

The Girl Power Study:

The impact of cash, empowerment, and clinic modifications on young women's service uptake in Malawi



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Background

- In SSA adolescent girls and young women (AGYW) exhibit poor sexual and reproductive health outcomes. In Malawi:
 - 10% are HIV-infected by age 25
 - More than half have a first birth in adolescence
- Provider, environment, and access barriers result in poor service uptake among AGYW.
- Youth-friendly health services (YFHS) may impact HIV service uptake.
- Small group empowerment sessions and cash transfers may enhance uptake further.

Research Questions

- Does a platform for integrated youth-friendly HIV and sexual and reproductive health services for young women increase uptake and frequency of HIV testing, condoms, and contraception?
- Does the addition of empowerment and/or cash transfer interventions further enhance service uptake?
- What is the experience that adolescent girls and young women have with different models of service delivery?

The Girl Power study

- Quasi-experimental prospective cohort study in Lilongwe, Malawi and Cape Town, South Africa
- Four comparable clinics were selected in each country and assigned to one model of care:
 - 1) Standard of care,
 - 2) Youth-friendly health services
 - 3) Youth friendly health services + empowerment sessions
 - 4) Youth friendly health services + empowerment sessions + cash transfers
- 250 adolescent girls and young women (15-24 years) enrolled at each clinic and followed for 12 months
- 15 participants selected from each clinic for in-depth interviews



Study Design in Malawi

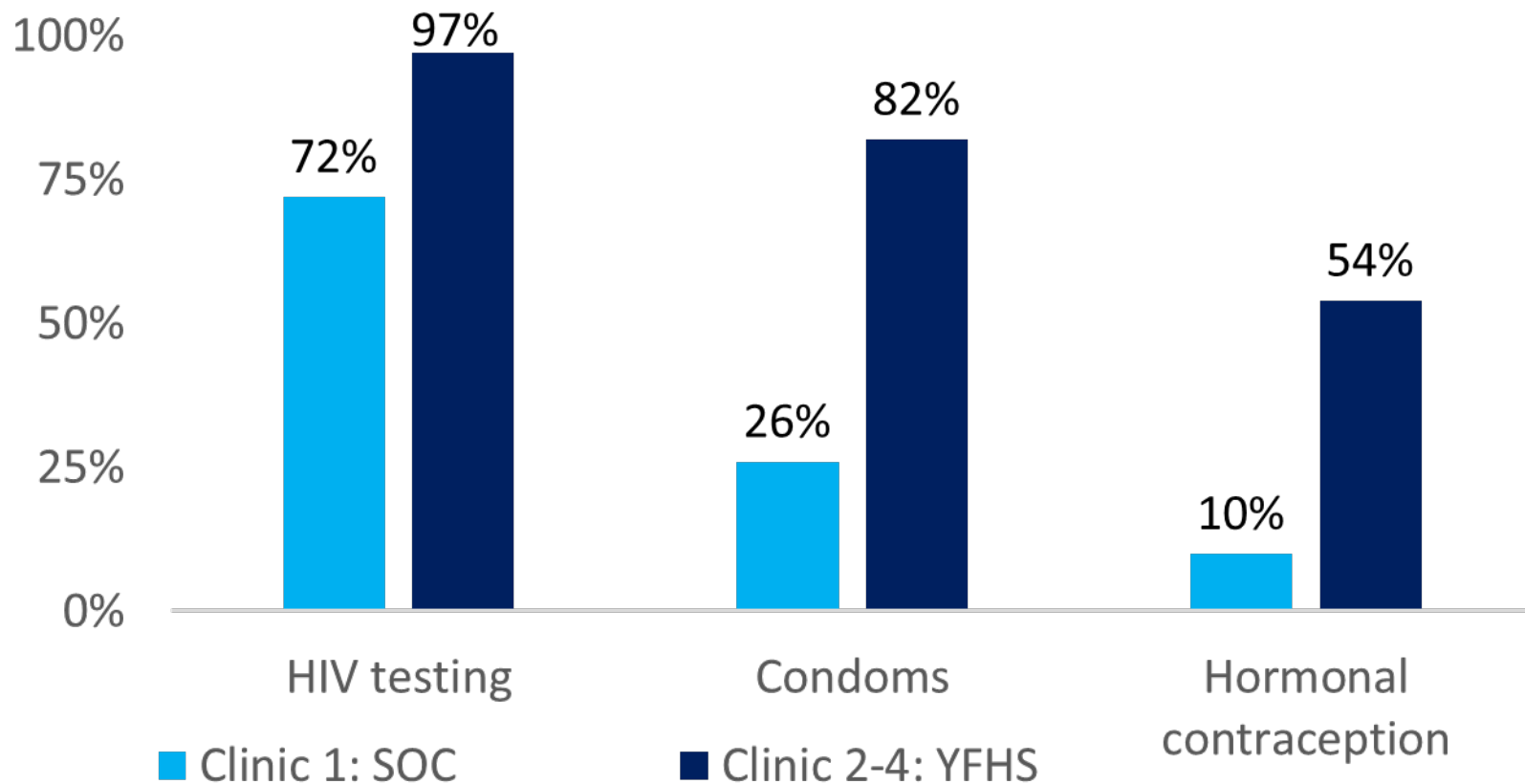
	Clinic 1 Standard of Care (SOC)	Clinic 2 Youth-Friendly Health Services (YFHS)	Clinic 3 Youth-Friendly Health Services (YFHS)	Clinic 4 Youth-Friendly Health Services (YFHS)
Vertical services				
HIV testing	X	X	X	X
Condoms	X	X	X	X
Hormonal contraception	X	X	X	X
Youth Friendly health services (YFHS)				
Integrated youth spaces		X	X	X
Improved hours		X	X	X
Privacy from older adults		X	X	X
Youth-friendly/young providers		X	X	X
Other Services				
Empowerment sessions			X	X
Cash transfer				X



