

Geographical Trends and Patterns of Girl-child Sexual abuse in Malawi: an exploration of the Malawi police and hospital administrative data

1.0 Introduction and Background

Most girls in the Global South drop out of school due to teenage pregnancies and child marriage (L. Chikhungu, Kadzamira, Chiwawula, & Meke, 2020). In Malawi, sexual violence towards women and girls is common and normalised but there aren't any comprehensive published national studies on the topic. The few studies that have been undertaken have focused on girls' experiences and prevention strategies outside their homes (Decker et al., 2018; Dzimadzi & Klopper, 2007; Pelsler et al., 2005; Rani, Bonu, & Diop-Sidibe, 2004). The increased cases of defilement during the Covid-19 pandemic, signify the vulnerability of girls within their own homes (L. Chikhungu, 2023; Malawi-Police-Service, 2021). It is also known that victims of defilement are likely to report to the police when the perpetrator denies responsibility for a pregnancy (Chikhungu 2023). This entails that although a large number of cases of sexual abuse go unreported, we should expect a close association between the level of sexual abuse and the number of pregnancies. Such an expectation provides an opportunity for exploiting the District Health Information System 2 (DHIS2) data for monitoring sexual abuse towards women and girls in Malawi. This study uses administrative data to provide a narrative of district and regional patterns and a national level outlook of girl child sexual abuse in Malawi.

2.0 Methods

Data

The study uses Malawi Police data on reported cases of defilement (sexual intercourse with a child under the age of 16) and the number of girls aged 14 years or less who accessed maternal health services in Malawi public health facilities. Specifically, we analyse data on maternal health (antenatal, childbirth, post-natal and post-abortion care services) from the DhIS2 website: <https://dhis2.health.gov.mw/dhis-web-commons/security/login.action>. The study also uses data from the Malawi population census on the population ever married aged 12 to 14 years and on the median age at first sexual intercourse, the median age at first marriage and the median age at first birth for women aged 20 to 49 years from the 2015 Malawi Demographic and Health Survey are used to corroborate the reliability of the use of administrative data in monitoring girl child sexual abuse in Malawi

Analysis

Population-adjusted prevalence rates are produced per 100,000 women aged 12 years or older in each district based on the 2018 Malawi Population census estimates. Graphical analysis is employed to study the patterns and trends in the number of reported cases of defilements and girls that attended antenatal, childbirth, post-natal and post-abortion care services in the 28 districts and four administrative regions to provide a national-level outlook of girl child sexual abuse in Malawi. To confirm if the difference in child sexual abuse variables across population groups and regions is statistically significant the Mann-Whitney U statistical test is performed.

