Youth Friendly Reproductive Health Services in Malawi: A Qualitative Investigation

Introduction

In Malawi, strong government commitment and partner support towards family planning (FP) has resulted in increasing the modern contraceptive prevalence rate (mCPR) among all women and reducing the total fertility rate (TFR) from 5.7 to 4.4 between 2010 and 2015.\textsuperscript{1,2} To further advance progress in increasing mCPR and reducing TFR, the government recognizes that FP and sexual reproductive health (SRH) programs and policies need to target youth age 15-24 as a priority. The government launched its youth-friendly health services (YFHS) program in 2007, however, implementation has been inconsistent.\textsuperscript{3} The Ministry of Health (MOH) collaborated with the National Evaluation Platform (NEP) to understand factors that facilitate and limit youth access to SRH services. The study’s objectives:

1. Determine how FP providers and their characteristics influence youths’ perceptions and utilization of FP services.
2. Identify drivers and barriers of youth accessing and using FP services, and solicit ideas to improve FP services for youth from the youths, parents, and HWs.
3. Identify strengths and weaknesses of FP services for youth, and solicit ideas on how the weaknesses can be addressed to meet the needs of youth in Malawi.

Population growth is a key risk to achieving national development goals in Malawi

Strong FP programs improve maternal and child health, national economic growth, education attainment for women, and reduce pressure on already strained government budgets. The 2014/2015 Joint Annual Review of the Health Sector-Wide Approach (Health SWAp) acknowledged that the high population growth rate threatens Malawi’s development. The MOH recommended proactive action to “drive a cultural shift” towards smaller family sizes among communities with behavioral change interventions and increased provision of FP services the successor Health Sector Strategic Plan (MOH, 2015).

Why focus SRH programs on youth 15-24 in Malawi?

Two-thirds of the population is under the age of 25. Females aged 15-19 have the lowest mCPR compared to that of other age groups and females aged 20-24 have the highest age-specific fertility rates. Additionally, teenage pregnancies are on the rise. The government has recognized the potential impact of targeting youth with SRH programs, which is reflected in Malawi’s Evaluation of Youth Friendly Health Services (2014), National Youth Friendly Health Services Strategy (2015-2020), and Costed Implementation Plan for Family Planning (2016-2020).

Policy Options Summary

- Develop and implement a sexual reproductive health behavior change plan targeting (and in cooperation with) communities
- Strengthen youth peer networks to disseminate accurate sexual reproductive health information
Exploring youth-friendly family planning services in Malawi

Between June to August 2016, the MOH and NEP conducted a qualitative study to gain insight on the availability and accessibility of youth-friendly FP services. The study included 34 focus group discussions (FGD) with youth (in school and out-of-school; married and unmarried; males and females disaggregated in age groups) and parents, and 17 in-depth interviews (IDI) with FP providers at both facility and community levels. All FGD and IDI were held in Dowa, Machinga, and Phalombe, which were selected based on variation in reproductive health outcomes from the 2015 Demographic Health Survey and 2013 Service Provision Assessment. The team used a modified framework analysis method to analyze the FGD and IDI transcripts.

Key findings from the study

FP availability, knowledge and information

• Participants knew about available contraceptive methods
• Most preferred and available methods for youth are condoms, pills and injections
• There are widespread misconceptions about FP methods, particularly pills
• Protection against sexually transmitted infections, unwanted pregnancies, and dropping out of school
• Desire to have a small, manageable, and healthy family

Drivers for youth seeking FP services

• Myths and misconceptions about contraception’s effect on future conception
• Lack of confidentiality and fear of parents/guardians finding out
• Prohibitive cultural norms and religious beliefs
• Unwelcoming attitude/treatment by some providers: discrimination, intimidation, lack of confidentiality
• Fees for FP services charged by providers in some public and private health facilities

“Parents in this area do not encourage [family planning]. Even when I give health education to them and tell them to encourage the youth to use contraceptive methods they murmur. It just shows that parents don’t want school going children to be accessing family planning services. To them family planning services are meant for those who have given birth, and they think that starting taking family planning methods before giving birth can make the person barren.” (Facility health worker IDI)
**Policy options and implementation considerations**

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<th>Rationale</th>
<th>Potential implementation barriers</th>
<th>Implementation strategies</th>
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<td>Develop and implement a SRH behavior change plan in cooperation with communities, which focuses on supporting youth and encouraging male involvement in family planning</td>
<td>This policy option targets the source of youth FP resistance at parental, religious, provider, and community level</td>
<td>Limited financial and operational resources may not be available to implement/test new policy options mid-way into the year.</td>
<td>MOH to consult with UN Agencies, SRH key donors and partners to pilot policy on a small scale—building off existing programs and structures—for a year as part of existing programs and generate evidence to guide next steps. Map partners by district and designate the proposed policy as a priority component in every SRH package.</td>
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Participant suggestions to improve FP access

- Strengthen youth clubs by increasing number of master trainers in youth clubs
- Introduce comprehensive FP in school curriculum
- Provide accurate FP information through youth clubs and peer networks

“Community health workers should conduct health education on family planning in both the communities as well as in schools. That way [youth] might be able to understand or ask questions wherever they are not clear. The other thing is that family planning materials should be readily available in the communities in order to remove challenges of walking long distances for these services.” (Community health worker IDI)

“The health workers in charge of giving out the contraceptives tend to ask unwelcoming questions like, ‘even you too?’ so this discourages us from going to get family planning.” (Male FGD participant)

“Women are the ones who are most encouraged [to use family planning], since we are the ones who carry the baby while a man on the other hand can deny responsibility.” (Female FGD participant)

Some faith groups may not agree with proposed policy due to deep-rooted religious beliefs/values on FP.

Promote discussion of FP trends in youth pregnancies, mortality, school drop-outs, and other consequences of poor SRH services for youth.
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<td>Strengthen youth peer networks to disseminate accurate SRH information</td>
<td>This policy option will help leverage the structure that youth mostly use to access SRH information. Correct information should be shared with youths using these networks to correct myths/misconceptions about FP methods.</td>
<td>Inadequate numbers of youth clubs and youth “drop-in centres” that offer adequate confidentiality. Youth clubs and networks may not reach the most vulnerable and hard to reach youth.</td>
<td>Map/identify districts with inadequate youth clubs and “drop-in” centres. Mobilize resources to construct additional centres that meet youth privacy needs.</td>
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**Additional Information**

NEP is a rigorous new approach to compiling and analyzing health and nutrition data from diverse sources so that the government can get strategic, evidence-based answers to their most pressing maternal, newborn, child health and nutrition programs and policy questions. Led by the National Statistical Office of Malawi, NEP is being built between 2014-2017 with funding support from the Government of Canada and technical guidance and capacity building support from the Johns Hopkins Institute for International Programs.

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**References**

