Title

ASSESSING PERSISTENCE ON PREGNANCIES AMONG THE YOUTH REGARDLESS OF SEXUAL AND REPRODUCTIVE HEALTH EDUCATION PRORAMS. A CASE STUDY OF MTANDIRE

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ABSTRACT

This study assessed the persistence of pregnancies among the youth in Mtandire despite the availability of sexual and reproductive health (SRH) education. The research sought to understand the underlying challenges and trends influencing those factors, as well as the lived experiences of young people navigating Sexual and Reproductive Health information within their community. A qualitative research design was used to capture these realities, allowing participants to express their perspectives in their own words.

Data was collected from 12 purposively selected youths through questionnaires and the reponses were analyzed thematically to identify recurring patterns and insights. Findings revealed that while many young people were aware of SRH messages, challenges such as limtied access to resources, peer pressure, socio-economic hardships, and inconsistent parental and community guidance continued to contribute to early pregnancies. The study underscores the need for more youth- friendly, practical and community-supported approaches to SRH education in Mtandire.

Keywords: Microfinance; Savings Programs; Single Mothers; Socio-Economic Well-Being; Women Empowerment; Financial Inclusion; Rural Development; Malawi

INTRODUCTION

Sexual and Reproductive Health (SRH) encompasses a broad spectrum of issues related to well- being, including access to safe and reliable family planning, prevention and treatment of sexual transmitted infections (STIs) and promotion of gender equality and informed decision-making. It aims to empower individuals with knowledge and skills to make informed choices about their sexuality and reproductive health and responsible decisions, as it is crucial for individuals to have accurate information and a positive understanding of their sexuality. In Malawi, over the past two decades, adolescent sexual and reproductive health (ASRHR) has made remarkable progress. It has achieved significant reductions in adolescent fertility rates and maternal and neonatal mortality, while also increasing the uptake of voluntary modern contraceptives and improved adolescent sexual and reproductive health and rights *(Ruckia Ibrahim-N, 2024).*

Sexual and reproductive health (SRH) has evolved as critical public health priority worldwide, supported by policies and programs designed to empower youth and mitigate risks associated with early or unintended pregnancies *(WHO, 2019).* Despite widespread implementation of sexual and reproductive health education programs, there is growing gap that pregnancies persist among the youth, suggesting that awareness does not automatically translate into behavioral change.

In Malawi, efforts to develop and implement comprehensive SRH policies have been robust. The Ministry of Health, together with international partners such as the United Nations Population Fund (UNFPA) and UNICEF, has worked to integrate SRH education into community and school- based programs *(Ministry of Health, Malawi, 2020).* Collaborative initiatives in the country have focused on enhancing access SRH services, particularly for young people, by addressing cultural, economic and policy barriers that undermine effective education and behavior transformation. Similar strategies have been adopted by other countries within Sub-Saharan Africa and globally, where policy frameworks emphasize youth-friendly approached and

multi-sectoral collaboration to improve SRH outcomes *(Caldwell, 2020).*

Although research has been conducted regarding youth SRH awareness and program implementation, persistent challenges remain. There is evidence suggesting that merely providing information through SRH education programs may not sufficiently address the myriad of socio- cultural and systemic factors driving early pregnancies *(Chirwa, 2021).* This gap emphasizes the need for a more nuanced understanding of the interplay between theoretical awareness and actual sexual behaviors among the youth. The aim of this research is to assess the persistence of pregnancies among the youth despite the availability of SRH education programs.

Background Study

The World Health Organization (WHO) defines Sexual and Reproductive Health as a state of complete physical, mental and social well-being in all matters relating to the reproductive systems and its functions and processes. It implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. The World Health Organization (WHO) emphasizes that SRH is essential for overall well-being and is a fundamental aspect of human rights, particularly for young people who experience unique vulnerabilities *(WHO, 2019).*

Sexual and Reproductive Health (SRH) has been a concern for centuries. In past, SRH was often stigmatized and discussed in hushed tones *(Correa, 2014).* However, with the advent of HIV/AIDS epidemic in the 1980s, SRH gained importance as a critical aspect of public health. Since the 2000s, Malawi had made it its mission to address and prioritize issues of SRH/ASRHR. This journey in transforming adolescent lives through the promotion and protection ASRHR was shaped by the combination of policies, legal frameworks and socioeconomic factors, including cultural and gender norms. As these elements played a crucial part in reducing adolescent fertility rates among those aged 15-19. Furthermore, gaps between the poor and rich, as well as between rural and urban adolescents, in modern contraceptive use and skilled birth attendance narrowed, reflecting progress in addressing disparities *(Ruckia, 2024).*

