

THE GIRL POWER STUDY

How youth-friendly health services can improve the uptake of HIV and sexual and reproductive health services by adolescent girls and young women in Lilongwe, Malawi

INTRODUCTION

In sub-Saharan Africa (SSA), adolescent girls and young women are at the epicentre of the HIV epidemic and also face high rates of sexually transmitted infections, unintended pregnancy and intimate partner violence. In Malawi, 60% of women experience a first birth during adolescence, and 10% are HIV-positive by the age of 24 years.

At the same time, there are many barriers and challenges for this group when accessing HIV and sexual and reproductive health (SRH) services.

The Girl Power study assessed the impact of youth-friendly health services (YFHS) on uptake and use of services in comparison with standard care (SOC) in government health centres. It also explored the additional impacts of socio-behavioural interventions, in the form of interactive small-group sessions, and structural interventions in the form of cash transfers.

The study was led by the Lilongwe Medical Relief Fund Trust (LMRFT), the service arm of UNC Project-Malawi, in partnership with the Desmond Tutu HIV Foundation of the University of Cape Town, South Africa.

More information on the study, early findings and publications are available at <http://www.ehpsa.org/research/adolescents/girl-power>.

WHY THIS STUDY IS IMPORTANT

Prior to the study, there was scattered, non-conclusive evidence that YFHS may improve service uptake by adolescent girls and young women. However, a need remained for a carefully designed research programme, such as Girl Power, that followed a group of participants over time, and compared service uptake in different models of service provision, including standard care.

In addition, Girl Power contributes to the evidence around combination prevention for adolescent girls and young women by exploring the impact of a socio-behavioural and structural intervention in a clinic setting. Most previous studies have delivered behavioural and structural interventions outside of the clinical environment.

APPROACH

The Girl Power Malawi study was conducted at four comparable public sector health centres in Lilongwe. Prior to the study, all centres offered standard of care (SOC), which included HIV testing, family planning, free condoms and STI services. In most clinics these services were only available during school hours and required waiting in a separate queue. Services were also offered in the same space as services for adults, with no provision for privacy or confidentiality. None of the centres offered peer support, socio-behavioural or structural interventions, or any youth-dedicated activities.

The Girl Power study developed a model for YFHS that included the creation of a single integrated youth-focused space for HIV and SRH services, which were offered at times suitable for school-going adolescents (afternoons, Saturday mornings). Government health workers were sensitised to non-judgmental approaches to youth, and young peer educators were trained to distribute condoms, provide health education and help participants navigate through the clinic. Participants were encouraged to attend at least quarterly.

Girl Power also developed a socio-behavioural intervention that consisted of a series of monthly interactive sessions led by a trained facilitator. Sessions included HIV and SRH information, discussions of healthy and unhealthy romantic relationships, basic financial literacy, and other skills, such as planning and decision-making.



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THE GIRL POWER STUDY | JULY 2018

A third intervention included a small cash transfer awarded to participants for attending each socio-behavioural session.

The Girl Power study recruited 1,000 participants in Malawi, between the ages of 15 and 24 years– 250 at each health centre. Each centre then offered one of four models of care:

Model 1: SOC

Model 2: YFHS

Model 3: YFHS + behavioural intervention

Model 4: YFHS + behavioural intervention + conditional cash transfer.

Service uptake was tracked across the four models over a 12-month period. Primary outcomes included uptake of:

- HIV testing;
- Condoms; and
- Hormonal contraception.

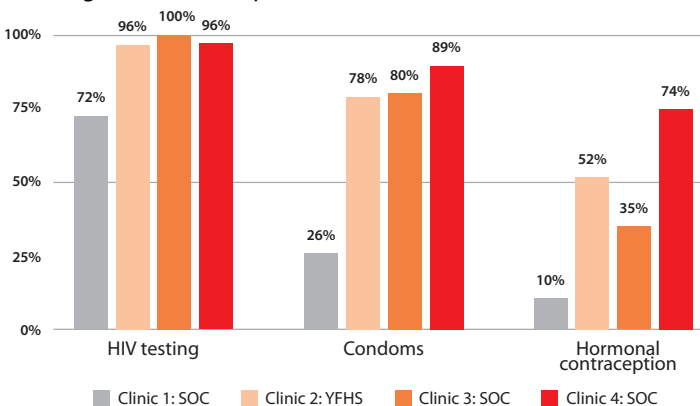
KEY FINDINGS

Retention in the study was high with 84% at six months and 87% at 12 months. There was no difference in retention across the four models.

Each of the three clinics offering YFHS performed better than the SOC on each indicator. Participants attending the study clinics were 23% more likely to receive HIV testing, 57% more likely to receive condoms, and 39% more likely to receive hormonal contraception.

Figure 1 below shows that uptake of HIV and SRH services in the three study clinics (Models 2, 3 and 4) was significantly higher than in the standard clinic (Model 1).

Figure 1: Service uptake at four clinics, Malawi



Evidence from the interviews suggests that key factors that facilitated service uptake in the youth-friendly clinics were:

- Youth-friendly and youthful healthcare workers;
- Privacy and confidentiality; and
- Integrated services.

When comparing the intervention models (2,3 and 4) to one another, there was not a notable difference in uptake of condoms and hormonal contraception between models 2 and 3. This suggests that the behavioural intervention alone did not have a substantial impact on service uptake. There was a higher level of uptake of condoms and hormonal contraception in model 4 than in model 3. This suggests that the addition of cash may have had a positive impact on these outcomes.

Analysis is underway to understand the impact of the behavioural intervention on HIV risk behaviours such as age-disparate sex and transactional sex.

CONCLUSION

Comparatively few participants used services in the standard clinic (model 1). Creating Girl Power YFHS significantly increased uptake of HIV testing, condoms and contraception.

The findings raise important questions around the current model of service delivery for adolescent girls and young women in the region. This is a developmentally distinct group that requires a model of service delivery that is responsive to their unique care-seeking needs. Girl Power demonstrates that addressing a range of provider, space, and privacy challenges simultaneously can have an influence on service uptake among adolescent girls and young women.

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EVIDENCE FOR HIV PREVENTION IN SOUTHERN AFRICA

