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SOCIO-DEMOGRAPHIC CHARACTERISTICS OF ADOLESCENT POST-ABORTION PATIENTS IN BLANTYRE, MALAWI
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V.M. LEMA, V. MPANGA and B.S. MAKANANI

ABSTRACT

Background: **Unsafe sex, unwanted pregnancy and unsafe abortion are some of the emerging adolescent reproductive health challenges in Malawi.**
Objectives: **To study socio-demographic characteristics of adolescent post-abortion patients and that of their male partners, with the aim of better understanding the determinants of adolescent fertility in Malawi, thus facilitating design of appropriate intervention strategies.**
Design: **A descriptive, cross-sectional study.**
Setting: **The Queen Elizabeth Central Hospital, Blantyre, Malawi.**
Subjects: **A total of 446 out of 465 eligible adolescents managed for incomplete abortion during the study period were enrolled from January 1st to December 31st 1997.**
Results. **Their mean age was 17.5 years (SD±1.3), while that of their male partners was 22.4 years (SD±3.4). The unmarried adolescents comprised 43.9% and students 38.6%. About 30.0% had attained secondary school level of education. The mean age at sexual debut was 15.7 years (SD±1.75), about a year after that at menarche (14.3 years, (SD±1.4)). The mean number of sexual partners they had had was 1.5 (SD±0.86), the highest being 10. The index pregnancy was reportedly unwanted in 45. 1% of the total. The rate was higher among the young, single and students. They were also less likely to have informed their partners about the pregnancy or the abortion (p = 0.0001). About 52.8% of the female students were involved with fellow male students. Of the married adolescents, 4.4% reported having had extramarital affairs.**
Conclusion: **There is need to design appropriate programmes to promote safe sex and reduce unwanted pregnancy and unsafe abortion with its potential sequelae among adolescents in Malawi.**

INTRODUCTION

Adolescent reproductive health care is a fairly new concept in Malawi. However, adolescent sexuality, pregnancy and child bearing are not new phenomena(1,2). The mean age at first childbearing is reported to be 18.8 years(3). The mean age at sexual debut was reported to be 13.6 years(4) while Lema *et al* (1999) in an unpublished report had a mean age of 15.4 years(5). Adolescents comprise about 28.0% of the total parturient mothers at the same hospital with the youngest being 12 years (6). All these support the contention that adolescent sexuality starts quite early in Malawi, and that a good proportion of the sexual liaisons occur outside the institution of marriage(1,2,5,6).

In the traditional societies of sub-Saharan Africa, sexual liaisons amongst adolescent girls, tended to involve boys who were age-mates or playmates(7). However, with the various social, economic and cultural transformations occurring within most of the societies such as rural-urban migration, pursuit of higher education and good job opportunities, travel and communication, and mixed cross-cultural marriages, the scenario has been changing at varying rates in different areas of the region. Adolescent girls do not only have a number of sexual partners, either at the same or different periods, but their men friends tend to be much older. The coitus is often unplanned or unintended at least on the part of the girls, which makes contraception very unlikely and unreliable, if and when used(1,2,4,5). Unwanted pregnancy is therefore one of the inevitable sequelae with unsafe abortion being used to resolve it (2,5,8-11).

The changes discussed above will have a great impact on various population groups in Malawi, such as adolescents, their reproductive health being one of the main aspects likely to suffer. Unsafe sex,

unwanted pregnancy and unsafe abortion (dubbed the 3Us), are some of the major reproductive health challenges adolescents are likely to face. Others include HIV/AIDS and other STI's, to which they are very vulnerable(5,9,12,13). These will have tremendous negative impact on the overall socio-economic development as well as demographic profiles and transitions in Malawi. The need for appropriate strategies to address them can therefore not be ignored.

Cognisant of the foregoing, this study was undertaken with the aim of identifying the socio-demographic profiles of adolescents managed for incomplete abortion at the Queen Elizabeth Central Hospital, Blantyre, Malawi, and that of the men responsible for their index pregnancies. It was hoped that the results would help identify the determinants of adolescent fertility in Malawi, thus contributing to design of appropriate programmes in line with the ICPD (Cairo) 1994, resolutions and declarations and the National Reproductive Health Policy(14,15).

MATERIALS AND METHODS

This was a descriptive, cross-sectional study, involving adolescents (aged 10-19 years) as defined by the WHO(16), who were treated for incomplete abortion at the Queen Elizabeth Central Hospital, Blantyre, Malawi, between January 1, and December 31, 1997.

