Contraceptive Use and the Pursuit of Education and Marriage: 
An Adolescent Dilemma in Rural Malawi

THESIS

Presented in Partial Fulfillment of the Requirements for the Degree Master of Science in 
the Graduate School of The Ohio State University

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2014

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Abstract

Contraceptive use represents a dynamic decision-making realm and thus offers a useful lens through which to understand broader social processes such as the pursuit of marriage and education. In light of rising educational opportunities, young women in Malawi are faced with a decision-making dilemma regarding pregnancy prevention. The goal of preserving their prospects for marriage discourages their use of highly effective contraceptive methods, while the hope of continuing an education encourages the use of contraception. Using focus groups, and in-depth interviews from rural Malawi, this study distinguishes three types of contraceptive users based on combinations of life goals: the “Minimalist”, the “Gambler”, and the “Pioneer.” Understanding these three orientations toward contraception highlights the importance of examining life course transitions as interdependent, and often, competing pursuits. This paper illuminates the complexity of sexual health decision-making, which can be difficult to ascertain from quantitative studies.
Acknowledgments

I’m grateful to Dr. John Casterline as my advisor for mentoring me through the process of completing my masters. Thank you to Dr. Alison Norris for giving me the opportunity to collect the data and experience the iterative process of fieldwork. To Dr. Corinne Reczek, thank you for your insight and feedback through the writing process, particularly when conceptual and theoretical road blocks occurred. A big thank you to Jonathan Kandodo and Stafel Mbwerazino for their faithful and dedicated work assisting in the collection of this data in Malawi. Finally, I am grateful to my family and friends, including fellow graduate students, for their social and emotional support through this process. Thank you for giving me the freedom and time to run with it and the push(es) to keep going.
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Fields of Study

Major Field: Sociology
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Chapter 1: Introduction

While at first glance, studies of contraceptive use may seem relevant to only public health and population scholars. In fact they offer a lens through which we can address the complexity of the social context. Attitudes and patterns of contraceptive use reveal intersecting, and often competing, life realms that individuals navigate through their decisions about fertility. The decision of whether or not to contracept is only in part a decision about one’s desire for a child; it is also a consideration of potential career tradeoffs, social network repercussions, financial resources, and the development of one’s identity as an adult – man or woman. Alternatively, a laissez faire approach to pregnancy prevention can be equally revealing of an individual or couple’s negotiations through other important life goals.

As social scientists we are dedicated to bringing parsimony out of the lived experience. However, the risk is always one of over-simplification. If we only focus on one dimension of a process we find ourselves with unanswered questions but if we consider that decisions are influenced and constrained by other factors, we can begin to understand why questions in one realm can be answered by insights in another realm. In the case of Malawi, education and marriage are two such interrelated realms. The pursuit of education influences how one pursues intimate relationships, just as the pursuit of
relationships can influence the level of priority given to educational pursuits. These realms do not exist independently of one another.

In 1994, Malawi eliminated primary school fees. As a result, educational opportunities for women and men in Malawi expanded substantially. However, this change has altered women’s social and cultural contexts relatively more than their male counterparts who already had access to secondary education, a point which will be developed further in this analysis. Since that time, current use of modern contraception among women aged 15-49 has risen from 6% to 41% (DHS 2010). As a result, women are now negotiating fertility decisions in a much different institutional and cultural context than their mothers and older relatives. As a society in transition, there is much to learn about how complex decisions are negotiated in environments where economic, cultural and social factors are in flux and do not uniformly support a given set of behaviors. With the rise in educational opportunities, it seems irrational that young women in school would jeopardize their education by not using highly effective methods of contraception thereby risking an unintended pregnancy. On the other hand, if marriage and fertility is highly valued, why do we see decisions to abstain from sex and relationships? In this paper I explore the ways in which the interdependent pursuit of marriage and education places young women in a complex and constrained set of negotiations when considering contraception. I ask: How do young women negotiate pregnancy prevention in light of their educational and marital goals as they transition to womanhood? What can contraceptive attitudes and patterns of use tell us about the life goals and decision-making of young women in a transitional context?
To answer these questions I use qualitative data collected during the summer of 2013. Thirteen focus groups and 30 in-depth interviews were conducted in rural Malawi with the help of experienced, Malawian research assistants. At the onset of data collection, our inquiry sought to understand the perceived consequences of pregnancy prevention, and the ways in which these consequences are negotiated by women and men throughout the life course.

Given the limited scope of this paper, I focus solely on young women approaching adulthood. Our rich data reveals the importance of fertility, livelihood, and intimate relationships when negotiating the transition to womanhood in rural Malawi. This setting represents a transitional context in which young women are now negotiating fertility and new educational opportunities. I find that attitudes and behaviors regarding contraception are distinguished by the combination of a young woman’s life goals regarding marriage and education. Young women find themselves in a decision-making realm of constraints defined by the intersection of marital and educational aspirations, and the gendered consequences associated with unintended pregnancies. To pursue education and also preserve her marriageability, she finds herself in tension with reason to exert both high and low control over her fertility. The magnitude of these tensions is illustrated by three paths of contraceptive behavior, which I have chosen to describe as: Minimalists, Gamblers, and Pioneers. The Minimalists have little reason to prevent pregnancy as a sexual relationship can move without obstacles towards marriage where childbearing is expected immediately. The Gamblers are often contraceptive risk takers relying on less effective contraceptive methods in order to maintain both education and
marriage prospects. On the other hand, the Pioneers are taking the road less traveled, prioritizing education above all else. Due to social definitions of dating and relationships, their decision is not about which contraceptive method to use but whether to pursue a relationship at all. Theoretically, this study highlights the importance of understanding life course trajectories and transitions as being highly interdependent and considered simultaneously. Prior to a transition, there are multiple life course realms being negotiated. Furthermore, these realms are gendered in nature; the constraints and burdens women face in navigating their transition to womanhood are distinct from their male peers.
Chapter 2: Literature Review

Fertility as Multi-Dimensional Through the Lens of Contraception

Contraceptive use, and pregnancy prevention more broadly, represents a multidimensional decision-making realm for individuals and households. In deciding whether or not to use contraception, individuals and couples need to consider present realities and future goals (see Machung 1989; Orrange 2003). Decisions about contraception reveal relationship dynamics between partners (Wolf and Blanc 2000; Zabin et al. 2000; Mbweza et al. 2008), within families (Henderson et al. 2012), and within social communities (Rutenberg and Watkins 1997). Individual attitudes toward pregnancy prevention are influenced by social norms, values, and identities (Ryder 2010). Therefore, data regarding the patterns and perceived consequences of contraceptive use become an illuminating lens through which researchers can understand complex and interdependent social processes.

Discussing fertility as a decision may at first seem misleading. After all, unintended pregnancies are pregnancies that were just that, unintended. Can we still call these fertility decisions? With the exception of contexts in which a woman’s choice is highly constrained or unacknowledged, I argue yes -- unintended pregnancies are still the result of a decision-making process considering the role of children. However, in the case of unintended pregnancies, there are likely other factors at play for women and men
which result in more risky contraceptive behaviors. These factors may be negative attitudes towards highly effective contraceptive methods, a certain perception of one’s intimate relationship (Luker 1977), or a level of ambivalence surrounding the possibility of conceiving (Agadjanian 2005). In the end, unintended pregnancies are still the result of decisions about fertility, but these decisions act against the effective prevention of pregnancy. Thus, the outcome of an unintended pregnancy shows that decisions related to fertility are multi-faceted and rarely as clear cut as answering the question: do I want another child?

The decision to have a child is made in light of life circumstances and life goals. We see this through studies of education, work and gender, and intimate relationships and the family. Across many world regions, educated women tend to give birth to their first child at later ages, and are more likely to postpone childbearing (Moultrie et al. 2012). Studies of gender and the workplace have shown that women tend to gravitate towards jobs they perceive as more flexible in an effort to find a “work-family” balance (Glass 1990). This also is tied to education when one considers the selective sorting of men and women into gender-typical college majors (Charles and Bradley 2009). Thus we see that women’s decisions about family size and motherhood are linked to their educational status, and decisions about the management of career and family.

