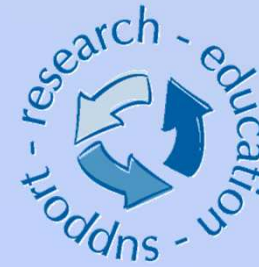


16th Annual Conference of the
National HIV Nurses Association (NHIVNA)



National HIV Nurses Association

Gertrude Mwalabu

University of Nottingham

26-27 June 2014- City Hall, Cardiff



**TELLING THEIR STORY:
EXPERIENCES OF YOUNG WOMEN
WITH PERINATALLY ACQUIRED HIV
REGARDING ACCESS TO SEXUAL AND
REPRODUCTIVE HEALTH SERVICES
IN MALAWI**

**GERTRUDE GREY TIWONGE MWALABU
PhD STUDENT
SCHOOL OF HEALTH SCIENCES
SUPERVISORS:
DR. CATRIN EVANS
PROF. SARAH REDSELL**



OUTLINE

- Describe the context, aims and objectives of the study.
- Present the key gaps from previous studies
- Explain methodology and methods used
- Discuss the key study findings
- Discuss the implications of findings for the programme development, service provision and research.



REPUBLIC OF MALAWI

- A landlocked country in southeast Africa - 118,484 sq. km
- It is bordered by Zambia (northwest), Tanzania (northeast), Mozambique (east, south and west).
- Malawi is one of the countries hardest hit by HIV & AIDS.
- Out of population of 15.4 million, almost one million people are living with [HIV](#).





BACKGROUND

- An escalating number of perinatally HIV infected adolescents continues to survive to adulthood globally and in Malawi.
- In Malawi, HIV infected adolescents were estimated at 100,000 in 2009 & over 90% acquired HIV perinatally (NAC, 2009).
- It is evident that vulnerability to health risks among this group is more conspicuous in young women than their male counterparts (Rydstrom et. al. 2012).



BACKGROUND

- Several studies explored the medical & SRH experiences of these adolescents (mixed gender samples) as they grow up with HIV (Busza et al., 2013, Hodgson, et. al. , 2012).
- However, there is:
 - ✓ no published study that has specifically focused at young women as they grow up with HIV in Malawi.
 - ✓ a gap in our current understanding of other aspects of their lives and the gender dynamics underlying the young women's experiences and challenges.



AIM AND OBJECTIVES

Aim

- To determine the meaning of the experience of growing up with perinatally-acquired HIV for young women aged 15-19 in Malawi, exploring the complexities of young women's lives in order to understand their health outcomes within the wider socio-cultural and structural context.



AIMS AND OBJECTIVES

Objectives: were broadly in two areas

- To explore psychosocial, sexual and reproductive experiences of growing up with HIV for young women.
- To explore health, sex and relationship challenges for young women growing up with perinatally-acquired HIV and impact of the current HIV related and SRH services.



METHODOLOGY AND METHODS

- Qualitative case study approach
 - ✓ Multiple case studies – 14 cases
- Each case comprised of:
 - ✓ A young woman aged 15-19 years
 - ✓ A nominated primary caregiver &
 - ✓ A service provider
- Participants were recruited from:
 - ✓ Baylor HIV Management Centre
 - ✓ Lighthouse HIV Management Centre
 - ✓ One rural health facility affiliated to Baylor centre



METHODOLOGY AND METHODS

- In-depth interviews were used to collect data
 - ✓ Interviews with young women were based on completed “my story” book
- “My story” book:
 - ✓ loosely originated from idea of ‘memory books’.
 - ✓ comprised of sentence completion exercise & researcher-generated images.
- Ethical approval was obtained from:
 - ✓ Medical School Ethics Committee (UoN) & COMREC
 - ✓ The Institutional Review Board for Human Subject Research for Baylor College of Medicine (USA)



KEY FINDINGS

There were several key findings in this study but of interest to participants at this conference will be findings around:

- ❖ Young women's interactions with service providers
- ❖ Young women's access to sexual and reproductive health services