All adolescents who were managed for incomplete abortion during the period of study were approached by the nurse in-charge of PAC and given an explanation on the nature and purpose of the study. This was done soon after they had received emergency treatment or during postabortion contraceptive counselling and service provision, which is now provided routinely in our unit(17).

Those who agreed to participate in the study by giving verbal consent were interviewed by one of the research team members privately, using a partially structured and pretested questionnaire, one for each study subject. Refusal to participate did not in any way prejudice the quality of care provided to the individual. This was made clear to them during the pre-interview explanation on the nature and purpose of the study.

The information enquired for included their socio-demographic profiles and those of the men responsible for their index pregnancies, for those who knew, their reproductive behaviours; the index pregnancy and abortion. The data were checked and coded by the first author, entered into a computer and analysed using EPI-INFO version 6.0 data analysis package. The Student's "t" test for statistical significance, with a p-value of 0.05, were used. Cross-tabulation of the various variables was performed to determine possible correlation, wherever relevant.

RESULTS

The adolescents comprised 27.6% of all post abortion patients. They formed the second largest group after the 20-24 year old category. Of the total (n=465) 95.9% agreed to participate in the study.

Their socio-demographic profiles: Their mean age was 17.5 years (SD±1.3), with a range of 13 to 19 years. The very young (< 16 years), formed 7.2% of the total (Figure 1).

About one third, 134 (30.0%), had attained secondary school level of education, while only 2(0.45 %) had attained post-secondary college level of education (Table 1).

Figure 1

Distribution of the adolescents by their ages

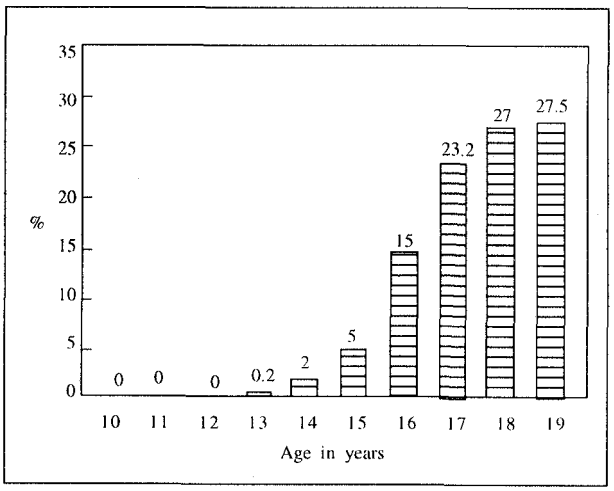


Table 1

Distribution of the adolescents and their male partners by highest level of education attained

Level of Education Attained	Adolescents No.	%	Male Partners No.	%
None	23	5.2	3	0.8
Primary (1-4)	75	16.8	142	35.5
Primary (5-8)	212	47.5		
Secondary	134	30.0	243	60.8
Post Sec. College	2	0.45	3	0.8
University	0	0.0	9	2.3
Total	446	100.0	400	100.0

The majority, 249 (56.1%), said they were married. These tended to be older, with 66.3% being aged 17 years and over, while only 38.1% of the single were of a similar age (P<0.001). The married were less educated than the single, 12.9% as opposed to 53.1% respectively having attained secondary school level education and above (p<0.001). Of the single adolescents (n = 194), 88.7% were students.

Students comprised 172 (38.6%) of the total, while 238 (53.4%) were housewives (Table 2). Of the students, 52.3% were in secondary schools. Amongst the housewives, 51.7% had attained secondary school level of education.

Table 2

Distribution of the adolescents and their male partners by their current occupation

Current occupation	Adolescents No.	%	Male partners No.	%
None	27	6.1	36	8.8
Self-employed	2	0.4	221	54.0
Casual labourer/ Domestic Workers	6	1.1	51	12.5
Professional Employment	2	0.4	13	3.2
Students	172	38.6	88	21.5
Housewives	238	53.4	-	-
Total	446	100.0	409	100.0

As regards whom they were staying with: 226(50.7%) were staying with their husbands. These comprised 90.8% of those who were married. Those living with parents were 150(33.6%).

Their reproductive profiles and sexual behaviours: Their mean age at menarche was 14.3 years (SD±1.4), with a range of 10 to 18 years, (Figure 2). The mean age at sexual debut was 15.7 years (SD±1.75) with a range of 5 to 19 years. Those who had started sexual relations below 16 years comprised 42.9%; and those who had started below 18 years (the age of majority in Malawi), formed 85.1% of the total. The adolescents who had initiated sexual intercourse below 17 years, the mean age at first marriage in Malawi comprised 69.6% of the total study group (Figure 3).

