

Adolescents in Malawi: Sexual and Reproductive Health

More than one-fifth of Malawi's population is between the ages of 10 and 19. Many of these young people are at risk or already struggling with the consequences of an unplanned pregnancy or a sexually transmitted infection (STI), including HIV/AIDS. To minimize these risks and secure a healthy future for adolescents, it is necessary that policymakers, journalists, service providers and advocates have solid evidence regarding the sexual and reproductive health needs of Malawian youth. This Research in Brief summarizes key research findings on Malawian adolescents' sexual and reproductive health behaviors and needs, with particular emphasis on HIV/AIDS, and points the way forward toward improving policies and programs.

SEXUAL ACTIVITY

- Approximately six in 10 15–19-year-olds have ever had sex; nearly eight in 10 have had sex by age 20.
- Men and women have sex for the first time at almost the same age: on average, at age 17.0 among women and 17.7 among men.
- Among sexually experienced* 15–19-year-olds, 2% of women and 16% of men reported having had two or more partners in the 12 months before the survey.
- Sexual coercion occurs among adolescents. For example, a Pathfinder study found that

56% of adolescents surveyed had experienced forced sex, and 66% had accepted money or gifts in exchange for sex.

CONTRACEPTION

- Although nearly 90% of 15–19-year-olds approve of family planning, most of those who are sexually active† do not use contraceptives: Among sexually active adolescents in this age-group, only 15% of females and 31% of males currently use any modern method.
- Among sexually experienced 15–19-year-olds, 24% of women and 38% of men have ever used a modern contraceptive. The most commonly used methods are the injectable among young women and the condom among young men.
- Most 15–19-year-olds (69% of women and 83% of men) know where to obtain a condom.
- Young women may find it difficult to ask their partners to use condoms: One study found

that many young men perceive women as “prostitutes” if they make such a request.

MARRIAGE

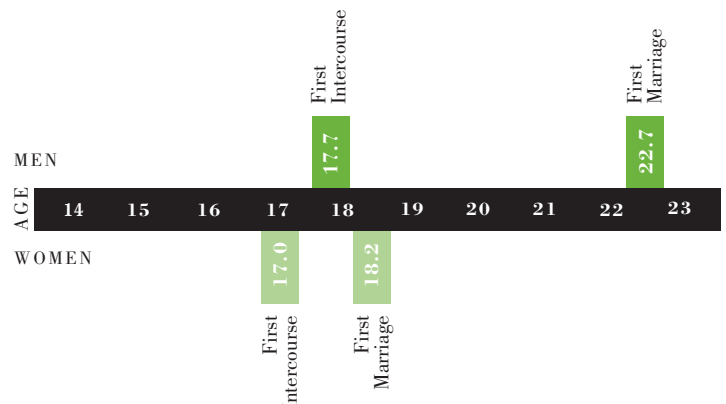
- The average time between first sexual intercourse and marriage is just over one year for young women and five years for young men (Chart A).
- Young women are waiting longer to get married: The median age at first marriage increased among women from 17.7 in 1992 to 18.2 in 2000.
- One study shows the timing of first marriage differs by region: In the south, 80% of young women marry by age 20, compared with 70% in the central region and 65% in the north.

CHILDBEARING

- A substantial proportion of Malawian women give birth during their adolescence: In 2000, 25% of 15–19-year-old women had had a child, and an additional 10% were currently pregnant.

chart a
Sex and Marriage

Adolescent women marry within one year of first sex, whereas adolescent men wait five years.



*Those who have ever had sexual intercourse.

†Those who have had sexual intercourse in the three months prior to the survey.

Focus on HIV/AIDS

- Nearly half of women aged 18–19 have had a child, and 16% are currently pregnant.
- Three percent of men aged 15–19 are fathers.

ABORTION

- Local studies suggest that abortion occurs among adolescents, although national data do not exist to assess the frequency. Most abortions are performed under unsafe conditions because abortion is illegal in Malawi, except to save a woman's life.
- Hospital-based figures indicate that abortion complications are the most common reason for admission to the gynecological wards in Malawi's major hospitals.
- At Queen Elizabeth Central Hospital, 68% of admissions to the gynecological ward in 1994 were due to abortion complications, and more than one-fifth of patients were aged 10–19. Overall, young women accounted for more than half of the deaths due to abortion complications.

