



Determinants of Early Teenage Pregnancy in Blantyre, Malawi, Traditional Authority Makata.

Arono Immaculate

Post Graduate Student, Department of Social Work, DMI- St Eugene University Lusaka Zambia,

Dr. V. Kalyani

Senior Lecturer, Department of Social Work, DMI- St. Eugene University, Lusaka, Zambia

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Abstract.

Rates of adolescent pregnancies in Malawi remain high at 29%. Early childbearing is a major health issue because of the increased risk of adverse pregnancy outcomes compared to older women. The purpose of this study was to assess the determinants of early teenage pregnancies in Blantyre urban district in Malawi through a case study of Traditional Authority Makata. Understanding these determinants could help in formulating policies that could help in curing this public health problem. To achieve this objective, the study adopted a mixed approach where both qualitative and quantitative designs were adopted. The population of study were girls who were or had been pregnant before the age of twenty years from eight villages in Traditional Authority Makata in Blantyre district. To select the sample, the study adopted probability sampling; under probability sampling, the study adopted purposive sampling. The sample size of the study was selected from the population of the study; the study targeted 50 participants. Qualitative data was analyzed using thematic analysis, and quantitative data was analyzed using Microsoft Excel. The qualitative data was presented using frequencies and percentages. The main findings of the study were that there is a relationship between socioeconomic factors and early teenage pregnancies in Blantyre's rural district. There is a relationship between cultural beliefs and teenage pregnancies in Blantyre's rural district. Peer pressure is one of the determinants of teenage pregnancies in Blantyre's rural district. The study recommended the following: there is a need to strengthen contraceptive service promotion and provision for teenagers by giving special attention to rural ones; teenage education (schooling) should be strongly encouraged, especially among girls, to ensure a longer stay in school; and there should also be

provision of economic and social opportunities to empower poor and vulnerable families and female adolescents, particularly those living in rural areas.

I. Introduction

Early teenage pregnancy is a global issue with serious health, social, and economic consequences. In low and middle-income countries, around 21 million adolescent girls aged 15-19 years are estimated to get pregnant and give birth annually. Adolescent pregnancy is expected to increase globally by 2030, with high concentrations in sub-Saharan Africa. Pregnancy and childbearing in teenage girls contribute to increased risks of maternal mortality and morbidity, especially in very young adolescents.

The UK has the highest teenage pregnancy rate in Western Europe, with around 90% of pregnancies in 15-19-year-olds being unwanted. Sub-Saharan Africa accounts for the majority of these incidences, with 143 births per 1000 girls aged 15-19 years. Teenage pregnancies are linked to disadvantaged social and economic situations.

In Malawi, nearly half of all girls are already married by the age of 18, and a third of those aged 15-19 have begun child-bearing, accounting for a quarter of all pregnancies. Adolescent mothers give birth, care, and provide for their children while they are still children themselves and lack practical child-rearing skills.

Statement of the problem

Teenage pregnancy and childbearing have high health, social, and economic costs, leading to short and long-term adverse consequences for the teen parents, child, and community. Teenage pregnancy is a significant global issue, with 16 million girls aged 15-19 giving birth annually,



contributing nearly 11% of all births. Despite falling adolescent fertility rates, 18 million girls under 20 give birth annually, with two million from girls under 15. Malawi has one of the highest teenage pregnancy rates, particularly in rural areas. Poor maternal and perinatal health outcomes are common, with complications during pregnancy and childbirth being the second cause of death for 15-19-year-old girls globally. Adolescent mothers face higher risks of death, including school dropout, poverty, high rates of marriage, pregnancy-induced hypertension, and induced abortions. Sociodemographic factors, such as age, education, employment status, and economic status, are associated with teenage pregnancy. Understanding these factors can help inform effective interventions and reduce the number of teenage pregnancies in developing countries.

II. Reviews of literature

A study by Macfarlane et.al. (2023) found that teenage conception rates in Aberdeen, Scotland, increased over time for women living in deprived areas or unskilled occupational social classes. Other studies by Okolie and Aluga (2021) and Poudel et.al. (2022) also found that socioeconomic factors, low educational attainment, cultural and family structure were all associated with teenage pregnancy.

In South Asia, factors such as low maternal education, low socioeconomic status, rural residency, and ethnic minorities were consistently identified as risk factors for teenage pregnancy. However, many teenage girls have basic knowledge on sexual health but few use it into practice. Health services utilization remains low and consistent, but teenagers agree to delay the indexed pregnancy if they know its consequences.

