



Review of Adolescent Family Planning Policies in Malawi

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A strong policy environment sets the stage for adolescent girls to have access to family planning. As part of an activity on access to family planning among youth carried out by Health Policy Plus (HP+), funded by the U.S. Agency for International Development (USAID), we examined over two dozen policies to determine how the policy environment shapes access to family planning services for young women in Malawi.

The Context for Adolescent Girls

Many adolescent girls in Malawi are already married and have children.

Over half the 17.2 million people in Malawi are under age 20, and 950,000 are young women between ages 15 to 19. Over 60 percent of women age 25–49 have already had sex by age 18 and close to half are married before age 18, with husbands about 10 years older than them. For many girls in Malawi, their first sexual encounter is forced, with 32 percent of those who first had sex before the age of 20 reporting coerced first sex. On average, the adolescent fertility rate for girls 15–19 was 136 births per 1,000 women. Educational attainment is still quite low, with only 37 percent having completed at least a primary education and less than 20 percent of girls who complete primary school entering secondary school due to limited space and fees (Ministry of Education, Science and Technology, 2015).

ADOLESCENT STATISTICS FOR MALAWI	
Total population	17.2 million
Number of women ages 15–19	950,000
Percent married by age 18	47%
Adolescent fertility rate (births/1,000 women, ages 15–19)	136
Percent of women age 25–49 who had sex by age 18	64%
Of girls who had sex before age 20, percent whose first sex was forced	32%
Modern contraceptive prevalence, married women ages 15–19	38%
Unmet need for family planning, married women ages 15–19	22%
Demand satisfied for modern family planning, married women ages 15–19	62%

Sources: NSO, 2015; NSO and ICF Macro, 2011; NSO and ICF International, 2016

Adolescent contraceptive use is still relatively low, with high unmet need.

Of married women ages 15–19, 38 percent use a modern method of contraception—significantly lower than all married women (58%). Contraceptive use among unmarried, sexually active young women is even lower, about 32 percent. The preferred method of family planning for married women ages 15–19 by far is the injectable, accounting for three-fourths of all method use by this group. Unmarried, sexually active women of the same age have far different method preferences, with the majority (67 percent) using condoms. Unmet need is high in Malawi, with 22 percent of married women—and 52 percent of unmarried, sexually active women—ages 15–19 having an unmet need for family planning. Similarly, married women ages 15–19 have 62 percent of their demand for modern family planning satisfied, while unmarried sexually active women in the same age group have just 38 percent of their demand satisfied.

The Current Policy Environment

HP+ defined six key elements to gauge how well the policy environment supports family planning use by adolescent women. The following outlines Malawi's progress against each of these elements and identifies gaps.

1. National policies on family planning for adolescents have been established.

The National Youth-friendly Health Services Strategy explicitly addresses the provision of family planning services to adolescents. Policies such as the National Reproductive Health Service Delivery Guidelines lay out adolescent-specific clinical guidelines for health workers. The National Sexual and Reproductive Health and Rights Policy and the National Youth Policy supports age-appropriate sexual and reproductive health education and information. In addition, the Guidelines for the Management of Sexual Assault and Rape encourage adolescent access to family planning post sexual assault. The Health Sector Strategic Plan mentions the need to focus on adolescents seeking sexual and reproductive health and post-abortion care. Several policies link adolescent family planning to broader family planning and health policies. The National Population Policy and the National Youth Policy both link adolescent family planning services to broader adolescent development policies. The Malawi Growth and Development Strategy II addresses some adolescent-specific concerns. Malawi is signatory to all major international agreements and treaties that support adolescent access to family planning.

2. Consent policies and unnecessary age or marital status restrictions are not generally a barrier to family planning use by adolescent women.

Policies are free of language that requires an adolescent woman seeking family planning to obtain consent from a parent, spouse, or health worker. However, work is still needed to ensure that policies are consistent with the latest World Health

Organization guidelines on medical eligibility criteria for contraceptive use as they relate to adolescents.

3. The policy environment is supportive in regards to preventing rights violations and practices that have a broadly harmful effect on adolescent women.

However, there is inconsistency in policies around age at marriage. Although the 2015 Marriage, Divorce and Family Relations Act raises the minimum legal age of marriage to 18, the Constitution discourages but does not outlaw child marriage. The National Sexual and Reproductive Health and Rights Policy specifically opposes harmful practices such as female genital cutting and domestic violence.

4. Policies promote a tailored approach to adolescent family planning needs.

The National Reproductive Health Service Delivery Guidelines and National Youth-friendly Health Services Strategy promote a differentiated, tailored approach to providing services to adolescents. The National Youth-friendly Health Services Strategy recognizes that the family planning needs of young women vary by marital status and notes differences by early, middle, and late adolescence, but provides no guidance on specific approaches by age group.

