



Increase young people's uptake of Sexual and Reproductive Health Services

in Malawi

This baseline study is part of the Healthy Young People (HYP) project which aims at improving young people's uptake of SRH services in Embangweni and Nkhoma areas in Malawi. The project is implemented by ICCO Malawi, Education Expertise Development Foundation (EEDF) and hospitals of Nkhoma and Embangweni. The study was supervised by STOP AIDS NOW!

Aim of the study

This baseline study provides information to improve the uptake of SRH services by young people in Malawi. It assesses the knowledge, attitude, social norms, perceived behavioural control and behaviour of young people concerning use of contraceptives and health care seeking behaviour. It also identifies the influence and perspectives of people who play an important role in the lives of young people..

Background of the study

More than 30% of Malawi's population is aged 10-24 years. These young people account for 50% of new HIV infections according to the Malawi demographic and health survey 2010. The unmet need for family planning is 23% for young women, aged 15-19 years. Although Malawi's Ministry of Health has upgraded Sexual and Reproductive Health (SRH) services for young people, uptake remains low.

Brief methodology

The study has been executed in October 2014 in 12 primary and secondary schools in Nkhoma and Embangweni mission areas in Malawi. It involved survey interviews with 1391 pupils, 6 focus group discussions with teachers, 4 focus group discussions with health care workers and in-depth interviews with community members (representing parents, teachers and religious leaders). The questionnaires are based on the theory of planned behaviour (Ajzen). Data are compared with a control group.

Demographic characteristics respondents

In total 1391 pupils have been interviewed. They are divided in two age groups: 10-13 (50%) and 14-20 (50%). A slight majority (54%) is female. Most pupils are from Nkhoma (68%) compared to Embangweni (32%). The selected health care workers are merely nurses and medical assistants working for health centres and hospitals (Embangweni and Nkhoma). The community leaders included Parents Teachers Associations, mother groups, religious leaders (sheikh, reverend, 2 Christian elders), traditional healers and parents.



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Findings

Attitude and actual behaviour: contraceptive use and uptake of services

In the younger age group 13% of girls and 26% of boys have had a sexual experience. Whereas in the older age group 16% of girls and 48% of boys has had sex. Consistent male condom use for those who had sex is 55% for boys and 58% for girls aged 14-20. 34% of boys and 28% of girls of younger age group use condoms. About 13% of girls and 18% of boys have gone for HIV test counselling. Only 12% of respondents has actually visited a health care provider for SRH services.

Knowledge regarding HIV/STIs, contraceptives and uptake of services

Being able to identify methods how to protect yourself yourself from getting an STI, HIV or pregnancies, and bust myths on HIV/STIS is of influence if you will actually use contraceptives. The majority (98%) of young people knows at least one method to prevent HIV and STIs. Far less respondents in the younger age group know a healthy looking person can be infected with HIV (66%) compared to the older age group (86%).

Two third of the older group and half of the younger group could spontaneously indicate that pregnancies can be prevented by using contraceptives. Boys are far more knowledgeable on this subject than girls: 71% versus 51%. The fact a girl can get pregnant with one sexual encounter is known by only 48% of the younger group and 72% of the older group.

If you can identify symptoms of an STI and know you have the rights to visit a SRHR service without parental consent, the changes are higher you will actually visit this service. Knowledge about sexual rights is relatively low. Contraceptive use is considered as a free choice by 67% of pupils. Only 41% of pupils thinks they are allowed to visit a SRH centre without parental consent. Almost half of all respondents don't know any symptoms of STIs.

Attitude towards contraceptives and SRHR services

Pupils seem to be more positive towards condom use (70%) than other contraceptives like injectables or the pill (27%). Half of all responds feels positive to visit a SRHR service. Most import reasons not to visit a SRHR service are 'fear of test results' (75%), available free time (73%), transportation (60%), suitable opening hours (59%), not having enough money (55%), church beliefs (52%) and privacy issues (51%).

Subjective norms

The influence of social norms in the environment is important in accessing SRH services. More than half of respondents (55%) think young people should not be discussing issues about sex with parents. Only 30% of respondents think that their society would be positive if they attended SRH services. 40% of pupils

think that parents, teachers and religious leaders would approve of them visiting SRH services and around 60% would act according to the expectations of teachers and leaders. The most perceived reason for disapproval is 'adolescents are too young' to access SRH services.

Perceived behavioural control

Feeling in control to perform a behaviour is an important predictor of the actual behavior. 60% of the intervention group and 40% of the control group thinks it is up to them to visit an SRHR service or not. For using contraceptives this is almost 60%. However almost 80% things protecting oneself from HIV and STI's is up to them. Having skills has strong influence on the behavioural control. Almost 80% report not to be able to visit a hospital to collect condoms or receive contraceptives. Especially girls (77%) think they cannot convince their teacher to provide them with a referral letter if one needed. For boys this is much lower (56%).

Views of key actors: teachers, religious leaders, health care workers

Almost all key persons disapprove of sex before marriage but they acknowledge the reality is different. Their main concern is that young people are well informed and know how to protect themselves. Teachers agree that it's their role to teach comprehensive sexuality education. But they are afraid other community members consider it as a promotion of sexual behaviour. The same fear is prevalent among health care workers. In the past 12 months there were no referrals to SRH services from schools. Teachers hope referral protocols will be developed and will become a common ground. Health care workers would like to be better trained on offering youth friendly health services (YFHS). Currently only one out of four centres is offering YFHS.

Conclusion

Increasing knowledge

Results of this study can give guidance towards to development and implementation of the Healthy Young People project. Results indicate it is still needed to address the knowledge gap and reasons why young people do not visit health care services. Relevant skill building has to be provided. Collaboration with important actors (parents, teachers, religious leaders and health care works) is of high importance to address the exiting social norms and support young people to access contraceptives and receive SRH care.

For more information

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