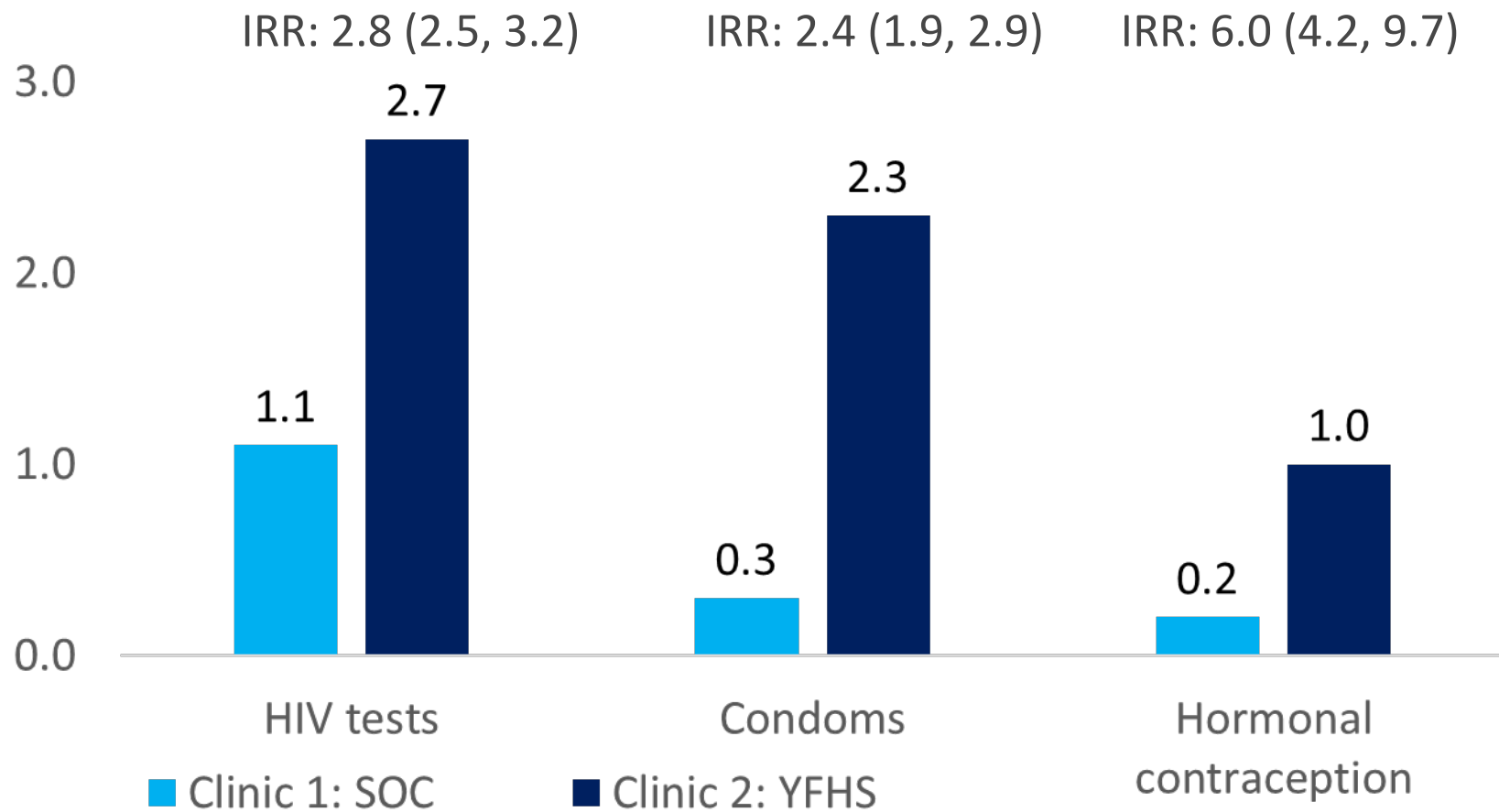
Comparison of clinic 1 (SOC) with clinics 2-4 (YFHS)