In addition to life circumstances and goals, fertility decisions are made in light of future considerations. Johnson-Hanks (2006) asserts that a “not now” mindset exists for Cameroonian women who feel their present circumstances can’t support a child, and instead, look to the future as the time of childbearing. On the other hand, Edin and
Kefalas (2005) show that childbearing among low income women often precedes marriage due to cultural meanings and identities defined within constrained economic and marital possibilities.

Finally, intimate relationships and family play an important role in fertility decisions. A woman’s relationship status and the stability of her current relationship are strong predictors of contraceptive use and method choice. Luker (1977) showed that contraceptive risk-taking is largely determined by the level of stability of a couple’s relationship. Newly formed relationships are unpredictable in regards to the frequency of sex, and therefore, couples are unlikely to use highly effective methods of contraception, if any method. On the other hand, couples in long-term, stable relationships may forego protection to express heightened, and spontaneous passion and love to one another, or because they have “gotten away with it” in the past. Overall, couples’ decisions about contraception are made in part due to wanting to avoid pregnancy but also in regards to the state and emotional needs of the relationship. Beyond intimate partners, other relatives, such as the mother-in-law, can influence women’s attitudes and behaviors toward childbearing (Henderson et al. 2012). This is particularly true in developing countries where the role of the extended family is much stronger relative to industrialized countries dominated by a nuclear family structure. While the strength of familial ties is generally weaker in urban compared to rural areas (Ezeh et al. 2006), many developing nations are still characterized by predominantly rural areas. This is particularly true of Malawi where 85% of the population relies on agriculture in rural areas (DHS 2010).
In summary, decisions surrounding pregnancy prevention are linked to decisions about education, career, future opportunities, and relational implications. As a dynamic realm of decision-making, attitudes and behaviors regarding contraception not only help us to improve access and availability of contraceptive methods, but also shed light on complex social processes. By examining contraceptive attitudes and behaviors of young women in the developing context of Malawi, I find that three primary themes – the importance of fertility, the search for a stable livelihood, and the nature of intimate relationships – are all important influences on a young woman’s transition to womanhood. Furthermore, how she negotiates these realms is dependent on her life goals.

*Life Course Theory and Adolescence*

While our data afford us insights into multiple life stages at which fertility decisions are negotiated, the scope of the present study is focused on adolescents, specifically young girl’s transitions to womanhood. The period of adolescence and the transition to adulthood, is a particularly dynamic and “dense” period within the life course (Rindfuss 1991). Economically it typically includes the completion of education, and the beginning of a career. Socially and culturally it marks the beginning of intimate relationships, timing of first sex, marriage, and family formation.

From the perspective of life course theory (Elder 1985), trajectories are sequences of roles and experiences which individuals pursue. Transitions are changes in roles and status. Therefore, a trajectory is comprised of several transitions. Furthermore, transitions can be grouped by larger life stages. For example, the transition to adulthood has traditionally included the completion of schooling, beginning of a career, marriage,
parenthood, and financial independence (Aronson 2008). These transitions and trajectories are influenced by five important principles laid out by Elder and colleagues (2003), three of which are: human agency, socio-historical time and place, and timing. First, individuals exert agency to influence the timing of their transitions and overall trajectories. Secondly, transitions will be shaped by the socio-historical time period in which they occur. In the case of Malawi, the contemporary period is one of change and transition for young women. To the extent that their context differs from their older relatives due to structural and institutional change, the experience of transitions, such as marriage, will be different as well. Finally, the timing of transitions will affect their associated meanings and differentially influence trajectories. For a young Malawian woman, the meaning of an unintended pregnancy while in school and unmarried “dooms the girl’s future”, while a pregnancy within marriage is a “blessing and gift from God.” The meaning of the pregnancy has changed as a result of its timing in the life course. Its impact on future trajectories (a doomed future) also is defined by its timing. This is in large part due to the concept of social time, which is the influence of socially constructed norms, expectations, and timetables on individual trajectories (Elder et al. 2003; Neugarten 1973). Social expectations defining the appropriate timing of life course transitions influences how that transition is experienced by the individual.

Given the importance of adolescence on defining future trajectories, education and marriage are two important domains that have been well researched. Educational attainment is associated with many positive outcomes later in life including higher earnings, reduced fertility, and increased health literacy (Ainsworth et al. 1996).
Consequently, scholars seek to understand individual and contextual-level characteristics that encourage or inhibit the pursuit of education (see Lockheed et al. 1989, Chae 2013, Mensch et al. 2001 and others).

Marriage is an alternative, though interconnected, pursuit to education. Across most societies, increased educational opportunities coincide with an increase in the average age of marriage, since marriage is delayed in order to complete an education (Goldin and Katz 2000). In developing societies, marriage is particularly important as an economic strategy where employment opportunities for women are scarce and gender roles define the husband as the breadwinner of the family (Schuler et al. 2005). Consequently, marital aspirations are tied to educational aspirations.

Studies of the life course have looked at the sequencing and timing of these two trajectories (marriage and education), highlighting the entering and exiting of individuals in educational institutions interspersed with transitions to marriage, work and family (Kerckhoff 2000; Marini, 1987; Rindfuss et al., 1987). However, it is not enough to acknowledge that the timing and sequencing of various trajectories are interrelated, or even that the sequencing is highly varied (Rindfuss et al. 1987; Shanahan 2000). It is also important how these trajectories are negotiated simultaneously. As Settersten (2003) discusses, we can miss the interdependent nature of transitions and trajectories when we view them simply as “piled on top of each other” or occurring at the same life stage. Rather than focus on the transitions themselves, this paper argues that individual negotiations consider multiple life course transitions simultaneously and interdependently as a life course horizon, a set of possibilities that are framing present decisions. While
education and marriage may occur sequentially, for the individual both of these are possible future transitions that define the ways in which they exert agency while embedded in a presently constrained context. Furthermore, social time and its associated meanings for life course transitions and trajectories are inherently gendered.

Transitions as Gendered; Both Structurally and Relationally

First, men and women operate in constrained contexts which influence the allocation of resources and opportunities. These constraints affect men and women differently resulting in gendered patterns of health and behavior throughout the life course (Bird and Riecker 2008). Constraints may be more or less objective, but how they are negotiated is the result of social expectations and relational processes. For example, a pregnancy will require support, which is a constraint on decision-making as it forces the parent to address this new reality. However, the opportunities for livelihood will be gendered through the division of labor, constraining how men and women exert agency.

Conversely, the processes which define the structure of constraints are highly relational processes. Relational gender theory defines gender as a “pervasive system of stratification that structures relationships and interactions between men and women” (Springer et al. 2012). In the process of interaction, gender is defined and shapes social meanings and social expectations. How a woman understands her transition to womanhood is defined in relation to her male counterparts. These relationally defined meanings intersect with structural constraints to define the realm of possible alternatives afforded to women when navigating any life course transition. Consequently, it is difficult to untangle gender as structurally defined versus relationally defined as structure
represents the manifestation of relational processes defining social expectations and thus structural constraints.

Taken together, this paper first draws upon life course theory to understand transitions as not only representative of the individual embedded within a constrained context of social timetables but rather a context in which transitions are interdependent. Furthermore, this interdependency is a gendered interdependence creating differential experiences and meanings for young men and women in Malawi. Young women negotiate their transition to womanhood within a varying set of possible life course transitions. This agency is enacted in light of the gendered framings and social discourse defining expectations and appropriateness of action. Throughout this paper I intend to describe the decisional dilemma young women experience when considering pregnancy prevention. This experience is differentiated first by the possible life course transitions which exist on their future horizon (marriage, education, or both). Finally, they navigate these possibilities in light of gendered processes in three key areas: fertility, livelihood, and intimate relationships.

