



**National Youth Council of Malawi**

# **Report on profiling early marriages in Malawi**

*'Making a case to 'STOP' Early Marriages'*

**Bishop Chitsulo House, Area 4.  
Private Bag 389,  
Lilongwe. Malawi  
Website: [www.nycommw.org](http://www.nycommw.org)  
email: [info@nycommw.org](mailto:info@nycommw.org)  
Phone/Fax: +265 1 751 593**

**December 2009**

| <b>Table of Contents</b>                         | <b>Page</b> |
|--|-------------|
| List of Acronym                                  | 3           |
| Acknowledgments                                  | 4           |
| Executive Summary                                | 5           |
| Introduction                                     | 6           |
| Rationale  | 7           |
| Aim  | 7           |
| Methodology                                      | 8           |
| Findings   |             |
| <i>Extent of early marriages</i>                 | 10          |
| <i>Abortions cases</i>                           | 13          |
| <i>HIV and STI infection</i>                     | 14          |
| <i>Use of Contraceptives</i>                     | 15          |
| <i>Maternal Health Complications</i>             | 17          |
| <i>Premature Deliveries</i>                      | 20          |
| <i>Education achievement and early marriages</i> | 21          |
| Recommendations                                  | 23          |
| Conclusion                                       | 24          |
| References                                       | 25          |
| Appendices                                       | 26          |

**List of Acronyms**

|       |                                      |
|-------|--------------------------------------|
| HIV   | Human Immunodeficiency Virus         |
| HMIS  | Health Management Information System |
| MDHS  | Malawi Demographic and Health Survey |
| MDG   | Millennium Development Goals         |
| MICS  | Multiple Indicator Cluster Survey    |
| MHRC  | Malawi Human Rights Commission       |
| NYCOM | National Youth Council of Malawi     |
| STI   | Sexually Transmitted Infections      |
| UNFPA | United Nations Population Fund       |
| VSU   | Victim Support Unit                  |

## **Acknowledgements**

Sincere thanks should go to the NYCOM team for making this report possible as they worked through data collection and through the whole process of report writing. Special thanks should go to the Program Officer for Youth Reproductive Health, Chisomo Zileni, NYCOM Executive Director Aubrey Chibwana, and Program assistant, Julius Chingwalu for their untiring efforts. NYCOM would also like to thank UNFPA for financial support and technical assistant through the efforts of Emily Kamwendo and Juliana Lunguzi.

## 1.0 Executive Summary

The National Youth Council of Malawi (NYCOM) with financial and technical support from United Nations Population Fund (UNFPA) carried a situation analysis to profile early marriages in Malawi. This was done to build a case to law makers (parliamentarians) and the President on the need for him not to assent to the marriage age bill that proposed to move the age of entry into marriage with parental consent from 15 to 16 years.

The situation analysis was carried out in 20 districts of Malawi where hospital data was collected to look at the extent of maternal deaths, maternal complications, utilization of family planning and other health service in relation to early marriages. Data from available reports (MDHS, MICS and others) was also used to provide evidence on the extent of early marriages in Malawi and its implications. The process of data collection and analysis took 20 days and descriptive statistics was used to report the findings. No test of significance was done.

Results from the analysed data indicate that the problem of early marriages in Malawi is still very strong. It shows that at least 50 percent of girls in Malawi are married before the age of 18. Teenage pregnancy is still a problem with over 35 percent of all pregnancies being reported as teenage pregnancy. Adolescent girls are at risk of increased death if they marry early as they are likely to have more children that in turns put them at risk of maternal deaths. Cultural factors perpetuates early marriages especially the northern and southern region of Malawi. Educating a girl child has a positive outcome in delaying the time of entry into marriage and delaying childbearing. The results further shows that getting girls marry early has far reaching consequences in the immediate present and future and those effects are seen in Malawi now that includes high maternal deaths, increased HIV incidence, low literacy and low education attainment among adolescent girls just to mention but a few.

The evidence provided in this report will help program planners, the national assembly, civil society, youth leaders, presidential advisers, parents, law commission to rethink their stand as regards to age of entry into marriage with or without parental consent.

## 2.0 Introduction

Malawi is a landlocked country with a total population of 13,066,320. Administratively the country is divided into three regions namely; southern, central and northern. Over 43.6 percent of the population is aged 0 to 14 years and 46 percent aged 15-49 (Preliminary 2008 housing census report). About 70 percent of the total population is aged 30 years and less (MICS 2006). Therefore Malawi is a young population.

Malawi defines youths to include all young people, male and female, regardless of their marital, socioeconomic status as those aged from 14 year to 25 years (Malawi youth policy 1996). However development indicators for young people in Malawi remain poor. There is early sexual debut that exposes young people to a number of sexual reproductive health problems that includes HIV and AIDS. Teenage pregnancy, early marriages, poverty are high among young people. Young adolescent girls are particularly at risk. For example young females especially adolescent (15- 19 years) are more at risk with an estimate of 4 times more likely to be infected with HIV than their male counterparts (MDHS 2004). Child labor is another challenge. It is estimated that at least 26 percent of children aged 5-14 years in Malawi are in a form of child labor (MICS 2006).

Similarly other health indicators are still weak such as high total fertility rate of 6.3, high maternal mortality ratio of 807/100,000, high infant mortality rates of 69/1,000 and low contraceptive prevalence rate of 41 percent (MICS 2006).

Regardless of the weak health indicators, the Malawi National assembly on its seating of 22<sup>nd</sup> June to 31<sup>st</sup> July 2009 passed a bill to move the age for entry into marriage from 15 to 16 years. Following this development, National Youth Council of Malawi (NYCOM) as a coordinating authority on all issues related to adolescents and young people carried out a series of interventions to provide evidence on the effects of early marriages. The interventions were: 1. Live district hearing campaign that took place in all districts across Malawi except Likoma where young people aired out their views on what should be the right age of entry into marriage with or without parental consent. 2. Meeting with parliamentarians to lobby the national assembly to move the age from 16 to 18 years. 3. Development of a communiqué on what adolescent girls and youth in Malawi want as regards to early marriages. 4. Launch of STOP early marriage campaign where all youth leaders in Malawi were present and pledged their commitment in working towards `STOP early marriages`.

These interventions were carried out with financial and technical support from United Nations Populations Fund (UNFPA). This therefore is a report that was aimed to consolidate available research evidence as to what is the extent and implications of early marriages among adolescents and young people in Malawi.

### **3.0 Rationale**

The Malawi National Assembly seating of 22<sup>nd</sup> June to 31<sup>st</sup> July 2009 passed a bill to move the age for entry into marriage from 15 years to 16 years. Children and young people in the country felt that they were not consulted during the consultative process that led to development of the bill. This prompted adolescent girls and young people in Malawi to seek for redress on the issue and requested to be heard. In order to present a case to stop the state president assent to the bill and to STOP early marriages, evidence was needed so that the President, national assembly, civil society organizations, government, parents, adolescents and young people understands the risk associated with early marriages hence the situation analysis.

### **4.0 Aim**

The aim of the situation analysis was to present evidence on possible health implications to children and adolescent girls that may arise due to early marriages.

### **5.0 Objectives**

The following were the specific objectives of the situation analysis:

- 5.1 To identify the extent of health implications among children and young people in relation to early marriages.
- 5.2 To make recommendations on the need to invest in the girl child.

## **6.0 Methodology**

### ***6.1 Data collection***

Prior to data collection, a formal request was made to the Principal Secretary in the Ministry of Health and the Inspector general of police to allow data collectors to collect the necessary data (see appendix 1 and 2). Data for the exercise was collected from district hospitals and district victim support units (VSU)<sup>1</sup>. The district hospitals and district victim support units were chosen as data collection points on the assumption that they hold consolidated data from other health facilities and police units in a particular district since they act as referral points, and as such representative of the district. In the district hospitals, data was collected from the maternity wards, STI clinics, theater books, HIV testing and counseling books and family planning clinics. Data was also collected from the HMIS (Health Management Information Systems)<sup>2</sup> office at the district hospitals. At VSUs, data was collected from record books.

### ***6.2 Data collectors***

Data collectors were youth friendly health service coordinators and maternity ward in-charges. They were chosen deliberately due to their knowledge of the hospital system and the wards. As such it was easier to collect the data. They were oriented on how to collect the data through phone. Data collection took five days to be finalized.

