

**When knocked up, tie the knot... or not?: The interlinkages between  
teenage pregnancy and child marriage in Machinga District in  
southern Malawi**

by

Dr. Alister C. Munthali, Centre for Social Research, University of Malawi, Zomba. Malawi.

Ms. Lincie Kusters<sup>2</sup>, Royal Tropical Institute, Amsterdam, Netherlands.

Ms. Darlen Dzimwe, Research Assistant, Centre for Social Research, University of Malawi,  
Zomba, Malawi.

Dr. Maryse Kok, Royal Tropical Institute, Amsterdam, Netherlands.

**ABSTRACT**

*This paper explores the key drivers of child marriage in Southern Malawi. It puts forward the argument that pregnancy constitutes one of the major drivers of child marriage in Malawi. Data were collected through focus group discussions with young people and adults and in-depth interviews with young people, parents or caregivers, traditional and religious leaders, teachers and health workers; and key informants comprising of staff from NGOs and district government officials. A questionnaire was also administered to 1,596 young people aged 15-24 of which 75% were female. Qualitative data were analysed using thematic content analysis while survey data were analysed using SPSS. Beside poverty and prevailing cultural practice, pregnancy is one of the key drivers of child marriage. This is because once a girl gets pregnant she is supposed to marry immediately. Key drivers of teenage pregnancy included sexual relationships – partly induced by initiation ceremonies, and limited knowledge about and access to contraceptives. In*

*this paper, the key argument is that the promotion of contraceptive use among young people and ensuring access to education which includes comprehensive sexuality information for girls and boys would reduce the prevalence of teenage pregnancy and this would significantly contribute to reducing the prevalence of child marriage in Malawi.*

**Key words: Child Marriage, Teenage Pregnancy, Young People, Malawi**

## **INTRODUCTION**

Child marriage is any legal or customary union involving persons aged below 18 years<sup>1</sup>. While boys do marry before the age of 18 years, it is mostly girls who marry before this age<sup>2</sup>. In this paper we argue that, in addition to poverty and prevailing cultural practices, teenage pregnancy is a key driver of child marriage in Malawi. The teenage pregnancy rate in Malawi is high and, when a girl gets pregnant, she gets married immediately to the man responsible for her pregnancy<sup>3</sup>. This has, however, not been prominently discussed in youth sexual and reproductive health and rights (SRHR) literature in sub-Saharan Africa.

Child marriage impacts negatively on development outcomes. Sixty percent of the girl brides have no formal education<sup>4</sup> as they withdraw from school at marriage<sup>1,5,6,7&8</sup>. Child marriage exacerbates poverty<sup>5</sup>. Girls who marry below 18 years of age may experience domestic violence<sup>5,8&9</sup>, mostly perpetrated by their husbands. These girls often do not leave their abusive husbands due to the harsh economic realities they may experience<sup>5</sup>. Child marriage also exposes girls to the risk of contracting sexually transmitted infections (STIs) including HIV<sup>7,10&11</sup>. In places where child marriage is rife, prevalence of obstetric fistula is quite high<sup>7&9</sup>. Girl brides are at 35%-

55% higher risk of delivering preterm/low birthweight babies<sup>9&10</sup> and the risk of maternal morbidity and mortality is high<sup>10&12</sup>.

In order to ensure that girls fully enjoy their rights, the United Nations (UN) and its member states have developed international conventions aimed at abolishing child marriage. The 1948 UN Universal Declaration of Human Rights provides for persons to be 18 years at marriage and that marriages should essentially be entered into freely and with full consent (Article 6)<sup>13</sup>. The 1979 UN Convention on the Elimination of all forms of Discrimination against Women (CEDAW) outlaws all child marriages and calls on member states to specify minimum age at marriage<sup>14</sup>. The 1979 UN Convention on the Rights of the Child (CRC) also outlaws child marriage<sup>15</sup>. At the continental level, Article 21 of the African Charter on the Rights and Welfare of the Child prohibits child marriage and this is also specified in Article 6 of the Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa<sup>16</sup> and Article 8 of the Southern Africa Development Community Protocol on Gender and Development<sup>17</sup>. Most countries in Sub-Saharan Africa, including Malawi, have signed and ratified these UN conventions and the continental and regional agreements on child marriage.

Many countries in Africa, including Malawi, have legislation which sets the minimum age of 18 years for boys and girls to marry. Despite the existence of UN conventions and national legislation, child marriage remains quite prevalent in the developing world<sup>6&11</sup>. Many African countries do not enforce the existing legislation on minimum age at marriage. About 15 million girls aged below 18 years get married each year and 37% of all girls who get married below the

age of 18 are in Africa<sup>4</sup>. Among women aged 15-19, the prevalence of child marriage varies among Southern African countries: Democratic Republic of the Congo (39%), Lesotho (19%), Malawi (50%), Mozambique (48%), Namibia (9%), Swaziland (7%), Zambia (42%) and Zimbabwe (31%). Malawi has one of the highest child marriage rates<sup>4</sup>. The Sustainable Development Goals (SDGs) aim at ending child marriage by 2030; hence there is urgent need for interventions to address the key drivers of child marriage, including teenage pregnancy.