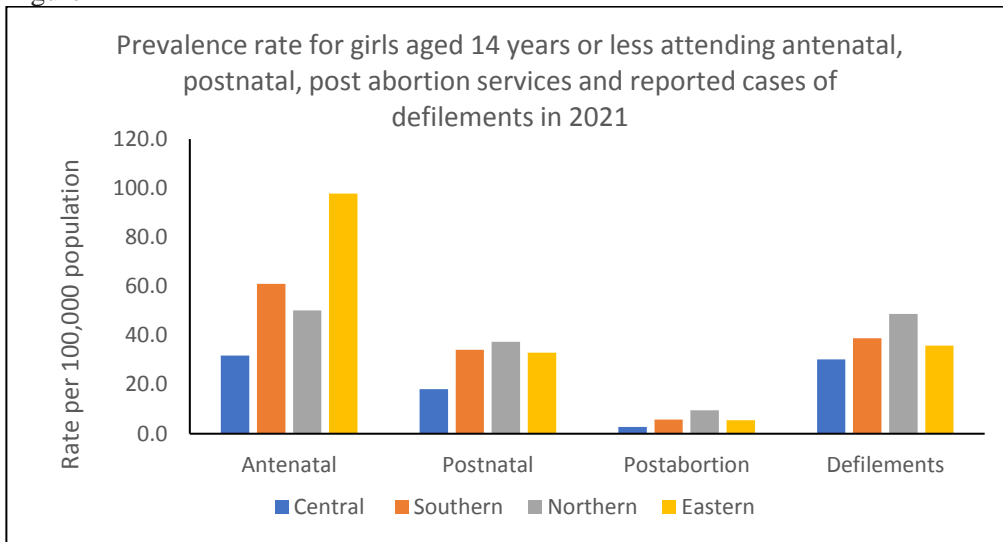
3.0 Data Analysis

3.1 Girls Accessing Maternal Health Services and Reported Defilement Cases

Regional Variations

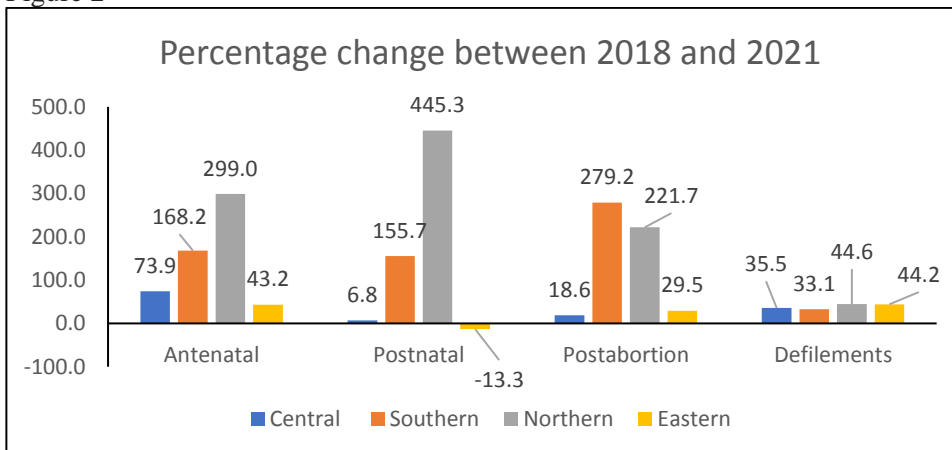
A comparison of reported cases of defilement and the number of girls aged 14 years or less that attended antenatal, post-natal and post-abortion services across four regions: Northern (NR), Central (CR), Southern (SR) and Eastern (ER) in 2021 is provided in Figure 1. The findings indicate that the Eastern region recorded the highest number of girls under the age of 14 years that attended antenatal services per 100,000 women aged 12 years or older and that the rate for attendance of postnatal and post abortion services and reported cases of defilement were highest in the Northern region. The Central region recorded the lowest rates across all four variables.

Figure 1



To understand how these four variables (number of girls attending antenatal, postnatal, and post-abortion care services and reported cases of defilement) have changed over the four years, an analysis of the percentage change in the period between 2018 and 2021 is presented in Figure 2. The findings show that huge percentage increases in the Northern region for the number of girls that attended antenatal services (299%) postnatal services (445%), and post-abortion services (222%) and in the Southern region for the number of girls that attended antenatal services (168%) postnatal services (156%) post-abortion services (279%). The Central region experienced the lowest percentage changes in the number of girls accessing postnatal and post-abortion services and reported cases of defilements. The Eastern region is the only region that registered a decline in the number of girls that sought postnatal services between the two time periods and interestingly experienced the lowest percentage increase in the number of girls attending antenatal services.

Figure 2



District Variations

Figures 3 and 4 present district level variations in the reported cases of defilement and recorded antenatal attendances per 100,000 women aged 12 years or older from 2021. The two graphs reveal within region variations and illuminate which districts contribute more to the high or low regional estimates. For example, in the Northern region, Rumphi and Mzimba have higher levels of reported defilements but lower levels of girls attending antenatal services, but the opposite is the case for Karonga. Likoma (a district with the smallest population) ranks high in both variables. Overall, the district statistics align with the regional variations in Figure 1. For example four districts in the Eastern region (Balaka, Zomba, Mangochi and Machinga) have high levels of antenatal attendances but relatively lower levels of reported cases of defilements.