Malawi as a Changing Social Context

Studying contraceptive attitudes and behaviors of young women in Malawi is particularly useful given the institutional and cultural changes taking place in the country. Women have experienced a large increase in educational opportunities since the 1990s. Currently, young Malawian women, despite structural constraints, exhibit strong educational aspirations as an assertion of a virtuous identity (Frye 2012) and in hopes of improved livelihood opportunities. In addition, Malawi is in the midst of a fertility
decline. For women at the end of their reproductive career (age 40-49), the mean number of children ever born is 6.6. However, women married fewer than 10 years express a mean ideal number of children as 3.6 (DHS 2010). Finally, current use of contraception among women of reproductive age has risen from 6% in 1992 to 41% in 2010 (DHS 2010). Consequently, young women are imagining new possibilities and trajectories not only in regards to education but also fertility and pregnancy prevention. Consequently, decisions around contraception speak to the dilemmas created by changes in economic, social and cultural realms. Understanding how these dilemmas are reconciled illuminates priorities, pressures, and constraints. It illustrates the ways in which culturally held values and economic strategies begin to change and adapt to new processes.

*Change as a Gendered Experience*

While both men and women are experiencing these changes, the experience is differentiated by gender. First, young men were already completing primary and secondary school prior to 1994, while the majority of women had no education at all, and thus no chance to pursue secondary education. Secondly, young women bear the burden and risk of an unintended pregnancy making their negotiation through this changing context one of greater tension and competing interests. An unwanted pregnancy alters her future, while young men are more able to remain on the same trajectory, even when responsible for a pre-marital birth. Based on our data, greater social control is exerted on a young woman’s fertility since it is the consequence of pregnancy which is reprehensible while the act of sex is normative. A woman can endure a variety of negative status markers if she has too many partners or none at all. For this reason, I think it is especially
important to understand the ways that young women are navigating a very constrained and high-risk setting when considering new life course transitions in light of their male counterparts.

With the improved access to education and the emergence of a fertility decline, young women in Malawi are now negotiating relationships, marriage prospects, and the goal of completing an education. As Life Course Theory (Elder 1985) would suggest, adolescents are in a dynamic period of change associated with several transitions. Furthermore, scholars have pointed out that these transitions are not always clear-cut and easily defined (Ashton and Lowe 1991). It is thus reasonable to assume that multiple life stage transitions are being pursued simultaneously. Is one goal more important than the other? How are individuals negotiating this changing cultural and economic context to achieve both marriage and increased educational attainment? This work explores the experiences of young Malawian women as they negotiate pregnancy prevention in light of educational goals and marriage prospects. Patterns of contraceptive use offer a useful lens through which we can better understand individual choices regarding livelihood and the meanings of womanhood in Malawi. More broadly, this analytical approach serves to examine life course events together, since they are considered simultaneously, even if occurring sequentially.
Chapter 3: Data & Methods

Context and Sampling Frame

This study took place in rural Malawi in the central region. In terms of livelihood, 84% of the population is agricultural, with the exceptions of two urban areas: Lilongwe and Blantyre. Table 1 shows descriptive statistics of the total population broken down by the type of geographic residence (urban/rural) (2010 DHS).

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th></th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rural</td>
<td>Urban</td>
<td>Total</td>
</tr>
<tr>
<td>Highest Education Level</td>
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<td></td>
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</tr>
<tr>
<td>No Education</td>
<td>17.1</td>
<td>7</td>
<td>15.2</td>
</tr>
<tr>
<td>Primary</td>
<td>68.8</td>
<td>47.4</td>
<td>64.8</td>
</tr>
<tr>
<td>Secondary or higher</td>
<td>14.1</td>
<td>45.7</td>
<td>20</td>
</tr>
<tr>
<td>1992 DHS Data No Education</td>
<td>50.6</td>
<td>22.7</td>
<td>47.2</td>
</tr>
<tr>
<td>Primary</td>
<td>47.4</td>
<td>56.4</td>
<td>48.5</td>
</tr>
<tr>
<td>Secondary or higher</td>
<td>2.1</td>
<td>20.9</td>
<td>4.4</td>
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<tr>
<td>Proportion Literate</td>
<td>64.1</td>
<td>82.9</td>
<td>67.6</td>
</tr>
<tr>
<td>Current use of any modern method of contraception (married women)</td>
<td>40.7</td>
<td>49.6</td>
<td>42.2</td>
</tr>
<tr>
<td>Median age (in years) at first marriage (20-49)</td>
<td>17.7</td>
<td>18.8</td>
<td></td>
</tr>
<tr>
<td>Need for family planning: Unmet need - total</td>
<td>26.8</td>
<td>23.3</td>
<td>26.2</td>
</tr>
<tr>
<td>Infant and child mortality</td>
<td>73</td>
<td>73</td>
<td>73</td>
</tr>
<tr>
<td>HIV prevalence</td>
<td>8.9</td>
<td>17.7</td>
<td>10.7</td>
</tr>
<tr>
<td>Total Fertility Rate</td>
<td>6.1</td>
<td>4</td>
<td>5.7</td>
</tr>
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</table>

Table 1 Descriptive Statistics of Malawi (proportions based on the 2010 DHS)
The majority of Malawian women (69%) have a primary education and only 14.1% have completed secondary education. To gain a better insight into how the access to education has improved in recent years, it is worthwhile to compare the most recent data with the data collected prior to 1994 when school fees were still required. For instance, based on the 1992 DHS 50% of women had no education while 47.4% had primary education. Only 2% of women had a secondary education. In contrast, the change in men’s educational attainment since 1992 has been less dramatic. The percentage of men having no primary education has decreased from 20% to 6% while secondary education has increased from 13% to 30%. Even so, Malawian men in 1992 resemble the compositional characteristics of rural women in 2010. Improved access to education has predominantly affected women. As expanded educational opportunities have provided routes to alternative sources of livelihood, the context within which women make fertility decisions has changed significantly.

Women of reproductive age in Malawi marry at a median age of 17.7 with the timing of first sex occurring, on average, at 17.1 years. Fifty-two percent of women are married by age 18, 75% by age 20, and 87% by age 22. These data indicate that Malawian women marry rather young and at high rates, relative to industrialized countries. The total fertility rate (TFR) of rural women is 6.1 compared to 4.0 in urban areas. Among married women, 40% report using some modern method of contraception. Only 6% of Malawian women used any type of contraception in 1992. This comparison
shows a substantial increase in contraceptive use that has occurred over the last two decades.

In their transition to adulthood, women in recent decades have faced a very different institutional context than their mothers and older relatives. Today, most of them will complete at least a primary education, although many barriers to completing a secondary education still exist. With the uptake of modern contraception and the increase in educational opportunities, it is more common today for women to consider the limiting and spacing of childbirth via highly effective contraception. Improved access to modern methods of contraception has begun to change cultural attitudes and has brought greater diversity to women’s experiences with pregnancy prevention. Despite improved access to methods, misinformation continues in regard to possible health side effects of various methods and the prevalence of those side effects. Women rely heavily on stories and experiences of their peers as important sources of information when considering their own fertility decisions (Rutenberg and Watkins 1997). Given the increase in educational opportunities, the changing nature of contraceptive use, and the high but declining fertility rates, Malawi offers a complex context in which to examine perceived consequences of contraceptive use across the life course.

Collecting the Data

Our research team collected data as part of a community-based, cohort study connected to a rural clinic run by an International Non-Governmental Organization (INGO). The sampling frame was the catchment area of the clinic, encompassing a geographic area with a radius of 20km and roughly 5,500 households. Overall, the area
consists of 65 villages ranging in size from a local trading center (several thousand persons) to family-based villages of 50 persons or less. The vast majority of these villages rely on farming, and educational attainment is relatively low.

The data were collected within villages included in the study’s catchment area. We hired two trained research assistants experienced in qualitative techniques, one Malawian female and one Malawian male, to facilitate focus groups and conduct in-depth interviews. We selected villages that varied in size and were located within a large radius from the clinic site. Women primarily obtain counseling and contraceptive methods at local clinics and hospitals. A visit to these clinics can require a long walk and an extended wait time. Because of this structure, it was important to gather experiences from women and men who had varying levels of access to reproductive health services based on geographic proximity.