## **ABOUT THIS PAPER**

Malawi is administratively divided into three regions: the northern, central and southern region. The country is further divided into 28 districts. Malawi's population is estimated at 17 million and has been growing at 2.7% per annum. The total fertility rate (TFR) is at 4.4 children per woman<sup>18</sup>. Adolescent fertility contributes significantly to Malawi's TFR. Malawi is one of the countries which has the highest teenage pregnancy and child marriage rates in Africa; and these rates have not significantly changed for nearly two decades. In 2000, 33% of the women aged 15-19 were pregnant with first child while 33% had begun childbearing<sup>19</sup>. In 2014, 30% of the women aged 15-19 had already begun child bearing and 6% were pregnant with their first child<sup>20</sup>. In 2015/16, 29% of the women aged 15-19 had begun child bearing and 7% were pregnant with first child<sup>18</sup>. Child marriage in Malawi is also prevalent with 50% of women aged 20-49 being married before the age of 18, 10% of women aged 15-49 being married before the age of 15 and 28% of women aged 15-19 being married in 2014<sup>21</sup>.

There are variations in rates of teenage pregnancy and child marriage among districts in Malawi; in 2014 Machinga in the southern region had the second highest rate of teenage pregnancy in the country. It is estimated that 50% and 46% of the women aged 15-19 have begun child bearing in Chikwawa and Machinga Districts, respectively. The proportion of women aged 20-24 who had a live birth before the age of 18 was at 52% and 46% in Phalombe and Machinga, respectively<sup>20</sup>. Phalombe had the highest proportion of women aged 20-49 who were married before age 18 at 68% followed by Machinga at 62%. Among those aged 15-19, Chikwawa had the highest proportion of women at 54% who were in marriage at the time of the survey, followed by Machinga at 42%<sup>20</sup>.

Studies have shown that child marriage is linked to poverty, prevailing socio-cultural practices<sup>4,5,6,7&11</sup> and the general lack of educational and employment opportunities for girls. In poor communities, girls are often construed as economic burden and child marriage is one of the strategies which families use in order to be relieved of this burden<sup>5</sup>. Child marriage is also perceived as *reinforcing social ties* and offering protection for girls from rape and unintended pregnancies, including financial security<sup>10</sup>.

While poverty and other factors constitute key drivers of child marriage, this paper argues that in Malawi's context, the high prevalence of teenage pregnancy constitutes one of the key drivers of child marriage. The key, therefore, to ensuring that child marriage ends by 2030 as per target 5.3 of the SDGs is to, among other interventions, aim at addressing the underlying causes of teenage pregnancy.

## **METHODS**

A mixed-methods study was conducted in 2016 aiming to understand the interlinked drivers and consequences of teenage pregnancy and child marriage. It included a household survey, focus group discussions (FGDs) and semi structured, in-depth interviews (IDIs) and key informant interviews (KIIs) with various stakeholders. The study was conducted in two Traditional Authorities (TAs), Liwonde and Chikwewo, in Machinga District.

The survey captured young peoples' (15-24 years) demographic characteristics and focused on experiences with and perspectives on SRHR, worries and aspirations, gender, marriage and pregnancy. Sample size calculations were based on being able to detect a 10% reduction over a 5-year period in the percentage of women aged 15-24 who have had a live birth or who are pregnant with their first child. The percentage found in the 2010 Malawi Demographic and Health Survey 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, in this article, no distinctions are made for intervention and control areas.

The sample was selected in two stages. First, 27 Enumeration Areas (EAs) were randomly selected in each TA. In the second stage, 30 households were randomly selected in each selected EA, by applying a fixed interval of two. Trained research assistants started administering the questionnaires, using a tablet, from the centre of the EA and spread towards the EA boundaries in

different directions until 30 households were reached. Upon arrival at the household, young people were randomly selected, but taking into account the sex and age of the potential respondent. If an eligible respondent was not found, the next household was contacted.

The qualitative component of the study was only conducted in TA Liwonde. Ten FGDs were conducted with the following groups (two per group): girls aged 15-19, girls aged 20-24, boys aged 15-19, boys aged 20-24 and parents or caregivers. Eighty-six people participated in these FGDs. Twenty IDIs were conducted as follows: eight with boys and girls (divided in the same age groups), two teachers, two religious leaders, two local leaders, one health surveillance assistant (HSA), two parents, one leader of a community-based organization, one elderly woman and one *nankungwi* (female adult who conducts initiation ceremonies). Of the 20 IDIs conducted, 11 were with male while the rest were with female participants. Eight KIIs were conducted: five with non-governmental organization (NGO) representatives and one with an official from the District Health Office, the District Social Welfare Office and the police. Study participants were asked about their experiences and perceptions regarding young people's SRHR, teenage pregnancy and child marriage. Selection of participants was purposeful, based on obtaining information rich cases, and recruitment was facilitated by HSAs and community leaders.