Figure 3 Reported cases of defilements

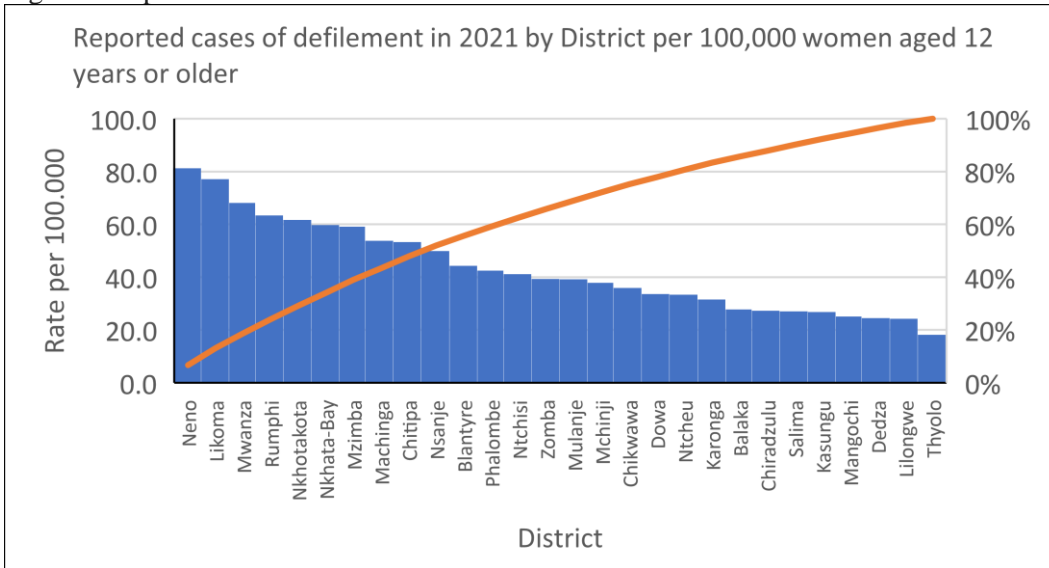
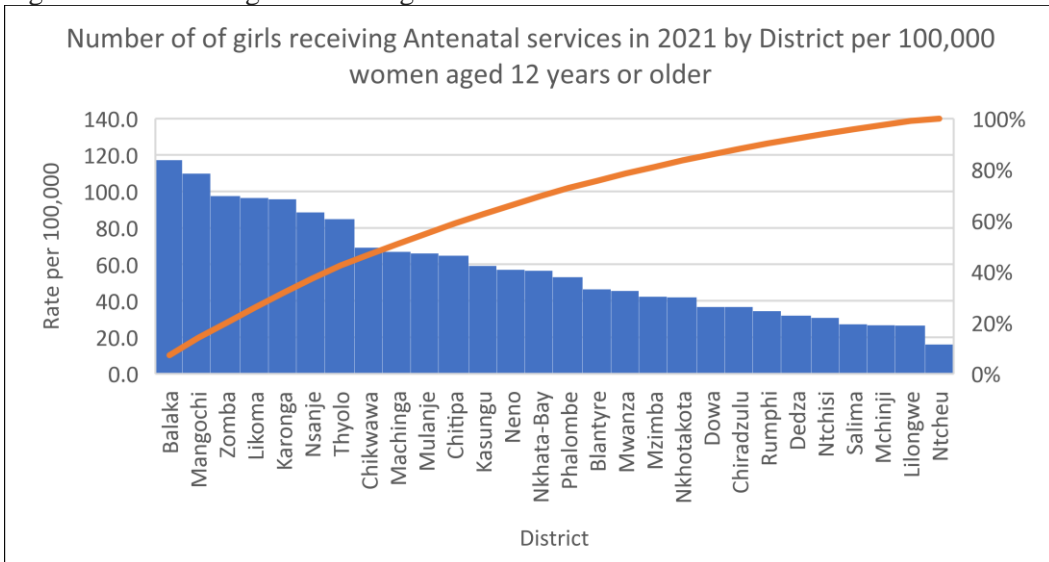


Figure 4 Number of girls receiving Antenatal services



3.2 Independent Samples Mann Whitney U Test

To assess if there are statistically significant differences in the studied variables across various population groups and regions, a Mann Whitney U Test was conducted. The findings show that the number of girls that were ever married was significantly higher amongst girls from populations where the rate of reported defilement per 100,000 women was 30.50 or higher compared to girls from population where the rate of reported defilements was 28.50 or less (P value 0.029.) The median age at first intercourse was significantly higher for girls from populations whose rate for antenatal attendance was 22.60 or less compared to girls from populations with an antenatal attendance rate of 25.80 or higher (P value 0.044).