STIs

- Among sexually experienced 15–19-year-olds, 8% of women and 13% of men reported having had an STI or STI symptoms in the 12 months prior to the interview.
- After HIV/AIDS, gonorrhea, syphilis and *mabomu* (buboes—enlarged lymph nodes) were the STIs most commonly known by adolescents.
- Sixty-seven percent of youth said that they would go to a hospital or clinic for STI treatment; 21% said they would seek treatment from both a hospital and a traditional healer because the traditional healer assures privacy and can be helpful if medicine is unavailable from the hospital.

Malawi has been especially hard-hit by the HIV/AIDS pandemic. In 2003, 14% of 15–49-year-olds were HIV-positive, with prevalence rates almost twice as high in urban areas as in rural areas (23% vs. 12%). The Malawi government has focused on information, education and communications campaigns to create awareness of the disease and its impact on households, communities and the nation as a whole. Still, 18% of young women and 13% of young men do not know that it is possible for a healthy looking person to have HIV.

Who Is at Risk and Why?

Adolescents and young adults are disproportionately affected by HIV infection. One study found that 20% of young people aged 15–23 were HIV-positive. Young women are particularly vulnerable: They are five times as likely to be infected as their male counterparts.

Certain cultural practices put adolescent women at risk for STIs, including HIV: for example, the practice among the Chewa of enlisting of an older man to be a young women's first sexual partner, the practice among the Tumbuka of wife inheritance and the practice among the Sena of recruiting a male relative to "cleanse" a widow by having sex with her.

Unmarried adolescents. The gap between first intercourse and first marriage leaves a window of time when adolescents are potentially at high risk of HIV and other STIs, as well as unplanned pregnancies. This is partly

because this period may involve sexual experimentation, relationship instability and lack of access to health services.

Married adolescents. More than half of Malawian women marry while still in their teens. Those who marry early may have older husbands who are likely to have had many sexual partners; some of these men may have acquired HIV or another STI that they may transmit to their young wife.

Adolescents who experience sexual coercion. A substantial proportion of the sexual experiences of young women are coerced. According to a study in the Mchinji district, young women often feel powerless to refuse sex or negotiate safe sex. Because they are not prepared for sex and may not be able to protect themselves, those who are coerced into sex are at risk of infection and unintended pregnancy.

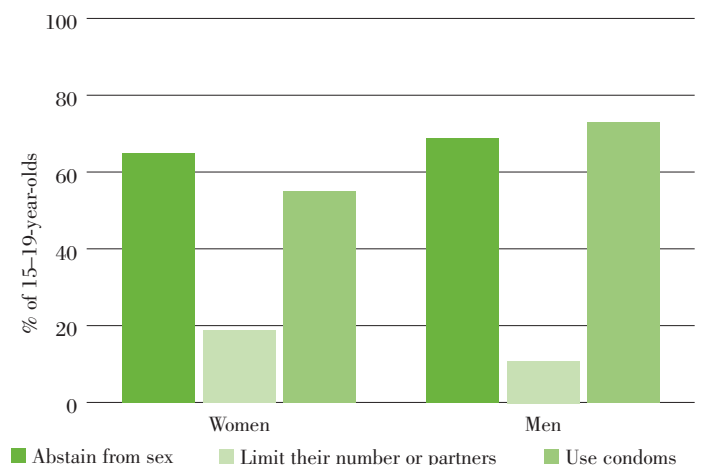
Adolescents who engage in multiple sexual partnerships. High levels of multiple partnerships, particularly among young men, put many Malawian adolescents at risk of infection.

Where Do Young People Get Information About HIV/AIDS?

Virtually all adolescents (98% of young women and 99% of young men) report that they have heard of HIV/AIDS. The radio is the most commonly mentioned source of information on HIV/AIDS for both women (76%) and men (88%) aged 15–19. Additional sources of information include hospitals (36%), friends (31%), youth clubs (27%), print media (10%), religious leaders (8%), teachers (7%), parents (3%) and Banja La Mtsogolo (a nongovernmental organization that provides sexual and reproductive health services—3%).

chart b
Protective Behavior

Many adolescents recognize abstinence and condom use as methods of preventing HIV, but few identify limiting their number of partners.



Communication between parents and children about sex and sexuality is uncommon. In the past, many parents have relied on grandparents, aunts or traditional initiators (*anankungwi*) to discuss sexual matters with their children, but these sources are falling out of practice. As traditional sources of information are weakening and adolescents get more information from their friends, they are more likely to be misinformed about sexuality and reproduction.

How Do Adolescents Protect Themselves?