Proportion who sought each service at least once

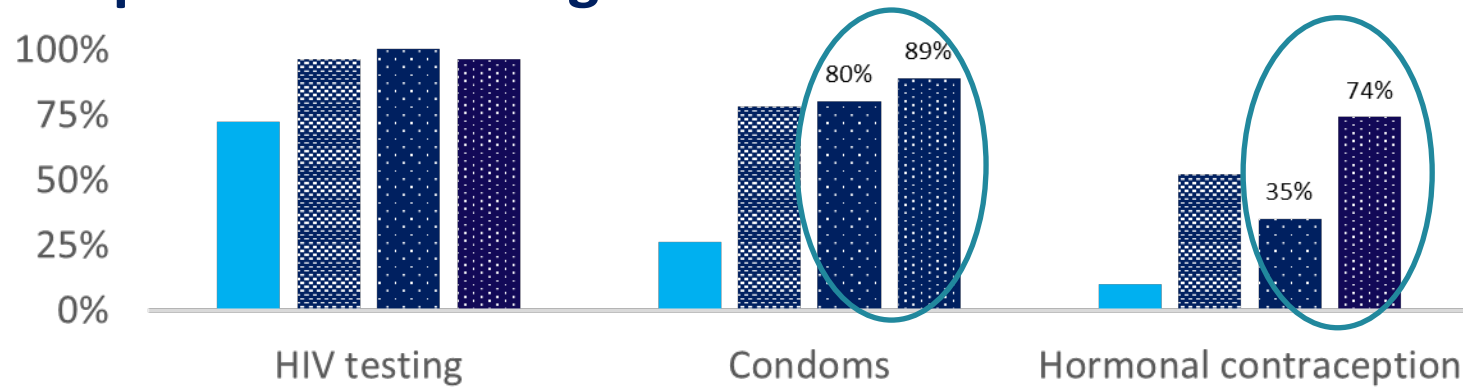
RD: 25% (20%, 31%) RD: 57% (50%, 63%) RD: 43% (38%, 48%)