### ***6.3 Questionnaire guide***

A questionnaire guide was designed (see Appendix 3) that had questions related to abortion cases, HIV positive cases, STI cases, Family Planning methods, maternal complications i.e. postpartum hemorrhage, caesarean section, puerperal sepsis, maternal deaths, premature delivery, rape and defilement. In all these cases, actual absolute figures were collected for each variable and disaggregated by age in the following age categories; 10 to 14 years, 15 to 19 years and above 19 years.

---

<sup>1</sup>VSU is an initiative of the government of Malawi. Its aim is to help victims of rape, defilement and any form of abuse. As such it records important information on extent of different abuse cases in Malawi. All districts in Malawi have got VSUs and they work in close collaboration with district hospitals.

<sup>2</sup> In each District hospital, there is an officer who is responsible for data management that feeds into the Health Management Information System. As such it is a very important system in terms of health services in Malawi.

#### ***6.4 Secondary review of reports***

A review of the Malawi Demographic and Health Survey (MDHS), the Malawi Indicator Cluster Survey (MICS) and other documents was done in order to collect more evidence on the cases of early marriages in Malawi.

#### ***6.5 Data analysis***

For the primary data, descriptive statistics was used to report the findings. Tables have been used to summarize the data so that percentages from each variable could be reported and compared with those from other reports and research findings.

#### ***6.6 Limitations***

Some district hospitals had problems in consolidating their data due to unavailability of ward clerks who consolidates ward data. As such some variables from the district hospitals were not reported hence they have been reported as missing data. Underreporting in some district hospitals also led to low reporting of figures and that also could have had an impact on the collected data. However this did not change the true representation of the situation on the ground as evidence has also been collected from previous reports and findings.

## 7.0 Findings

### 7.1 Extent of early marriages in Malawi

Early marriages have been defined as marriage before the age of 18. In Malawi there are two indicators that are reported to illustrate early marriages. These are; the percentage of women married before the age of 15 and before the age of 18 (MICS 2006). Marriage with parental consent is still regarded as early marriage if marriage occurred before the age of 15 or 18. In Malawi women have been reported to get married as early as 12 years with some districts as early as 10 years.

**Table 1: Adolescent Marriages**

| <b>Early marriage</b><br>Percentage of women and men aged 15–49 in marriage or union before their 15th birthday, percentage of women and men aged 20–49 in marriage or union before their 18th birthday, and the percentage of women and men aged 15–19 currently married or in union, Malawi, 2006 |                                       |                         |         |                         |                                       |                         |         |                         |                                   |                         |         |                         |
|---|---------------------------------------|-------------------------|---------|-------------------------|---------------------------------------|-------------------------|---------|-------------------------|-----------------------------------|-------------------------|---------|-------------------------|
| Background characteristic   | Married/in union before 15th birthday |                         |         |                         | Married/in union before 18th birthday |                         |         |                         | 15–19 currently married/ in union |                         |         |                         |
|   | Women                                 |                         | Men     |                         | Women                                 |                         | Men     |                         | Women                             |                         | Men     |                         |
|   | Percent                               | Number aged 15–49 years | Percent | Number aged 15–49 years | Percent                               | Number aged 20–49 years | Percent | Number aged 20–49 years | Percent                           | Number aged 15–19 years | Percent | Number aged 15–19 years |
| <b>Malawi</b>   |                                       |                         |         |                         |                                       |                         |         |                         |                                   |                         |         |                         |
| Total   | 10.3                                  | 26,259                  | 1.1     | 7,636                   | 49.6                                  | 7,636                   | 7.1     | 6,070                   | 33.3                              | 5,124                   | 2.1     | 1,566                   |
| Urban   | 7.5                                   | 4,624                   | 0.5     | 1,466                   | 39.6                                  | 1,466                   | 5.5     | 1,172                   | 26.9                              | 1,013                   | 1.3     | 293                     |
| Rural   | 11.0                                  | 21,635                  | 1.2     | 6,170                   | 51.6                                  | 6,170                   | 7.5     | 4,898                   | 34.9                              | 4,110                   | 2.3     | 1,273                   |

Source: Multiple Indicator Cluster Survey 2006

The table above shows that 10 percent of females in the country who are in union were married before the age of 15 in relation to only 1 percent of their male counterparts. Interestingly again 50 percent of females marry before they reach their 18<sup>th</sup> birthday. In contrast only 7 percent of males were married before they reached age 18. Currently of all people in union aged 15- 19 years, there are more adolescent girls who are married, 33.3 percent than adolescent boys 2.1 percent. Again the table above shows that adolescents girls aged 15- 19 years who live in the rural areas are more likely to be married (34.9 percent), than if they are living in the urban areas (26.9 percent). This is a clear manifest that in Malawi more

women marry early. Living in the rural areas is a risk factor to early marriages among adolescent girls.

At regional level, in the southern region of Malawi, more adolescent girls marry before they reach 15 years. However those aged 15- 19 years who are currently married, at least 40 percent of these adolescent girls are in the northern region. See table 2 below.

**Table: 2: Adolescent Marriages by region**

|                 | Married/In Union before<br>15th birthday |            | Married/In Union before<br>18th birthday |            | 15- 19 currently<br>married/In Union |            |
|-----------------|--|------------|--|------------|--------------------------------------|------------|
| <i>Region</i>   | <i>Women</i>                             | <i>Men</i> | <i>Women</i>                             | <i>Men</i> | <i>Women</i>                         | <i>Men</i> |
| <b>Northern</b> | 10.8                                     | 1.2        | 52.6                                     | 4          | 39.9                                 | 4.2        |
| <b>Central</b>  | 8.5                                      | 0.9        | 45.7                                     | 6.3        | 29.6                                 | 1.3        |
| <b>Southern</b> | 12.1                                     | 1.2        | 52.7                                     | 8.9        | 35.3                                 | 2.4        |

*Source: Multiple Indicator Cluster Survey 2006*

Most adolescent girls do not get married voluntarily but rather involuntarily; married off or sometimes arranged by their parents, relatives and others. Cultural practices in part have fueled early marriages among different ethnic groups. A report by Malawi Human Rights Commission (MHRC), shows that replacement of deceased wife (*chimeta masisi, chidzutsa nyumba, chiusya nyumba, impyana, mbirika, nthena*) is very common in most parts of the country. Young adolescents as early as 15 years old are forced into this practice to men as old as 50 years. Even when the adolescents run away, parents and their relatives still hunt them down and force them to replace a deceased wife. They do this among others for fear of the man demanding back the bride price and also to still enjoy the wealth of the man if he is well to do. This has led to increased early marriages.

*Kupimbila* is yet another cultural practice that perpetuates early marriages. This practice is very common in the northern region, particularly in Chitipa. In this practice, parents get a debt and as payment in advance they would offer their child who could be as young as 9 years to an old man (MHRC report).

The Multiple indicator Cluster survey (2006), reports that most adolescent girls are married to males who are much older than them. Of the female adolescent girls aged 15-19 years, who are

in union, more than 50 percent are married to men who are five years or more older than them. For those females aged 20 to 24 years who are currently in union, 11 percent of them are married to men who are 10 years older than them. See table 3 below.

**Table 3: Spousal age difference**

| Spousal age difference – Women  |   |                 |                 |                 |                                |       |   |   |                 |                 |                 |                                |       |   |
|---|---|-----------------|-----------------|-----------------|--------------------------------|-------|---|---|-----------------|-----------------|-----------------|--------------------------------|-------|---|
| Percent distribution of currently married/in union women aged 15–19 and 20–24 according to the age difference with their husband or partner, Malawi, 2006 |   |                 |                 |                 |                                |       |   |   |                 |                 |                 |                                |       |   |
| Background characteristic   | Percentage of currently married/ in union women aged 15–19 whose husband or partner is: |                 |                 |                 |                                | Total | Number of women aged 15–19 years currently married/in union | Percentage of currently married/ in union women aged 20–24 whose husband or partner is: |                 |                 |                 |                                | Total | Number of women aged 20–24 years currently married/in union |
|   | Younger   | 0–4 years older | 5–9 years older | 10+ years older | Husband/ partner's age unknown |       |   | Younger   | 0–4 years older | 5–9 years older | 10+ years older | Husband/ partner's age unknown |       |   |
| Malawi  |   |                 |                 |                 |                                |       |   |   |                 |                 |                 |                                |       |   |
| Total   | 0.2   | 50.3            | 42.3            | 5.4             | 1.8                            | 100.0 | 1,708   | 1.2   | 51.4            | 35.0            | 10.8            | 1.7                            | 100.0 | 5,163   |
| Urban   | 0.0   | 37.9            | 53.5            | 7.9             | 0.7                            | 100.0 | 272   | 0.5   | 45.6            | 42.6            | 10.8            | 0.5                            | 100.0 | 880   |
| Rural   | 0.3   | 52.6            | 40.2            | 4.9             | 2.0                            | 100.0 | 1,436   | 1.3   | 52.6            | 33.4            | 10.8            | 2.0                            | 100.0 | 4,283   |

Source: Multiple Indicator Cluster Survey 2006

This age difference is also a risk factor to contracting HIV as we shall see when we will be discussing the relationship of HIV and AIDS infection and early marriages.