During data collection, males interviewed males while females interviewed females. The group of research assistants included four males and six females, and they were extensively trained for the purpose of this study. The training included translation and back translation of all data collection instruments (in Chichewa and English). Daily debriefing sessions with all research assistants were held to discuss key findings, refine lines of inquiry and identify saturation of themes.

Survey data were analysed using SPSS, descriptive statistics were employed for demographic and behavioural data. We analysed possible differences regarding male and female, age groups, in and out of school youth and marital status, where relevant. Bivariate and multivariate analysis were conducted to test for associations between the variables. A p-value of less than 0.05 was considered as significant (indicated with \*).

Interviews and FGDs were digitally recorded, transcribed and, where applicable, at the same time translated into English and independently checked by someone not involved in transcribing. All qualitative data were analysed using thematic content analysis, based on the topic guides; with additional themes added after discussion within the full research team. NVivo software was used to support the coding of the transcripts. Narratives were written per theme and compared to the quantitative data

This study was approved by the Ethical Review Committee of the Royal Tropical Institute (KIT) in the Netherlands, and the National Health Sciences Research Committee in Malawi. All participants provided oral informed consent.

## **RESULTS**

### **Demographic characteristics of survey respondents**

A total of 1,596 young people (15-24 years) participated in the survey: 75% were female and 69% were aged 18 years or above. Most respondents (67%) were Muslims and from the Yao tribe (53%). Thirty percent (30%) and 7% of the respondents were currently in primary and secondary school, respectively (Table 1). Almost 70% had ever dropped out of school; among them, 50% indicated lack of money for (secondary) school fees as a reason, while 11% and 9% indicated pregnancy and marriage as reasons, respectively, and these were significantly more mentioned by



females than males ( $p=0.000$ ). The average number of completed years of education was 6.8 (6.6 and 7.2 years for females and males, respectively), showing that most young people drop out when in upper primary school. In FGDs and IDIs, school-drop out of girls was also mainly related to poverty and pregnancy or marriage. For boys, migration to South Africa for economic purposes played a role.

The average household size was 5.2, and 33% indicated to live with a partner and 38% with a child. Furthermore, young people lived with their mother (53%), siblings (46%), father (37%) or grandmother (12%). More than half of the respondents had a source of income over the past six months (66%); with a significant difference ( $p=0.003$ ) between those who ever dropped out (63%) and completed education (85%). Sixty four percent (64%) of the respondents reported a monthly household income below the minimum wage of MK 25,000. This income was mostly derived from temporary jobs (40%). Only 35% of the respondents were employed (Table 1), with a significant difference ( $p=0.02$ ) between males (40%) and females (33.5%). In addition, those who dropped out or completed education were significantly more often employed than those in school ( $p=0.000$ ). Casual labour was reported as source of income most often; and after that farming and informal trading.

**Table 1: General characteristics of survey respondents**

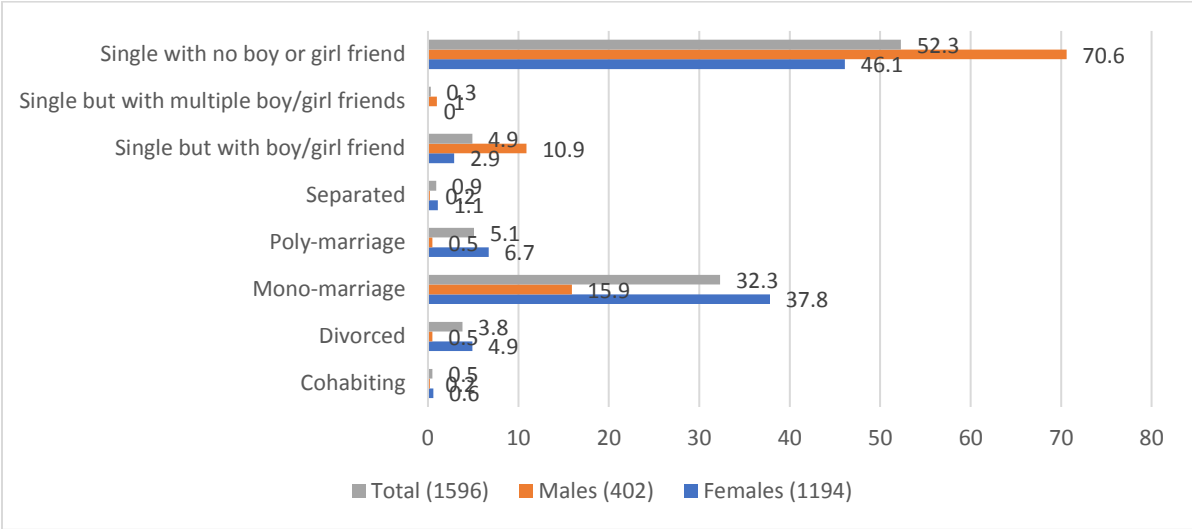
<b>Characteristics</b>	<b>Findings</b>
<i>Sex</i>	
Female	74.8%
Male	25.2%
<i>Age</i>	
15-17 years	30.7%
18-24 years	69.3%
<i>Religion</i>	
Muslim	66.7%
Christian	33.1%
Other	0.2%
<i>Ethnicity</i>	
Yao	52.5%
Chewa	23.5%
Lomwe	21.0%
Other	3.0%
<i>Education</i>	
Primary school	30.2%
Secondary school	7.3%
Completed (primary or secondary)	1.7%
Ever dropped out of school	69.9%
<i>Average household size</i>	5.2

