

An assessment of barriers to gender equality and social inclusion in reproductive, maternal, newborn, child, and adolescent health and nutrition services in Malawi

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Background

The goal of the MOMENTUM Tiyeni project is to improve access to and use of evidence-based quality reproductive, maternal, newborn, child, and adolescent health and nutrition services information and services in five districts in Malawi. The project is integrating a gender and social inclusion approach (GESI) to address discrimination and marginalization of women of childbearing age, pregnant women, newborns, teen mothers, youth and adolescents, persons with disabilities, and minority populations.

In Malawi, efforts to enhance access to health services have been undertaken to address GESI disparities in health care provision—with numerous laws and policies enacted to this effect. GESI plays a critical role in improving access to health care services in the country. However, effective implementation of GESI interventions is influenced by prevailing GESI factors. An assessment was conducted to establish a comprehensive overview of main challenges to inclusive health care and health program delivery in Tiyeni-supported project sites in five districts supported by the U.S. Agency for International Development. This paper shares results of this assessment.

Method

Data was collected using focus group discussions (FGDs), in-depth interviews (IDIs), and key informant interviews (KIIs). Purposive sampling was used to identify participants for different categories of consideration. A total of 35 FGDs, 19 KIIs, and 12 IDIs were conducted. All interviews were recorded and transcribed verbatim. The analysis process included familiarity with the data, revisiting research objectives, and deductive and inductive approaches to identify codes and themes.

Results

Main systemic factors identified were: 1) inadequate and non-compliant infrastructure for people with disabilities; 2) poor supply chain management of medical commodities; and 3) limited provider skills and competency disrupting provision of quality health services. Reported experiences of negative provider attitude towards clients seeking services were a prevalent behavioural factor in this assessment. On the other hand, providers acknowledged gaps in competency of GESI, with most of the interventions being implemented by the health sector not applying impactful principles of GESI integration in programming. Gendered norms and beliefs (attributed to religious, cultural, and traditional beliefs) were reported to hinder health-seeking behaviours and are also linked to distribution of decision-making power and income-generating activities.

Conclusion

Mainstreaming GESI in service delivery has a potential of addressing some of the inequalities identified in this assessment. Inconsistencies between institutional practices and actions, stigmatising of sexual and reproductive service users, gendered norms, attitudes and beliefs, and imbalances in gender roles pose significant challenges to access and delivery of health care services. Increased collaboration among partners and expanded focus on emerging issues beyond gender-based violence and sexual and reproductive health can be catalysts for innovation in improving health care access.