We gathered two types of qualitative data: focus groups and in-depth interviews. We conducted 13 focus groups with Malawian women (n=9) and men (n=4) in seven different villages. In most cases we conducted two focus groups per day, each with 10 people, and restricted each group to respondents of a single gender and marital status (never-married, married, divorced/widowed). These descriptions can be seen in Table 2. Respondents were asked to discuss the benefits and disadvantages of preventing pregnancy as it pertained to individual and household health, livelihood, intimate relationships, and relationships within the community. In order to examine attitudes in relation to life course transitions, facilitators presented participants with a vignette
describing a young, unmarried couple attending school. The vignette asked about whether or not “Tumeyo” and “Mary” should prevent pregnancy along different stages of

<table>
<thead>
<tr>
<th></th>
<th>Focus Groups</th>
<th>In-Depth Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>N</td>
<td>93</td>
<td>42</td>
</tr>
<tr>
<td>Ages</td>
<td>14-51</td>
<td>18-74</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never-married</td>
<td>33</td>
<td>12</td>
</tr>
<tr>
<td>Married</td>
<td>38</td>
<td>26</td>
</tr>
<tr>
<td>Divorced</td>
<td>16</td>
<td>3</td>
</tr>
<tr>
<td>Separated</td>
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<td>0</td>
</tr>
<tr>
<td>Widowed</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Education Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>17</td>
<td>5</td>
</tr>
<tr>
<td>Some primary</td>
<td>56</td>
<td>23</td>
</tr>
<tr>
<td>Primary completed</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Some secondary</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Secondary completed</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>University and above</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 2 Descriptive Statistics for Data Collection

educational attainment, marital status, and parity. This vignette is offered in Appendix A.

A strength of this approach is that it allowed us to gather rich data regarding why and under what circumstances particular methods of contraception are deemed appropriate. Indeed, contraceptive decisions are highly nuanced and the vignette highlights why the acknowledged health benefits of limiting and spacing childbirth are only one factor in the consideration of preventing pregnancy. To go beyond normative understandings of preventing pregnancy, we conducted 30 in-depth interviews with women (n=24) and men
(n=6). This allowed us to compare normative understandings presented in focus groups to the lived experience of individuals as it pertained to pregnancy prevention and relationships. Interview respondents were recruited for five different days of data collection, each day interviewing six individuals in a particular village. However, given the close proximity of some villages, our in-depth interviews cover five primary villages and five nearby villages. We recruited all respondents (focus group and interviews) in conjunction with the village chief, as is culturally appropriate, and the health surveillance assistants (HSAs), who are acquainted with all village members, which helped reduce the skepticism of strangers in the village. Respondents ranged in age from 15 to 53 and represented a diversity of relationship histories: 9 were never-married, 12 married, 7 divorced/widowed/separated. After each day of fieldwork, we sat as a research team and recounted what and how respondents reacted to each of the interviews or focus group questions. Since the data were collected in the local language, Chichewa, and I am not yet fluent in that language, this was an important 2-3 hours of the day. It allowed the data collection process to be highly iterative and offered initial analysis of data as it was collected.

Data Coding and Analysis

Once the research assistants simultaneously translated and transcribed the transcripts from Chichewa to English, a team of four undergraduate and graduate students, including myself, coded the data using both Nvivo 10 and word processing software. Initially, three researchers, including myself, separately conducted rounds of open coding to generate topics and themes present within the data. Each of us had
traveled to Malawi during the period of data collection, and therefore had a strong understanding of context and the nature of the data itself. After refining and establishing a single codebook, we enlisted two additional students to help with manifest coding of themes and topics that were directly present in the data. Coding themes ranged from economic strategies and distinctions of wealth strata to the importance of education, methods of preventing pregnancy and decision-making emphases incorporating gender and prioritization of key issues.

After a round of manifest coding, I engaged in two independent rounds of coding aimed at the particular research questions: how do attitudes and contraceptive behaviors relate to marriage goals/priorities, and also to educational goals? How does the combination of these goals, one or both, differentiate their attitudes and behaviors towards contraception? I paid particular attention to the main themes of: education, livelihood, relationships (intimate and platonic), pregnancy prevention, fertility and decision-making. Secondary themes looked at the associated consequences and social influences within these themes. For example, with education it was important to consider the consequences of dropping out versus staying in school, and to take note of the social norms and statuses afforded to individuals based on educational attainment. Fertility was a complex category that looked at consequences of preventing a pregnancy associated with various marital statuses, and the timing, choice, access and prevalence of particular methods. The consequences of preventing a pregnancy also generated categories associated with the importance of fertility and the value of children for individual identities. Relationship consequences such as ending a relationship, choosing a partner,
and the timing and nature of dating all proved to be important secondary themes of the analysis. Finally, decision-making was an important category for obvious links to contraceptive behavior and actions associated with relationships and education. This category was broken down by identifying reasons for particular decisions, decision alternatives as framed by the respondent, and power in decision-making, particularly related to the nature of partner decision-making.

After the process of open coding and axial coding, patterns were observed based on coding overlap and a coding matrix. I examined the consistency with which a single reference would be coded with a code in another primary theme. For example, dropping out of school was almost always coded with the consequence of an unplanned pregnancy, and sometimes coded with a lack of social and financial support. Conversely, being in school was only coded with hormonal methods of contraception if the code associated with “social reputability as a prostitute” or “short term decision-making” was also present. To look at the manifestation of contraceptive use in light of education and marriage, I sorted respondents by their contraceptive use (method, and frequency) and then sorted by education (level attained, dropping out: Y/N) and relationship history (partner choice, stability, and status). Overall, there was a high level of consistency between combinations of contraceptive use, educational outcomes, and relationship histories, indicating that contraceptive use can highlight the ways in which education and marriage are pursued through fertility decisions. Women who differed from the expected contraceptive pattern (e.g., they were choosing to abstain but not in school, or foregoing
relationships completely) were those in the most vulnerable positions: orphaned, relying on casual labor, etc.

Overall, what emerged was a picture of women negotiating their transition to womanhood, reimagining their fertility trajectories relative to their older relatives, and exploring new aspirations for the future. With these new pathways come new risks and new decisional dilemmas. The paper aims to describe this dilemma in order to shed light on the lived experience of women pursuing multiple life course transitions.
Chapter 4: Results

Beyond the Issue of Access

First, it is important to note that the ability to prevent pregnancy goes beyond a consideration of access and method availability. In both focus groups and in-depth interviews, we asked women and men how easy or difficult it was to prevent pregnancy. In most cases, the initial response was that it is easy for women to prevent pregnancy – they can go to the hospital or clinic to get injections, Norplant, pills or tubal ligation. Youth can access condoms at the roadside stalls or hospitals and clinics.

“This issue is not difficult, there are many hospitals surrounding the area and women or girls can easily go the hospital to access kulera [family planning] for women, and the youth can get condoms.” (P13)

In the above quote, why the distinction between “women” and “youth”? Herein lies our first indication that contraceptive methods hold latent cultural understandings dictating who is an appropriate user of contraceptive methods. In some parts of Malawi, there remain areas that suffer from poor access to methods because of the supply of methods. However, increasingly this is not the primary concern. In this rural part of Malawi, individuals are aware of available methods and how to access them. Some are using. Some are not. They can describe the health benefits of spacing children and the economic benefits to the household of limiting family size. They understand that condoms prevent HIV and STI’s while hormonal methods such as injections and Norplant do not. That is
not to say that their objective knowledge of methods, side effects, and consequences is complete. As in many societies, there remains confusion surrounding particular side effects or the ways that contraceptives alter one’s body biologically to prevent pregnancy. Nevertheless, on average there is a sufficient and even substantial amount of knowledge surrounding contraceptive methods.

The dilemma young women face in trying to prevent pregnancy is one dictated by the supreme importance of fertility, the search for a stable livelihood, and the nature of relationships. The ways in which women navigate these realities will be described based on three groups of users: Minimalists, Gamblers and Pioneers. Each of the three groups of women represents a different life course horizon based on the combination of life goals. By understanding the meanings and consequences of contraceptive use in light of broader themes of fertility, livelihood, and relationships, we see that these three groups of women are defined by their pursuits of education, marriage, or both.