<i>Income in past 6 months</i>	65.5%
<i>Monthly household income</i>	
Average	MK 16,444
Below MK 25,000	64.2%
MK 25,000 and more	13.6%
Don't know	22.2%
<i>Employment</i>	
Employed	35.1%
Not employed	64.9%

### **Child marriage**

Thirty seven percent (37%) of all respondents aged 15-24 were married. There were significantly more females (45%) than males (16%) who reported being married. Most marriages (73%) were not officially registered, 26% had a religious registration and 1% had the marriage registered with government. Generally, marriage did not involve contractual agreements involving exchange of money or goods between spouses or their families. Of all married females, 7% indicated to be in a poly-marriage, while 0.5% of males were in a poly-marriage (Figure 1).

**Figure 1: Marital status of respondents aged 15-24**



Poly-marriage seemed to be a choice of men, not of women. A key informant working for an NGO reported that there are cases when a couple may have many children and the husband can tell his wife that she does not look beautiful anymore and ends up marrying another girl. In such a context, the woman may not leave her husband as she might be left alone to cater for the children, while the second wife accepts marriage because of the prospect that she will be taken care of.

Figure 1 also shows that divorce rate was higher among females (5%) than males (0.5%). Some key informants said that for some reason marriages do not last long for young people, especially girls: for example, a teacher said that girls get married but they get divorced after 2-3 years in marriage. Most males (71%), however, reported they were single with no girlfriend and the corresponding figure among females was 46%. Marriage is a more common feature among females aged 15-24 than males. This was confirmed by the finding that survey respondents indicated males to become “adult” at a later age than females; and, therefore, most respondents thought males should marry later than females. Among married respondents, females married when they were, on average, 18 years old (n=602) and the males were on average 19.6 years old (n=69). However, from female respondents (n=602), when asked for the age of the partner at marriage, the average age of the husband at marriage was 22 years old, while from the male respondents (n=69), it was found that the wife at marriage was on average 17.5 years old.

The data indicate that 20% of the surveyed young women (18-24 years) married under the age of 18, with no differences based on religion. Among young men, the child marriage rate was much lower (2%). Five percent of the young women (16-24 years) married under the age of 16 (with one respondent reporting to be married at the age of 12), the figure for males was below 1%, as only two boys married at the age of 15. Among girls aged 15-17 years old in the sample, 6% were currently married (Table 2).

**Table 2: Child marriage among respondents**

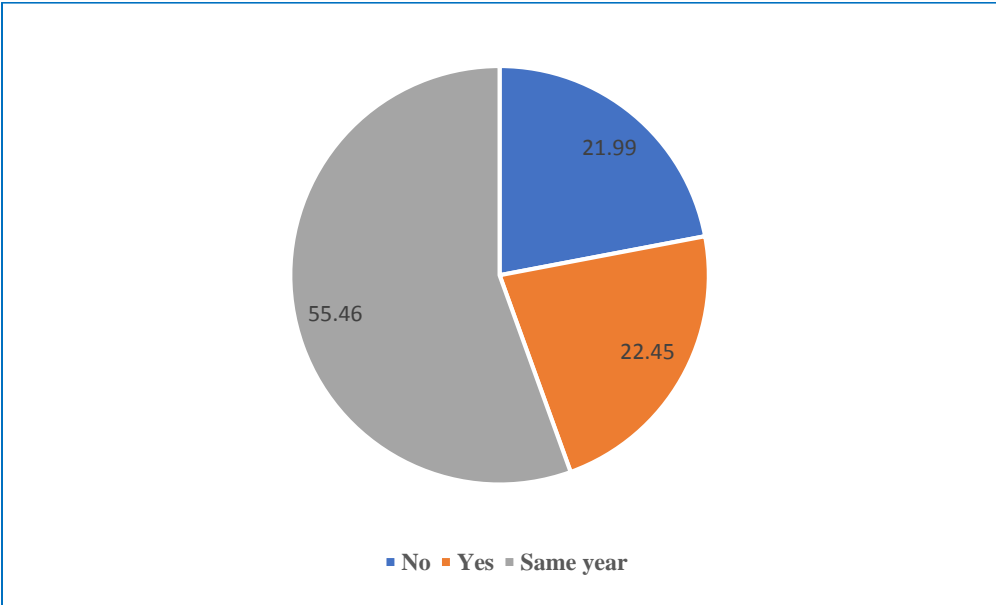
<b>Child marriage</b>	
Girls and women who were married or in union	
(i) Before age 18	20.3%
(ii) Before age 16	5.2%
Boys and men who were married or in union	
(i) Before age 18 and	
(ii) Before age 16	2.1%
	0.6%
Girls 15-17 years old who are currently married	5.6%
Boys 15-17 years old who are currently married	0.0%

