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SOCIAL CONSEQUENCES

Investigating social consequences of unwanted pregnancy and unsafe abortion in Malawi: The role of stigma

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ABSTRACT

Malawian women in all sectors of society are suffering from social implications of unwanted pregnancy and unsafe abortion. Unwanted pregnancies occur among women who have limited access to family planning and safe abortion. A legally restrictive setting for safe abortion services leads many women to unsafe abortion, which has consequences for them and their families. In-depth interviews were conducted with 485 Malawian stakeholders belonging to different political and social structures. Interviewees identified the impact of unwanted pregnancy and unsafe abortion to be the greatest on young women. Premarital and extramarital pregnancies were highly stigmatized; stigma directly related to abortion was also found. Community-level discussions need to focus on reduction of stigma.

1. Introduction

Demographic indicators shed light on the context in which unwanted pregnancy and abortion occur in Malawi. The 2008 Census reports a population size of 13 million people, the majority (84.7%) of whom live in rural areas. The average age of the general population is 17 years [1]. While the 2010 Demographic and Health Survey reported that women in Malawi desired a family size of 4 children, Malawian women have a total fertility rate of 5.7 (4.0 for urban women and 6.1 for rural women) [2]. The 2010 contraceptive prevalence rate for currently married women was 46.1% for all methods and 42.2% for modern methods [2]. A sizeable proportion of births (44.3%) were unplanned, of which 18.8% were mistimed and 25.5% were reported as unwanted at the time of interview [2]. This demographic evidence reveals a context wherein birth rates and the proportion of unwanted pregnancies are both high.

Induced abortion is restricted by law in Malawi to circumstances perceived to preserve the pregnant woman's life (Cap. 7:01, Laws of Malawi). Despite restrictions on induced abortion, a study by the Family Planning Association of Malawi revealed that women in the country continue to seek induced abortion for various reasons, including poverty, unplanned pregnancy, fear of being forced out of school, and shame [3]. Compared with countries having less restrictive abortion laws, countries having more restrictive abortion laws have higher rates of induced unsafe abortion [4].

Unsafe abortion, performed by an unlicensed medical provider, in unhygienic conditions, or both [5], can result in serious medical complications, including death. Africa has the highest maternal mortality ratio in the world of about 1000 deaths per 100 000 live births of which 13% are due to induced abortion complications [6]. The maternal mortality ratio (MMR) in Malawi is 675 (range, 570–780) deaths per 100 000 births, which is quite high [2,7]. Of 6 studies on maternal mortality in Malawi, 5 revealed that postabortion complications are between the first and second highest cause of death, ranging from 6%–23.5% of women presenting for care [8,9]. Evidence of these demographic, legal, and health factors yields a context in which more information is desired concerning community-level impressions of the impact of unwanted pregnancies and unsafe abortion in Malawi. This study investigated community-level opinions on the social consequences of unwanted pregnancy and unsafe abortion in Malawi.

2. Methods

The study collected qualitative data in 2009 from initiation of the World Health Organization (WHO) Strategic Approach to Strengthening Sexual and Reproductive Health Policies and Programs in Malawi [10,11]. Based on a foundation of country ownership, this methodology is used to explore sensitive reproductive health topics in a country in a participatory manner. The 3-stage process mobilizes citizenry to identify health priorities through a strategic

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assessment, pilot tests interventions, and replicates and expands effective interventions [11]. Further information on the methodology and main findings of the Malawi strategic assessment are available [10].

In-depth interviews were conducted in 10 districts with 485 Malawian policymakers, governmental employees, educators, healthcare providers, religious leaders, nongovernmental organization members, and community members. Sampling of initial interviewees was purposive, and the snowball technique was used to identify subsequent interviewees. The interviews were conducted consecutively by a team of lay interviewers in each of the Northern, Central, and Southern regions of Malawi. Following the methodology of WHO Strategic Assessments, demographic information on research participants was not captured and interviews were not taped; instead, interviewers took notes on the conversations. Teams met at the end of the day to review dominant and emerging themes in the day's discussions and to synthesize data. Emerging themes were followed up in more depth with subsequent interviewees.