## 7.2 Abortion cases

WHO estimates that every day over 130,000 women undergo an abortion. It has been estimated further that globally over 46 million abortions take place every year and close to 19 million are unsafe. The magnitude of unsafe abortions is heavily felt. For every two of three unsafe abortions occur among women aged 15–30 years and 14 percent occur in young girls less than 20 years. Sadly, approximately 95 percent of all unsafe abortions occur in developing countries. Malawi is one of these developing countries.

Since abortion in Malawi is illegal, it is very difficult to know the true magnitude of the problem. One way of estimating the magnitude of the problem is collecting cases of abortion complications in the hospitals as they are recorded. Most abortion cases in the Malawian hospitals are reported as incomplete implying that they may have been induced by the client. However clients do not acknowledge that they have induced the abortion as doing so will constitute a crime. Therefore this survey collected cases of abortion complications that have been used as proxy indicators to look at the magnitude among young adolescents in Malawi. Table 4 below depicts abortion complications reported between July 2008- June 2009.

**Table 4: Abortion complication cases in Malawi reported per district.**

| District  | % 10-14 | % 15-19 | % 19above | Total clients |
|-----------|---------|---------|-----------|---------------|
| Balaka    | 2.4     | 18.5    | 79.1      | 378           |
| Blantyre  | 0       | 27.9    | 72.1      | 43            |
| Dowa      | 0       | 25      | 75        | 12            |
| Mchinji   | 0.6     | 19      | 80.4      | 337           |
| Ntchisi   | 0.31    | 18.3    | 81.4      | 328           |
| NkhataBay | 2.5     | 17.5    | 80        | 40            |
| Ntcheu    | 6.9     | 36      | 57.1      | 496           |
| Rumphi    | 0       | 0       | 100       | 5             |
| Salima    | 0       | 51.9    | 48.1      | 27            |
| Dedza     | 0       | 8       | 0         | 8             |
| Mwanza    | 0       | 16.67   | 83.33     | 6             |
| Thyolo    | 0       | 0       | 100       | 1             |
| Zomba     | 0       | 0       | 100       | 38            |
| Chikwawa  | 0.2     | 28      | 71.8      | 415           |

\*read across the table

The above figures generally indicate that more abortion cases occur in young women above 19 years old. Nonetheless, findings also show an alarming trend of abortion cases occurring in adolescent girls. For instance, in Ntcheu District, approximately 42 percent of all abortion complications reported occurred in female adolescents aged 10- 19 years. Likewise, in Salima district, over half, 51.9 percent of cases of abortion complications were reported among adolescents girls aged 15- 19 years. These unexpected statistics show the risk that adolescent girls are facing in different parts of the country and these scenarios can not be ignored.

### ***7.3 HIV and STI infection***

The Millennium Development Goal number 5 challenges countries to combat HIV, Malaria and Tuberculosis by the year 2015. On HIV and AIDS, the target is to have halted the HIV spread by 2015 and started reversing the spread of HIV. Under this goal, Malawi will be measured using these indicators: HIV prevalence among pregnant women aged 15- 24 years, condom use at last high risk sex, percentage of population aged 15 -24 with comprehensive correct knowledge of HIV and AIDS, and also contraceptive prevalence rate.

In Malawi, over the past 9 years, efforts to reduce the spread of HIV have been strengthened. In 2001, HIV prevalence in the adult population (15- 49 years) was at 15 percent (NACP 2001). Today the adult prevalence of HIV is at 12 percent in the adult (15-49 years) population (MDHS 2004).

Despite the achievement in reducing the prevalence from 15 to 12 percent, at 12 percent the prevalence is still very high. However use of condoms at the last high risk of sexual encounter is only 40 percent for women and 58 percent for men (MDHS 2004). This low usage of condoms implies unprotected sex encounters that not only lead to HIV infection but unintended pregnancy and early childbearing. This already signals high unmet need for family planning. The incidence of HIV infection in Malawi shows a pattern that female adolescents are more likely to be infected first than their male counterparts. The Malawi Demographic Health Survey 2004, reports that female adolescents aged 15-19 years are four times more likely to be infected with HIV than their male counterparts.

Transmission of HIV via heterosexual contact is a function of how long one has been sexually active, frequency of sexual intercourse, use of protection and whether the partner is infected or not. A 2004 study by Clark on Early Marriage and HIV risks in Sub-Saharan Africa, showed that single girls had engaged in sex much less frequently than married girls. Almost all the married girls surveyed reported to have had sex within the past week whereas only 11 percent of single girls had done so. It further showed that married girls are more likely to want (under pressure) pregnancy and therefore have sex frequently and are less likely to use condoms. More risky is the prevalence of HIV among the partners of the married girls. The study showed that HIV prevalence was two to three times higher in married girls than the girls who were single. This study provides evidence of the riskiness of early marriage on adolescent girls as it compels them to have sex and fall pregnant that exposes them to risk of HIV infection and pregnancy complications.

A study by Bruce on the implications of early marriage for HIV/AIDS policy (2004), has supported the above findings. The study shows that there is a direct relationship between early marriages and acquisition of HIV infection among adolescents and young people. Young adolescents who marry before the age of 18 are often exposed to unprotected sexual intercourse with most of the times an older partner. The risk of HIV infection among young people is highly correlated to early marriages that in turn lead to early sexual debut. The risk of HIV among females in union is 4 times more than those not in union for those aged 15- 24years (National HIV prevention strategy 2008). This is so because there is a dramatic rise in unprotected sexual intercourse that is highly coupled with a desire to be pregnant and have children. In the 15- 19 year cohort pregnancy related deaths, has been a leading cause of mortality among this age group. Regardless of this risk, still at least 50 percent of all women in union in Malawi still marry before the age of 18 years.

#### ***7.4 Use of Contraceptives***

Use of family planning methods delays the time when a person should have had their first child and also promotes child spacing. There is evidence that mothers who start child bearing early are more likely to have higher parity especially in a country like Malawi where use of contraceptives is low (MICS 2006). Family planning is one of the high impact interventions in the Malawi Road Map for the Reduction of Maternal and Neonatal Mortality and Morbidity. Access of family planning services will be measured using the following: teenage pregnancy as percentage of total pregnancies, uptake of family planning among adolescents, contraceptive prevalence rate and percentage of health facilities providing youth friendly health services (Road Map 2007).

In terms of contraceptive prevalence rate (CPR) for modern contraceptives, there has been a significant increase from 7 percent in 1992, 14 percent in 1996, 26 percent in 2000 and 28 percent in 2004 (Assessment of reproductive health within SWAp, 2008). Currently use of family planning methods (traditional and modern) is reported at 41 percent. Modern contraceptive use is at 38 percent (MICS 2006).

However there is still unmet need of 29 percent among women in the rural areas and 23 percent among those living in urban. Young female adolescents are said to be less likely to use contraceptives with only 24 percent of adolescents aged 15- 19 years currently using a contraceptive in relation to 42 percent of those aged 20 -24 years (MICS 2006). This is a sad

reality bearing in mind that over 50 percent of those currently in union were married before the age 18. Again the fact that over 33.3 percent of adolescent girls aged 15 -19 years are in union or married. This is a recipe for having more children that eventually will negatively impact on their health.

Again it has been reported that use of contraceptives is positively correlated to number of children one has. An adolescent girl who has no child is less likely to use any contraceptive than one in union or married. MICS report of 2006 reports that women with no child are more likely (97 percent) not to use any contraceptive method compared to those with at least 3 children (52 percent). This means that adolescent girls aged 15-19 years who are getting married are more likely to get pregnant before their reproductive organs get fully developed putting them at a greater risk of pregnancy complications and eventually death. As such it is not very surprising that teenage pregnancy is reported at 35 percent.

