



Quality HIV and reproductive health services through good clinical governance and community-driven accountability in Malawi

This baseline study is conducted by Invest in Knowledge Initiative (IKI) and is part of the Project 'Quality HIV and RMNH services through good clinical governance and community-driven accountability' that aims to improve clinical governance with involvement of targeted clients in Lilongwe district. In the project 405 women living with HIV, will be taught about rights concerning RMNH. This will enable them to assist health workers in improving health services. The project is coordinated by STOP AIDS NOW! and ICCO Malawi in partnership with COWLA, CYDSE, MANET+, MASUNA and RISE.

Aim of the study

This baseline study aims to assess knowledge about and perception of quality reproductive health services by women living with HIV and service providers in Malawi. It's conducted as part of the Project 'Quality HIV and RMNH services through good clinical governance and community-driven accountability' that aims to improve the quality of HIV and RMNH services. This study assesses:

1. clients' levels of HIV- and RMNH-related knowledge, perceptions and use of care;
2. clients' perceived quality of care;
3. provider perceptions of quality care and acceptability of community-driven accountability programmes.

Background of the study

Poor quality care in HIV and reproductive, maternal and neonatal health (RMNH) services continue to negatively affect women and children. Women living with HIV may be particularly vulnerable to poor quality care. In Malawi, nearly 11% of women of reproductive age is living with HIV. Uptake and use of contraceptives is low. Only 46% of unmarried, sexually active women uses family planning methods. Increasing the quality of reproductive health services from a client's perspective is crucial in increasing the uptake.

Study methods

The study has been conducted from May to July 2014 in three health facilities in Lilongwe: Area 25, Mitundu and Kawale Health Centres. It involved 244 survey interviews with women living with HIV, 24 exit interviews with women living with HIV (12 Antiretroviral Therapy (ART) and 12 postpartum services), and 12 in-depth interviews with healthcare providers (4 in each facility: the person in charge and providers delivering respectively ART, antenatal care (ANC) and family planning services).

Demographic characteristics respondents

The respondents are aged between 18 and 72 years. The mean age is 41. The majority (53%) is married and 45% was formerly married. On average, they completed 4 years of education, have 3.8 children and know their HIV status for more than 6 years. They are members of support groups for an average of nearly 4 years.



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Findings

Knowledge can be overruled by fear

Most women are well informed about the benefits of HIV treatment, family planning and knew best practices of prevention of mother to child transmission (PMTCT). However fear for vertical transmission and negative reactions of providers on women living with HIV being pregnant has an impact; one-third of women would feel bad about being pregnant. The right to childbirth is a point of contention for HIV positive women. The majority (86%) thinks a woman living with HIV is entitled to become pregnant when she doesn't have a child. But when a woman has already children, only one-third thinks she has a right to have more children.

Gender dynamics

The majority of women (85%) makes independent or joint decisions about their own healthcare. And 86% of women thinks it's her right to ask her husband to use condoms when he might have an STI. But autonomy is less when it comes to sex: 56% of women can never or rarely refuse sex if she's tired or not in the mood.

Male involvement

Respondents report high levels of support from their partners in order to live well with HIV. Almost all (95%) have disclosed their HIV status, 98% was encouraged by their partner to use HIV services and 60% had attended a health facility with their partner in the past 12 months. However male involvement in attending services is not favoured by all women. One-third of respondents doesn't see the need for their partners to join them to the clinic for ANC services. A majority (55%) believes their partners should not be involved in family planning methods.

Accessing services

The main reason for choosing a facility is easy access and to a lesser extent, quality of services. Provider kindness and clinic start times are important components of client satisfaction. ANC, Family Planning and ART services are usually offered separately. Clients have reported that services need to be integrated and comprehensive.

ANC: 96% of women have attended ANC of whom 89% made 3 or more visits. Of the ten respondents who did not use ANC, the majority believed they did not need it (60%) or that the transportation costs were too high (50%) One fifth of women were already 6 months pregnant during their first visit. The reasons for these late initiations were caused by rude and unsupportive healthcare providers (53%) and male partners (40%).

Family Planning: the unmet need for family planning is 25% among women with partners. The most used methods are condoms (40%, especially among serodiscordant couples), sterilization (28%) or injections (20%).

ART: Almost all (99%) respondents are taking ART.

Influencing the quality of services

The vast majority of women believes that patients have good ideas that can be used in facilities and that health providers should listen to patients. But only 42% thinks they can individually influence healthcare providers compared to 75% who thinks they can collectively have influence with their support group. In case of poor service, the majority doesn't know where to report complaints. None of the respondents would talk to the provider who treated them poorly. Most of them (59%) would address another provider. The longer women have been member of a support group, the more empowered they feel to influence services. Clients of Mitundu health facility felt more empowered due to an established system where complaints are channelled.

Providers are in favour of formal systems rather than being addressed personally. They experience that clients' perceptions of poor quality are often based on unrealistic expectations about the speed, personal attention and availability of resources. Providers are most satisfied with their job when they are able to receive many clients in a short period of time.

Recommendations

- In each facility channels and protocols to report poor quality of care should be established.
- Comprehensive care/integration of services should be arranged. Providers need to be trained on ART protocols to make sure they offer family planning methods to clients and ask about pregnancy. And quality of care need to be emphasized as opposed to quantity of care.
- Open communication can be supported by ensuring privacy, taking time for clients and verbally inviting clients to ask questions.
- The Project could build on the structure of the existing Health Advisory Committees, incorporating HIV positive women as advisors.

For more information

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