

ENABLING ADOLESCENTS ACCESS VMMC, HIV AND AIDS AND CONTRACEPTIVES SERVICES BY EMPOWERING TRADITIONAL LEADERS AS CHAMPIONS

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Background

Traditional leaders have an important role to play in encouraging their subjects to access sexual reproductive health services. However, literature reviews show that some chiefs are the barriers for the community to access such services mostly due to cultural beliefs and socio norms which are deeply rooted in the district.

Though Chitipa district, sexual reproductive health services are available, but adolescents and young people are denied access to these services. Therefore, it is against this background that we piloted a two year project which aims at increasing access to health services to women by empowering chiefs to be the champions of change. The project was piloted in Kalira and Kafola areas.

Methods

The project started with sensitization meetings and community dialogues targeting chiefs to critically think on their behaviors and its impacts on youth rights in accessing SRH services and make strategies to address them, formation of 20 clubs of youth each as advocates, train traditional leaders to play their role in empowering the adolescents to access SRH services as their health rights, strengthening referral systems and door to door campaigns. Community and traditional leaders were equipped with comprehensive information for them to do advocacy and follow ups.

Results

Over 600 adolescents and young people were transformed to promote youth rights and access to SRH services. Over 500 youth reported access to HIV and Aids services, contraceptives and voluntarily medical male counselling as compared to the previous year were only 52% of the adolescents reported. To date over 500 adolescents reported access to these services and also the project formed 100 support groups with 95 members. Village health committee (VHC) structures increased demand for SRH services, and raised awareness in the communities, support ART retention and adherence. 60% of the Traditional leaders became advocates and champions of change and promote VMMC, HIV and Aids (ART), access to contraceptive and other sexual reproductive health (SRH) services-the innovations that encouraged uptake in all sectors of project targets. This is against 12% which was reported before the project started in 2017.

Conclusion and Recommendation

Empowering chiefs to promote adolescents SRH rights especially on access to HIV and Aids, VMMC and contraceptive uptake can reduce the spread of infections, improve adherence to ART, reduce stigma and discrimination including gender based violence. These findings will be

a valuable tool to influence programming across Malawi. The number of STI cases seeking care declined sharply over the project period. The decline in number of STI cases seeking care may suggest a positive impact of the national response promoting access to SRH perhaps as result of increased condom use. However, the decline may also suggest that many people with STI seek care from other clinics in and around perhaps due to stock outs of STI drugs from time to time.