Review of use of modern family planning methods at Chiradzulu district hospital among 15- 19 years shows that only 25 percent of female (117) adolescents in this age group accessed contraceptives between July 2008- June 2009. This agrees with the national average figure as reported earlier. A similar scenario has been observed at Dedza district hospital where only 19.2 percent (639) female adolescent reported use of modern family planning methods in the same reporting months. This however is below the national average of 24 percent. Again data from Neno district hospital shows that it has the lowest utilization of modern family planning methods among adolescents aged 15- 19 years reporting only 1.52 percent with Ntcheu reporting the highest utilization among adolescents of the same age group (see table 5).

**Table 5: Use of modern family planning methods**

| <b>District</b> | <b>% 10-14</b> | <b>% 15-19</b> | <b>% 19above</b> | <b>Total Clients</b> |
|-----------------|----------------|----------------|------------------|----------------------|
| Balaka          | 0.12           | 25.8           | 74.1             | 840                  |
| Blantyre        | 2.1            | 15.9           | 82               | 2452                 |
| Dowa            | 0              | 11.7           | 88.3             | 1059                 |
| Mchinji         | 0              | 23.9           | 76.1             | 188                  |
| Ntchisi         | 0              | 12.1           | 87.9             | 1009                 |
| Nkhotakota      | 0.5            | 11             | 88.5             | 3007                 |
| NkhataBay       | 0              | 9.5            | 90.5             | 611                  |
| Ntcheu          | 0.8            | 34.1           | 65.1             | 6862                 |
| Rumphi          | 0              | 24.9           | 75.1             | 539                  |
| Salima          | 1.9            | 11.5           | 86.6             | 2185                 |
| Lilongwe        | 0              | 18.4           | 81.6             | 877                  |
| Dedza           | 0.1            | 18.5           | 81.4             | 2215                 |
| Neno            | 0.06           | 1.52           | 98.4             | 3152                 |
| Chiradzulu      | 0              | 22             | 78               | 530                  |
| Mwanza          | 0              | 1.704          | 98.3             | 2523                 |
| Thyolo          | 0              | 26.5           | 73.5             | 1468                 |
| Zomba           | 0.03           | 4.9            | 95               | 7328                 |
| Chikwawa        | 0.4            | 19.2           | 80.4             | 903                  |

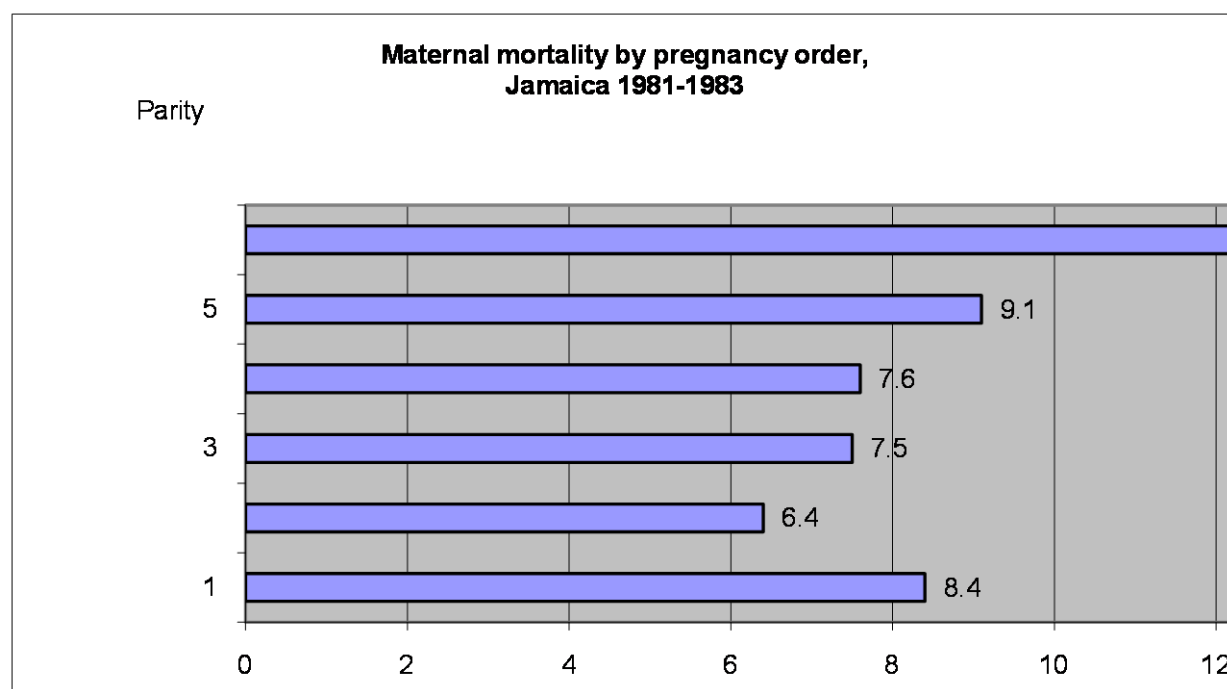
\*read across the table

### ***7.5 Maternal health complications***

Early marriages bring with them a lot of maternal complications. Most notably are complications of pregnancy in early childbearing that includes vesicle vaginal fistulas, caesarean sections, postpartum hemorrhage among others. Maternal death is defined as death during pregnancy or within 42 days of termination of pregnancy. Malawi maternal mortality ratio (MMR) is 807 deaths per 100,000 live births. This is one of the highest MMR in the world and sub-Saharan Africa. According to the projections, Malawi could miss out on achieving a reduced maternal death ratio to 155/100,000 as current projections peg maternal death ratio at 338/100,000 (MDG report 2008).

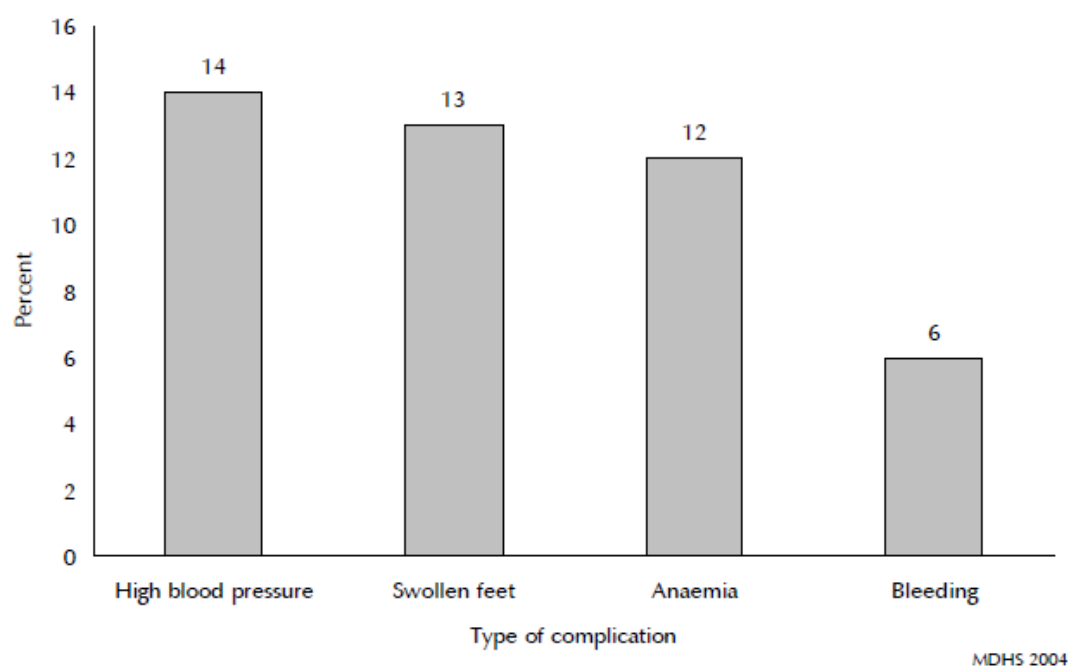
Aggressively responding to early pregnancies and early marriages would significantly enable Malawi to achieve the 155/100,000 target (reduce maternal deaths by 75percent). A study in Jamaica showed that women having their first pregnancy are more likely to die as reason of maternal complication than those having their second and third child, see figure below.