**Minimalist**

For those pursuing marriage, having already dropped out of school, we see the least amount of personal fertility control. This pattern is most notably evidenced by focus group participants when discussing a vignette of a hypothetical Malawian couple. The young couple is sexually active and deciding whether or not to prevent pregnancy. As soon as we remove the couple from school, the decision to prevent pregnancy becomes nonsensical. “Why would they use kulera? They can just get married,” was the paraphrased response of every focus group discussion, male or female. When education is out of the picture, marriage is the next step. For this reason I’ve identified these young
women as Minimalists – they exert minimal control over their fertility since their pursuit of marriage is without competing expectations.

Marriage as Livelihood

The connection between the possibility of marriage and reduced fertility control is not at first obvious. Even without educational opportunities, why does the possibility of marriage reduce the need for pregnancy prevention? This relationship is the result of two social expectations: 1) childbearing is expected quickly within marriage, a point to be elaborated later, and 2) socially prescribed gender roles characterize the husband as the provider, making marriage a viable livelihood alternative for women. As one woman described, “Sometimes I say to myself, if only I would have a man to marry, I could get married. Should I go and look for a house to lent or should I go seek a job.” (P16, IDI).

In this quote we see that having a man to marry is directly linked to a decisional dilemma about livelihood. Should she get married, or find a job? The assumption is that a man will support his household as the breadwinner of the family. “Parents support you when they wish to. When you are married, the husbands support you with all the necessities,” (P50, IDI). For men, the social discourse of male breadwinners creates its own negotiation as they consider their ability, willingness and desire to support a family or take responsibility for an unwanted pregnancy. For the Minimalist, while an unwanted pregnancy outside of marriage may still result in the man’s refusal to take responsibility for a pregnancy, it becomes less likely when neither partner is trying to complete their education. For both partners, the prospect of marriage is likely to be viewed as part of the transition to adulthood and without the competing claim of education, even if this
transition is imbued with gendered social meanings. In this way, we see that gender role discourse shapes what women see as viable livelihood opportunities. Furthermore, it highlights the ways in which social expectations create gendered meanings attached to life course transitions.

*Fertility as Womanhood: Why Delay?*

Structurally speaking, marriage is a viable livelihood alternative to education. However, arguably more important is that marriage is the context within which young girls become mothers. The cultural and social significance of being a mother cannot be overstated. Motherhood defines womanhood as well as a woman’s social networks and marital stability. “P15: When you do not have a child people don’t respect you they call you by your name; while when you have a child they call you amake ujene (mother so and so).” When asked how women feel about being called “mother”, they express it as a sign of respect, a blessing, a source of pride, and a gift from God. As will be illuminated upon, this is in sharp contrast to the experience of infertility and delayed conception after marriage.

Prior to being a mother, a young woman is seen as a minor and lacking understanding of the world. Women, such as those below, verbalized their changed social interactions as indicative of this important transition.

*P14: When you have children in the home, the relationship improves in the way that the family members especially your mother in – law it improves because they know that now you are adults; because now you will be able to understand things and issues which they were not able to tell you when you did not have children because they looked at you as someone who is still young.*
P101: Even when you are pregnant you depend on your parents to give guidance on how to take care of the pregnancy and since you did not have any experience you don’t understand them but the moment you have a child you know what these things are all about and you know how approach things in life.

These girls saw the removal of conversational barriers after having children and were now viewed as adults and no longer “young”. This is not simply a change in how others define you, but a change in how you define yourself. P101 expresses a sense of knowing about life and how to approach life issues as a result of childbearing. This sense of knowledge and life awareness was commonly expressed as a consequence of having a child.

In addition to their status as women and adults, women frequently discussed a change in their peer relationships from one of unmarried “girls” to one of mothers. Importantly, this transition occurs not based on age or even that they have more in common with other mothers, but because their status as a mother excludes them from their former relationships and includes them in conversations with other women.

P101: Yes, I have friends who started loving me when I had a child because my life was somehow different because I was just coming from school and I used to be alone so the ones whom I was chatting with were my friends whom we were together at school not the women. I had problems to carry little children on my lap I did not want them to keep me dirty but when I had a child all this changed I started liking the children. This time around a lot of women like me because they know I am one of them but in the past they could not chat with me.

P08: [.] I was well received in the women’s group though I am young but they know that I am a mother and I know some of the experiences of motherhood and they could easily share with me the information which they would not have shared with me in the past.

Young women who find themselves unmarried and with a child are welcomed among other, somewhat older, mothers, while older women who remain childless are still viewed
as “minors” and unwelcome even among women their age. Frequently, mothers were
discussed as “older” regardless of their actual age.

Children as Marital Stability

Understanding fertility as the source of womanhood, helps to frame the very rational pursuit of marriage among all women, but especially those for whom education is not a competing alternative. In regards to pregnancy prevention more specifically, the Minimalist is not only considering the status transition associated with motherhood and its livelihood benefits, but also the proper timing of the transition to motherhood; this is an important reason that the possibility of marriage is linked to reduced fertility control. Within marriage, couples are expected to have a child in order to establish the foundation of the marriage and insure marital stability.

*P07:* When a person gets married the most important thing for them is to have a child,

*P101:* So when you have a child it comes to “kulimbitsa” (strengthen) your relationship. So if you have no child in the family you are not stable until there is a child in family.

Furthermore, couples are not only expected to have children, but to have children quickly. Couples who do not conceive within the first three to six months of marriage experience conflict with relatives, other community members, and eventually within their own marriage. For one young woman, it was only a month before she was receiving questions about her ability to conceive:

*P101:* People were saying that I have “masungu” (growths in the uterus) so it prevents a woman from becoming pregnant faster. But I did not go to seek any “mtela” (medicines) because I knew I was waiting to have the menstruation in the first month to prove to my husband that I been married and I am not carrying any pregnancy from outside. So when the people saw that I was not pregnant the first month... you know in the village
“zachimidzimidzi” (old fashioned) people were talking a lot as to why I was not getting pregnant.

The importance of fertility is further emphasized by the experience of infertility, whether real or perceived. One woman shared her desire, with her husband, to delay another child for five years. When asked about other people’s reactions to this, she went on to explain the very real possibility of her husband changing his mind, and therefore, stopping the use of injections:

**P15:** I know he can change if he will feel that he is being abused by other people in the village he can decide to tell me to stop using kulera, it can happen I cannot deny it. He will get tired of being called names and he may end up showing them that he is capable of making a woman conceive.

What this begins to show is that fertility is important not only for women, but also for men. And in an effort to maintain marital stability, women will often go along with their husbands in spite of their own desires to prevent pregnancy. Discussions of pleasing their husbands in an attempt to keep them faithful are prevalent in the data.

Having a child defines you as a woman. It defines your peer groups and offers you new insights into the world which you were not permitted to know prior to childbearing. To dismiss women in rural contexts such as Malawi, as simply wanting more children out of ignorance would be to strip them of their dignity and their very rational, culturally, socially, and economically-defined pursuits. As scholars, we will do well to afford fertility the importance it holds for identities, social relationships, and economic livelihoods. Failing to acknowledge its importance will only lead to ill-equipped and insensitive efforts to bring about change in areas such as education and health.
Overall, we see that the Minimalist negotiates the importance of fertility by considering the transition to womanhood and the appropriate timing of children in order to secure marital stability. Without the prospect of education, the pursuit of a stable livelihood is achieved through marriage since relationships are characterized by the male as a breadwinner. In light of these key themes, the Minimalist has less incentive to prevent pregnancy relative to women who are also trying to complete their education.

**Gambler**

For those who desire to pursue both education and marriage, the situation is particularly constrained. The importance of fertility restricts which methods of pregnancy prevention are appropriate for young, unmarried girls. To pursue marriage requires being “on the market” so to speak -- in other words, being in a relationship. For young women, choosing to exclude one’s self from the arena of relationships is particularly non-normative. However, relationships are also equated with sex forcing young women to consider pregnancy prevention if they are to be in a relationship. However, access to condoms is gendered as well as the consequences associated with an unwanted pregnancy while schooling. Framing the themes of fertility and relationships is the importance of education as a livelihood opportunity and the focus of parental expectations in light of their financial investments. Women who are trying to pursue both marriage and education find themselves with reason to exert both strong and weak control of their fertility. This encourages risky contraceptive behavior defining them as Gamblers – they may avoid pregnancy, complete an education, and enjoy both livelihood and marriage benefits, or
they will find themselves pregnant, dropping out of school, and facing diminished prospects for marriage.