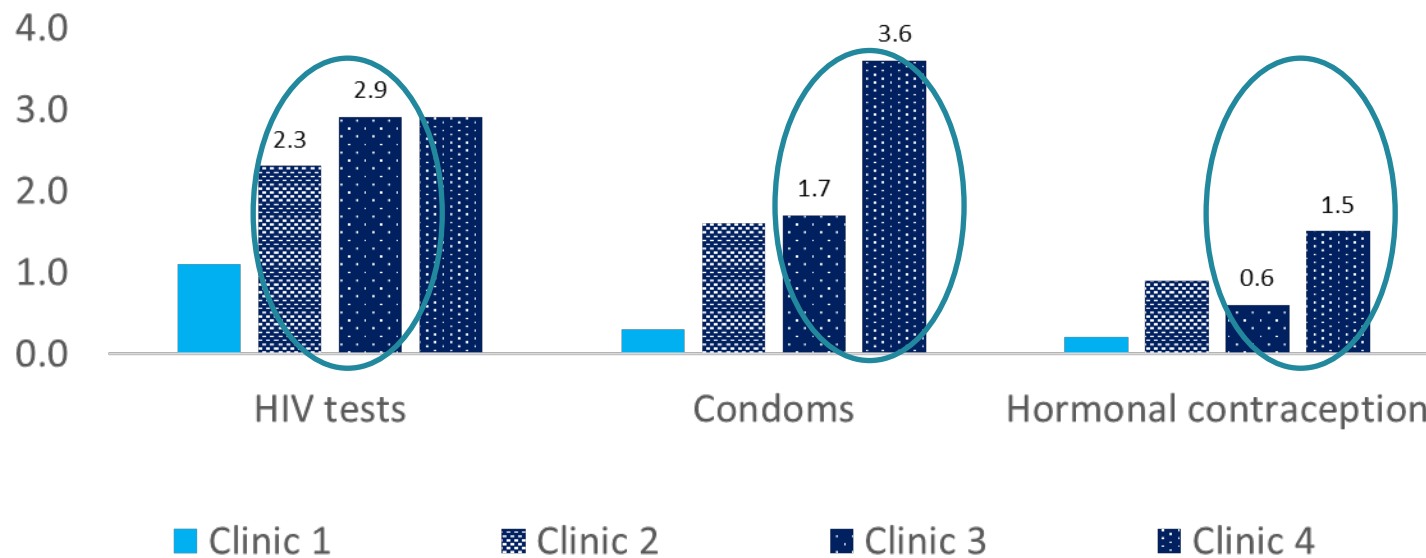
Mean number of times each service was sought over 1 year



Proportion who sought each service at least once



Mean number of times each service sought



Impact summary

Clinic 1 versus Clinics 2-4

- ✓ Uptake and frequency of HIV testing, condoms, and contraception was greater in clinics 2-4 than clinic 1.

Clinic 2 versus Clinic 3

- ✓ Frequency of HIV testing was greater in clinic 3 than 2.

Clinic 3 versus Clinic 4

- ✓ Uptake and frequency of condoms and contraception was greater in clinic 4 than 3.

Explanations of better uptake

Provider

- Non-judgmental, open attitudes
- Respectful treatment
- Youthful (HIV counselors and peers 18-29 years)

Clinical environment

- Privacy from older adults in waiting and clinical areas
- Youth-dedicated spaces
- Integration

Access

- Short wait times
- Expanded hours
- Waived fees for certain items

Provider-related attitudes

“You know how nurses can be rude and judgemental, but here I was not judged... Here I met girls [peer educators] like me who were very open and clearly explained these different family planning methods to me and it was easy for me to make a choice.”

When we are sick for example and we go to the other clinics, the doctor or the nurse shouts at us forgetting that you are a patient. Whilst here, I do not think anyone has been shouted at before, even I have never been shouted at. They are just friendly and they talk to you in a good way.”

“The HTC counselor here is a free person. She is very open to us and she is also a youth so she understands us better. Unlike some other clinics where you may find an older person conducting HTC so it becomes scary.”

Private environment

“Girl Power is different from the general clinic. Let’s say you are suffering from an STI and you go to the general clinic. In the consultation room you find as many as 4 or 5 people entering at the same time and you look around and there are your friends from school, neighbors, or relatives. Here we enter one at a time and mostly there is one doctor to whom you can explain your illness. If it was more than one person it would be hard for us to be free.”

“No I was not accessing services because I was feeling ashamed of the place we were supposed to access them since it was a general clinic where you could accidentally meet your mother or other relatives who could ask you what you were doing there.... So the coming of this clinic has really helped us because we are now free to do whatever we want.”

Removal of Access Barriers

“In 2014 (before Girl Power), I wanted to be on a Family Planning method. They said we should be tested for pregnancy, and I had to pay MK500. I did not have that MK500. I was sent back. I ended up getting an unwanted pregnancy.”

“When we come here [to Girl Power] we have tests in all areas like for pregnancy and diseases. In other clinics they do one thing at a time like HIV only, or pregnancy test only.”

“I think it should be the whole day, from morning to evening. Some of the contraceptive methods, they say we should get them in the morning and even emergency pills, you have to get them in good time, so it should be the whole day.”

Conclusion

- Adolescents have distinct needs that require different models of service delivery.
- Improving service uptake in public-sector clinics is possible with elimination of provider, environment, and access barriers.
- Implementation science is needed to guide scale-up.