**Figure 1: Relationship between parity and maternal deaths**



The figure above shows the relationship between parity of the mother and the risk of maternal death. A study that was conducted in Jamaica between 1981- 1983 shows that young girls who are having their first child are likely to die than those having their second and third child (Walker et al). The risk starts to increase again as one continues to bear more children. In the figure above a woman who had 2 children, the risk of death was 6.4 deaths/100,000 live births as opposed to a woman who had 5 children and whose risk was 9.1 deaths/100,000 live births. This scenario could be due in part to less utilization of contraceptives. Since women who do not use contraceptives are more likely to have more children than those who use contraceptives, then it would be appropriate to conclude that women who do not use contraceptives are more likely to die as a result of maternal related causes than those who use contraceptives. This risk in Malawi could be greatest among adolescents who report less utilization of contraceptives and they have more children.

The Malawi Demographic Health survey (2004) reports that there are four major complications during pregnancy; Anemia, high blood pressure, swollen feet and bleeding. see figure below.

**Figure 2: Complications during pregnancy**

MDHS 2004, reports the above complications are more prevalent among older women and women living in the rural areas. As a consequence, such complication are likely in adolescent girls where at least 35 percent of currently married adolescents aged 15 -19 years live in the rural areas (MICS 2006). Again the danger is that most women leave the problems of high blood pressure, bleeding and swollen feet untreated compared to over 85 percent who seek treatment for anemia. Bleeding is reported as one of the leading causes of maternal deaths and high blood pressure during pregnancy is equally fatal and needs to be checked. Much as this is the case, female adolescents living in the rural areas have a 53 percent chance of being attended to by a health professional compared to an 84 percent chance to their urban counterparts (MDHS 2004). This scenario again increases the likelihood of further pregnancy complications that could eventually result in maternal deaths.

In table 7 below, more than 50 percent of maternal deaths that took place in Thyolo district in the reporting period of July 2008 to June 2009 were among adolescents girls aged 15- 19 years. MICS 2006, reports that 44.8 percent of adolescent girls in Thyolo district (second from Blantyre district at 46.7 percent) aged 15- 19 years have already begun childbearing. In looking at the maternal deaths in Thyolo among the 15- 19 year old one could see a possible linkage between early childbearing and risk of maternal death. Chikwawa, Salima and Rumphi all reported

maternal deaths among 15- 19 year old of equal to and more than 30 percent. Again in these districts more adolescents' girls have already started childbearing and reported at 40 percent, 28 percent and 38 percent for Chikwawa, Salima and Rumphi respectively (MICS 2006).

**Table 7: District maternal deaths (July 2008- June 2009)**

| <b>District</b> | <b>% 10-14</b> | <b>% 15-19</b> | <b>% 19above</b> | <b>Total Clients</b> |
|-----------------|----------------|----------------|------------------|----------------------|
| Balaka          | 0              | 4.6            | 95.4             | 22                   |
| Dowa            | 0              | 0              | 100              | 7                    |
| Mchinji         | 0              | 16.7           | 83.3             | 18                   |
| Ntchisi         | 0              | 11.1           | 88.8             | 9                    |
| NkhataBay       | 0              | 0              | 100              | 6                    |
| Ntcheu          | 15             | 20             | 65               | 20                   |
| Rumphi          | 0              | 29.4           | 70.6             | 17                   |
| Salima          | 0              | 33.3           | 66.7             | 9                    |
| Chiradzulu      | 0              | 0              | 100              | 5                    |
| Mwanza          | 0              | 11.7           | 88.3             | 17                   |
| Thyolo          | 7.1            | 57.2           | 35.7             | 17                   |
| Zomba           | 0              | 9.1            | 90.9             | 33                   |
| Chikwawa        | 0              | 31.8           | 68.2             | 22                   |

\*read across the table

### **7.5.1 Premature deliveries**

Premature delivery is also a challenge among young people who marry early. Data from the districts indicates substantial premature deliveries reported among adolescents aged between 15- 19 years. For example in Ntchisi district, 44.5 percent of all premature deliveries that occurred between July 2008 to June 2009 occurred among adolescents in the age group 15- 19 years. Districts like Blantyre, Mwanza, Neno and Balaka all reported more than 30 percent of premature deliveries among adolescents girls during the reporting period (July 2008- June 2009). Much as they might be other reasons related to the premature deliveries, early marriages poses a greater risk as evidence has already shown above.

**Table 6: Premature deliveries**

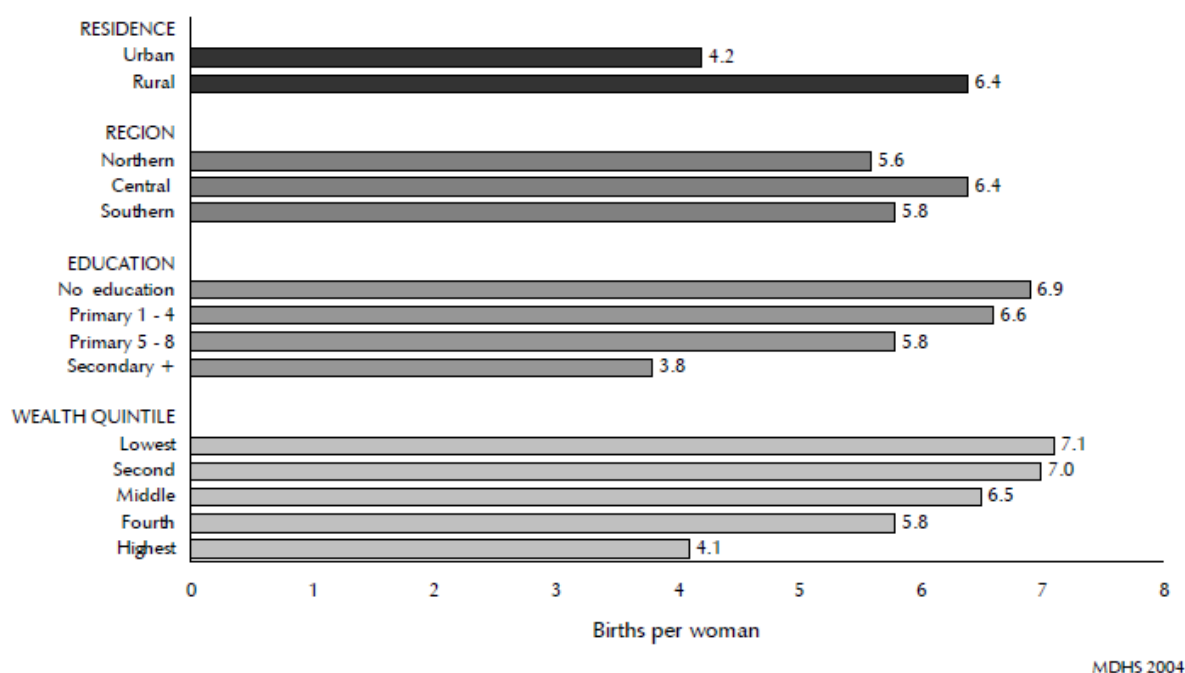
| <b>District</b> | <b>% 10-14</b> | <b>% 15-19</b> | <b>% 19above</b> | <b>Total Clients</b> |
|-----------------|----------------|----------------|------------------|----------------------|
| Balaka          | 0              | 34.9           | 65.1             | 43                   |
| Blantyre        | 7.8            | 41.7           | 50.5             | 321                  |
| Dowa            | 0              | 4.4            | 95.6             | 227                  |
| Mchinji         | 0.024          | 28.3           | 71.7             | 4150                 |
| Ntchisi         | 1.8            | 44.5           | 53.6             | 110                  |
| Nkhotakota      | 99             | 99             | 99               | 108                  |
| NkhataBay       | 7.7            | 26.9           | 65.4             | 26                   |
| Ntcheu          | Missing data   |                |                  |                      |
| Rumphi          | 5.4            | 28.9           | 35.7             | 56                   |
| Salima          | 8.3            | 27.8           | 63.9             | 36                   |
| Lilongwe        | 0              | 0              | 100              | 55                   |
| Neno            | 0              | 33.3           | 66.7             | 615                  |
| Chiradzulu      | 0              | 27.5           | 72.5             | 69                   |
| Mwanza          | 0              | 45.5           | 54.5             | 33                   |
| Thyolo          | 0              | 30.5           | 69.5             | 594                  |
| Zomba           | 0              | 23.8           | 76.2             | 340                  |
| Chikwawa        | Missing data   |                |                  |                      |

\*read across the table

### ***6.5 Education achievement and Early marriage***

As a signatory of the UN Millennium Development Goals, Malawi is to achieve universal access in education by the year 2015. This could be off track if most adolescent girls marry very early. Early marriages forms a vicious circle such that once a girl gets married she drops out of school, unable to work as she does not have adequate qualification hence has very low income thereby perpetuating poverty.