In context of education, policies and interventions supported school enrollment, retention and sexual and reproductive health education and YFHS, resulting in an increase in adolescent =s mean years of schooling from 5.1 years in 2000 to 6.5 years in 2016.initiatives such as Keeping Girls in School and the UN Joint Programme for Girls Education were instrumental in providing bursaries, improving school infrastructure, and enforcing school readmission policies to ensure that girls remained in school *(Ruckia, 2024).* Malawi started providing FP to youth in 2000 and created its first YFHS program in 2007. As of recent study found that 68% of health center providers had been trained in YFHS were trained in contraceptive counseling. Although a YFHS policy exists in Malawi, the availability and acceptability of the services provided are largely unknown *(Self A, Chipokosa S, 2018).*

Despite the implementation and advancements in family planning and ASRHR, significant gaps remain. In family planning, equity issues still persist, particularly among adolescent and young people. Early sex, marriage and childbirth are more prevalent in Malawi as compared to other countries like Senegal, where later median ages for these milestones suggest lower adolescent sexual activity. Perceptions on SRH vary among different stakeholders in Malawi. Educators view SRH education as essential for empowering youth to make informed

decisions about their health *(Chirwa, 2017).* Parents and community members, however, often hold conservative views on SRH, perceiving it as a sensitive topic that should not be discussed openly.

Regardless of the progress made in promoting SRH, challenges persist. In Malawi for instance, high rates of unintended pregnancies, maternal mortality and HIV/AIDS continue to affect the youth *(NSO, 2017*). As a country it has made efforts to address these challenges through the implementation of SRH education programs in schools *(MoE, 2015).* However, the persistence of unintended pregnancies among the youth, despite these efforts, suggests that more need to be done. In other countries, such as Kenya and Tanzania, similar challenges exist, highlighting the need for a comprehensive approach to addressing SRH issues.

Problem Statement

Despite the implementation of Sexual and Reproductive Health (SRH) education programs unintended pregnancies among the youth remains a pressing public health issue. The Demographic and Health Survey reported that 29% of adolescents aged 15-19 had begun childbearing *(NSO, 2017*). According to *Malawi National Sexual and Reproductive Health and Rights Policy, (2017- 2022)* shows that maternal mortality is still high at 439/100,000, as a way of dealing with the problems associates Sexual and Reproductive Health, government with the help of different organizations like; United National Population Fund (UNFPA), World Health Organization (WHO), and other local organizations have developed different programs which provides sexual and reproductive health services. This persistence of pregnancies among the youth, raises questions about the effectiveness of the SRH education programs.

Furthermore, the experiences and perspectives of young people regarding their reproductive choices are often underrepresented, young individuals face challenges and pressures that can affect their decision-making processes related to sexual health and pregnancy, including peer dynamics, societal expectation and limited access to healthcare resources. In Malawi, approximately 31% of pregnancies among the youth are unintended, even with the availability of emergency contraceptive options *(UNFPA, 2020).* This study aims to assess the persistence of unintended pregnancies among the youth in Mtandire, despite SRH education programs and to identify the factors contributing to this persistence.

LITERATURE REVIEW

Concept of Microfinance

Microfinance refers to the provision of financial services such as small loans, savings facilities, insurance, and financial training to low-income individuals who lack access to traditional banking services. According to *Ledgerwood (1999),* microfinance aims to promote financial inclusion by empowering economically marginalized groups to engage in income-generating activities. In developing countries, microfinance has been widely adopted as a poverty reduction strategy, particularly among women, due to their limited access to formal financial institutions. Studies indicate that microfinance helps beneficiaries improve household income, asset ownership, and financial stability.

