



Characteristics of Users of BLM Reproductive Health Services in Lilongwe

Introduction

Poverty constrains women and men to make careful choices about spending money. Decisions to spend on reproductive health services will compete with other personal and household priorities. How is reproductive health prioritised? How are facilities chosen and services used? What are the characteristics of service users? These questions have important implications for the design and delivery of services. Banja la Mtsogolo (BLM), the Malawi affiliate of Marie Stopes International, was established in 1987 and now makes the largest non-governmental contribution to reproductive health and family planning services in the country. Funding underpinning subsidised treatment was withdrawn leading to a decline in family planning visits from 174,548 in 1999 to 94,257 in 2001. This highlights the price sensitivity of many of BLM's clients.

Research Aims

The aim of the present study was to examine the extent to which BLM clients reflect the local population in the close environs of the clinic, both socio-economically and demographically.

Research Methods

Exit interviews were conducted in 2002 with women attending three BLM clinics in the Lilongwe area, at Falls (n=54), Area 25 (n=81) and Kawale (n=91). A household survey of women in the three communities surrounding the clinics was also undertaken. The sample sizes

were 75 (Falls), 73 (Area 25) and 80 (Kawale). Focus group discussions were also arranged with women in each community.

Findings

Characteristics of interviewees

Clients from each clinic were typically married, in the 20-29 year age group and predominantly Christian. The percentage of clients with two or more children ranged from 54% (Area 35) to 72% (Kawale). Area 25 clients were more likely to possess household goods and have a main electricity supply and piped water compared to clients from the other areas.

Around half of clients in Falls and Kawale had secondary or higher education compared to 74% of Area 25 clients. These data contrast with the educational attainment of respondents interviewed for the 2000 Malawi DHS (11%) and another nationally representative sample (25%) (see Factsheet 16).

Clients: characteristics in relation to services used

Around half of the women had attended to obtain family planning services in all three areas, with others attending for child health, pregnancy related and reproductive health services. At Falls, family planning clients were poorer than other clients. At Area 25 family planning clients were in some respects worse off than others, with less likelihood of a private water supply and electricity, similar with regard to educational

status and better off with regard to household assets compared to users of other services. At Kawale clients consulting for family planning purposes were more likely to have been educated only to primary standard and to have two or more children compared to others.

Clients: characteristics and residence

All three clinics served clients resident in the surrounding area and those travelling from outside the geographical catchment area. These sub-groups of clients were compared for each clinic. At Falls, clients resident within the catchment area were more likely to be employed, educated and to have one or more children. They also had more assets. At Area 25, these differences were less marked but at Kawale the pattern was similar to Falls. Taken together these findings show that clients travelling to clinics from outside the catchment area were likely to be poorer and less educated than those resident nearby.

The community: associations with use and non-use of RH services

While women resident in the Falls catchment area had similar educational status whether or not they used any reproductive health services, users were more likely to own a television and keep money they had earned, a measure of autonomy. In the Area 25 catchment area the percentage resident in a household with electricity and a telephone were significantly different between the two groups. Taken together, the data suggest some influence on service use of household economic conditions and gender dynamics.

The community: associations with users' choice of RH service provider

In the Falls catchment area, households of past users of BLM services had more assets and male employment than users of other services, although there were no differences in the educational status of women. In Area 25,

household variables were also significant; in addition, past users of non-BLM facilities were more likely to lack any education than BLM users. Kawale area findings were similar. Taken together, the data show that within a community those who had used BLM services tended to be more economically secure than those who had accessed other providers.

Dynamics of choice and access

Exit interviewees from all three clinics reported high levels of satisfaction and had chosen BLM clinics because of quality of care, staff competence, accessibility, efficiency and recommendations of others. Focus groups highlighted the importance of convenient opening times and assurance of confidentiality.

Cost as a barrier

Focus group participants indicated the difficult choices faced by the poor:

'the poor are at times forced to go to paying clinics when the free hospitals are experiencing shortages of drugs'
'the prices are also too high and if one does not have enough money they do not allow half payments'

Of those who had not visited clinics, cost was cited as a barrier by 6% in the Falls area, 63% in Area 25 and 47% in Kawale.

Conclusions

Satisfaction with BLM services was high. No notable groups were excluded. A sub-population of clients travelled from outside the clinic catchment areas to access services. These clients tended to be poorer and less educated than local clients. **Further research is required** to characterise their needs.

Poor people use and value BLM services. **Maintaining and developing provision through subsidy** is essential to ensure equitable provision of high quality reproductive health services in Malawi.

For details about this report contact: Rosemary Lawrence, Opportunities and Choices Programme, Department of Social Statistics, University of Southampton, Southampton, SO17 1BJ, UK. Tel: +44 (0)23 8059 5763, Fax: +44 (0)23 8059 3846, E-mail: rl@socsci.soton.ac.uk