**Figure 3: Total Fertility rate by background characteristics**



As reported in the MDHS 2004 the figure above, shows that women or girls with low education are more likely to have more children than those in secondary school and above. The TFR declines as girls move up with their education. For those that have never been to school, the TFR is at 6.9, those been to primary (1-4) is at 6.6, those in senior primary (5-8) and significantly reduces when a girl child attains secondary education and above (3.8). This could also be interpreted that getting girls to school delays their likelihood of having children. However since marriage comes with it conjugal duties it is not surprising that most adolescent girls have children very early and in the long term have a higher fertility rate. As such most of these adolescent girls will not do well in school.

## 8.0 Recommendations

The evidence provided above makes a case on why young people, parents, civil society and more importantly our parliamentarians need to say no to early marriages. Therefore the review recommends the following:

1. The minimum age of entry into marriage be raised to eighteen (18), because at 16 a person is still a child. The national assembly has got a critical role of protecting the next generation. At the age of 18 in Malawi, a person would be more mature to get into marriage and would have also completed form four. Their reproductive organs would be well built and would be able to easily make informed decisions that could also protect them from the risk of HIV.
2. There is need to strengthen campaigns to sensitize young people and parents on the risks of early marriage in Malawi. Parents, relatives, lawmakers in Malawi need to understand that there are far more effects in marrying off girls off and that could negatively impact on the development of the country in the near and future term. These should be ongoing and needs to highly target the rural population.
3. Parents, civil society should help the government facilitate an enabling environment that will help adolescent girls and children go to school. The fact that education would delay the number of children one has by delaying the time of a girl getting married, means that education should be viewed as one of the best strategy to reduce early marriages in Malawi.
4. Access of contraceptives by adolescent girls is very weak in Malawi. As it is appreciated that more girls are engaged in early sexual debut, efforts need to be strengthened to ensure that adolescent girls have access to contraceptives. Strengthening youth friendly health services in health service providing institutions, would enable more adolescent girls develop a positive attitude towards access of contraceptives.
5. There is need to strengthen girls only programs that should promote hope among girls and young children in Malawi to work hard in school. This will help to change mindsets of those girls that believe there is no much hope for them to work hard.
6. Institutions need to appreciate and live to their commitments by making sure laws, policies; guidelines and targets they have set to protect young girls and adolescents in Malawi are being achieved. Deliberate efforts should be made to protect young

adolescent girls by making sure that policies and laws that are made today protect the rights of the girl child.

## **9.0 Conclusion**

The above findings have presented evidence on what the risk of early marriages as it relates to a number of health implications and also socio economic implications. The fact that more young girls in Malawi are married early does not mean that early marriages are good. What this means is that as a country there is likelihood that maternal mortality ratio will continue going up, the scourge of HIV and AIDS will continue to spread in the general population. Since health is critical to achievement of all the Millennium Development Goals (MDG), inability to challenge early marriages today will still have immediate and long term effects thereby unable to meet the MDG targets. The Malawi National Assembly decision is critical in protecting the next generation. Decisions that will be made today will affect the future generation of Malawi and therefore action needs to be taken in light of the evidence above. Parents, governments, civil society should be able to account for their actions and seen to protect the rights of children, adolescents and young people.

## References

1. Government of Malawi. 1994. *Constitution of the Republic of Malawi*. Government of Malawi. Lilongwe.
2. National Statistical Office (NSO). 2006. Malawi Multiple Indicator Cluster Survey. Zomba. NSO.
3. Malawi Human Rights Commission (MHRC). *Cultural Practices and their Impact on the Enjoyment of Human Rights, Particularly the Rights of Women and Children in Malawi*. Lilongwe. Malawi
4. World Health Organisation (WHO).
5. National AIDS Control Programme (NACP). 2001. *Estimating national HIV prevalence in Malawi from Sentinel surveillance data*. Lilongwe. Malawi. National AIDS Control Programme
6. National Statistical Office (NSO). 2005. *Malawi Demographic and Health Survey 2004*. Calverton, MD, USA: ORC Macro; and Zomba. Malawi: NSO.
7. Bruce J and Clark S, *The Implications of Early Marriage for HIV/AIDS Policy*, New York: Population Council 2004.
8. Government of Malawi. 2008. *National HIV prevention Strategy*. Government of Malawi Lilongwe. Malawi.
9. Government of Malawi. Road Map for accelerating the reduction of Maternal and Neonatal Mortality and Morbidity in Malawi. March 2007
10. Shelly Clark, Early marriages and HIV risks in sub-Saharan Africa. *Studies in Family Planning*. 2004, 35(3):149-160.
11. Walker GJA, et al. Maternal mortality in Jamaica Lancet 1986; 1: 486-488.
12. Government of Malawi. *The Status of Reproductive Health within the Sector Wide Approach Context in Malawi*. March 2008.
13. Ministry of Economic Planning and Development. 2008. *Malawi Millennium Development Goals Report*. Ministry of Economic Planning and Development. Lilongwe. Malawi.
14. National Statistical Office (Malawi). 2008. 2008 Preliminary Report of the Population Census. NSO.
15. Government of Malawi. 1996. Malawi National Youth Policy. Lilongwe. Malawi.(There is a revised version that is still in a draft form pending cabinet approval).

**Appendix: 1**

NYC/UNFPA/EM/cz

10 November 2009

Secretary for Health

Ministry of Health

P.O. Box 30377

Lilongwe 3

**Attention: Mr C Kang'ombe**

Dear Sir,

**RE: PROFILING EARLY MARRIAGES IN MALAWI**

The National Youth Council of Malawi (NYCOM) was established by an act of parliament (Act Number 22 of 1996). It was set up to ensure proper coordination of youth programs hence remains a key institution that ensures effective implementation, coordination and evaluation of various youth programs in Malawi

We would like to inform you that NYCOM will be working hand in hand with the District Health Officers (DHOs) in profiling early marriages in the country between 16<sup>th</sup> to 27<sup>th</sup> November 2009. During this period NYCOM will be collecting data in the district hospitals, Victim Support Units and offices of the District Education Managers.

The aim of the data collection is to gather evidence on the need for parents, young people, government and other stakeholders to strengthen efforts in curbing early marriages in Malawi and promote young girls go back to school and improve their sexual and reproductive health.

As such, NYCOM will be collecting data in the district hospitals across the country that will help in advocating for the reduction of early marriages to parents, stakeholders and other important players. The data that will be collected in the hospitals is on deliveries, unsafe abortions, HIV and STI prevalence. We will also collect data in the victim support units to look at the

prevalence of rape and defilement and from the District education managers to look at school drop outs due to pregnancy.

This activity will be done for 1 day in each district hospital and data collection will take approximately 1 hour. A report will be produced and will be shared with the Ministry of Health and all other relevant stakeholders.

We look forward to your continued support and enthusiasm in promoting the health of Malawians and young people in particular.

Yours faithfully,



**Aubrey Chibwana**  
**EXECUTIVE DIRECTOR**

**Appendix: 2**

NYC/UNFPA/EM/cz3

10 November 2009

Inspector General of Police

Ministry of Home Affairs and Internal Security

P/Bag 305

Lilongwe 3

Dear Sir,

**RE: PROFILING EARLY MARRIAGES IN MALAWI**

The National Youth Council of Malawi (NYCOM) was established by an act of parliament (Act Number 22 of 1996). It was set up to ensure proper coordination of youth programs hence remains a key institution that ensures effective implementation, coordination and evaluation of various youth programs in Malawi

We would like to inform you that NYCOM will be working hand in hand with the Victim Support Units (VSU) at district level in profiling early marriages in the country between 16<sup>th</sup> to 27<sup>th</sup> November 2009. During this period NYCOM will be collecting data in the District Education Managers offices, district hospitals and Victim Support Units.

The aim of the data collection is to gather evidence on the need for parents, young people, government and other stakeholders to strengthen efforts in curbing early marriages in Malawi and promote young girls go back to school and improve their sexual and reproductive health.

The data that will be collected in the VSU offices will be on prevalence of rape and defilement among adolescents and young people.

This activity will be done for 1 day in each district and it will take approximately 1 hour. A report will be produced and will be shared with the Ministry of Home Affairs and Internal Security and all other relevant stakeholders.