While the child marriage rate was high, 89% of the respondents saw no advantages of child marriage. FGD and IDI participants also pointed out the disadvantages of child marriage such as health problems because of early child bearing, school drop-out and lack of opportunities leading to further poverty. Despite this, married young women (73%) and men (80%) often said that it was their own choice to get married.

Figure 2 shows whether women aged 15-24 who reported having ever had a pregnancy, got pregnant before, in the same year, or after marriage.



**Figure 2: Teenage pregnancy before pregnancy (N=532)**



Twenty-two percent (22%) of the respondents who experienced a teenage pregnancy were pregnant before they got married, while 55% were pregnant the same year as their marriage. These results demonstrate that a significant proportion of the girls (more than over a fifth) get pregnant before marriage, because the assumption can be made that when pregnancy and marriage took place in the same year, the marriage might have been a result of the pregnancy.

### **Poverty as a driver of child marriage and teenage pregnancy**

The communities where this study was conducted were generally poor. Due to poverty, a significant proportion of girls married to escape from the financial challenges they experienced in their homes, or were involved in sex for the exchange of goods.

*“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 boys 20-24).*

In most FGDs and IDIs, participants reported that many young men go to South Africa for work and generally girls fall for these boys. Once parents know that their daughter is in a relationship with a boy who works in South Africa, they encourage her to stick to him because their aim is to economically benefit from such a relationship.

*“..... 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 boy aged 20-24).*

There were also some local business persons who were well to do; and young women were attracted to them in order to get out of poverty. Survey respondents also thought that underage girls' marriages are more likely to happen due to financial reasons: 66% agreed or strongly agreed with the statement that underage girls' marriages happen due to financial reasons, while 42% agreed or strongly agreed that this was true for boys.

### **(Peer) pressure as a driver of child marriage**

During some FGDs and IDIs with parents and young people, participants also mentioned that young men and women get married because of the pressure they get from their friends and relatives.

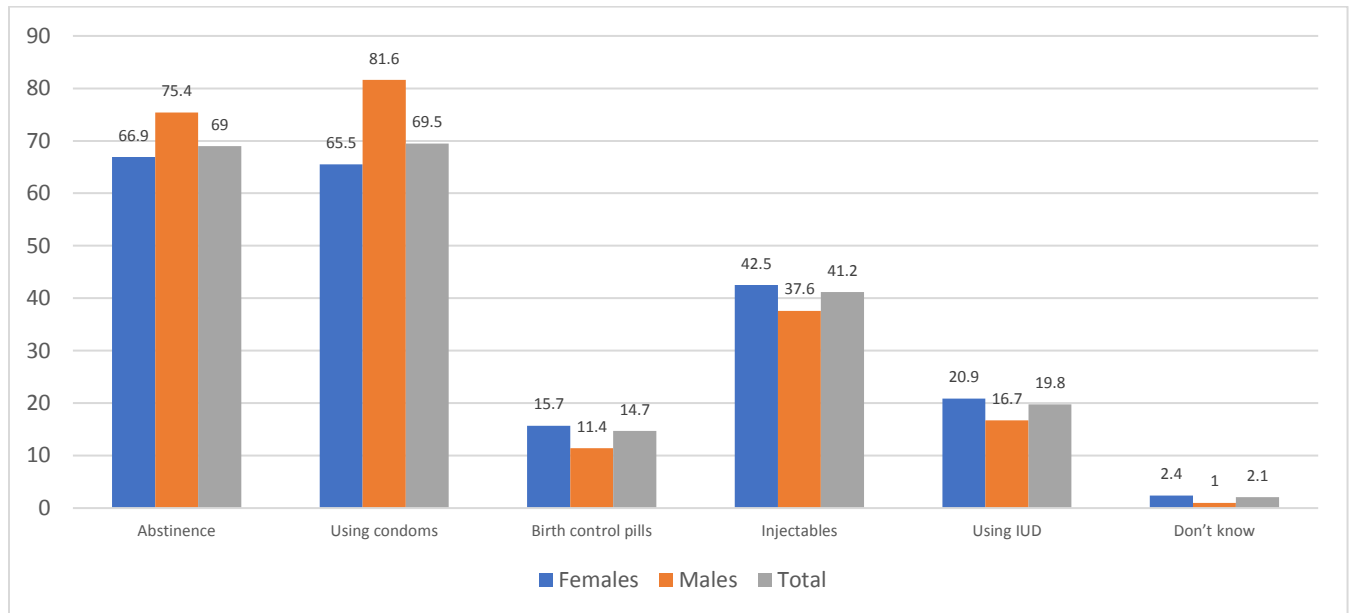
*“There are no benefits [of child marriage] there. Most of the child marriages are due to peer pressure. My friend has married so I should also get married. This is the reason why we have child marriages at 15 years of age”,* (FGD with boys 20-24).

