

2015

Expanding young people's access to integrated services in Malawi

Integra Initiative

Follow this and additional works at: https://knowledgecommons.popcouncil.org/departments_sbsr-rh

 Part of the [Demography, Population, and Ecology Commons](#), [Family, Life Course, and Society Commons](#), and the [International Public Health Commons](#)

Recommended Citation

"Expanding young people's access to integrated services in Malawi," Steps to Integration, Issue 7. Washington, DC: Integra Initiative, 2015.

This Brief is brought to you for free and open access by the Population Council.



This Steps to Integration series provides a guide on how to integrate HIV and sexual and reproductive health (SRH) services based on findings from the Integra Initiative.

The Integra Initiative is a research project on the benefits and costs of a range of models for delivering integrated HIV and SRH services in high and medium HIV prevalence settings, to reduce HIV infection (and associated stigma) and unintended pregnancies. It was managed by the International Planned Parenthood Federation (IPPF) in partnership with the London School of Hygiene & Tropical Medicine (LSHTM) and the Population Council.

Findings from the project show that integrating HIV and SRH services has the potential to:

- ✓ Increase uptake of health services
- ✓ Increase range of services available
- ✓ Improve quality of services and efficient use of resources
- ✓ Enable health systems to respond to client needs and improve overall client satisfaction



Expanding young people's access to integrated services in Malawi

Introduction

In sub-Saharan Africa, uptake of sexual and reproductive health (SRH) services among young people remains low, placing millions of young people at risk of poor reproductive health outcomes. Sexually active young people are also at risk of sexually transmitted infections, including HIV.

Need for SRH and HIV services among young people

In Malawi, estimates for the unmet need of reproductive health and family planning (FP) services range from 25-27% of married women and 8-21% of unmarried women 15-24. Data show that young women are more likely to be tested for HIV and receive the result (62.6%) than young men (41.8%), and twice as likely to be HIV positive. Among young women 15-19 and 20-24, HIV prevalence is 4.2% and 6.4%, respectively. Among boys in the same age groups, HIV prevalence is 1.8% and 2.3%, respectively.

Increasing the utilisation of SRH services is critical to improving SRH health outcomes among young people. As a signatory to the Maputo Plan of Action, a policy framework for operationalising strategies to achieve health-related Millennium Development Goals, the Government of Malawi works to expand access to FP services, particularly among young people. Understanding what motivates them to choose between types of FP services and their preferences for the design and delivery of integrated HIV and SRH outreach services could help identify strategies to make services more accessible and attractive.

Discrete choice experiments

Discrete Choice Experiments (DCEs) provide insight into individual and social preferences for goods or health services, and examine the relative importance of

different aspects of health service design and delivery. Using this approach, respondents received a series of hypothetical choices and then indicated which of two or more alternatives they would choose; this may include an option to choose none. This approach is particularly useful when information on actual choices is unavailable, when there is little variation among currently available alternatives or when exploring preferences for new services not yet available in the market place. DCE data can also assist with developing strategies for the introduction of new services, service delivery models or policies.

Survey design

A literature review of reported barriers and facilitators to accessing FP and HIV services identified characteristics of SRH and HIV services to include in the DCE. A choice mapping process followed the DCE and defined the decision problem. These two steps informed the design of topic guides and questionnaires used in 12 focus group discussions (FGDs) and three key informant interviews conducted with young people 15–24 in three communities in Ntcheu District, Malawi.

Part of a larger questionnaire, the DCEs included questions related to respondent and household characteristics, knowledge of FP methods, current use of FP, and previous use of FP services. In seven villages in Ntcheu District, 540 youth 15–24 participated.

Preferences for FP service provider

Across all provider types, respondents were two to three times more likely to choose services from friendly and non-judgemental providers, compared to rude or unfriendly providers.

'Like at [Health Centre 1] the health workers there they welcome you warmly and we chat with them freely for this reason you are able to be open with them and explain your problem.

We are able to access the services that we want compared to other health workers, so this makes us feel happy.'
– Male, 15-19

Respondents were also two to three times more likely to choose providers with a reliable supply of FP commodities. For government and private facilities, respondents preferred a service that was closer to their place of residence, but this only influenced choice for private providers. In line with local pricing structures, respondents described government FP services as being free in all choice scenarios. However, across private, outreach and community-based distribution services (CBD) with fees, respondents preferred a service with a lower price.

'As our area is far from these service providers we can sometimes leave here and upon arriving there we won't find condoms. But sometimes they can only give us 3 condoms, so we think for how long are we going to use these 3 condoms regarding distance where we are coming from which is far.'
– Male, 15-19

In general, waiting time was not a statistically significant influence on the choice of provider for any alternative, indicating that respondents were not likely to choose a service with a short waiting time over a long waiting time.