We look forward to your continued support and enthusiasm in promoting the health of Malawians and young people in particular.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Aubrey Chibwana', written in a cursive style.

**Aubrey Chibwana**  
**EXECUTIVE DIRECTOR**

### Appendix 3: Questionnaire guide

| <b>Profiling Early Marriages in Malawi</b>                         |  |                                       |   |            |  |            |  |          |  |        |  |  |  |
|--|--|---------------------------------------|---|------------|--|------------|--|----------|--|--------|--|--|--|
| Date & Time  | <input style="width: 90%;" type="text"/>   | Name of Data collector.               | <input style="width: 98%;" type="text"/>  |            |  |            |  |          |  |        |  |  |  |
| <b>A DEMOGRAPHIC DATA</b>  |  |                                       |   |            |  |            |  |          |  |        |  |  |  |
| 1 District Name  | <input style="width: 100%;" type="text"/>  | Region                                | <input style="width: 100%;" type="text"/> |            |  |            |  |          |  |        |  |  |  |
| 2 Type of facility   | <input style="width: 100%;" type="text"/>  | Total number of WCBA in the district. | <input style="width: 100%;" type="text"/> |            |  |            |  |          |  |        |  |  |  |
| 3 Total number of Adolescent girls in the catchment area           | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">10- 14 Yrs</td> <td style="width: 25%; padding: 2px;"><input style="width: 95%;" type="text"/></td> <td style="width: 25%; padding: 2px;">15- 19 Yrs</td> <td style="width: 25%; padding: 2px;"><input style="width: 95%;" type="text"/></td> </tr> </table>   |                                       |   | 10- 14 Yrs | <input style="width: 95%;" type="text"/> | 15- 19 Yrs | <input style="width: 95%;" type="text"/> |          |  |        |  |  |  |
| 10- 14 Yrs   | <input style="width: 95%;" type="text"/>   | 15- 19 Yrs                            | <input style="width: 95%;" type="text"/>  |            |  |            |  |          |  |        |  |  |  |
| 4 Total number of induced abortion cases from July 2008 -June 2009 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%; padding: 2px;">Age</th> <th style="width: 75%; padding: 2px;">Total cases</th> </tr> <tr> <td style="padding: 2px;">10- 14yrs</td> <td style="padding: 2px;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;">15-19yrs</td> <td style="padding: 2px;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;">&gt;19yrs</td> <td style="padding: 2px;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input style="width: 95%;" type="text"/></td> </tr> </table> |                                       |   | Age        | Total cases                              | 10- 14yrs  | <input style="width: 95%;" type="text"/> | 15-19yrs | <input style="width: 95%;" type="text"/> | >19yrs | <input style="width: 95%;" type="text"/> |  | <input style="width: 95%;" type="text"/> |
| Age  | Total cases  |                                       |   |            |  |            |  |          |  |        |  |  |  |
| 10- 14yrs  | <input style="width: 95%;" type="text"/>   |                                       |   |            |  |            |  |          |  |        |  |  |  |
| 15-19yrs   | <input style="width: 95%;" type="text"/>   |                                       |   |            |  |            |  |          |  |        |  |  |  |
| >19yrs   | <input style="width: 95%;" type="text"/>   |                                       |   |            |  |            |  |          |  |        |  |  |  |
|  | <input style="width: 95%;" type="text"/>   |                                       |   |            |  |            |  |          |  |        |  |  |  |
| 5 Total number of abortion complications from July 2008 -June 2009 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">10- 14yrs</td> <td style="width: 75%; padding: 2px;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;">15-19yrs</td> <td style="padding: 2px;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;">&gt;19yrs</td> <td style="padding: 2px;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input style="width: 95%;" type="text"/></td> </tr> </table>  |                                       |   | 10- 14yrs  | <input style="width: 95%;" type="text"/> | 15-19yrs   | <input style="width: 95%;" type="text"/> | >19yrs   | <input style="width: 95%;" type="text"/> |        | <input style="width: 95%;" type="text"/> |  |  |
| 10- 14yrs  | <input style="width: 95%;" type="text"/>   |                                       |   |            |  |            |  |          |  |        |  |  |  |
| 15-19yrs   | <input style="width: 95%;" type="text"/>   |                                       |   |            |  |            |  |          |  |        |  |  |  |
| >19yrs   | <input style="width: 95%;" type="text"/>   |                                       |   |            |  |            |  |          |  |        |  |  |  |
|  | <input style="width: 95%;" type="text"/>   |                                       |   |            |  |            |  |          |  |        |  |  |  |
| 6 Total number HIV+ from July 2008 -June 2009                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">10- 14yrs</td> <td style="width: 75%; padding: 2px;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;">15-19yrs</td> <td style="padding: 2px;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;">&gt;19yrs</td> <td style="padding: 2px;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input style="width: 95%;" type="text"/></td> </tr> </table>  |                                       |   | 10- 14yrs  | <input style="width: 95%;" type="text"/> | 15-19yrs   | <input style="width: 95%;" type="text"/> | >19yrs   | <input style="width: 95%;" type="text"/> |        | <input style="width: 95%;" type="text"/> |  |  |
| 10- 14yrs  | <input style="width: 95%;" type="text"/>   |                                       |   |            |  |            |  |          |  |        |  |  |  |
| 15-19yrs   | <input style="width: 95%;" type="text"/>   |                                       |   |            |  |            |  |          |  |        |  |  |  |
| >19yrs   | <input style="width: 95%;" type="text"/>   |                                       |   |            |  |            |  |          |  |        |  |  |  |
|  | <input style="width: 95%;" type="text"/>   |                                       |   |            |  |            |  |          |  |        |  |  |  |
| 7 Total number of STI from July 2008 -June 2009                    | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">10- 14yrs</td> <td style="width: 75%; padding: 2px;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;">15-19yrs</td> <td style="padding: 2px;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;">&gt;19yrs</td> <td style="padding: 2px;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input style="width: 95%;" type="text"/></td> </tr> </table>  |                                       |   | 10- 14yrs  | <input style="width: 95%;" type="text"/> | 15-19yrs   | <input style="width: 95%;" type="text"/> | >19yrs   | <input style="width: 95%;" type="text"/> |        | <input style="width: 95%;" type="text"/> |  |  |
| 10- 14yrs  | <input style="width: 95%;" type="text"/>   |                                       |   |            |  |            |  |          |  |        |  |  |  |
| 15-19yrs   | <input style="width: 95%;" type="text"/>   |                                       |   |            |  |            |  |          |  |        |  |  |  |
| >19yrs   | <input style="width: 95%;" type="text"/>   |                                       |   |            |  |            |  |          |  |        |  |  |  |
|  | <input style="width: 95%;" type="text"/>   |                                       |   |            |  |            |  |          |  |        |  |  |  |
| 8 Total number of women using modern FP from July 2008 -June 2009  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">10- 14yrs</td> <td style="width: 75%; padding: 2px;"><input style="width: 95%;" type="text"/></td> </tr> </table>  |                                       |   | 10- 14yrs  | <input style="width: 95%;" type="text"/> |            |  |          |  |        |  |  |  |
| 10- 14yrs  | <input style="width: 95%;" type="text"/>   |                                       |   |            |  |            |  |          |  |        |  |  |  |

|  |          |  |
|--|----------|--|
|  | 15-19yrs |  |
|  | >19yrs   |  |

C TOTAL CASES PER CATEGORY IN A MONTH

| 9 | Month  | Age        | Induced Abortion | Abortion complications | HIV+ | STI | Modern FP |
|---|--------|------------|------------------|------------------------|------|-----|-----------|
|   | Jul-08 | 10- 14 Yrs |                  |                        |      |     |           |
|   |        | 15- 19 Yrs |                  |                        |      |     |           |
|   |        | >19        |                  |                        |      |     |           |
|   | Aug-08 | 10- 14 Yrs |                  |                        |      |     |           |
|   |        | 15- 19 Yrs |                  |                        |      |     |           |
|   |        | >19        |                  |                        |      |     |           |
|   | Sep-08 | 10- 14 Yrs |                  |                        |      |     |           |
|   |        | 15- 19 Yrs |                  |                        |      |     |           |
|   |        | >19        |                  |                        |      |     |           |
|   | Oct-08 | 10- 14 Yrs |                  |                        |      |     |           |
|   |        | 15- 19 Yrs |                  |                        |      |     |           |
|   |        | >19        |                  |                        |      |     |           |
|   | Nov-08 | 10- 14 Yrs |                  |                        |      |     |           |
|   |        | 15- 19 Yrs |                  |                        |      |     |           |
|   |        | >19        |                  |                        |      |     |           |
|   | Dec-08 | 10- 14 Yrs |                  |                        |      |     |           |
|   |        | 15- 19 Yrs |                  |                        |      |     |           |
|   |        | >19        |                  |                        |      |     |           |

