommendations by the Ministry of Health (MoH).

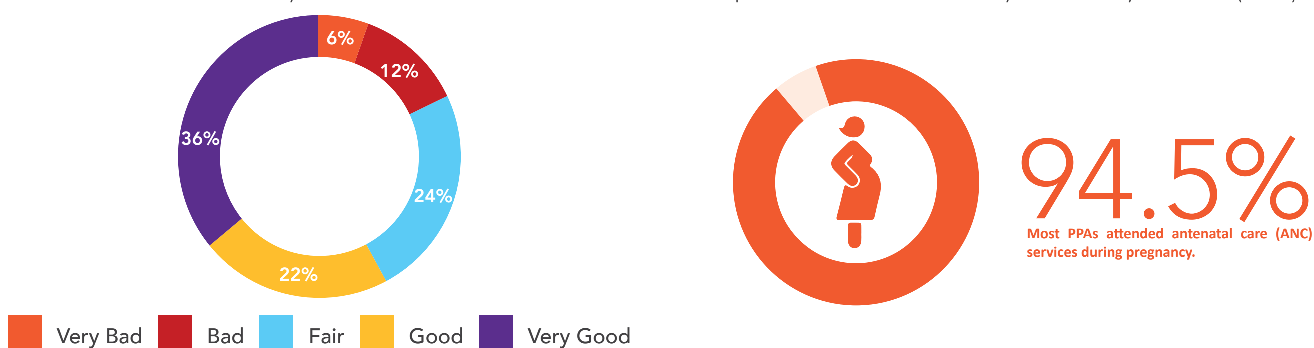

Figure 1: Health status of PPAs in the past month

The effects of the COVID-19 pandemic

Almost all PPAs (99.5%) were aware of COVID-19. However, only 13.7% knew someone who had COVID-19. A substantial proportion of PPAs had difficulties making money (50.7%), meeting their needs (43%), and finding jobs (33.5%). In addition, one in five PPAs reported having trouble taking care of their children (22%), studying (14.2%), gaining school admission (7.6%), and keeping a job (9.9%). Most PPAs did not encounter any challenges accessing SRHR services during the pandemic. However, overall, 8.2% had problems accessing ANC, contraceptives (8.2%), menstrual hygiene products (3.9%) and maternity care (3.6%) during the pandemic (Table 2).

Variable	Freq.	%
	N=669	
Antenatal care	56	8.4
Contraceptive services	55	8.2
Well baby	52	7.8
Menstrual hygiene products (e.g. pads)	26	3.9
Maternity care	24	3.6
HIV testing	18	2.7
Other*	13	1.9
STI testing	11	1.6
Post-abortion care	2	0.3

Table 2: SRHR challenges during COVID–19 pandemic

Mental health status and exposure to violence

Most PPAs (61.2%) showed no depressive symptoms, while a quarter (24.3%) had mild depressionsymptoms. Very few had severe depression symptoms (1.3%) and moderately severe depression symptoms (2.4%). Using a score of 10 as a threshold, the prevalence of depression was 14.5% (CI 12.1%–17.5%). Moderate to severe depressive symptom prevalence was higher among PPAs exposed to intimate partner violence (IPV) (23.8%) than those who had not experienced IPV (8.4%).

Livelihoods

Most girls were unemployed and had difficulty paying for their daily needs including personal hygiene products, food, and baby supplies. A married, 18-year-old girl explained how she relied on her partner for money and material supplies, particularly soap, to wash her baby's clothes. She stated:

> *"... if things don't go well, he comes home without soap, so I end up washing the baby's nappies without soap (18-year-old PPA, EA 29, TA Lundu, Blantyre).*

Several PPAs experienced food insecurity during and after pregnancy. Some PPAs believed the main reason they fell sick during pregnancy was hunger

Only about a third of the PPAs (28.6%) reported having ever engaged in paid work. Of those who ever worked for pay, a higher proportion was in the urban (31.2%) than rural (24.7%) settings.