Savings Programs and Financial Inclusion

Savings programs are structured mechanisms that encourage individuals to set aside money regularly for future use. These programs play a critical role in promoting financial discipline, risk management, and economic resilience. Rutherford (2000) argues that savings are more crucial than credit for the

poor because they help households cope with emergencies, smooth consumption, and invest gradually. In rural communities, informal savings groups such as Village Savings and Loan Associations (VSLAs) are common and have proven effective in supporting vulnerable populations, including single mothers. Such programs enhance financial inclusion by providing accessible and community-based financial services.

Socio-Economic Well-Being

Socio-economic well-being refers to the overall quality of life of individuals, encompassing income levels, access to basic needs such as food, education, healthcare, housing, and social participation. Sen's Capability Approach emphasizes that well-being is not only determined by income but also by individuals' ability to make meaningful choices and lead productive lives. For single mothers, socio-economic well-being is often constrained by low income, caregiving responsibilities, and limited employment opportunities. Improved access to financial services has been linked to enhanced living standards and increased economic security.

Single Mothers and Economic Challenges

Single mothers are among the most economically vulnerable groups, particularly in rural areas of developing countries. Literature shows that they face multiple challenges, including limited education, lack of stable employment, gender discrimination, and social stigma. *Chant (2006)* highlights that female-headed households often experience higher poverty rates due to unequal access to resources and social protection systems. In Malawi, single mothers rely heavily on informal economic activities such as small-scale trading and farming, which are often unstable and low-paying.

Impact of Microfinance on Women Empowerment

Numerous studies have demonstrated that microfinance contributes to women's economic empowerment by increasing access to capital, enhancing entrepreneurial skills, and strengthening decision-making power within households. *Kabeer (2005)* notes that women who participate in microfinance programs tend to have greater control over income and household expenditures. For single mothers, microfinance enables self-employment opportunities, reduces dependence on external support, and boosts self-confidence. However, some scholars argue that without adequate training and supportive policies, microfinance may lead to debt stress rather than empowerment.

Microfinance, Savings Programs, and Single Mothers

Research specifically focusing on single mothers indicates that microfinance and savings programs can significantly improve their socio-economic conditions. Access to small loans and savings allows single mothers to start or expand small businesses, pay school fees, afford healthcare, and improve household nutrition. Studies conducted in sub-Saharan Africa reveal that savings-led microfinance models are more sustainable and less risky for vulnerable women compared to credit-only programs. Nevertheless, challenges such as high interest rates, rigid repayment schedules, and lack of financial literacy continue to limit the full benefits of these programs.

Research Gaps

Although existing literature highlights the positive role of microfinance and savings programs in improving women's livelihoods, there is limited research focusing specifically on single mothers in rural Malawian

communities. Most studies generalize women as a homogeneous group, overlooking the unique socio-economic vulnerabilities faced by single mothers. This study therefore seeks to bridge this gap by examining the impact of microfinance and savings programs on the socio-economic well-being of single mothers in Nkhongo Village, Malawi.

RESEARCH OBJECTIVES

Main Objective

- To assess the persistence on pregnancies among the youth, regardless of sexual and reproductive health education programs.

Specific Objectives

- To assess factors contributing to the still on-going pregnancies among the youth in Mtandire.
- To find-out how well the young people in Mtandire understand the SRH education programs available to them (understand what they know, what they do not know and what they believe about sex and pregnancy) perception.
- To explore the attitudes and beliefs of the youth towards using contraceptives and other methods to prevent unplanned pregnancies.

Research Questions

- What are the factors contributing to the persistence of unintended pregnancies among youth in Mtandire, despite SRH education programs?
- How do youth in Mtandire perceive SRH education programs, and what are their suggestions for improving these programs?
- What are the differences in SRH knowledge, attitudes and practices between youth who have received SRH education and those who have not?
- How do parents, educators and community members perceive SRH education and what are their roles in promoting or hindering SRH education among youth?

Significance of the Study

This study wa important because it will help us understand why unintended pregnancies are skill happening among youth in Mtandire, despite SRH education programs. The significance of this study lies in its potential to inform policy and practice regarding sexual and reproductive health among the youth. The research can provide valuable insights for policymakers and health practitioners, enabling them to refine and enhance the effectiveness of current initiatives. Additionally, this study aims to improve educational strategies by uncovering gaps between knowledge and actual behavior related to sexual and reproductive health, ultimately fostering real behavioral change among adolescents. It will also raise community awareness by highlighting socio-cultural barriers that hinder effective SRH practices, encouraging open discussions among stakeholders such as parents, educators and community leaders. Overall, this study seeks to empower youth with the knowledge and resources necessary for making informed choices about their reproductive health, thereby improving their overall well-being and future prospects.