Livelihood: Education vs Farming

Secondary education leads to employment opportunities beyond farming, including the chance to pursue college. A common theme in focus groups and interviews was the problem of land scarcity which is particularly problematic for children’s inheritance. It is a source of contention among relatives and a reason cited for limiting family size. The challenges associated with farming and poor yields makes the opportunity of non-farming employment appealing and often more stable. For these reasons, and more, parents play a strong role in encouraging their children to pursue an education. As one girl described,

*R12: When you conceive while schooling. // It is a waste of resources. Your parents -- I will give an example of a girl who was impregnated while she was at secondary school. The parents became very worried and furious. // The parents have wasted their money paying for school fees, providing uniforms and other support. Then you misbehave and become pregnant while parents wanted their daughter to finish her education. //*

Materially parents, or other relatives, are responsible for supporting their children in school and this is indeed a precious investment. Parents also view children as needing to complete their education so that the employment of their children can support them, as parents, in old age.

*P08: [...] It happens when the children have grown up and are old, you can send them to places and also they can help you with work. In addition to that when they have completed school they can help you with other things and you are happy that you had children.*
We did not find a single parent who felt it was meaningless or detrimental for a child, boy or girl, to complete an education. The means to put your children through secondary school is a different question. Nevertheless, education is valued by parents and children as a source of improved livelihood later in life. Indeed, according to Frye (2012) the aspiration for a “bright future” through education is an important cultural discourse and identity for young women and men.

*Preserving and Knowing Fertility via Appropriate Methods*

In order to guarantee the completion of one’s education, the use of highly effective methods of contraception (injections, implants, pills) would seem to be the best choice. However, the importance of preserving a young girl’s fertility discourages the use of highly effective contraception due to fears of infertility and the importance of “knowing” your fertility; in other words, to know whether or not you are infertile and the rate at which you can conceive.

Hormonal methods of contraception are viewed as “married methods” and therefore, only appropriate for married women. One of the first reasons for this revealed through focus groups was that married methods can cause temporary or complete infertility.

*P08: Why I did not use kulera that time is because they were saying that if you are still a girl and you use kulera you become barren.*

*P08: I hear it from women when they discuss about these things, so you think what they are saying is true. Sometimes it is the parents who say, you girls do not start using kulera when you are at school you will never see a child in your life. So when we hear about these things we become afraid. Other say we will have problems during delivery so we think coming from old women it could be true maybe they experienced it.*
Most believed it caused temporary infertility and that was problematic for young women who wanted to get married given the importance of childbearing soon after marriage and the value of children as providing marital stability. Recall that delayed childbearing brings with it accusations of infertility, conflict with relatives, and eventually destabilizes a marriage.

However, the use of hormonal contraception and infertility is also tied to the importance of “knowing” your fertility. The interconnectedness of these ideas is illustrated by the following quote:

*R12: The service providers will remove the norplant. But it is difficult for girls. When you are infertile after using norplant, it will be hard for you to tell if you are infertile due to norplant or if you were born infertile. You get married, you are not conceiving. People will say that you burnt your eggs with norplant usage.*

This young woman highlights the consequence of delayed conception after marriage, referring to what “people will say”, but also highlights the second problematic dimension of hormonal contraception: it obscures the knowledge of whether or not she was “born infertile”. She worries that the use of norplant (a hormonal implant that lasts for 5 years) will prevent her from knowing whether or not she was already infertile prior to its use. Quotes such as these allude to fertility as embodied within a woman as a source of personal and social identity – the one “born infertile.”

The importance of “knowing” one’s fertility was repeated often, particularly when asking about the appropriate timing of contraceptive use. A common response came in the form of a question: “if you do not “know your fertility” (e.g., how fast/easy it is for you to get pregnant), then how can you use family planning?” For this reason, many
women do not begin using to hormonal contraception until after the birth of their second child in order to know their “frequency” or “rate” of conception. Women often released a chuckle when asked whether it’s possible to use contraception before the birth of the first child.

*R: People who have just got married cannot start using family planning. They do not know their fertility, whether they are fertile or not, so they cannot use a family planning strategy [emphasis added].*

Notably, this idea seems to be in tension with some affirming it is appropriate to use hormonal contraception after the first child to insure household well-being. Regardless, contraception is used as a means of controlling your rate, or frequency, of conception and not necessarily to avoid a pregnancy altogether.

Ultimately, family planning is understood within the larger framework of childbearing as a tool for highly fertile women and as a means of ensuring the mother and child remain healthy. We first see this from R’s response above; a newly married woman cannot use a family planning “strategy”. Here the emphasis on “strategy” has been added highlighting that contraception is just that, a strategy and tool for planning a family. It is not to prevent the building of a family, but rather to act as a spacing mechanism for women who may otherwise conceive too quickly (within a year of the previous birth). If women feel they do not conceive quickly, they are unlikely to pursue the use of family planning methods. The inevitable outcome is that women who find out they do conceive quickly do so via an ill-timed birth:

*P18: I did not use any family planning strategy because I wanted to know my frequency of conception/ I made a mistake, I conceived before the second child was one year old.*
The third child was born like today while the second birthday of the second child was next day. (men’s noise). I experienced a problem; this was a hindrance thus why I started using the injectables after the birth of the third child.

This particular woman did not know her “frequency of conception” because her husband had migrated for work between the first and second child. This created a number of years between the first and second birth. The desire to know how easily a woman can get pregnant is an important determinant of the proper timing and use of contraception along the life course.

The second major purpose of contraception is to facilitate the health of the child and mother. The following quote bridges both the need to know fertility and insure proper health:

P14: Because by this time [after having two children] you have known how fertile the woman is and you can easily plan for the future spacing for your children. And then you can give a chance to the child to grow well.

The most often stated benefit of contraception was that it allows the woman and child to grow healthy before having another child. Contraception thus fits within the larger goal of having children, and becomes a means through which highly fertile women can postpone conception until the mother and youngest child are healthy enough for another pregnancy. Overall, we see that the purpose of hormonal methods is to slow the frequency of conception and promote the health of the mother and child. Ultimately, this expressed purpose precludes never-married girls from using hormonal contraception and forces their reliance on less effective methods of pregnancy prevention.

If the purpose of family planning is to plan a family, then it is meant to be used in the context of a marriage. Using it otherwise suggests your motives are dishonorable.
With no fear of infertility and a strong motivation to prevent pregnancy, the only conclusion is that you desire many sexual partners, and are therefore, promiscuous and a prostitute – and this view is shared by both never-married and married women.

P07: And we saw that our friend is doing unusual thing for her to us norplant, it shows that she does not care about her life, mainly she comes to school because her parents are the ones pressuring her to go to school but as for her she is interested in having sex with men.

P07: No, she is not ashamed of this, she does not have friends from her fellow girls she likes associating herself with the boys but also she does not stay in the hostel most of the time. She asks permission to go home when in fact she is not going home but she wants to spend her time with men. And when you ask if she went home you find out that she did not reach her home.

R12: I cannot use a norplant. I was just giving an example. Maybe some people use norplant. I do not know. Currently, I cannot use norplant. People will laugh at me. Some will say that I am a prostitute because I am using norplant while I am not married.

These young women offer insight into the social constraints placed on the use of hormonal methods, such as norplant, when considering pregnancy prevention. For “R12”, read in context, her reaction is adamant, almost as if she feared the interviewer was getting the wrong idea, ‘oh no, I cannot use norplant; I was just giving an example.”