Two main sources of livelihood were reported as informal work (popularly known as ganyu in the local language) and running small-scale businesses. PPAs perform menial jobs, including shelling maize, harvesting, and working in other people's businesses, including barbershops. In addition, their guardians worked as water carriers, house cleaners, charcoal sellers, and quarry stones and sand sellers.

One guardian in Lundu, Blantyre, had the following to say, "There are a lot of economic challenges because in my village, for one to earn money, you venture into the business of selling charcoal. That's when one can find some money to support a family or else farming, but due to poor rainfall, it has been hard to find money through farming. So it's tough to earn money"

Childcare

Most parenting adolescents reported they were taking care of their children alone. Those who received childcare support primarily received it from their mothers or grandmothers. As illustrated in the quote below, parenting adolescents and other interview participants acknowledged that parenting adolescents face significant challenges to providing childcare. Informants also highlighted the lack of childcare as an important barrier to school re-entry.

> *"I am not happy about it because I don't have a job, I don't have any business, and so it is very hard to take care of a child on my own. Like how will I support her? And what about when she starts to eat? Where will I get the food?"(18-year-old adolescent girl, TA Kuntaja, Blantyre)*

Schooling

Nearly half (48%) of PPA girls had dropped out of school because they got pregnant, and almost all (94%) were not in school at the time of the survey. However, three out of every four out-of-school PPA girls (75.1%) reported that they would like to go back to school.

Figure 2 summarizes the key barriers to school enrollment for PPA girls.

Figure 2:*Key barriers to school enrollment for pregnant and parenting adolescent girls*

Conclusion

Unintended pregnancy has several negative implications for girls, including exposure to stigma and discrimination, dropping out of school, as well as and poor mental and physical health and wellness. Yet, PPA girls receive little support to address these challenges. Despite their willingness to return, most of them were out of school because they lacked support in the form of childcare, school fees, money and uniforms, and materials. Without gender-responsive programming to address the challenges of PPAs, including supporting their school re-entry or empowering them to acquire vocational skills, achieving gender equality in Malawi could remain elusive

Key Recommendations

As part of this study, we asked PPA girls and key stakeholders about plausible interventions to address the key challenges PPAs face. In addition, we held validation workshops with PPAs and key stakeholders from relevant civil society organizations and national and subnational government where we jointly developed possible ways of addressing the challenges facing PPAs. Drawing from these engagements, the study recommends the following:

Increase adolescents' access to sexual and reproductive health information and services

Key government agencies, community-based organizations, NGOs, developmental partners, and parents must:

- Design, implement, and monitor comprehensive sexuality education programs to improve adolescents' knowledge about sexual and reproductive health and rights (SRHR) issues, including the importance of using contraceptives; and
- Increase access to youth-friendly sexual and reproductive health services to reduce early and unintended pregnancy among adolescents.

Facilitate school re-entry, retention, and completion for PPAs

Relevant government ministries, teachers, mothers' groups, parents, NGOs, and developmental partners should work together to:

- Provide educational support to PPAs returning to school: for example, school fees and other school materials;
- Develop and implement community by-laws on school re-entry for PPAs;
- Promote psycho-social counseling for adolescents who return school after pregnancy and childbirth; and
- Draw on Malawi's wide network of community-based childcare centers to ensure that adolescent mothers have adequate child care support to that they can attend school.

Improve the livelihood of PPAs

The Ministry of Gender, Community Development, and Social Welfare (MoGCDSW) and stakeholders should:

- Extend the social cash transfer program to PPAs who are experiencing severe livelihood challenges;
- Establish a loan scheme and/or startup capital for PPAs to establish income generating activities;
- Provide vocational training to PPAs.

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See the full report: APHRC and CSR (2022). Understanding the experiences of pregnant and parenting adolescents in Blantyre, Southern Malawi. APHRC, Nairobi, Kenya