Another study by Raj et.al. (2010) identified socio-economic factors, low educational attainment, cultural and family structure as risk factors for teenage pregnancy. In Pakistan, Ali et.al. (2021) found that the prevalence of teenage pregnancies decreased from 54.4% in 1990-1991 to 43.7% in 2017-2018.

Regional empirical evidence also supports the association between factors associated with teenage pregnancy. In Ghana, place of residence, occupation, and economic status were found to be associated with adolescent pregnancy. Adolescents from urban settings had decreased odds of adolescent pregnancy compared to their rural counterparts.

In South Africa, age, race, education, employment, wealth, cohabitation, larger household

size, and contraceptive use generally predict the risk of adolescent pregnancy among women. Factors such as black African women, poorly educated women, employed women, cohabiting women, poorer and larger households, and those using contraceptives were overrepresented among ever-pregnant adolescents.

A study by Osingada, Namutebi, and Gwesere (2022) found that unintended pregnancy was more common among women under 20, with factors such as education, marriage, polygamous relationships, and farming-dependent families. Gumede (2020) found age, family planning, union type, socio-economic status, contraceptive use, and education level as significant associations with teenage pregnancy. Munthali (2016) found high poverty and initiation ceremonies as contributing factors to teenage pregnancy. Chamdimba et al (2022) found that adolescents' vulnerability to early and unintended pregnancies is influenced by factors such as limited knowledge, poverty, sexual violence, school dropout, COVID-19 closures, and unprotected sex. Chirwa (2019) found that the primary drivers of inequality in teenage pregnancy and childbearing in Malawi were early sexual debut, being married, and wealth status.

In conclusion, teenage pregnancy is a significant issue in various countries, with socio-demographic factors playing a crucial role in determining the prevalence and impact of this condition.

Significance of the study

The findings from this study will provide the contextual evidence expected in a case study to draw the attention of authorities and all stakeholders towards solution development. This study will help bridge the information gap and help other researchers.

Study Area; Since the results of this are generalized to the whole district of Blantyre, it was required that the data be collected from the whole district, but due to financial constraints, the study was conducted only in selected villages in T/A Makata in Blantyre rural.

Research objectives

The main objective of this study is assess the determinants of early teenage pregnancies in Blantyre urban district in Malawi.

The specific objectives of this study are:

1. To examine socio economic factors associated with early teenage pregnancies in Blantyre rural district.
2. To investigate cultural beliefs factors associated with early teenage pregnancies in Blantyre rural district.



3. To assess peer influence factors associated with early teenage pregnancies in Blantyre rural district.

III. Methodology

Methodology A researcher uses a set of guidelines, processes, presumptions, and methodologies in his or her research report in order to reach a relevant conclusion on the study problems or questions. In addition, research technique is a collection of step-by-step instructions for locating, selecting, and processing data required to analyze a topic. Economic, social, and cultural factors have been identified as the main determinants of teenage pregnancies in the research review.

Data collection: Primary data interviews were used to collect data from the respondents through the interview guide in accordance with the study's objectives; secondary data, which is limited to the research paper's conceptual framework exclusively, has been gathered through a variety of books, the internet, and journals.

Sample design: a sample size convenient to study was selected from the population of the study who were 250 in total respondents who were pregnant before the age of twenty in the years between 2020-2023 or had given birth to at least one child. The total number of the sample size was 30 representing 12% of the total population. The researcher targeted 50 respondent but since the responses were the same, the research concluded to stop at thirty respondents.

Data Analysis: The data was processed through thematic analysis. Some of the steps that were followed to process the data were: editing. The collected data was edited, which consisted of scrutinizing the recorded response to identify and minimize errors, incompleteness, misclassification, and gaps in the information obtained from the respondents. Then coding was also given to the opinion. Since the researcher also collected quantitative data, she adopted a simple statistical technique using Excel, where frequencies and percentages were used.

Statistical Tools used: a simple statistical technique using Excel where frequencies and percentages were used.

IV. The Research Findings

The study examines the socio-economic factors associated with teenage pregnancies in Traditional Authority Makata in Blantyre rural. Thirty girls were interviewed, and five questions were asked about their reasons for getting pregnant. Some respondents were forced by their boyfriend,

others due to lack of basic needs, others due to sex urge, and some for fun. The results are similar to previous studies indicating that low socio-economic status increases the risk of teenage pregnancy.