Even if a young woman was determined to use hormonal contraception despite the risk of negative labels or the fear of infertility, accessing these methods in secret is difficult since it requires going to the clinic or hospital where she is likely to be seen by people she knows – clinic workers or other mothers. Young girls often felt that providers would question and reprimand them for trying to obtain methods of family planning. The prevalence of clinic workers’ reprimanding counsel cannot be determined based on our data. Nevertheless, it is likely that the expectation of receiving poor treatment deters
young women from trying to access family planning. Regardless of how she is treated by the clinic providers, simply being at the clinic presents a risk that fellow community members may assume she is sick and inquire about her well-being to other family members. As one girl indicated, “if I go to the clinic and someone sees me, they might ask my mom how I’m feeling since I was sick. Then I’ll have to explain why I was at the clinic.” In the end, given the culturally understood purpose of hormonal contraception and the importance of fertility in marriage, young women rarely see hormonal contraception as a valid method of preventing pregnancy.

*Relationships: Gendered Access, Gendered Consequences*

With strong constraints on the use of hormonal methods, this leaves condoms as the appropriate method for dating couples. However, the nature of intimate relationships and its associated gender patterns preclude women from accessing condoms while also causing them to disproportionately bear the consequences of an unwanted pregnancy. Male partners were typically described as the ones responsible for obtaining condoms at the grocery or hospital. This is in line with other research that finds women are viewed as promiscuous and improper if they bring condoms (Chimbiri 2007; Tavory and Swilder 2009). Women described the decision to use condom’s as “a man’s decision” (P16). Consequently, the gendered social expectation of access puts the power of use in the hands of men.

*P07: Sometimes the boys say if you want to use a condom then it is better to end our relationship and a girl wants the relationship to continue she just accept to have sex without a condom. The boy would say let us not the condom it is going to delay us*
Young men may use condoms as leverage for unprotected sex making it difficult for young women to maintain a relationship while also preventing pregnancy.

Even when condoms were used, young women often expressed fear that their male partners would sabotage use by “cutting the tip” of the condom. One girl recounted the experience of her best friend who suspected that her boyfriend had torn the tip of the condom:

R12: This happened to my friend. She is my best friend. After the scenario, she came home and told me that she was having sex with her boyfriend. Her boyfriend used a condom but she noticed that the condom was torn at the tip. // I asked her how she knew that the tip of the condom was torn. She explained what happened...After noticing the sperms at her vagina, she asked her boyfriend, “I thought you used a condom?” The boyfriend said, “Yes.” The girl told the boyfriend to give her a used condom to find out what happened. The boyfriend refused to give her a used condom. The girl proved that the boyfriend tore the tip of a condom. This is the reason why he did not allow her to see the used condom...they are still in a relationship.

In many cases, there was not necessarily a clear rationale for why men would want to impregnate girls. At the very least, there is a motivation to not use condoms. Work by Kaler (2003) in Malawi has shown that condoms are understood as suppressing the masculinity and strength of men, or reducing pleasure since condoms are akin to “eating sweets in the wrapper” – a quote within our data and confirmed in other studies throughout Africa (see Kaler 2003; Thomsen et al. 2003).

Along with negative male attitudes towards condom use, males are likely to have less motivation to prevent pregnancy due to fewer costs associated with an unwanted pregnancy. For men, having condoms on hand is often expressed as an issue of convenience.
P55: Aaaa, no we did not think about [preventing pregnancy] our concern was to have sex...Yes, I knew [that I could impregnate her]. I was in a hurry. (Laughter) This is true. I was in a hurry. I knew that I will waist time looking for condoms. I would have ended up ejaculating. (laughter) By that time chances of finding those things (condoms) was low. [I didn’t have them with me because] I thought it was a waste of time for me to travel to the hospital seeking condoms.

If a girl is impregnated, young men can travel to a distant relative’s house or return to their former village in order to avoid responsibility. Traditionally, parents would escort the girl to the boy’s home and force he and his family to take responsibility of the pregnancy. However, with greater movement between villages for schooling or employment opportunities, this social control mechanism has weakened. Furthermore, it is often a matter of ‘his word against hers’ if the matter is taken before the local chief. When accused of fathering her child, the man can deny this by accusing her of promiscuity.

While the male can avoid responsibility for the child, the woman faces a wholly different experience of an unwanted pregnancy. Her marriageability is damaged, she will likely drop out of school and face social censure from family and friends.

P16: There is not any problem to be called a mother. What matters is you need to be called a mother at the right time. // Not being called a mother before marriage. When you are called a mother before marriage, it is like mnyamata wakupanga chisila [he has dirtied your curriculum vitae]

As highlighted, a pregnancy outside of marriage hurts your marriageability by “dirtying your CV.”

R12: mmmh [..] You have a child, the young men do not propose you. They stigmatize you. They say that you are an elder woman. You need to marry someone who has got his children. The young men cannot marry you while you are already leading with a child. [..] Three quarters of girls who conceive before marriage //
The implications of motherhood as defining womanhood combined with the timing of the life transition outside of marriage result in a woman’s loss of eligibility for marriage to a partner her own age. In addition, her ability to continue with her education is at risk. At least one woman in our sample dropped out of school due to an unintended pregnancy, and all participants agreed this was virtually guaranteed if a girl found herself pregnant and intending to have the baby. It was not uncommon to hear of abortion as a way to stay in school and avoid the consequences of pregnancy. However, since abortion is illegal in Malawi, most abortions are unsafe and young women fear the possibility of death (see also Levandowski et al. 2012).

Furthermore, a non-marital pregnancy brings social censure, shame, furious reactions by the parents, and potential loss of support. Women “try their level best” to avoid being “the talk of the village” by getting pregnant. And those who did become pregnant lost support from their relatives, blaming her because “she knew what she was doing’ by getting pregnant” (P08). These consequences are particularly true for young women who are still in school, which highlights the value of education in this changing context. The magnitude of these tensions is expressed by the story of a young girl who sought an abortion for an unwanted pregnancy:

P16: It happened. The girl was schooling. She secretly had a boyfriend. She conceived. She was in form 2 at Mzobwe. She had passed away in Maliwa village. (kids noise) The girl conceived. She wanted to terminate the pregnancy. Then she passed away. // She was renting at Msundwe. Soon after her death, her relatives went to carry her dead body for burial ceremony at her home. (kids noise, wind) She wanted to terminate the pregnancy so that she would continue with her education. (kids noise, wind) She was killed by the herbs that she took to terminate the pregnancy. (coughing) She has been burned because of this. (kids noise, wind) She didn’t tell her parents because she was afraid of being beaten. Some parents become very furious about such situations. They beat their child.
(wind) Eeeh. She realized that she has made a mistake. Her parents would have been furious after hearing the news. (kids noise, wind) I heard that her boyfriend [...] ran away to his home but we do not know where her boyfriend was coming from. (coughing) I think this is the reason why she terminated the pregnancy because she did not want to bear the burden of taking care of the pregnancy alone. (wind) // She wanted to terminate the pregnancy by taking herbs before the news circulated that she was pregnant. She wanted to continue with her education. (wind)

Given the competing tensions associated with preventing pregnancy for young women in school and engaged in intimate relationships, they find themselves as Gamblers, working to prevent pregnancy with the possibility of losing it all. Education is an important source of livelihood in light of land scarcity and it is a sacrifice on the part of parents to invest in their child’s education. The importance of fertility requires that they preserve their fertility by avoiding hormonal methods of contraception. However, the nature of relationships hold gendered meanings for the access of methods and consequences of pregnancy. It is indecent for women to secure condoms, and yet men have little motivation to use condoms due to definitions of masculinity and the lack of consequences associated with an unwanted pregnancy. Women on the other hand face the possibility of dropping out of school and must endure social censure. To avoid those implications, they face the possibility of death due if they pursue an unsafe abortion.

Pioneer

Finally, there are women who despite the peer pressure and potential damage to future marriage prospects, choose to abstain from sex and relationships altogether. In most cases, this is done in order to guarantee the completion of an education. They do not disregard the importance of fertility but rather choose to postpone relationships until the
“proper” time. Since relationships are equated to sex, their experiences are of ended relationships or the avoidance of relationships entirely.

