IMPROVING CONTRACEPTIVE ACCESS AND USE AMONG THE YOUTH IN LUNGWENA AND MAKANJIRA AREAS IN RURAL MALAWI

Andrew Ngwira, Effie Chipeta, Dr F. Taulo, Dr L. Kalilani-Phiri.

College of Medicine- Centre for Reproductive Health.
Malawi as a signatory to the ICPD program of action recognizes that health of young people is a component of public health and a national priority (GOM, 1994).

Despite this commitment, young people in Malawi are still experiencing a bigger burden in sexual and reproductive health.
In Malawi one in three adolescents already have a child and further 9% are currently pregnant (MDHS 2004).

Contraceptive prevalence rate among young people is 33% (MICS 2006).

Barriers for access to health services include inadequate health services delivery, long distances to the health facilities, limited resources and poverty (GOM, 2004).
Statement of the Problem

- Limited access to SRH services at the health facilities for young people
  - Fears of being reported to parents if seen at the Family planning clinic
  - Poor service providers attitude
  - Poor infrastructure
  - Opening hours

- Myths and misconceptions about family planning

- Non availability of family planning method mix at community level
Project Setting

- Implemented in the rural areas of Lungwena and Makanjira in Mangochi District along eastern shore of lake Malawi

- Total Population of 157,114 people, 48% being young people.

- Mangochi has highest proportion of teen age mothers at 48%

- Predominantly Yao ethnic group, and majority are Muslims.

- Strong cultural values (kutomera, initiation rites lead to early marriages and early childbearing)
INTERVENTIONS

- Community mobilization: Sexual and reproductive health rights, dangers of early marriages, unwanted pregnancies and risk of acquiring and transmitting HIV and AIDS.

- Messages disseminated through meetings, drama, dances, open days, interactive group discussions
INTERVENTIONS

- Community based distribution of contraceptives:

- Selected Youths were trained in community Based distribution of contraceptives (YCBDAs)

- Provided counseling on FP Methods and distributed pills, condoms and refer the rest to the health facility
INTERVENTIONS

- Training of custodians of culture on their roles in SRH issues.
- Training of service providers
  - Integration of services for young people
  - Reception and approach of young people
  - Counseling skills
  - Confidentiality
- Formation of youth clubs in schools to promote peer education
- School teachers as supervisors
Methodology

- Data was collected through:
  - Health management information systems (HMIS) through use of facility registers and YCBDA records
  - Supervision reports
  - In-depth interviews and focus group discussions with the youths, community members, community leaders and service providers.
Results

- Access to family planning at both community and facility increased from 12% in 2000 to 28% in 2006 and 41.2% in 2008.

- STI prevalence rate among the youth in the area declined from 4.7% in 2000 to 1.9% in 2006 and 1.6% in 2008.

- Number of school dropouts due to pregnancies in the targeted 5 primary schools dropped from 42 in 2000 to 22 in 2007 and 12 in 2008.
Results cont’d

- Increased interaction and debate on modern family planning methods was noticed through youth clubs and in social places.

- Improved availability of contraceptive method mix at community level

- Improved sources of methods (YCBDA’s, teachers, community service providers (HSA’s))

- Ready access of family planning methods among youth (Social places e.g. football matches and traditional dances at night ).
LESSONS LEARNT

- Use of community structures and systems enhanced acceptability of modern contraceptives for young people.

- Involvement and participation of young people in the family planning distribution program improved access to modern FP methods.

- Demand for FP services increased since the services were brought to the people.
Acknowledgements

- Family Federation of Finland for providing funding for this initiative

- Malawi College of Medicine-Centre for Reproductive Health staff for implementing this project.

- Study participants
“ZIKOMO KWAMBIRI”
THANK YOU FOR YOUR ATTENTION