A large proportion of Malawian adolescents can correctly identify ways to prevent HIV. For example, among 15–19-year-olds, 55% of women and 73% of men identified condom use as a method of HIV prevention (Chart B). Yet this knowledge has not translated into protective behavior: Among sexually active 15–19-year-olds, 6% of women and 29% of men currently use a condom. Among those who use condoms, young women and men do so for different reasons: Twenty-one percent of women and 44% of men do so to prevent STIs only, 54% of women and 21% of men to prevent pregnancy only, and 20% of women and 28% of men to prevent both—which indicates that preventing unintended pregnancy is also an important concern among sexually active adolescents.

Knowing one’s HIV status and that of one’s partner can encourage protective behaviors. The majority of Malawian adolescents (over 80%) who have never been tested for HIV say that they would like to be, but only 7% have actually been tested

(Chart C). Many adolescents who are aware of voluntary counseling and testing (VCT) services but have not been tested cite several reasons: they do not need a test because they are not “promiscuous,” VCT is not available in the community, they trust their partner, they are afraid of living a stressful life if they learn they are HIV-positive, they use condoms consistently or they are not sexually active. It is important to note that a small proportion of adolescents in Malawi report that they would not change their behavior if they discovered they were HIV-positive, and some say that they would want to spread the disease to as many partners as possible.

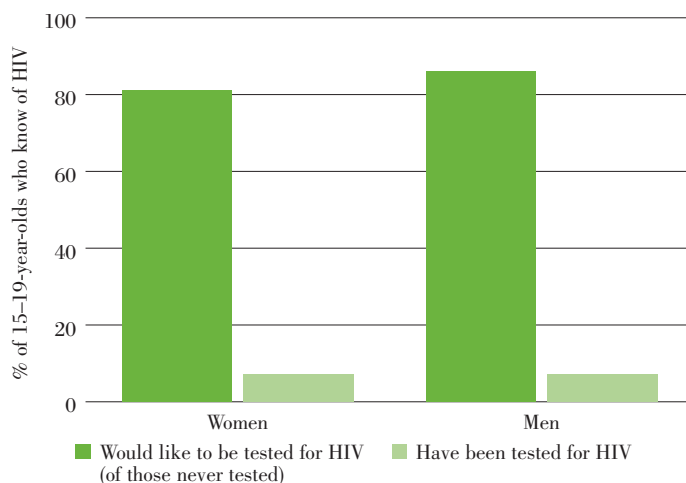
What Policies and Programs Are Available to Young People?

The government of Malawi has adopted policies that create an environment supportive of adolescent sexual and reproductive health. For example:

- The 1995 National Youth Policy identifies youth as a distinct sector of government policy and provides guidelines for developing programs and services to facilitate youth participation in national development efforts.
- Malawi’s Family Planning Policy and Contraceptives Guidelines, revised in 1996, recognize the right of adolescents to reproductive health services. In addition, these guidelines encourage the introduction of family life education within families, in primary schools and at all other levels of education, with special efforts for out-of-school youth.

chart c
HIV Testing

Most adolescents would like to be tested for HIV, but few have been.



- The goal of the 2002 Reproductive Health Policy is to provide accessible, affordable, convenient and comprehensive reproductive health services to all women, men and young people.

- The recently developed 2003 National AIDS Policy provides the framework for implementing a multisectoral national response to the HIV/AIDS epidemic. Specific objectives include providing adequate resources for AIDS activities; observing human rights (including gender and cultural sensitivity); providing for special needs; and creating an enabling environment for the implementation of HIV/AIDS and related programs.

These policies are a critical step, but appropriate implementation of the policies is equally important. Much remains to be done in this respect.

A variety of programs have also been initiated in Malawi to address the sexual and reproductive health needs of adolescents.

- The National Reproductive Health Program provides safe maternal health care; family planning and adolescent reproductive health services; prevention and management of STIs, including HIV/AIDS; and equal access to information, education, supplies and services regardless of age, gender or economic status.

- The Youth Technical Sub-Committees coordinate health-related activities for youth, including HIV/AIDS-related activities for in- and out-of-school youth in all districts of Malawi. These committees provide training for peer educators, counsel youth, establish community AIDS committees and provide information, education and counseling materials.

- The “Why Wait?” education program is an abstinence-based program emphasizing HIV/AIDS prevention and life skills for youth. The program was introduced in secondary schools in the 1990s and piloted in primary schools in 2003, with plans to scale up nationwide.

The Way Forward—Filling the Gaps

Examine the progress toward national policy goals. Systematic measurement of the risk and protective behaviors of Malawian adolescents over time is necessary to assess how well the country is meeting the sexual and reproductive health needs of the next generation.

Understand health-seeking behaviors. More information is needed to explain the gap between awareness of sexual and reproductive health services and utilization of these services.