THEOTECIAL FRAMEWORK

- **Health Belief Model (HBM)**

Developed by *Rosenstock (1950s),* the model attempts to explain the conditions

under which a person will engage in individual health behaviors such as preventative screenings or seeking treatment for a health condition. According to this model, motivations to initiate and maintain health-protecting behaviors are influenced by perception variables, which include beliefs surrounding personal susceptibility to disease, seriousness of the disease, benefits of taking action and barriers to behavioral change. The Health Belief Model (HBM) explains health behaviors through individual perception. It posits that actions depend on: (1) perceived susceptibility (belief in personal risk, e.g., "I won't get pregnant); (2) perceived severity (anticipated consequences of risk, e.g., educational disruption); (3) cues to action (external triggers, e.g. peer influence). In youth pregnancy contexts, SRH programs may fail if adolescents underestimate susceptibility *(Bastien et al., 2011)* or face logistical barriers like clinic inaccessibility *(Munthali et al., 2015).* For example, Malawian youth avoided contraceptives despite knowledge due to fear of judgment. A key critique is HBMs neglect of structural factors like poverty, limiting its standalone utility *(Glanz et al., 2015).*

- **Social Ecological Model (SEM)**

Bronfenbrenners (1970s-1980s), Social Ecological Model was developed to further the understanding of the dynamic interrelations among various personal and environmental factors. This system theory is the idea that one thing effects another. The basic idea behind systems theory is that one thing affects another event and existence does not occur in a vacuum but in relation to changing circumstances systems are dynamic and paradoxically retain their own integrity while adapting to the inevitable changes going on around them. Social Ecological Model (SEM) frames behavior as shaped by nested, interacting systems, for instances individual knowledge, self- efficacy and attitudes e.g. contraceptive skills; interpersonal like family, peers or partner dynamics
e.g. stigma discouraging clinic visits; cultural norms in the community e.g. taboos around adolescent sexuality; laws governing SRH access e.g. parental consent requirements for contraceptives. SEM reveals how SRH programs collapse when levels conflict. For instance, school-based education (organizational) fails if national policies restrict contraceptive access *(Svanemyr et al., 2015).* In Nigeria, youth avoided services due to clinic stock outs and community stigma *(Ssewanyana et al., 2017).* SEM underscores that interventions must synchronize across levels to reduce youth pregnancies *(Kagesten et al., 2016).*

Overall, the persistence of youth pregnancies is undergirded by HBMs individual cognitive gaps (e.g. low risk perception) and SEMs systemic failures (e.g. policy or community barriers). While HBM explains why youth ignore SRH information (e.g. underestimating susceptibility), SEM exposes how broader structures sustain these issues (e.g. laws limiting youth-friendly services). Integrated, they highlight that effective interventions must; address individual misconceptions (HBM) while dismantling structural barriers (SEM) by pairing contraceptive education with affordable, stigma-free clinics and align interventions across SEM levels like community sensitization alongside policy reform *(Chandra-Mouli et al., 2015).*

RESEARCH DESIGN AND METHOD

This study adopted a qualitative research design, which is well-suited for exploring personal experiences, emotions and social realities in a natural, conversational way. The purpose of the research was not to measure or generalize but to understand how young people make sense of early

pregnancies, sexual and reproductive health education and contraceptive use within their own community. A qualitative design allowed the researcher to engage with respondents more openly, listen to their narratives and identify patterns and meanings that emerge from their viewpoints. This approach aligned with study's goal of capturing authentic voices and unpacking the complex factors that shape youth behavior in Mtandire.

Research Setting

The research study took place in the Mtandire community, which is known for its informal housing, limited infrastructure, and high unemployment rates. This area has a notably young population, with many residents under the age of 25 *(National Statistical Office, 2018).* Even though Mtandire is located in the capital city, it struggles with significant issues related to healthcare access, education and sexual and reproductive health (SRH) services. There are few public health facilities, and youth-friendly SRH programs that do exist are often underfunded or inconsistently implemented *(Ministry of Health, 2020).* As a result, unintended pregnancies among adolescents remain a pressing concern vulnerable.