| Month  | Age        | Induced Abortion | Abortion complications | HIV+ | STI | Modern FP |
|--------|------------|------------------|------------------------|------|-----|-----------|
|        |            |                  |                        |      |     |           |
| Jan-09 | 10- 14 Yrs |                  |                        |      |     |           |
|        | 15- 19 Yrs |                  |                        |      |     |           |
|        | >19        |                  |                        |      |     |           |
|        |            |                  |                        |      |     |           |
| Feb-09 | 10- 14 Yrs |                  |                        |      |     |           |
|        | 15- 19 Yrs |                  |                        |      |     |           |
|        | >19        |                  |                        |      |     |           |
|        |            |                  |                        |      |     |           |
| Mar-09 | 10- 14 Yrs |                  |                        |      |     |           |
|        | 15- 19 Yrs |                  |                        |      |     |           |
|        | >19        |                  |                        |      |     |           |
|        |            |                  |                        |      |     |           |
| Apr-09 | 10- 14 Yrs |                  |                        |      |     |           |
|        | 15- 19 Yrs |                  |                        |      |     |           |
|        | >19        |                  |                        |      |     |           |
|        |            |                  |                        |      |     |           |
| May-09 | 10- 14 Yrs |                  |                        |      |     |           |
|        | 15- 19 Yrs |                  |                        |      |     |           |
|        | >19        |                  |                        |      |     |           |
|        |            |                  |                        |      |     |           |
| Jun-09 | 10- 14 Yrs |                  |                        |      |     |           |
|        | 15- 19 Yrs |                  |                        |      |     |           |
|        | >19        |                  |                        |      |     |           |

## D DELIVERY AND COMPLICATIONS

| Month  | Age        | Total number of deliveries | Post-partum hemorrhage | Caesarean Section | Puerperal sepsis | Neonatal deaths | Maternal Death | Premature deliveries |
|--------|------------|----------------------------|------------------------|-------------------|------------------|-----------------|----------------|----------------------|
| Jul-08 | 10- 14 Yrs |                            |                        |                   |                  |                 |                |                      |
|        | 15- 19 Yrs |                            |                        |                   |                  |                 |                |                      |
|        | >19        |                            |                        |                   |                  |                 |                |                      |
| Aug-08 | 10- 14 Yrs |                            |                        |                   |                  |                 |                |                      |
|        | 15- 19 Yrs |                            |                        |                   |                  |                 |                |                      |
|        | >19        |                            |                        |                   |                  |                 |                |                      |
| Sep-08 | 10- 14 Yrs |                            |                        |                   |                  |                 |                |                      |
|        | 15- 19 Yrs |                            |                        |                   |                  |                 |                |                      |
|        | >19        |                            |                        |                   |                  |                 |                |                      |
| Oct-08 | 10- 14 Yrs |                            |                        |                   |                  |                 |                |                      |
|        | 15- 19 Yrs |                            |                        |                   |                  |                 |                |                      |
|        | >19        |                            |                        |                   |                  |                 |                |                      |
| Nov-08 | 10- 14 Yrs |                            |                        |                   |                  |                 |                |                      |
|        | 15- 19 Yrs |                            |                        |                   |                  |                 |                |                      |
|        | >19        |                            |                        |                   |                  |                 |                |                      |
| Dec-08 | 10- 14 Yrs |                            |                        |                   |                  |                 |                |                      |
|        | 15- 19 Yrs |                            |                        |                   |                  |                 |                |                      |
|        | >19        |                            |                        |                   |                  |                 |                |                      |
|        |            |                            |                        |                   |                  |                 |                |                      |

| Month  | Age        | Total number of deliveries | Post-partum heamorrhage | Caesserean Section | Pueperal sepsis | Neonatal deaths | Maternal Death | Premature deliveries |
|--------|------------|----------------------------|-------------------------|--------------------|-----------------|-----------------|----------------|----------------------|
| Jan-09 | 10- 14 Yrs |                            |                         |                    |                 |                 |                |                      |
|        | 15- 19 Yrs |                            |                         |                    |                 |                 |                |                      |
|        | >19        |                            |                         |                    |                 |                 |                |                      |
| Feb-09 | 10- 14 Yrs |                            |                         |                    |                 |                 |                |                      |
|        | 15- 19 Yrs |                            |                         |                    |                 |                 |                |                      |
|        | >19        |                            |                         |                    |                 |                 |                |                      |
| Mar-09 | 10- 14 Yrs |                            |                         |                    |                 |                 |                |                      |
|        | 15- 19 Yrs |                            |                         |                    |                 |                 |                |                      |
|        | >19        |                            |                         |                    |                 |                 |                |                      |
| Apr-09 | 10- 14 Yrs |                            |                         |                    |                 |                 |                |                      |
|        | 15- 19 Yrs |                            |                         |                    |                 |                 |                |                      |
|        | >19        |                            |                         |                    |                 |                 |                |                      |
| May-09 | 10- 14 Yrs |                            |                         |                    |                 |                 |                |                      |
|        | 15- 19 Yrs |                            |                         |                    |                 |                 |                |                      |
|        | >19        |                            |                         |                    |                 |                 |                |                      |
| Jun-09 | 10- 14 Yrs |                            |                         |                    |                 |                 |                |                      |
|        | 15- 19 Yrs |                            |                         |                    |                 |                 |                |                      |
|        | >19        |                            |                         |                    |                 |                 |                |                      |

**E Rape and Defilement (Victim Support Unit)**

What is the total number of rape and defilement cases?

| Month  | Age        | Cases | Sex  |        |
|--------|------------|-------|------|--------|
|        |            |       | Male | Female |
| Jul-08 | <10yrs     |       |      |        |
|        | 10- 14 Yrs |       |      |        |
|        | 15- 19 Yrs |       |      |        |
|        | >19        |       |      |        |
| Aug-08 | <10yrs     |       |      |        |
|        | 10- 14 Yrs |       |      |        |
|        | 15- 19 Yrs |       |      |        |
|        | >19        |       |      |        |
| Sep-08 | <10yrs     |       |      |        |
|        | 10- 14 Yrs |       |      |        |
|        | 15- 19 Yrs |       |      |        |
|        | >19        |       |      |        |
| Oct-08 | <10yrs     |       |      |        |
|        | 10- 14 Yrs |       |      |        |
|        | 15- 19 Yrs |       |      |        |
|        | >19        |       |      |        |
| Nov-08 | <10yrs     |       |      |        |
|        | 10- 14 Yrs |       |      |        |
|        | 15- 19 Yrs |       |      |        |
|        | >19        |       |      |        |
| Dec-08 | <10yrs     |       |      |        |
|        | 10- 14 Yrs |       |      |        |
|        | 15- 19 Yrs |       |      |        |
|        | >19        |       |      |        |

| Month  | Age        | Cases | Sex  |        |
|--------|------------|-------|------|--------|
|        |            |       | Male | Female |
| Jan-09 | <10yrs     |       |      |        |
|        | 10- 14 Yrs |       |      |        |
|        | 15- 19 Yrs |       |      |        |
|        | >19        |       |      |        |
| Feb-09 | <10yrs     |       |      |        |
|        | 10- 14 Yrs |       |      |        |
|        | 15- 19 Yrs |       |      |        |
|        | >19        |       |      |        |
| Mar-09 | <10yrs     |       |      |        |
|        | 10- 14 Yrs |       |      |        |
|        | 15- 19 Yrs |       |      |        |
|        | >19        |       |      |        |
| Apr-09 | <10yrs     |       |      |        |
|        | 10- 14 Yrs |       |      |        |
|        | 15- 19 Yrs |       |      |        |
|        | >19        |       |      |        |
| May-09 | <10yrs     |       |      |        |
|        | 10- 14 Yrs |       |      |        |
|        | 15- 19 Yrs |       |      |        |
|        | >19        |       |      |        |
| Jun-09 | <10yrs     |       |      |        |
|        | 10- 14 Yrs |       |      |        |
|        | 15- 19 Yrs |       |      |        |
|        | >19        |       |      |        |