Poverty is a major driver of teenage pregnancy among school-going girls, pushing them to drop out of school. Adolescents from low economic status are prone to sexual exploitation, leading to the spread of sexually transmitted infections. Poor families struggle to pay for basic needs, pushing teenagers to seek support from older men and boys in exchange for sex.

Poverty also leads to teenage pregnancies due to limited access to contraceptive methods and knowledge about modern contraception. Parents often pressure their teenagers to marry, increasing family stress and predisposing them to social and emotional problems.

Following sex for fun may be due to lack of knowledge about consequences and peer pressures. The study concludes that poverty and peer pressure are determinants of teenage pregnancy.

The study reveals that the marital status of parents plays a significant role in teenage pregnancy in Traditional Authority Makata in Blantyre rural. Most respondents were single, staying with their mothers or grandparents, which increases the risk of early motherhood. Divorced parents were nearly two times more exposed to teenage pregnancy due to low parental control and communication about sexual and reproductive issues. Children from single mothers were more likely to take on adult roles, such as having sex in exchange for money to feed their families. The parents' occupation, such as farming, tailoring, or security officer, was also a significant factor in teenage pregnancy. This suggests that parents were poor during the time they got pregnant, which is consistent with previous studies indicating higher teenage pregnancy rates among girls whose parents were peasant farmers. He study reveals that parents' occupation significantly influences the knowledge of students about the consequences of teenage pregnancy, which can have both positive and negative impacts on their children's academic performance. Socio-economic factors are among the determinants of teenage pregnancies in Traditional Authority Makata in Blantyre Rural.

The research findings on objective two focus on cultural beliefs factors associated with early teenage pregnancies in Blantyre rural district. The interview guide was designed to assess these factors, including whether respondents had ever discussed sexual issues with their parents, the age of



first sex debut, having sex education before being pregnant, and where they received the education.

Parent-child discussions on sexual issues were found to be beneficial for children, as it helps them understand how best to deal with sexual feelings. Age of first sex debut has a strong relationship with teenage pregnancy, as young adolescents struggle to meet their fundamental needs such as economic resources, education, and proper guidance. Forced sex is not a determinant of teenage pregnancy in Traditional Authority Makata in Blantyre rural, as most girls living in poverty may see having sex as a payback for their boyfriend, leading to pregnancy.

Sex education before pregnancy was found to be 80% of respondents who had sex education before being pregnant, with 20% having no education. The mode of acquiring sex education was through schools and youth clubs, but lack of awareness was found to be a significant factor.

The majority of respondents have never used contraceptive methods before having sex, with reasons ranging from not knowing about contraceptive methods to fearing side effects. The study suggests that socio-economic factors, cultural beliefs, and parental employment play a role in determining teenage pregnancies in Blantyre rural.

Teenage pregnancy is a significant issue in South Africa, with many young girls not using contraceptive methods due to lack of knowledge and accessibility. Studies have shown that non-users are nearly eleven times more likely to be pregnant compared to those who use contraceptives. The lack of knowledge about family planning methods and body function can also contribute to teenage pregnancy. Young girls often lack the autonomy to ensure the correct and consistent use of contraceptive methods. Despite improvements in access to modern contraceptives, many adolescents remain vulnerable to early and unintended pregnancies. Misperceptions about contraception, such as the belief that it is unhealthy for those who have not given birth, also contribute to the lack of contraceptive use. Power dynamics within relationships, such as pressure or pill disposal, can also contribute to untimely pregnancies.

The study aimed to assess peer influence factors associated with early teenage pregnancies in Blantyre rural district. An interview guide was administered to 30 girls, asking them if they had discussed sexual issues with their friends before being pregnant. The majority of respondents had never discussed sexual issues, indicating a negative impact on teenage pregnancies. The reasons for having sex were often for fun, with some stating that

their friends told them it was sweet. The results align with a 2019 study by Ochen, which found a relationship between teenage pregnancies and peer pressure. Peers play a crucial role in teenagers' lives, with sexually active friends more likely to have sex themselves. Inadequate sexual knowledge and misconceptions about sexual relations contribute to early pregnancy.

V. Recommendations

The study recommended the following:

There is a need to strengthen contraceptive service promotion and provision for teenagers, with a focus on rural areas; teenage education (schooling) should be strongly encouraged, particularly among girls, to ensure a longer stay in school; and economic and social opportunities should be made available to empower poor and vulnerable families and female adolescents, particularly those living in rural areas.

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