There was no relationship between one's age at sexual debut and whether her parents were living together or not (p=0.581) or with her marital status (p = 0.11). However, the later the age at menarche, the later was the sexual initiation (p<0.001). Likewise the higher the level of education one had attained, the later she had started sexual liaisons. Of those with secondary school level or above (n = 136), 64.0% had started coitus at 16 years and above as compared to 51.4% of those who had upper, and 54.7% of those with lower primary school level of education (p<0.0001).

The mean number of sexual partners one had had was 1.5 (SD±0.86), with a range of 1 to 10. The majority, (60.2%), had had only one while 10.7% had had three or more partners. The later one had started coitus, the fewer the number of sexual partners one had had p<0.001).

The majority, 379 (85.0%) said the sexual liaison, which may have led to the index pregnancy was wanted. Of those who said it was not (n=67), 86.6% reported that they were either assaulted or forced to have sex by someone well known to them, 10.4% did it just to please themselves or the man (for pleasure), while the rest, 3.0%, did it in return for some material gains such as money. Students were less likely to have planned or wanted to have sexual intercourse then than

Figure 2

Distribution of the adolescents by their age at menarche

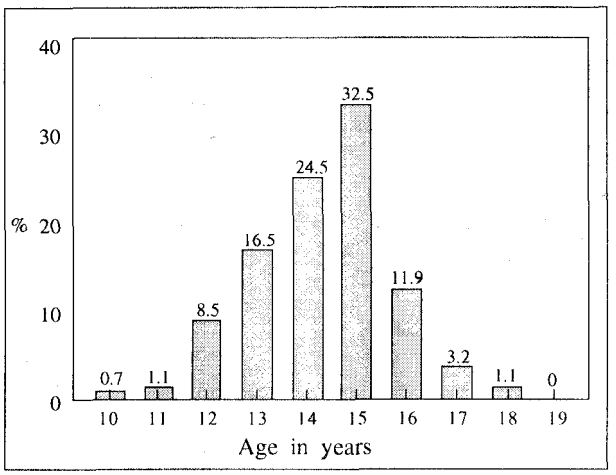
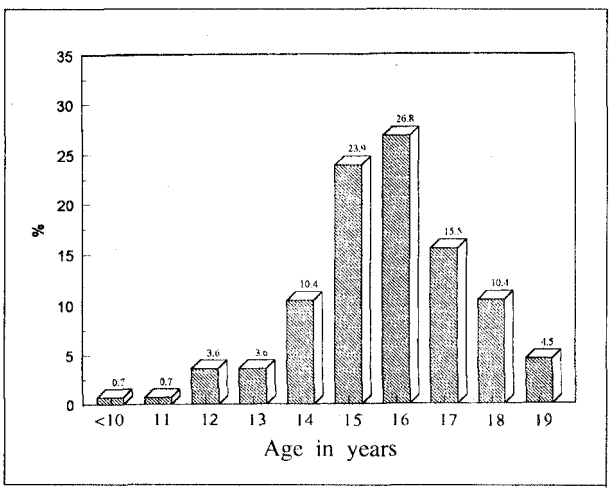


Figure 3

Distribution of the adolescents by their age at sexual debut



the housewives (p=0.003). However it is worth noting that majority of the students, (77.9%) said the coital relation was planned and/or wanted. The corresponding figure for the housewives was 91.6%.

As to whether the index pregnancy was wanted or not, 45. 1 % said it was not. The single adolescents who were on the whole comparatively younger, were also more likely to have unwanted pregnancies than the married (88.8% versus 12.2% respectively) (p = 0.001). Amongst the students, only 8.8% said the pregnancy was wanted, compared to 87.9% of housewives (p=0.001).

The man responsible for the index pregnancy: Of those who knew the men responsible for the index pregnancies (n=441), 238 (54.0%), said it was the husband, and 195 (44.8%) said it was a boyfriend. Of the married adolescents, 95.6% said it was their husbands, while the rest, 4.4%, said it was some body else.

Only 328(73.5%) of the adolescents knew the ages of their male partners. These ranged from 15-38 years with a mean of 22.4 years (SD3.4). Only 13.5% of the total group were involved with fellow adolescent males. The married adolescents were more likely to have been involved with older men, either as husbands or men friends, compared to the single who were involved with comparatively younger men.

Of the men whose educational levels were known, 63.9% had attained secondary school level and above. Regarding their occupation, 21.5% were students and 3.2% were in professional employment, while the majority, 221 (54.0%), were vendors within the local markets or streets (Table 2). Amongst the students, 52.8% were involved with fellow students, while 22.0% were involved with small-scale businessmen (vendors).