Nine percent of married respondents (N=671) reported they were pressured into marriage by family/friends, with a higher proportion of boys (14.5%) than girls (8%) reporting this. Nine percent of married respondents reported being pressured by society with more males (12%) than females (9%) reporting this. Most informants including community leaders mentioned that some parents force their children to get married and will for example deny them support if they do not get married.

### **Knowledge of, access to and use of contraceptives**

Most respondents (98%) were aware of any contraceptive method. Most respondents were aware of abstinence (69%) and condoms (69.5%) as contraceptive methods followed by injectables (41%) and IUD (20%) as can be seen in Figure 3. More males mentioned abstinence and condoms than females. More females mentioned injectables, birth control pills and IUD than males.

**Figure 3: Awareness pregnancy prevention methods**



Awareness of other pregnancy prevention methods such as morning-after pills, vasectomy and withdrawal was quite low. Table 3 shows that 22% of married respondents were not using any contraceptives. Most commonly used contraceptives among females were injections (59%) while condoms were popular among males (40%). The use of both male and female condoms among females was very low at 3% and 2%, respectively (Table 3).

**Table 3: Contraceptive methods in use (N=682)**

Contraceptive method in use	Females (610)	Males (72)	Total (682)
None	23.4	13.9	22.4
Natural family planning	2.3	4.2	2.5
Male condom	2.8	40.3	6.7
Female condom	2.0	1.4	1.9
Diaphragm	1.8	4.2	2.1
Contraceptive pill	2.1	0.0	1.9
Injections	58.9	0.0	56.6
Implant	6.6	1.4	6.0
IUD	6.2	4.2	6.0
Other	0.2	0.0	0.1

Many participants of FGD, IDIs as well as KIIs mentioned that during initiation ceremonies, initiates are supposed to engage in a rite called *kusasa fumbi* (meaning removing the dust) which encourages them to engage in sex after they have been initiated. In situations where condoms and other contraceptive methods are not used, young women are likely to get pregnant; hence end up in child marriage.

### **Teenage pregnancies as a driver for child marriage**

One of the reasons young people marry, as mentioned by study participants, is pregnancy. Of all females aged between 20 and 24 years, 64% experienced pregnancy before age 20, with 13 years

being the youngest. For males aged 20-24, 11% became fathers before age 20, with 16 years being the youngest. Participants in most FGDs reported that when a girl gets pregnant, she will be taken to the man responsible and that will mark the beginning of marriage.

*“The thing is, once they [girls] are pregnant, most of them get married, but it is not their intention to get married, the parents just say they should get married”, (FGD with boys aged 15-19).*

Survey respondents either strongly agreed (44%) or agreed (24%) with the statement “pregnancy in community may cause girls marrying young”. For boys, most respondents either agreed (22%) or strongly agreed (39%) with the statement “pregnancy in community may cause boys marrying young”. In some cases, it was reported that a pregnant girl will run away from her parents and live with her boyfriend. One male informant aged 20-24 mentioned that sometimes, when girls tell their parents that they want to get married and their parents refuse, these girls will be in a relationship until they get pregnant. In such a situation, parents just give up and let them go ahead with marriage.

As mentioned earlier, in the study area, initiation ceremonies are conducted to mark the transition from childhood to adulthood. Study participants reported that the information which is given to young people during initiation ceremonies is not age appropriate: girls are taught, among other things, how to satisfy a man in bed and further advised to engage in sex once the initiation ceremony comes to an end. These initiation ceremonies promote sexual activities among boys and girls, with a high likelihood of unprotected sex and teenage pregnancy; hence, indirectly, initiation ceremonies can contribute to child marriage.

Key informants reported that the initiation ceremonies are important sources of information on SRH. However, among survey respondents, initiation ceremonies were not a preferred source on these issues as detailed in Table 4.

