POSTER ABSTRACT

Assessing knowledge, attitude and practices {KAP} and other factors that affect access and uptake of contraception services among young people with disabilities; a case study of Chitipa district.

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Introduction

Malawi government introduced the use of contraception services as one way of promoting SRH and population control among the population including the people with disabilities. Contraception is viewed as on the protective tools that would empower the families to decide on how many people they should have in the family. This study aimed at assessing the knowledge, attitudes, practices {KAP} and establishing other factors that affect access and usage of health services by young people with disabilities.

Method

The study was carried out in 10 Traditional Authorities in Chitipa district. We used both qualitative and quantitative methods of research which included a total of 20 focus group discussion{FGDs} with 20 participants in each FGD between 18-40 years who were sensitized and 50 in depth interviews{IDI's} with the participants. We used purposive and random sampling to draw a total sample of 60 comprising a 40 young people with disabilities and 20 health care personnel. The study participants were randomly and voluntarily recruited.

Results

Despite high levels of correct knowledge about contraception [{80%}, consistent use is low. Of all the interviewed, 5.8 percent reported health care services on contraception are not accessible to them as they are located far from them which are compounded by difficulties of transportation. 30% of the participants reported contraception use and this was observed across all ages. Several reasons contributed to low uptake of contraception. Among others 50% of them reported various challenges with usage of health care services which included: prejudices by both health professionals and fellow patients, lack of appropriate medications and specialized personnel and departments. While health care professionals 50% stated that lack of specialized training makes them feel uncomfortable to attend to people with disabilities, while 40% of them felt they attend to people with disability with promptness but that sometimes they lack appropriate medication while a few reported that young people with disabilities as' problem' patients in hospitals because they demand a lot. Culture and sensitization {difficult to use} remain critical barriers to contraception use.

Conclusion and recommendation

Young people with disabilities face enormous challenges as regards to access and use of health care services. The challenges range from long distances to a health facility, poor transport, stigma held by health professionals and lack of specialised departments and professionals. While we recommend a bigger research with a countrywide representative sample, we however feel government with its stakeholders should train specialized personnel, build more units in rural areas so that people with disabilities can access health care. Promotion intervention should focus on addressing issues about the usage.

FULL PAPER

Introduction and situation analysis.

Malawi government introduced the use of contraception services as one way of promoting SRH and population control among the population including the people with disabilities. Contraception is viewed as on the protective tools that would empower the families to decide on how many people they should have in the family. In the country, various literature also shows that youth have the highest prevalence rates of sexually transmitted infections{STI's} as a major cofactor of Hiv infection. Multi-sectoral approaches have been implored in order to address the situation. However, Despite that, various literature show that although 80% of youth with disabilities –including youth with musculoskeletal impairments{MSIs}- living in developing countries such as Malawi, continue to face enormous challenges as regards to access and use the health care services.

OBJECTIVE

1. Assessing the knowledge, attitudes, practices {KAP} and establishing other factors that access and usage of health services by young people with disabilities.
2. To evaluate gaps in contraceptive knowledge that may contribute to limited contraceptive uptake.
3. To prompt care clients to routinely ask about contraceptive use, and to explore reasons behind non-use where appropriate.

Why focus on young people with disabilities

1. one of the main drivers of HIV infection in Malawi
2. high risk of acquiring HIV
3. vulnerable populations with much sexual risk
4. specific health care needs affecting HIV risk

METHODOLOGY:

Research design

The study was carried out in 10 Traditional Authorities in Chitipa district. We used a number of approaches; both qualitative and quantitative methods of research which included a total of 20 focus group discussion{FGDs} with 20 participants in each FGD between 18-40 years who were sensitized and 50 in depth interviews{IDI's} with the participants. Out of the total number of participants, 63% were females. We used purposive and random sampling to draw a total sample of 60 comprising a 40 young people with disabilities and 20 health care personnel. The study participants were randomly and voluntarily recruited. The survey data were analysed using the statistical package for social science {SPSS} where discipline statistics were obtained. Qualitative data was analysed using thematic analysis. quasi

RESULTS:

Based on the preliminary study that was undertaken to determine the constraints to the access, evidence shows that contraceptive use is higher in areas nearby health facilities than those from far away. This can be partially explained by the fact that the distribution centres are not user friendly; clients rarely access the services because they cannot brave a long distance to health facilities. In most cases, when they visit the nearby clinics, they don't get the services due to poor and inequitable distribution services, perhaps due to poor road networks. This adds complementary value to government efforts by increasing distribution points, raising awareness about the availability, and lobbying different community leaders around accessitability, availability and acceptability. Despite high levels of correct knowledge about contraception [{80%}, consistent use is low. Of all the interviewed, 5.8 percent reported health care services on contraception are not accessible to them as they are located far from them which are compounded by difficulties of transportation. 30% of the participants reported contraception use and this was observed across all ages. Several reasons contributed to low uptake of contraception. Among others 50% of them reported various challenges with usage of health care services which included: prejudices by both health professionals and fellow patients, lack of appropriate medications and specialized personnel and departments. While health care professionals 50% stated that lack of specialized training makes them feel uncomfortable to attend to people with disabilities, while 40% of them felt they attend to people with disability with promptness but that sometimes they lack appropriate medication while a few reported that young people with disabilities as' problem' patients in hospitals because they demand a lot. Culture and sensitization {difficult to use} remain critical barriers to contraception use.