Vulnerable Livelihoods and the Pursuit of Education

Women prioritizing education above marriage were often those who had particularly vulnerable livelihoods. In some cases they were orphaned and living with relatives or had a single parent who relied on casual labor. For these women, education guaranteed that, “even if there is no one to help you, you know you can take care of yourself” (P08). In light of vulnerable livelihoods, the prospect of employment, or conversely, the risk of a partner refusing to support a pregnancy, are exceptionally salient and forefront in their decision-making process.

P16: I make a decision to abstain. I am fatherless. I will have no one to support me after being dumped with a pregnancy because I am fatherless. If you have got a father, both parents make initiatives to support the prodigal child with some food so that she does not die due to food insecurity. (wind, kids) //

Consequently, women who abstain from sex despite their normative environments hold education and livelihoods as their dominant life goal. It motivates them to pursue the “proper course” – completing their education and then pursuing a relationship with “a cool man”.

P16: This is the reason why I made a decision to abstain. I want to find a cool man as I am then we can get married by following a marriage procedure.

P07: So when I have completed school, I will have to find a job, you know it times to find a job after completing school. So when I will find a job it is when I will make arrangements to get married but at this particular time I can’t get married.

P07: I learnt this from the experience I see in my friends life, I stay in boarding and it happens that my friends have gone out to sleep with their boyfriends and when they come back they narrate to you how everything went on, and when we go to class you see that
instead of listening to what the teaching is saying they are dozing or sleeping. So if you consider what they are thinking about mainly is that they are worried as what will happen from what they did the previous day/days. So to me I see that these things have no future whilst I am in school.

These girls’ pursuits of education are described along with language towards the future and, compared to Minimalists and Gamblers, they are most strongly adhering to the notion of a single and proper sequencing of life transitions. Above, the first quote by P07 is in response to a question of when she will be ready for sex. Rather than answer directly, the answer comes in the form of a sequencing of life events, neither of which mention intercourse. This is further evidence of the ways in which these potential life course transitions are considered simultaneously, and how these life realms are deeply interconnected. In this case, the answer to a question regarding sexual health is best answered via the social expectations prescribed in another arena. These women are pioneers because they are doing what most respondents deem impossible – abstaining from sex and pursuing secondary education, something only a minority of women currently achieve, especially in rural contexts such as the site of this study.

Fertility and Relationships: Postponed and Punished

In light of the importance of fertility and the normative environment of relationships, the decision to prioritize education at the expense of relationships does not come without repercussions. Single women often face peer pressure and endure social censure from their peers:

P07: Yes, I do have negative peer pressure, my friends ask me all this time you have not had a boyfriend. What is your problem?
P13: My friends say that I’m stupid because I don’t have any boyfriend and I have never had sex in my life... We do sometimes chat but when they want to do other things they say you can go, because some feel that I can be a traitor to them by reporting to their parents... For those who are now pregnant, they cannot mix with me freely; they feel as if I am being proud. Also, for those who are married, they look at me as a minor.

P08: Sometimes when a girl has no boyfriend her friends laugh at her and in the end she also finds a boyfriend and follows what her friends are doing.

As you follow these testimonies you can see women who abstain are seen as abnormal, their peer groups are affected and in the end, it can be easier to pursue a relationship rather than continue without a solidified peer group.

Of the women who initially pursued relationships but desired to abstain, nearly all of them shared stories of relationships that ended when they refused to have sex, such as:

P48: The boyfriend wanted to have sex with me he was forcing me, he was forcing me. Sometimes he wanted to undress me or to beat me, these are the problems that I experienced because I refused to have sex with him...Our relationship has ended.

P07: I found a boyfriend and the boy wanted me to have plain (unprotected sex) with him so I told him that I have never had sex with a man and my time is not ready. If you want someone whom to have sex with you should find another girl, the relationship with me is over. The relationship ended that particular moment.

The repercussions of refusing sex with a boyfriend are further evidence of the ways in which life course transitions and trajectories are gendered. If human agency is an important paradigm of life course theory, these quotes represent that this agency is heavily influenced by gender and power differentials prescribed to men and women. With the Pioneers, we again see the interdependent nature of fertility, relationships and livelihood. For these women, education is an important livelihood path, and this requires that relationships be avoided and the prospect of fertility and motherhood be pursued only in its “proper” sequence.
Chapter 5: Conclusion

The transition to womanhood for young Malawian girls represents a complex and constrained set of negotiations on the part of women. It is not simply a demographically dense life stage but one in which life transitions are interdependent and multi-dimensional. This is apparent through the lens of contraceptive attitudes and behaviors as women consider the importance of fertility, the need for a stable livelihood, and the nature of intimate relationship as they act to achieve their goals. For the Minimalist, without education marriage is both the source of womanhood and her best livelihood option, causing there to be little reason to delay marriage and prevent pregnancy. The Gamblers find themselves amidst competing tensions. Educational aspirations would encourage high control of fertility through hormonal methods but the preservation of fertility and the gendered nature of condom access makes their situation one of contraceptive risk-taking. Finally, the Pioneer is taking the non-normative approach by delaying fertility and relationships until after education can be completed. In many cases, this is an attempt to secure a sustainable livelihood in light of a vulnerable life position. By understanding this context we can better understand the reasons for use and non-use of contraception, an important topic to many public health and policy experts. As researchers, we can gain a better appreciation for the complexity of the lived experience. While we often focus on one dimension of a life stage – education, marriage, childbearing – by highlighting all three we can see how social behavior is the result of considerations in each domain. Theoretically it argues for increased attempts to capture the intersectionality and relational processes which define our experiences and
transitions. Finally, this decision-making dilemma is evidence of the gendered ways in which our opportunities are structured and relationally defined.
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Appendix A: Vignette of Mercy & Tumeyo
III. Avoiding a pregnancy (or not) based on life stages

Now I want to tell you a story about a young woman who is trying to decide if she will avoid a pregnancy or not:

Tsopano ndikufuna ndikuuzeni nkhani msungwana wina amene akulingalira mmene angapewere kutenga pathupi/pakati kapena ayi:

1. Mercy is a young woman who lives in a small village community. She is currently in secondary school with hopes of going to the University of Malawi. She is not married but has a boyfriend named Tumeyo – however, they are just in a relationship but not getting married. And although they wondered whether or not to stay together/know each other (sex), now they have decided to begin having sex. Will Mercy and Tumeyo actively try to avoid a pregnancy at this time? Explain.

Mercy ndi msungwana yemwe amakhala ku mudzi wina wake. Iyeyu pakali pano ali ku sekondale ndi chiyembekezo chofuna kupita ku sukulu ya ukachenjede/(Yunivesite). Iye ndi osakwatiwa koma ali pa chibwenzi ndi mnyamata dzina lake Tumeyo. Iwowa anakhala akusinkhasinkha kuti azikhalira malo amodzi (azigonana) kapena ayi, ndipo tsopano achita chisankho choti azikhalira malo amodzi. Kodi angagwiritse ntchito njira zolera kuti asatenge pathupi?

a.i. If yes: How? What method is appropriate to use and why? How will she access this method? Why not method ____?

Ngati mukuti inde, (agwiritse ntchito zolera kuti asatenge pathupi), ndi njira ziti zimene angagwiritse ntchito. Nanga ndi njira ziti zimene zingakhale zoyenera kwa iwowa
kugwiritsa ntcito? Perekani zifukwa panjira zomwe mwatchulazi. Njirazi angazipeze motani? Nchifukwa chiyani njira zina sizinatchulidwe kuti ndizoyenera?

a.ii. If she becomes pregnant, how will this affect her life?

Nanga atapezeka kuti watenga pathupi, zotsatira zake zingakhale zotani?

   PROBE: If she must drop out of school, what will this mean for her life?

   a.iii. FOR MALES: What is Tumeyo's role in this situation?

b. Suppose Mercy was not in school. Should this change her decision regarding whether or not to avoid a pregnancy? Why or why not?


c. Mercy and Tumeyo are now married. At what time in their marriage should they avoid a pregnancy, if ever? Explain.

   FOR MALES: PROBE: What is Tumeyo's role in this decision?


PROBE: If a couple is not able to bear children in your community, how will this affect their life, individually and as a couple, in the short term? And in the long term?