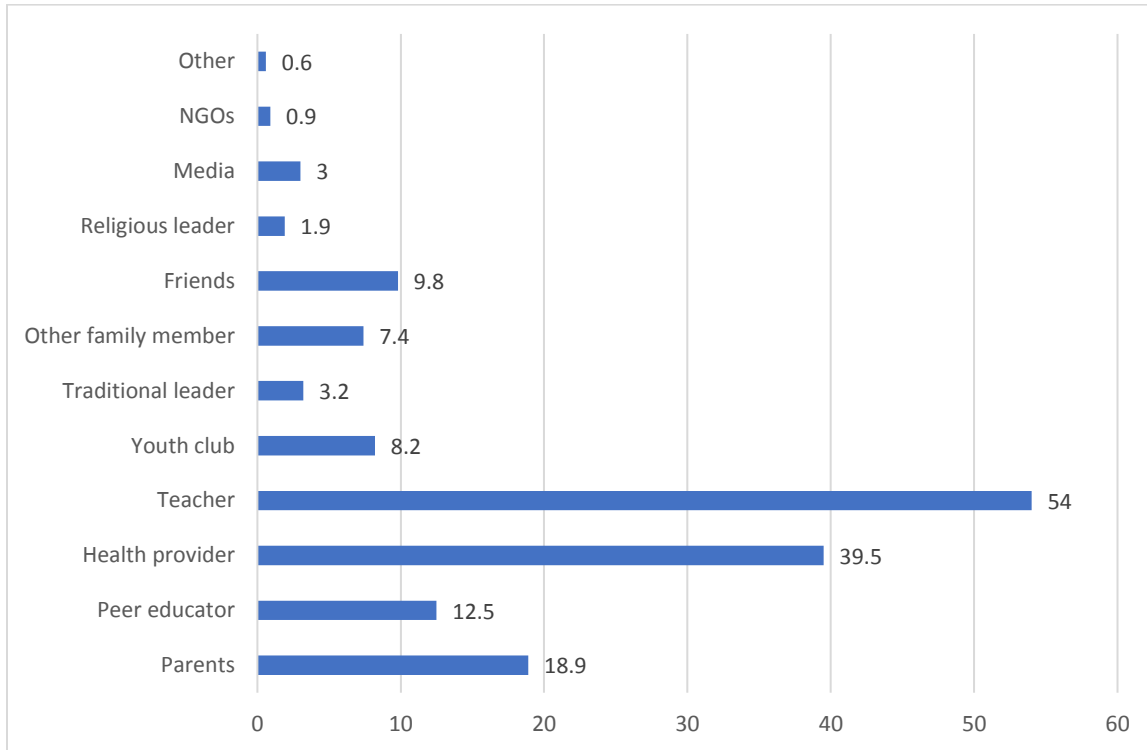
**Table 4: Preferred sources of SRH information (N=1596)**

Source	Sex		Total
	Female	Male	
Home	14.6	12.9	14.2
Church	2.8	3.5	3.0
Health centre	52.7	56.7	53.7
Friends	9.3	13.2	10.3
School	9.4	36.8	31.3
TV	0.2	0.7	0.3
Radio	6.3	18.4	9.3
Newspaper	0.2	0.5	0.3
Youth club	10.4	18.7	12.5
NGO	1.2	1.7	1.3
Initiation ceremonies	0.2	0.5	0.3
Other	1.4	1.7	5.9
Don't know	0.8	0.5	0.8



While these were the preferred sources of SRH education, currently most young people reported to have received SRH information from teachers (54%) and health providers (40%) as can be seen in Figure 4 below.

**Figure 4: Sources of SRH education**



Youth rarely report getting SRH information from parents: Figure 4 shows that 18.9% of the <sup>young</sup> people get SRH information from parents. Parents said 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). Still 14 % of youth preferred to receive SRH information from their home.

Other sources of SRH education as mentioned during FGDs and IDIs included the NGOs, video show rooms and religious leaders.

## **DISCUSSION**

This study shows that the prevalence of child marriage is quite high in the study area, especially among girls. Most respondents agreed that pregnancy in the community may cause boys marrying young, but this does not necessarily mean child marriage. The reality is that child marriage persists mostly among girls, despite the fact that young people are aware of the disadvantages of child marriage. Other studies have also demonstrated that the existence of knowledge about disadvantages of child marriage does not translate into a reduction of child marriage practices<sup>29</sup>.

Drivers of child marriage revealed in this study are peer pressure, poverty and teenage pregnancies. Several studies have found that peer pressure is a driver of child marriage. Peer pressure plays an important role in young people engaging in sex<sup>26&3</sup> and when they see their age mates getting married<sup>29</sup> they also decide to get married. However, it is not only peer pressure which forces many young people, especially girls, into child marriage but also parental pressure<sup>28,29&31</sup>, as has also been found in this study.