5. Key contextual factors that influence adolescent access to information and services, including education and gender, are addressed.

The National Sexual and Reproductive Health and Rights Policy promotes male involvement in family planning. The National Population Policy views access to family planning services by adolescents as requiring a multisectoral approach. The National Education Sector Plan and the National Population Policy give girls the right to education and set mandatory education levels. The National Youth Policy and the National Gender Policy address gender-based barriers to adolescent family planning use. The School Readmission Policy and National Youth Policy allow pregnant girls and adolescent mothers to remain in school.

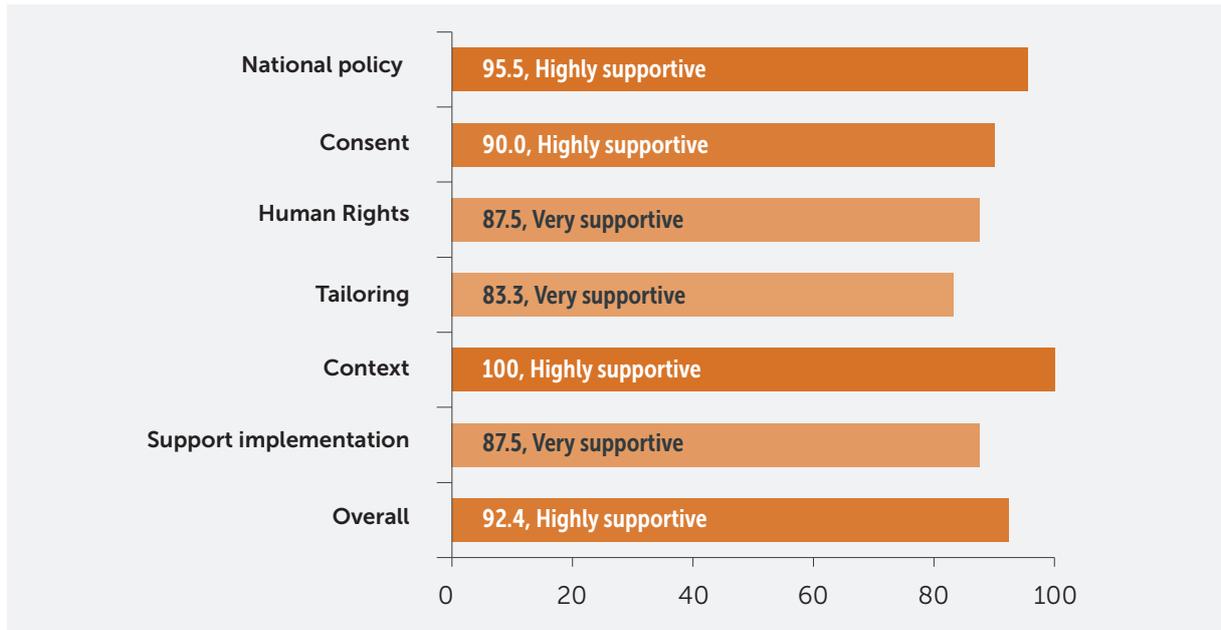
6. The implementation of policies are consistent and include accountability mechanisms and necessary data collection.

The National Youth-friendly Health Services Strategy includes mechanisms for accountability and includes cost estimates, but no dedicated government budget line exists. Policies are generally consistent. National surveys include questions for both married and unmarried adolescents.

Grading the Policy Environment

HP+ developed a checklist to grade how supportive the policy environment is for each of the six key elements. Overall, Malawi is “highly supportive” of adolescent use of family planning, scoring 92.4 out of a possible 100 points. The policy environment is “very supportive” or “highly supportive” across all six main policy elements. How well

Grade for Policy Environment in Malawi



Malawi implements these policies is now key. Advocates have an important role to play in ensuring effective implementation so that all young women in Malawi can achieve their reproductive intentions.

This brief is based on a report by HP+: [Comparative Analysis: Policies Affecting Family Planning Access for Young Women in Guatemala, Malawi, and Nepal](#).

References

National Statistical Office (NSO). 2015. *Malawi MDG Endline Survey 2014*. Zomba, Malawi: National Statistical Office.

NSO and ICF Macro. 2011. *Malawi Demographic and Health Survey 2010*. Zomba, Malawi, and Calverton, Maryland, USA: NSO and ICF Macro.

NSO and ICF International. 2016. *Malawi Demographic and Health Survey 2015-16: Key Indicators Report*. Zomba, Malawi, and Rockville, Maryland, USA. NSO and ICF International.

Ministry of Education, Science and Technology. 2015. *Malawi Education Statistics*. Malawi: Directorate of Education Planning Education Management Information System.

CONTACT US

Health Policy Plus
 1331 Pennsylvania Ave NW, Suite 600
 Washington, DC 20004
www.healthpolicyplus.com
policyinfo@thepalladiumgroup.com

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