Within the DCE, respondents described outreach services that are available once a month or once every other month. For this service delivery schedule, the frequency did not significantly influence preferences for outreach services. This may be because young people had a hard time imagining waiting one or two months between service delivery days, or that they would be willing to wait and could plan in advance for a non-urgent service like FP. This contradicts findings from related qualitative work, in which participants expressed frustration with outreach service providers coming infrequently or coming to the community only once and then failing to return. The discrepancies between the two studies may stem from the framing of the attribute in the DCE, which did not include an element of uncertainty around the timing of service delivery.

A series of simulated scenarios investigated the impact of changes in service attributes on the uptake of services by provider. In the simulations, CBD services remained popular across a variety of scenarios, and uptake of outreach services only increased when all other alternatives did not have friendly providers or FP commodities in stock. However, under this scenario, more than 80% of young people were likely to choose an outreach provider, suggesting that in cases where all other alternatives are unsuitable, outreach services have the potential to reach a substantial number of young people.

Preferences for integrated FP and HIV outreach services





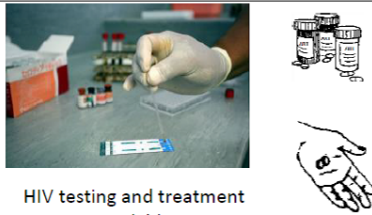



Results of the simulation modelling indicate that the most preferred service package is one that offers confidential services, HCT and HIV treatment and free sports for youth, with up to 30% of respondents expected to choose this service over a service where clients may have concerns about the level of confidentiality, where HCT is available, no additional activities are offered for young people and a fee is charged. When the same service is offered for a fee of 50 Malawian Kwacha, 29% of respondents choose this service over the comparator, indicating that most respondents are willing to pay a small fee for the service. Female respondents and those 20–24 were less concerned with service confidentiality compared to male respondents and those 15–19. Respondents in a relationship at the time of the survey valued confidentiality more than those who reported being single.

Conclusion

Improving the quality of community based services shows more potential for expanding youth access to FP services in rural areas compared with facility based services. This may be important for increasing the uptake FP services in this population. It is important that outreach services be confidential, that FP providers are friendly and non-judgemental and that the supply of FP commodities is consistent and reliable. This may require that providers receive additional training in order to improve both the consultation environment and client provider interactions. Supply chain management issues may need to be addressed to ensure that a range of FP commodities are consistently available to clients.

Figure 1. Sample choice task-preferences for the design of integrated SRH and HIV outreach services

Choice: Imagine that you have decided that you would like to access family planning services. Would you go to Outreach Service A, Outreach Service B or neither of these services to obtain your family planning?

	Outreach Service A	Outreach Service B	Neither
Service Provider Characteristics	 Female service provider who is more than 30 years of age	 Male service provider who is less than 30 years of age	
Confidentiality	 Very confidential	 Concerns about confidentiality	
Additional HIV Services Available	 HIV testing and treatment available	 HIV testing available	
Youth Friendly Component	<p>Health services only</p>	 Health education talk	
Total Price You Pay	 You pay 500 MK	5	<p>FREE</p>

A. I would go to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------	--------------------------	--------------------------	--------------------------

[INTERVIEWERS: If A or B, skip to next choice task. For those who indicated neither, complete next question.]

You have indicated that you would not go to either of the outreach services. I wonder if you could imagine that you had to choose between the two outreach services. Which would you go to if you had to choose?

B. If I had to choose, I would go to:	<input type="checkbox"/>	<input type="checkbox"/>	
---------------------------------------	--------------------------	--------------------------	--



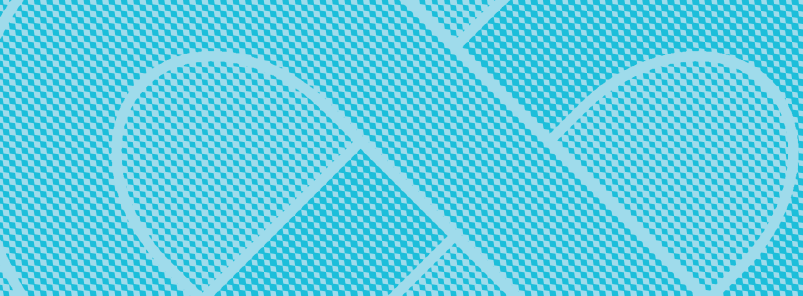


Figure 2. Sample choice task-choice of family planning service provider

Choice 1: Imagine that you have decided to seek family planning services. Which of these options do you think you would be most likely to choose?