Poverty is another factor which drives child marriage in Malawi. Girls get married early in order to run away from poverty, unaware that child marriage exacerbates poverty. In Malawi, 50.7% of the population lives below the poverty line<sup>21</sup>, and the prevalence of poverty in Machinga is estimated at 75%, much higher than the national average<sup>21</sup>. Poor households have the highest child marriage rates, because of lack of financial resources to invest in alternative options for girls<sup>1</sup>. Girls in poor households are married off or they choose to marry to reduce the financial burden of their family households<sup>1,11,27, &29</sup> as has been demonstrated in this study. The prevalence of teenage pregnancy increases with an increase in community-levels of poverty<sup>27</sup>. Unlike in Machinga, in societies where a bride price is paid, families tend to reap direct economic benefits from marrying off their daughters<sup>2</sup> and to temporarily relieve the financial hardships of the family<sup>29</sup>.

Addressing poverty is important to reduce child marriage and teenage pregnancy. A World Bank funded study conducted in Zomba, a neighbouring district of Machinga, provided conditional cash transfers to poor parents and their daughters on the condition that the girls remained in school. These conditional cash transfers led to a significant decline in child marriage and teenage pregnancies<sup>22</sup> and this augments the fact that poverty can lead to teenage pregnancies and consequently to child marriage.

This study has demonstrated that in most cases teenage pregnancy constitutes a major driver of child marriage: 23% of the teenage women got married soon after getting pregnant and FGD and IDI participants emphasised that once a girl gets pregnant she is married off to the man responsible. Some studies in Malawi<sup>23&3</sup> and Zambia<sup>2</sup> have also shown that teenage pregnancies

lead to child marriage. In situations where parents do not accept the relationships that their daughters have, girls will deliberately fall pregnant as a way of forcing their parents to accept their partner<sup>26</sup> and then they can get married. It has also been argued in this paper that initiation ceremonies prepare boys and girls on how they can handle adult responsibilities such as marriage and childbearing. In Tanzania, one study reports that boys and girls who have graduated from initiation ceremonies (which included male circumcision and female genital mutilation) as a transition from childhood to adulthood, are no longer considered as children and in case they get married, that marriage will not be considered a child marriage<sup>29</sup>.

The reduction of teenage pregnancy as a driver of child marriage does not lie in advising girls to abstain from sex. Uganda is one of the countries where policy promotes abstinence from sex until marriage. Such a policy environment assumes that young people do not or should not engage in sex and it is only marriage which legitimates sex. Even within such an abstinence-only context, young people still engage in sexual activities; hence the need to recognise this and put in place measures which will reduce their risk and vulnerability<sup>35</sup>. Several studies have shown that to effectively reduce teenage pregnancies, information should be provided on condoms and other methods of contraception. In developed countries where teenage pregnancies are relatively low, contraceptive methods are available and young people access them easily<sup>23</sup> which is not the case for Malawi<sup>24&3</sup> and other countries in sub-Saharan Africa<sup>30</sup>. Kaphagawani and Kalipeni<sup>25</sup> also report that traditional counsellors during initiation ceremonies constitute an important source of information on SRH issues including information about contraception. Some of these counsellors provide incorrect information to young women, for example that the use of Depo-Provera prolongs

menstruation. Such misperceptions about the impact of the use of contraceptives limit the utilisation of contraceptives<sup>25</sup>.

In terms of the provision of information on SRH, this study has shown that radios and phones are the main media sources of information. While this is the case, youth however prefer health workers and teachers to be their sources of information on these issues. This study also found that parents are not an important source of information on SRH for the youth. Other studies have also found this to be the case: parents often avoid even labelling the sexual parts to their children<sup>32</sup> and they consider discussing sex and related issues with their children a taboo<sup>33</sup>. Despite this being the case, it is proven that a combination of information sources, including parents or caregivers, is most effective in enhancing youth SRHR and avoiding teenage pregnancy<sup>36</sup>.

## **Conclusion**

In order to reduce the proportion of girls marrying before the age of 18, the Malawi Parliament passed a law which outlaws marriage of persons below 18. Legal and policy reforms which prescribe the minimum age at which young people can get married do not constitute a solution in themselves: persons aged less than 18 years still get married, as demonstrated in this study, because legislative provisions are not enforced and also because a complex interplay of sociocultural and economic factors play a role. As argued in this paper, teenage pregnancy is a major driver of child marriage in Malawi, because once a girl falls pregnant she must marry. Preventing the occurrence of pregnancy can contribute to reducing the prevalence of child marriage. There is a need to increase young people's access to comprehensive sexuality education and youth friendly health

services, including utilization of contraceptives<sup>1</sup>. There is ample evidence that sex and HIV education programmes have led to, among other things, an increase in the utilisation of condoms as well as other contraceptive methods<sup>34</sup>. Improving girls' access to education by for example providing economic support and other incentives can also prevent teenage pregnancy<sup>28</sup>; and creating awareness among parents and other members of the community on the significance of education and consequences of child marriages is important as well<sup>29</sup>. These measures hold a high potential to significantly contribute towards the reduction of child marriage in Malawi and other developing countries.

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**Author contact:** amunthali@cc.ac.mw

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