Target Population

The main study population of this research were the youth living in Mtandire, both males and females.

Sample Technique

A purposive sampling technique was used to select participants who were knowledgeable or directly affected by the topic under the study. This method ensured that the respondents could meaningfully contribute to discussions about SRH education, attitudes toward contraceptive and experiences with early pregnancy risks.

SAMPLE SIZE

A total of 12 participants were recruited for the study. The sample size was guided by the nature of qualitative research, which focuses on depth rather than breadth. The aim was to capture diverse perspectives.

Research Instruments

Data were collected using structured questionnaires consisting of open-ended questions designed to gather detailed and personal reflections from the participants. The questionnaire was aligned with the study objectives and covered areas such as exposure to sexual and reproductive health education, drivers of youth pregnancy, community influences and attitudes toward contraceptive use. Respondents were given the questionnaire in a private and comfortable environment to encourage honest and confidential responses.

Pilot Study

A pilot study is a preliminary small-scale investigation used to test the feasibility and effectiveness of a larger research project. It helps researchers identify potential issues, refine methods and ensure the main study is properly designed before its implemented on a larger scale. Hence, this study will use a mixed-methods approach to access the issue. A small purposive sampling of 10 youth participants including pregnant/parenting youth and non-parenting youth and community leaders were included in the pilot study to conduct and assess the feasibility of the research topic and questions through interviews.

The goal of this pilot study was to dig into the reasons why unintended pregnancies among young people continue to be a significant issue, even with the widespread rollout of sexual and reproductive health (SRH) education programs. I would like to know the gaps, barriers and contextual factors that might be hindering the success of the current interventions

Data Analysis

The data collected through the open-ended questionnaires were analyzed using thematic analysis, which is well-suited for qualitative studies. First, all completed questionnaires were read several times to gain a clear understanding of the participant's responses. The researcher then identified meaningful statements and grouped them into categories based on patterns, repeated ideas and shared experiences. These categories were further refined into themes that reflected the main issues related to youth pregnancies, SRH understanding and contraceptive attitudes. The themes were then interpreted in relation to the study objectives and existing literature.

Ethical Consideration

Ethical approval was obtained before data collection. All participants were informed about the purpose of the study, their right to withdraw at any time and how their information would be protected. Informed consent was obtained verbally. To maintain confidentiality, pseudonyms were used and no identifying information appears in the report.

Response Rate

The study achieved a 100% response rate, as all 12 participants who were purposively selected for the research fully took part in the data collection process. This strong level of participation added real strength to the findings, as every voice that was intended to be heard was actually included. It also showed the participants genuine interest in discussing issues surrounding sexual and reproductive health, suggesting that these topics matter deeply to the young people living in Mtandire.

CONCLUSION

The study concludes that teenage pregnancy among young people in Mtandire is not simply a result of individual choices bit rooted in broader social and economic realities. Poverty continues to be a powerful driver, pushing many girls into risky relationships for survival. Peer pressure further amplify vulnerability, especially when parental guidance is limited or absent. Although young people are exposed to SRH information, the content is often shallow and inconsistently delivered, preventing meaningful understanding. Misinformation, fear and stigma surrounding contraceptives significantly reduce uptake, even for those who express interest in prevention. Gender imbalances in relationships also limit young women's ability to negotiate protection. Overall, the study shows a clear mismatch between knowledge and safe practice, driven largely by social and structural barriers. These insights highlight the urgent need for supportive environments that encourage informed and confident reproductive decision-making.

RECOMMENDATIONS

- Young people should seek accurate SRH information from credible sources such as youth-friendly clinics, trained peer educators and school counselors and engage in open conversations with trusted

peers or mentors to reduce misinformation and fear around contraceptives.

- Youth should build self-esteem and confidence to resist peer pressure and unhealthy romantic dynamics that undermine safe decision-making and those in relationships should practice assertive communication and prioritize mutual respect when discussing sexual boundaries and protection.
- Parents and guardians should create open, non-judgmental spaces for conversations about growing up, relationships and sexual health
- Community leaders and faith groups can help reduce stigma by promoting positive, respectful dialogue about youth well-being and reproductive choices and community members should challenge harmful myths and gossip that discourage youths from accessing SRH services and contraceptives.

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