The findings also illustrate loss of professional pride amongst some of the practicing health care providers, evidenced by lack of commitment, negligence and negative attitudes. Some clients are communicatively mistreated. However, the study also reveals that there is a remnant of care providers who are committed and caring which shows that all hope is not lost.

1. **Health workers attitudes:**
   Key SRHR violations: key issues: denied services

Objectives, to determine knowledge surrounding SRHR experiences with SRHR violations, stigma and discrimination, Redress seeking behaviour**.**

> 45% indicated they had faced one or more SRHHR violations. Among these, 20% of them sought redress, 15% stated they would not know where to go if they faced a SRHHR violations. 88% indicated they had faced one or more cases of stigma and discrimination, amongst these, only 19% of them sought redress. 65% of those who sought redress were NOT satisfied with the redress they did receive.

1. **Insults and isolation, abandonment, refusal or denial to provide material support or services.**
   50% indicated they would not know where to go for redress. Among those that faced an SRHHR violation, 60% did not seek redress, 29 individuals sought redress, and 10 were not satisfied with the assistance received.

The informants expressed dissatisfaction with the health workers in general; the stigma expressed with regard to SRH services and fear of disapproval.

2. Contradictory messages

The informants depend on the media for any other significant information and news pertaining to SRH. They indicated that there is alot of information on the radio about reproductive decisions for the youth, but not only specific to those with disabilities. Although the participants had heard about SRH programs through the radio, majority of them reported that they were motivated by the messages they received from community mobilizers and the targeted outreach messages communication teams deployed at times to inform them by the NGOs such as PSI. However, there was at times conflicting information between the media and the hospital staff. Hence, lack of standardized information, education and communication led to variations in advice on reproductive decisions was their biggest challenge. For example some clients saying most contraception can easily burst and cause irreparable health problems in the womb and cancer-all this calls for an intensive awareness campaign because these clients just need right information

3. Lack of information

The majority of the informants complained about lack of support, communication and understanding by the health workers on their access to the services. Lack of comprehensiveness in the information they got was a problem as cited by these informants. For example, most participants had no knowledge on the importance of visiting youth friendly services for SRH. Among the participants who had knowledge on contraceptive uptake, the majority said they got the information from the radio and a few schools. Some participants associated absence of information as an indication that contraceptive uptake was a foreign issue imposed in Malawi by international organisations such as Banja la Mtsogolo

“Information on Sexual and reproductive health is given but it is not adequate, it is as if they skate around these issues, we expect that health workers will tell us everything,”

CHALLENGES AND WAY FORWARD:

Chitipa, as a border district, have an emigration challenges whereby it has so many people coming from other border countries such as Tanzania and Zambia. These make communication also to be a challenge due to various languages. This made challenged the study. There is also lack of infrastructure. Mostly good roads to connect researchers to targeted health spots.

CONCLUSION AND RECOMMENDATION:

Generally, there is low uptake of contraceptive services amongst the young people with disabilities in the district. Several reasons contributed to low uptake of contraception, poor staff attitudes towards the young people with disabilities use of SRH services and inappropriate to motivate them to use the services. Therefore, intensifying contraception messages in crucial fora as initiation ceremonies, and promoting positive behaviours towards young people with disabilities' SRH service use amongst health providers could be critical to promoting contraception uptake amongst the young people with disabilities.

Healthy workers can effectively address knowledge gaps through targeted training driven by KAP survey results; however, refractory subjects-notably misconceptions that may drive stigma-demand further attention.

Despite trainings having been conducted, this has not translated into quality care due to various reasons. Concerns raised by clients about care provision calls for an immediate intervention if clients are to continue patronise these facilities. Therefore, it is recommended that health workers who have been trained should be mentored to ensure that care they provide is according to standards and in a manner which is appreciated by clients. It is also recommended that the government get committed in providing both human and material resources to these facilities to enable health workers work effectively.

Since disability is a cross cutting issue, there is a need for the ministry of health to include disability matters in their policies instead of relegating to ministry of disability. People with disabilities have limited access to health services and other social amenities because they are overlooked during policy development.

These findings will be available tool to influence programming across Malawi, as practice contents and patterns are similar. Moreover, future initiatives should more aggressively target misconceptions. And further assess if improved knowledge leads to increased contraceptive service uptake.

Young people with disabilities face enormous challenges as regards to access and use of health care services. The challenges range from long distances to a health facility, poor transport, stigma held by health professionals and lack of specialised departments and professionals. While we recommend a bigger research with a countrywide representative sample, we however feel government with its stakeholders should train specialized personnel, build more units in rural areas so that people with disabilities can access health care. Promotion intervention should focus on addressing issues about the usage.

LESSONS LEARNED AND WAY FORWARD

STIs: - High prevalence, yet lack of knowledge on STIs. They often feel stigmatised when they go to the healthy facility for treatment so may just don't go.

Need for motivation: - those who already access care will come more easily, but many will still hesitate.

Low motivation and high expectations: - they do not put health care as their highest priority. They are often frustrated when they don't receive additional services, either social or entertainment. Therefore, work needs to be done to boost motivation. Evidence suggests declining standards in the quality of care within health care settings and this negatively impacts on the interests of the clients to access health services.

Advocating for change: - need a voice to express their experiences. Need for advocacy to decrease behaviours that put both parties at risk. They are inadequate programs that aimed at empowering the youth with disabilities with information and skills on SRH rights and services inorder for them to make informed choices on their reproductive rights**.**

Few other organisations: - there is need to have other programs working to boost their access.

REFERRENCES

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