Find out why. Much of the existing evidence shows the levels and patterns of risky sexual and health behaviors and of outcomes among adolescents, but very little evidence exists to explain why. This information is critical for designing and implementing effective programs.

Assess existing interventions. There is a lack of information about the implementation, monitoring and, most importantly, evaluation of interventions aimed at improving the sexual and reproductive health of Malawian youth. Without this information, it is difficult to know which interventions are most effective and worth supporting.

- School-based Edzi Toto Clubs (“AIDS is not for me”) help members develop skills in critical thinking and communication using interactive, participatory activities such as HIV/AIDS-related dramas, debates, quizzes, role plays and sports among club members and non-club members. There are also anti-AIDS clubs for out-of-school youth that provide access points for peer education on HIV prevention activities.

- The Learning Skills Project, a curriculum taught in all primary schools, addresses challenges facing youth in Malawi today, such as HIV/AIDS, STIs, drug and substance abuse, growth and development, relationships, violence and peer pressure.

- The Youth Arm Organization offers youth-friendly services, such as peer education, peer counseling, indoor games, videos, music and an information resource center.

Although there are many programs and services to help Malawian adolescents protect their sexual and reproductive health, certain barriers keep young people from doing so. For example, in one study, 43% of young women said

they did not have access to sexual and reproductive health services, and 26% said that the reproductive health service providers were not friendly to them. In addition, nearly two-thirds of young women said that their parents would not allow them to obtain sexual and reproductive health services.

Special Groups

Certain subgroups of disadvantaged youth are particularly at risk of HIV, other STIs and unintended pregnancy:

Street youth. These adolescents often engage in risky behaviors, such as prostitution, to survive and are at a high risk of sexual coercion.

Young sex workers. Adolescent sex workers—mainly bar girls who are employed without pay and are expected to make money from male clients—may have little power to negotiate condom use.

Orphans. In 1998, there were more than half a million orphans younger than 20 in Malawi. Traditional extended family support structures cannot cope with the growing number of orphans resulting from AIDS-related deaths of

adults. Thus, there are increasing numbers of child-headed households.

Orphaned adolescent women are sometimes coerced into sex or engage in sexual activities in exchange for basic necessities at home—putting them at risk of HIV and unintended pregnancy.

Where Do We Go From Here?

Although this report shows that a great deal is known about adolescents’ sexual and reproductive health knowledge and behavior, much remains unclear. Malawian adolescents are well aware of HIV/AIDS but remain vulnerable to infection—in large part because knowledge alone does not prompt them to take action to protect themselves. We need to know why. In addition, we need to know more about where adolescents go for health-related information and care, and how to make it easier for them to obtain the services they need. The strategies for meeting these challenges are of concern to government and traditional leaders, program managers, parents and young people themselves. The end goal is a secure and healthy future for Malawi’s youth.

This publication is drawn from Munthali AC, Chimbiri A and Zulu E, Adolescent Sexual and Reproductive Health in Malawi: A Synthesis of Research Evidence, *Occasional Report*, New York: The Alan Guttmacher Institute, 2004, No. 15. It was written by Melanie Croce-Galis. Except where noted, all statistics in this document are from the 2000 Demographic and Health Survey, a nationally representative survey. A complete listing of references can be found in the Occasional Report.

Both publications are part of the project *Protecting the Next Generation: Understanding HIV Risk Among Youth* and were supported by The Bill & Melinda Gates Foundation, the Rockefeller Foundation and the National Institute of Child Health and Human Development (grant no. 5 R24 HD043610). The project, being carried out in Burkina Faso, Ghana, Malawi and Uganda, seeks to contribute to the global fight against the growing HIV/AIDS epidemic among adolescents by raising awareness of young people’s sexual and reproductive health needs with regard to HIV/AIDS, STIs and unintended pregnancy; communicating the new knowledge to a broader audience, including policymakers, health care providers, and the media in each country, regionally and internationally; and, stimulating the development of improved youth-serving policies and programs.



A Not-for-Profit Corporation for Sexual and Reproductive Health Research, Policy Analysis and Public Education

120 Wall Street
New York, NY 10005
Phone: 212.248.1111
Fax: 212.248.1951
info@guttmacher.org

1301 Connecticut Avenue, N.W.
Suite 700
Washington, DC 20036
Phone: 202.296.4012
Fax: 202.223.5756
policyinfo@guttmacher.org
Web site: www.guttmacher.org

Additional copies may be purchased for \$5.00 each. Volume discounts are available. 03/2005