The number of girls attending antenatal and postnatal services was higher in the Eastern region compared to other regions, and the number of girls attending post abortion care services was significantly higher in the Southern compared to other regions.

Marriage and sexual debut variables were explored to study the extent to which they varied across regions and to examine if they could offer explanations for the regional variations in the child sexual abuse related variables (antenatal, postnatal, post-abortion care, reported cases of defilements). The results of the Mann Whitney U test indicate that the Northern region has a higher number of girls aged 14 years or less that reported to have been ever married compared to other regions (P value 0.012), the central region has significantly lower number of girls aged 14 years or less that reported to have been ever married compared to other regions (P value <0.001). There were no significant differences between the Southern nor Eastern regions and the rest of the regions in the number girls that reported to have been ever married. The median age at first sexual intercourse and first birth, is significantly lower in the Eastern region, P values <0.001 and 0.024 respectively, compared to the rest of the regions but significantly higher in the Central region compared to the rest of the regions, P value <0.001 for both.

4.0 Discussion of Findings

The analysis of hospital administrative data suggests an increasing trend in the number of girls (aged 14 years or less) accessing antenatal and post-abortion care services across all regions. Whilst this increasing trend indicates an increasing trend in girl child sexual abuse, the increase could just reflect an improved system of keeping records. Nevertheless, these findings support recent reports indicating an increase in teenage pregnancies and child marriages (Malawi-Government, 2020; Mweninguwe, 2021). The findings of a relatively high number of girls attending antenatal services in 2021 in the Eastern region compared to the other four regions also align with the Malawi Government report on teenage pregnancies during the COVID-19 pandemic (Malawi-Government, 2020). It is interesting to learn that the Northern region had the highest number of girls that attended postnatal care and post-abortion services but not a relatively a lower number of girls that attended antenatal services. Similarly, it is also fascinating to learn that the Central region ranked the lowest in all estimates. Previous studies have found that patrilineal communities like those in the North are more likely to have households that are headed by a married couple whilst communities in the South have a relatively higher number of households that are female-headed (L. C. Chikhungu, Madise , & Padmadas, 2014). Overall, the North has the highest number of girls who marry before the legal age of marriage (Palamuleni, 2011)

Reported cases of defilement also increased between 2018 and 2021. The Northern region stands out as the only region where reported cases of defilement surpassed the levels of antenatal attendance from 2018 to 2020. This could be explained by the culture of early marriage where it may be expected that an occurrence of defilement could culturally lead to the perpetrator to marry the victim. In the Central region, defilement cases closely followed the pattern for the number of girls attending antenatal services, while in the Southern and Eastern regions, there were relatively more recorded cases of antenatal attendance compared to reported cases of defilement. These patterns can be explained by the cultural differences across the three regions in Malawi. The Southern and Eastern regions have well-known cultural norms that underpin a range of harmful practices that teach young girls how to sexually please men in marriage preparation which contribute to teenage pregnancies (MHRC, 2016).

5.0 Conclusion

The findings of this study show that routine administrative data from the Malawi Police and Public health facilities provides a good depiction of the extent of girl child sexual abuse in Malawi, it aligns well with survey or census data and therefore can be relied on for the monitoring of programmatic interventions to tackle child sexual abuse in Malawi. We also learn that districts from the North are more likely to report cases of defilement compared to districts in the Southern and Eastern regions. The Central region has lowest level of girl child sexual abuse cases. These findings suggest that while data in defilement may adequate depict girl child sexual abuse in the Northern region, maternal health data will be more useful in the Eastern and Southern regions.