Majority of the above men, (91.7%), were reported to have known about the pregnancy. Amongst the married adolescents, 98.8% said the man responsible for the pregnancy knew as compared to 84.8% of the single adolescents ($p < 0.001$). Likewise, 99.2% of the housewives said the men responsible knew, compared to 84.7% of the students ($p = 0.0001$).

As to whether their male partners knew about the abortion or not, 71.3% said they did. The men involved with single adolescents were less likely to have known about the abortion than those involved with married adolescents (i.e. husbands) (60.6% vs. 95.2% respectively) ($p < 0.0001$). The same was true regarding students when compared to housewives (61.3 % vs. 9 1.1 % respectively)($p < 0.0001$).

DISCUSSION

The proportion of adolescents amongst the post abortion patients in this study, while lower than that reported elsewhere in Africa such as by Archibong(18) in Nigeria, it is higher than what has been reported by the first author in Kenya and in an earlier study in Malawi(10,19). Cognisant of the fact that these hospital-based figures perhaps represent only the tip of an iceberg, the actual magnitude of unsafe abortion amongst adolescents can be said to be much higher nationally and are therefore medical, public health, social and economic problems.

These results support earlier contentions and a growing concern that sexual debut occurs much earlier than the mean age at first marriage (17 years) and age of maturity (18 years) in Malawi. Eighty five per cent had started sexual relations before the age of 18. The fact that the mean age at sexual debut was about a year after that at menarche is not surprising at all. Menarche, usually the last event in pubertal development, may be regarded by the adolescents as a sign of biological and social maturity. They may, therefore, feel they are ready to and indeed do initiate sexual liaisons soon thereafter. Adolescence has been dubbed a period of "sexual awakening!"(20). For adolescents with little sexual restraint or have nothing better to do or aspire for friendship with the opposite gender and subsequent sexual relations, may help fill the void. Traditional and cultural factors may also have a role to play in this regard in some communities in Malawi(1,2).

The age distribution of the girls when considered against that of their male partners raises a number of concerns. The youngest adolescent was 13 years while the oldest male partner was aged 38 years, some of whom may have been married. Only 13.5% of the males were adolescents. Mpangile *et al*(8) in their study in Dar-es-Salaam, Tanzania had more or less similar observations. Only 9.3% of the males in their study were adolescents, the oldest being 45 years old. The desire for material gains is perhaps one of the main motivators for adolescents to indulge in sexual relations, due to the competitive and materialistic nature of the society we live in today. It is therefore not surprising that even amongst the married adolescents some had extramarital affairs. This belief is causing a lot of concern nationally because of its medical and social implications.

About 40% of the study group had had two or more sexual partners, in such a short reproductive period. Unuigbe *et al* reported more-or-less similar findings in their study in Benin City, Nigeria(21). When this is considered against the high HIV sero-prevalence in Malawi(22) and their own vulnerability to contracting HIV infection(2,12,13), their risk of acquiring the infection and therefore dying of AIDS at relatively tender ages, are high. It is encouraging to note though that the later one had initiated sexual relations the fewer the number of partners one had had, and the more educated one was the later she had initiated sexual relations. These findings raise the possibility that by extending formal education coupled with appropriate job opportunities, we may be able to address some of the unfavourable reproductive issues affecting adolescents in Malawi(13).

Almost 50.0% of the pregnancies were reported to be unwanted. This is not surprising considering that a good number, 38.6% of the total study group were students and 43.9% were single, as well as the circumstances leading to the index pregnancies. Although 85.0% said the sexual relations, which resulted in the pregnancies, were wanted, it is possible it was only for pleasure and not pregnancy. As we may not be able to control sexual relations amongst adolescents in Malawi, we should strive to expand reproductive health education and contraception amongst them to avert the sequel of their sexuality.

Although the study population is a "biased" or "self-selected" group, the results highlight the extent and sequel of unsafe sex amongst adolescents as well as the determinants thereof in Malawi. Sexual debut occurs early, they are involved with multiple sexual partners, some of who are twice their ages, and that

even the married adolescents have extramarital affairs at such tender ages. These unsafe sexual liaisons result in unwanted pregnancy, which invariably end in unsafe abortion (the 3U's) (12). Although we did not determine it, it is our fear that with this degree of unsafe sex, the adolescents in Malawi are at a very high risk of contracting HIV/AIDS, considering the high local seroprevalence rate(22).

There is therefore an urgent need for more elaborate operations research on adolescent reproductive health, in particular to determine the predisposing and/or operational factors to their sexuality, pregnancy, abortion, other sequel including HIV/AIDS, and possible effective and appropriate intervention strategies. Following that, appropriate programmes should be designed and implemented.

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