



## Policy and practice gap in young people's reproductive health interventions in Malawi

### *Background*

Malawi has a youthful population; with almost half the population aged below 17 years. Marriage and childbearing occur early: about 50% of women have started childbearing by the age of 19 years. Use of modern methods of contraception is low. In addition, Malawi has a high rate of HIV infection, with the rate for young women aged 15-24 years being almost four times that of males in the same age group. Thus, there is need to focus on young people in policy design and programme implementation. The Government of Malawi has policies and programmes to address early childbearing and high HIV infection among young people. However, these are yet to enhance behavioural change.

### *Research Aims*

This study aimed to identify obstacles in the implementation of policies and programmes aimed at improving young people's reproductive health in Malawi. Specifically it looked at policies and programmes in the light of recommendations of the WHO/UNFPA/UNICEF Study Group on Adolescent Health and Development (1999). The study makes recommendations on how policy makers can reinforce their multi-sectoral approach to overcome some of these barriers.

### *Data and Methods*

The data collection was conducted between 1998 and 2000 using a range of data collection methods. Interviews with Malawi policy makers and programme managers were conducted to gain insight into strategic aims of policies for young people's reproductive health. A snowballing method was used to identify the key programme and policy personnel in reproductive health.



Another method was through focus group discussions and in-depth interviews with young people to find out what services they use and their perceptions of the reproductive health care in Malawi. At reproductive health service outlets, interviews were conducted with service providers. Textual analysis of written policy and field notes was done to identify the gaps between policy at official level and implementation at community level.

## **Findings**

- Youth and education programmes in Malawi take little account of the sexual experience of the young people. For instance, in the AIDS Education curriculum sexual behaviour is not mentioned until standard five, but there is a high drop out rate in standard four as soon as girls reach menarche and start sexual relationships.
- Life Skills programmes enable young people to acquire factual information on sexuality and negotiating skills which can lead to the adoption of healthy sexual behaviour. However, some of these programmes have heavy content on biological knowledge, with very little content on negotiating skills. In addition, the programmes that were evaluated were ambivalent to what values of sexual behaviour the training was promoting. This was found to be confusing for young people.
- Young people lack confidence in government health services for STI treatment and other reproductive health services. Key NGO clinics such as Banja la Mtsogolo are urban-based and thus do not reach young, poor people in rural areas.
- Although the reproductive health and AIDS control policy documents recognise the need to direct efforts towards young people, there are no separate services that are exclusively for young people. Young people reported experiencing problems in accessing services because of age discrimination.
- There are efforts by the Government of Malawi to improve the social environment of young people. Examples are: the Community Schools project which aim to develop curricula that are 'culturally

sensitive', and the readmission policy in schools for young mothers. However, the field survey found that poor economic and other psycho-sociological factors do hinder girls from being retained or returning to school after birth.

## **Policy Implications**

- Programmes for young people need to be clear what the main focus is e.g. delaying first sex or delaying premarital childbearing, HIV/AIDS education etc. Programmes should also indicate the values that they wish to promote.
- Young people need to be empowered to make informed decisions about sexual relations; they should also be well-educated of the consequences of their actions.
- The content of Life Skills training should emphasise negotiating skills.
- The relevance of Life Skills education to the culture is important. A suggestion might be to equip traditional counsellors with the right information in order to provide young people with positive information to improve reproductive health.
- The multi-sectoral approach to provision of services and information to young people should be better co-ordinated and supported with adequate resources.
- The Malawi Government has demonstrated its commitment to addressing reproductive health problems through the formulation of policies in major areas concerned with reproductive health of the young people. The next step is for the government and its partners to commit resources to put the policy into practice.

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