Enabling and Hindering Factors of Health Surveillance Assistants' Roles in the Provision of Contraceptive Services in Mangochi, Malawi

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Short abstract

Despite increased contraceptive use over the past decades, unmet need is still high in Malawi. Health surveillance assistants (HSAs) provide an expanded range of contraceptive services at community level. We conducted a qualitative study to explore enabling and hindering factors of HSAs' roles in the provision of contraceptive services in Mangochi district, Malawi. The study involved HSAs and their supervisors, community members, health workers and policy makers using 34 interviews and 12 focus group discussions. Data were recorded, transcribed, translated, coded and thematically analysed according to a framework that included community-, HSA- and health system-related factors. HSAs were found to be trusted contraceptive service providers. It was found that their ability to ensure male involvement, increase access to services for youth and address misconceptions needs improvement. This requires a thorough understanding of socio-cultural norms and improved behavioral change communication competencies, which need to be incorporated in future training.

Extended abstract

Background

Contraceptive services are essential for promoting people's health, and economic and social well-being. Despite increased contraceptive use over the past decades, unmet need is still high in Malawi. As a result of task shifting, health surveillance assistants (HSAs), Malawi's paid community health worker cadre, provide an expanded range of contraceptive services, aimed at increasing access at community level. We conducted a qualitative study to explore enabling and hindering factors of HSAs' roles in the provision of modern contraceptive services in Mangochi district, Malawi.

Mangochi has a fertility rate of 5.3 (against the national figure of 4.4) and a modern contraceptive prevalence rate of 31% among married women aged 15-49 years (against the national figure of 58%). The unmet need for contraceptives among the same group is 30%, against 19% nationwide.

Methods

The study involved HSAs and their supervisors, a variety of community members, health workers and policy makers using 34 interviews and 12 focus group discussions. Data were recorded, transcribed, translated, coded and thematically analysed according to a framework that included community-, HSA- and health system-related factors.

Results

The majority of the study participants cited HSAs as their preferred provider of contraceptives. Issues of trust and proximity played a role here. For example, some women accessed contraceptives at night, at the home of the HSA. Some study participants expressed that culturally, men are seen to be real men and given esteem among their peers when they have a lot of children; a situation that makes many of them be against the use of contraceptives. This was a reason for many women to access contraceptive services, including those provided by HSAs, in secret. The study found that most women preferred to use Depo-Provera, as it is easy and effective for three months, and can be taken without the knowledge of the husband.

Many men and some women believed that contraceptives made men to perform less during sexual intercourse, or made women to bleed long times. As a result, either the husband or both the husband and wife, decided not to use contraception. HSAs played an important role in educating and informing people about the benefits of contraception, however, they seemed not always able to address common misconceptions. Besides reducing sexual desire and performance, other misconceptions were that contraceptives cause diseases, body deformations, or barrenness.

The majority of the study participants knew which contraceptive services can be provided by HSAs: health education and awareness raising in the community (also referred to as group

counselling), individual counselling, and the provision of condoms, pills and Depo Provera (the latter only if having undergone specific training). The majority of the community-level study participants, male and female and young and older, were satisfied with the quality of services provided by HSAs. Most community members preferred HSAs residing in the community, and did not have a preference for either female or male HSAs. A few participants mentioned that young people would prefer younger HSAs when accessing contraceptive services.

About half of the HSAs were trained in the provision of Depo Provera. This was reported to sometimes confuse the community, or leading to mistrust, when untrained HSAs had to refer to trained HSAs or other health workers. The training of HSAs seemed to solely depend on the support of NGOs.

The study found that assistant environmental health officers (AEHOs), the supervisors of HSAs, are not trained in providing contraceptive services, and are disconnected to the contraceptive programme at district level. This left a gap in training and supervision of HSAs in their tasks on providing contraceptive services. A few community members, HSAs and other health workers thought that quality of care provided by HSAs needs improvement. Inadequate reporting tools made follow-up of clients difficult, and a lack of pregnancy tests and blood pressure machines compromised their work.

The study revealed, from comments made by young people, adult community members and HSAs, that there was an erratic supply of contraceptives, with some participants elaborating that this is usually for the most sought after methods like Depo Provera. When there are stock-outs, women were to change to other contraceptive methods, impeding their choice and sometimes leading to cease of contraceptive use and mistrust against the HSAs or other health workers.

Conclusions

HSAs in Mangochi are important contraceptive service providers. Their ability to ensure male involvement, increase access to services for youth and address misconceptions about contraceptives needs improvement. This requires a thorough understanding of socio-cultural norms and improved behavioral change communication competencies, which need to be incorporated in future training under Malawi's Community Health Strategy.