Findings reported here are based on notes from the 485 interviews, which were coded using an inductive approach. Thematic analyses were used to manage and analyze the data [12]. Interview notes were read and items were attributed to 4 initial categories or themes of social and economic consequences of both unwanted pregnancies and unsafe abortion. As interviews were read, 3 additional major themes emerged: determinants of unwanted pregnancies, barriers to contraception, and recommendations as to how the country should address unwanted pregnancy and unsafe abortion. Interviews were analyzed for each of these 7 themes. Within these 7 major themes, minor themes emerged, such as cross-cutting themes of stigma and the impact on youth, and more limited themes such as those addressing marital status and legal consequences of engaging in an illegal act. Ethical approval for this study was obtained from the Malawi National Health Sciences Committee and the WHO Institutional Review Board.

3. Results

Findings are reported for 4 of the major themes that emerged from the interviews: barriers to contraception, social consequences of both unwanted pregnancies and unsafe abortion, and recommendations as to how the country should address unwanted pregnancy and unsafe abortion. Key findings revealed that primary reasons for unsafe abortion included contraceptive failure, having an unwanted pregnancy outside of marriage, and young people fearing their parents' reaction. In-depth interviews revealed the impact of unwanted pregnancy on young women and the stigma associated with obtaining an unsafe abortion.

3.1. Barriers to contraceptive access and use

The cultural context surrounding contraception is critical to set the stage for understanding how unwanted pregnancies occur in Malawi. Respondents articulated a lack of knowledge concerning contraception for both married and unmarried women and men, and barriers to obtaining contraception, especially among young people. Although health workers noted that young people tend to learn about contraception from their friends, health workers, and medical staff, they also recognized that the information young people have is quite limited. Teachers and school administrators noted that life skills classes should include topics on family planning and sexual and reproductive health, but rarely do. A combination of factors lead to the exclusion of these topics, including teachers not being trained on these topics or having the skills to teach them, teachers not feeling comfortable teaching the topics, and conflicts over having enough class time to adequately cover other topics examined in standardized tests. Parents indicated that they do not discuss sexuality with their children because they feel ashamed to discuss a taboo topic.

Problems with access to correct information are not limited to young people. As men are often seen as decision makers in the household, women often seek their husband's consent to obtain and use a contraceptive method. However, men have even less information than women and often fear that contraception will interfere with the timing and pleasure of sexual relations. Discouraging myths surround contraceptive methods, such as dangerous side effects. Pamphlets explaining methods or dispelling myths are of limited use because of illiteracy. These factors impact contraceptive uptake among older women.

Among those couples who have enough information to make an informed choice about family planning, access becomes a barrier. Contraception is available at health clinics, but access and availability vary, especially for young people. Several health workers reported feeling personal discomfort discussing contraceptive use with unmarried young people. In contrast, a nurse in a Health Center in the Central region noted that single 18–20-year-old men often ask for condoms for protection in extramarital relationships, whereas young married women about 17 years or older ask for other typical contraceptives. She distributed contraceptives regardless of a patient's marital status. However, a young man from a rural village said that his peers were denied condoms because workers at health centers felt the young men would sell them rather than use them. Certainly these conflicting messages and access issues lead to poor uptake. Within a culture of low contraceptive use, unplanned pregnancy is common.

3.2. Social consequences of unwanted pregnancy

Interviewees identified the impact of unwanted pregnancy and unsafe abortion to be greatest on young women, with social consequences including early marriage and expulsion from school. Rural areas have retained the traditions of initiation ceremonies, which begin a series of events leading to some unwanted pregnancies among young women. During womanhood initiation, young women learn information about expectations of women in the community, are introduced to information about sexuality, and often experience coital debut with older men chosen for this role. As they begin to enter into sexual relationships in the absence of contraception, unwanted pregnancies occur.

Thus, traditions encourage some types of sexual relationships before marriage. Due to the high stigmatization of pregnancy outside of marriage, the consequences of unprotected sex and the potential for unwanted pregnancy can have severe social costs for these young women. Respondents of all ages and professions noted that young unmarried women would fear telling their partner they were pregnant because the partner might deny responsibility, and would fear telling their parents because of their reaction. Teenage pregnancies are stigmatized in the community, especially among unmarried women. When pregnancies among unmarried young people are discovered, discussions occur between the youths' families, often leading to an early marriage that will save the social status of the young woman and her family.

Once young women are found to be pregnant, they are asked to leave school and have a decreased chance to return. In the Southern region of Malawi, the headmaster of a primary school in a small village reported 56 expulsions due to pregnancy in 1 academic year, a primary school headmaster reported 55 pregnancies during an academic year, and a secondary school administrator reported 3–5 pregnancy-related dropouts in 2008. Although the governmental Re-Admission Policy of 1990 allows for young women to apply to return to school 2 years after pregnancy, young mothers rarely do so, either because they do not apply for readmission because