

Integrated youth-friendly health services lead to substantial improvements in uptake of HIV testing, condoms, and hormonal contraception among adolescent girls and young women in Malawi

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Background

Adolescent girls and young women (AGYW) in sub-Saharan Africa (SSA) experience high incidence of HIV, pregnancy, and sexually transmitted infections (STIs), but face numerous barriers to HIV and sexual and reproductive health (SRH) care-seeking.

In the Girl Power study, we assessed whether a model of integrated youth-friendly health services (YFHS) for AGYW led to increased uptake of condoms, HIV testing, and hormonal contraception, compared to the standard of care (SOC).

Methods

- Through the Girl Power study, four comparable public sector clinics were selected in Lilongwe, Malawi and randomly assigned to either the SOC or YFHS.
- In each clinic, 250 AGYW 15-24 years old were enrolled and followed for one year for uptake and frequency of HIV testing, condoms, and hormonal contraception.
- One clinic offered SOC. The other three health centers offered YFHS (Table 2).

Table 1. Overview of the four Clinics

	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)				
Integration of services		X	X	X
Youth-dedicated spaces		X	X	X
Privacy from older adults		X	X	X
Youth-friendly providers		X	X	X
Other Services				
Empowerment sessions			X	X
Conditional cash transfer				X

Results

Figure 1. Proportion who received each service

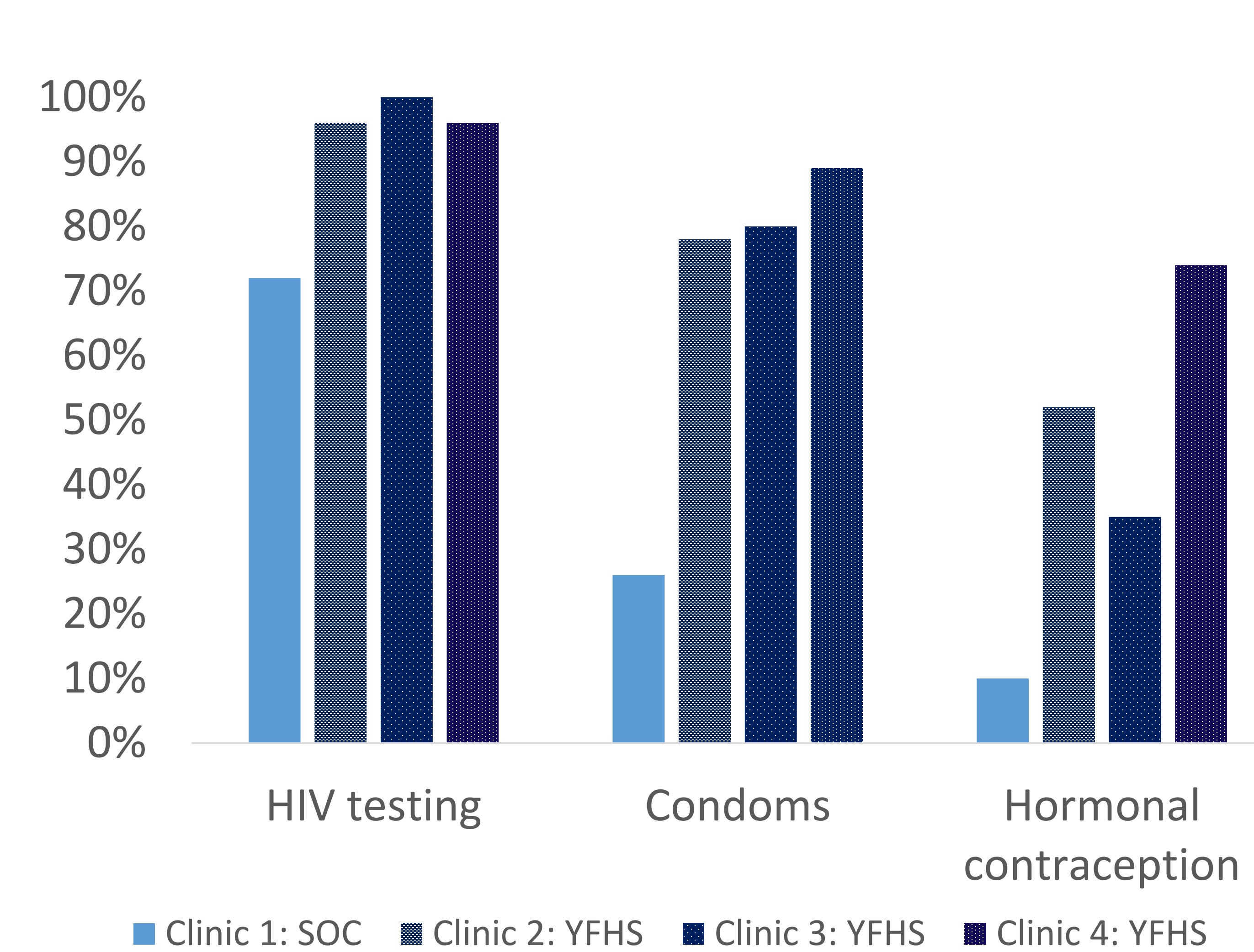
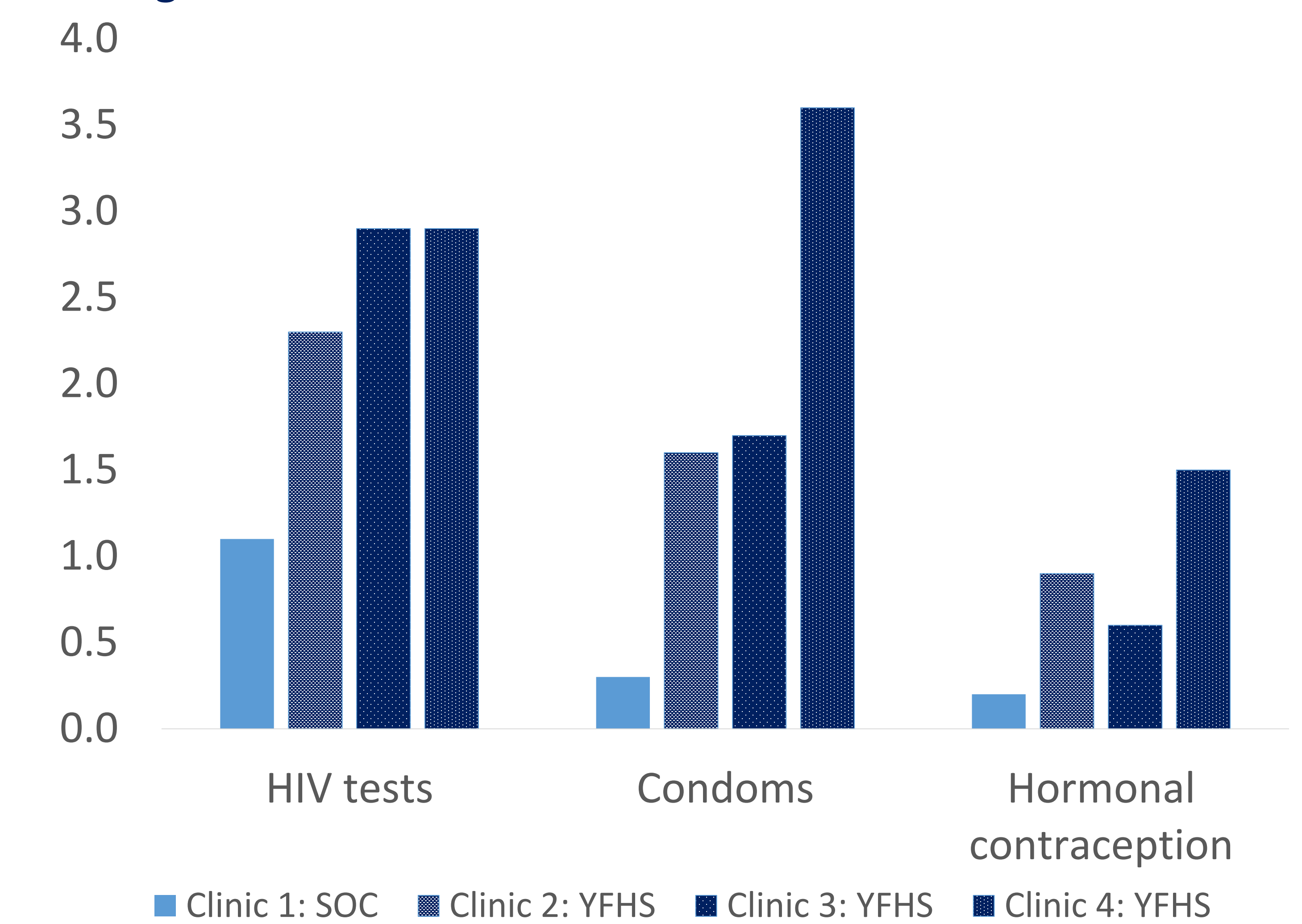


Figure 2. Mean number of times each service was received



- Participants in the YFHS clinics were 23% (CI: 17%-29%) more likely to ever receive HIV testing, 57% (CI: 51%-63%) more likely to ever receive condoms, and 39% (CI: 34%-45%) more likely to ever receive hormonal contraception (Figure 1).
- Participants in the YFHS models accessed HIV testing 2.8 (CI: 2.5-3.2) times more often, condoms 2.4 (CI: 1.9-2.9) times more often, and hormonal contraception 6.0 (CI: 4.2-8.7) times more often (Figure 2).

Conclusions

In public-sector clinics, an integrated model of YFHS that includes brief provider trainings and modest clinical modifications can lead to considerably higher service utilization. Implementation science is needed to guide scale-up of this highly promising service delivery model.