	Government Service	Private Service	Outreach Service	Community Based Distribution Agent Service	None																																																																																																									
Distance from your home to health service point	You travel 20 km	You travel 10 km	The service is in your home village	Service in your home																																																																																																										
Times that services are available	Monday to Saturday, 8am to 5pm <table border="1"> <tr><th>Mon</th><th>Tues</th><th>Weds</th><th>Thurs</th><th>Fri</th><th>Sat</th><th>Sun</th></tr> <tr><td>☺</td><td>☺</td><td>☺</td><td>☺</td><td>☺</td><td>☺</td><td>X</td></tr> <tr><td>8am - 5pm</td><td>8am - 5pm</td><td>8am - 5pm</td><td>8am - 5pm</td><td>8am - 5pm</td><td>8am - 5pm</td><td>X</td></tr> </table>	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	☺	☺	☺	☺	☺	☺	X	8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	X	Monday to Saturday, 8am to 5pm <table border="1"> <tr><th>Mon</th><th>Tues</th><th>Weds</th><th>Thurs</th><th>Fri</th><th>Sat</th><th>Sun</th></tr> <tr><td>☺</td><td>☺</td><td>☺</td><td>☺</td><td>☺</td><td>☺</td><td>X</td></tr> <tr><td>8am - 5pm</td><td>8am - 5pm</td><td>8am - 5pm</td><td>8am - 5pm</td><td>8am - 5pm</td><td>8am - 5pm</td><td>X</td></tr> </table>	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	☺	☺	☺	☺	☺	☺	X	8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	X	One day in a month <table border="1"> <tr><th>Mon</th><th>Tues</th><th>Weds</th><th>Thurs</th><th>Fri</th><th>Sat</th><th>Sun</th></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td></td><td></td><td></td><td></td><td></td></tr> </table>	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						Monday to Saturday, 8am to 5pm <table border="1"> <tr><th>Mon</th><th>Tues</th><th>Weds</th><th>Thurs</th><th>Fri</th><th>Sat</th><th>Sun</th></tr> <tr><td>☺</td><td>☺</td><td>☺</td><td>☺</td><td>☺</td><td>☺</td><td>X</td></tr> <tr><td>8am - 5pm</td><td>8am - 5pm</td><td>8am - 5pm</td><td>8am - 5pm</td><td>8am - 5pm</td><td>8am - 5pm</td><td>X</td></tr> </table>	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	☺	☺	☺	☺	☺	☺	X	8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	X	
Mon	Tues	Weds	Thurs	Fri	Sat	Sun																																																																																																								
☺	☺	☺	☺	☺	☺	X																																																																																																								
8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	X																																																																																																								
Mon	Tues	Weds	Thurs	Fri	Sat	Sun																																																																																																								
☺	☺	☺	☺	☺	☺	X																																																																																																								
8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	X																																																																																																								
Mon	Tues	Weds	Thurs	Fri	Sat	Sun																																																																																																								
1	2	3	4	5	6	7																																																																																																								
8	9	10	11	12	13	14																																																																																																								
15	16	17	18	19	20	21																																																																																																								
22	23	24	25	26	27	28																																																																																																								
29	30																																																																																																													
Mon	Tues	Weds	Thurs	Fri	Sat	Sun																																																																																																								
☺	☺	☺	☺	☺	☺	X																																																																																																								
8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	8am - 5pm	X																																																																																																								
Availability of family planning commodities (or contraceptive commodities)	Commodities are sometimes out of stock	Commodities are sometimes out of stock	Commodities are always available	Commodities are always available																																																																																																										
Service providers' attitudes	Friendly and open	Not very friendly	Friendly and open	Friendly and open																																																																																																										
Wait times	You wait for 3 hours	You wait for 2 hours	You wait for 15 minutes	No waiting since service is in your home																																																																																																										
Total price you pay	FREE	You pay 100 MK	You pay 500 MK	You pay 100 MK																																																																																																										
A. I would go to:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																									
[INTERVIEWERS: If government, private, outreach or community based distribution service is chosen, skip to next choice task. For those who indicated none, complete next question.]																																																																																																														
You have indicated that you would not go to any of the services shown above. I wonder if you could imagine that you had to choose one of the services. Which would you go to if you had to choose?																																																																																																														
B. If I had to choose, I would go to:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																									

References

- i. Christine Michaels-Igbokwe, F Terris-Prestholt, M Lagarde, E Chipeta, Integra Initiative, J Cairns. "Young people's preference for FP service providers in rural Malawi"* Under review at Plos One
- ii. Christine Michaels-Igbokwe, M Lagarde, J Cairns, F Terris-Prestholt. "Using decision mapping to inform the development of a stated choice survey to elicit youth preferences for sexual and reproductive health and HIV services in rural Malawi." Social Science & Medicine. (2014) 105:93-102.
- iii. Christine Michaels-Igbokwe, M Lagarde, J Cairns, The Integra Initiative, and F Terris-Presthold. "Designing a package of sexual and reproductive health and HIV outreach services to meet the heterogeneous preferences of young people in Malawi: results from a discrete choice experiment." Health Economics Review. (2015) 5:9

FOR MORE INFORMATION PLEASE CONTACT



Population Council
4301 Connecticut Avenue NW, Suite 280
Washington DC 20008, USA
cwarren@popcouncil.org



International Planned Parenthood Federation
4 Newhams Row
London, SE1 3UZ, UK
jhopkins@ippf.org



Centre for Population Studies
London School of Hygiene and Tropical Medicine
London WC1B 3DP, UK
Susannah.Mayhew@lshtm.ac.uk