KEY FINDINGS

1. Turning a blind eye to young women's sexual activities is a common response by both caregivers and service providers.

- ✓ influence of their own cultural & religious beliefs hindering mutual communication on SRH issues

"Our religious and cultural beliefs, 'no sex till marriage' you just feel like not doing the right thing discussing about sex or offering contraceptives to adolescents....." (Ms Kando, Nane's service provider, 39)

"...both of my girls are HIV positive; and both became pregnant at the age of 15, it could be men took advantage of their age to rape them (at the market) as they were selling groundnuts." (Mrs Mwatipa, Dalo's caregiver, 38)



KEY FINDINGS

2. Ambivalences in priorities, values, preferences and perceptions affect young women's compliance to adult guidance and access to SRH services.

".....we emphasise on disclosure of status to sexual partners, but young women are in dilemma; they engage in these relationships for support, so if they disclose the status they risk loss of their support. Some had their status publicised or relationships terminated after disclosure to partners. This is difficult to handle, but we still emphasise the need to disclose the status for partners to make informed decisions." (Mr Hanuya, Ziliwe's service provider, 32)



KEY FINDINGS

3. All HIV management centres under study still fall short of providing for young women's SRH needs

✓ SRH services not appealing & friendly to young women
"...we are not given an opportunity to choose the method we want.we are just told to collect condoms in case we may need them without hearing what I wanted; they never checked whether I had problems with condom use or not? We were informed to ask our caregivers to come, if we were to access injectable contraceptives; how could I ask my aunt to approve my sexual behaviour? I could not; now I have a baby because I was not heard....." (Ziliwe, 18)



IMPLICATIONS ON PRACTICE

- Service providers require additional training to engage better with young women's myriad needs & the services to be adolescent-friendly.
- Young women need to:
 - ✓ have their complex practical issues given a priority beyond the medical scope. They need to be heard.
 - ✓ be empowered with needed SRH information & skills
 - ✓ have services that integrate HIV care, SRH & antenatal services
 - ✓ have their caregivers supported with young women's practical needs & resource mobilization strategies.



CONCLUSION

- Addressing the complex and inter-linked needs of perinatally infected young women poses a key challenge for Malawi's HIV services.
- It is important to explore ways of developing integrated models of care, offering a 'one-stop shop' to this vulnerable group, including:
 - ✓ practical/material support
 - ✓ expanded contraceptive services and support to pregnant young women or those with children.



REFERENCES

- Baylor College of Medicine, (2009) Annual Report Lilongwe, Malawi.
- Busza, J., Besana, G. V. R., Mapunda, P. and Oliveras, E. (2013) "I have grown up controlling myself a lot." Fear and misconceptions about sex among adolescents vertically-infected with HIV in Tanzania. *Reproductive Health Matters* 21(43)pp. 87-96.
- Family Health International. (2009) HIV-Infected Youth. HIV-Infected youth need age-appropriate prevention, care and treatment programs. *Youthlens on Reproductive Health and HIV/AIDS* [Online], 29. [Accessed 12/11/10].
- NAC. (2009). Malawi HIV National Strategy 2009-2013., ed. National. AIDS. Commission. Lilongwe, Malawi: National AIDS Commission.
- Hodgson, I., Ross, J. and Haamujompa, C. (2012) Living as an adolescent with HIV in Zambia – lived experiences, sexual health and reproductive needs. *AIDS Care* pp. 1-7.
- Rydstrom, L., Ygge, B., Tingberg, B., Naver, L. and Eriksson, L. E. (2012) Experiences of young adults growing up with innate or early acquired HIV infection – a qualitative study *Journal of Advanced Nursing* 69(6)pp. 1357-1365.
- UNAIDS. (2008) Criminalization of HIV transmission. Policy brief. [Online]. Available http://data.unaids.org/pub/BaseDocument/2008/20080731_jc1513_policy_criminization_en.pdf. [Accessed 13/01/14].
- UNAIDS & WHO (2011) Global HIV/AIDS response: epidemic update and health sector progress towards universal access. Geneva: UNAIDS and WHO 2011.



The University of
Nottingham

VOTE OF THANKS

**THANK YOU
FOR YOUR ATTENTION**