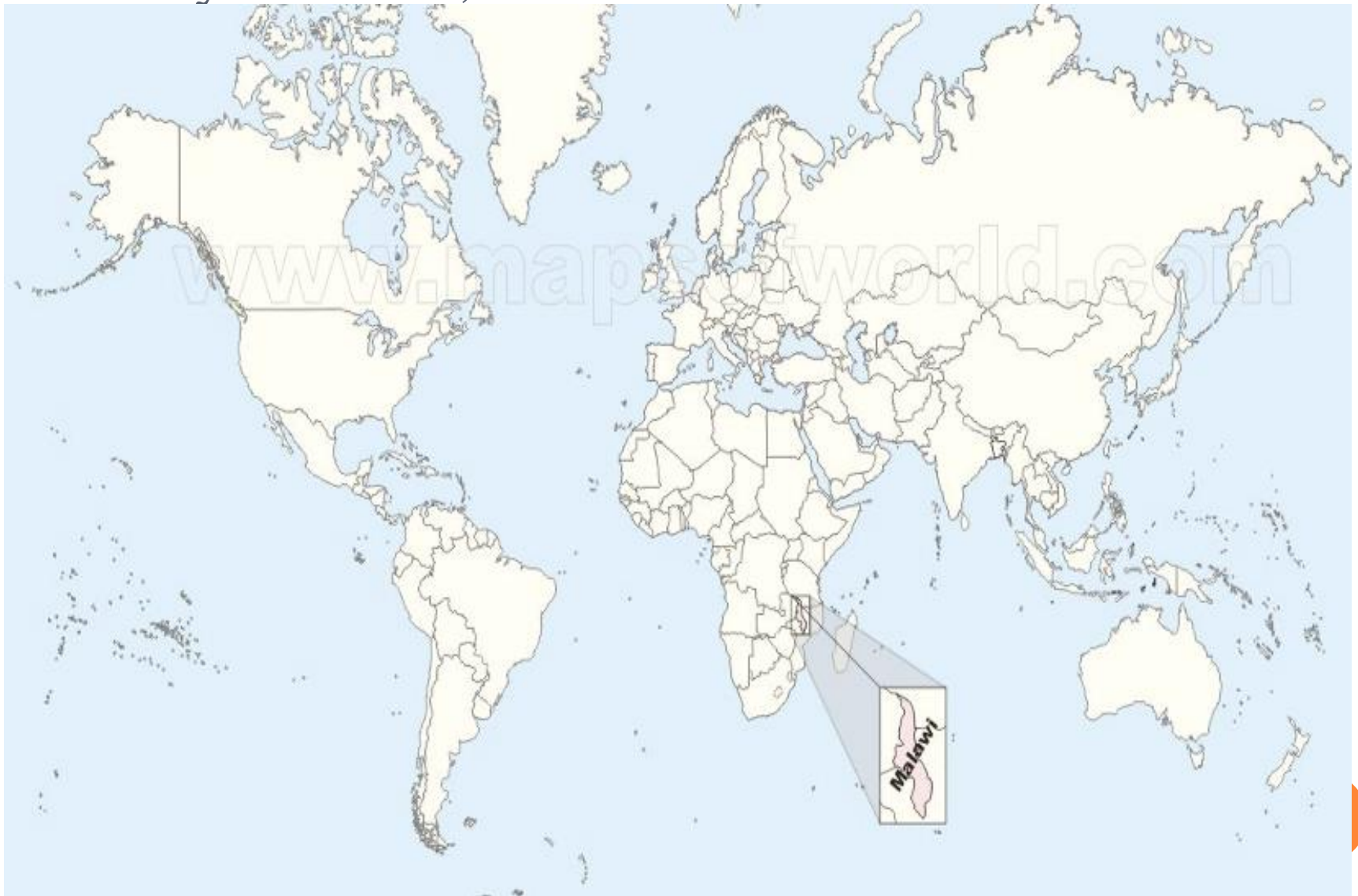




ADOLESCENT GIRLS AND THEIR SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

Dr Mtisunge Kachingwe (MBBS Mw)

Country situation, Malawi



- Land-locked country
- 14 million people, 83% rural areas
- Agriculture, the major source of livelihood
- One of the poorest countries in the world with a GNI of 170 USD/capita
- 65.5% of its population live under the poverty line with a HDI rank of 170 out of 187 countries



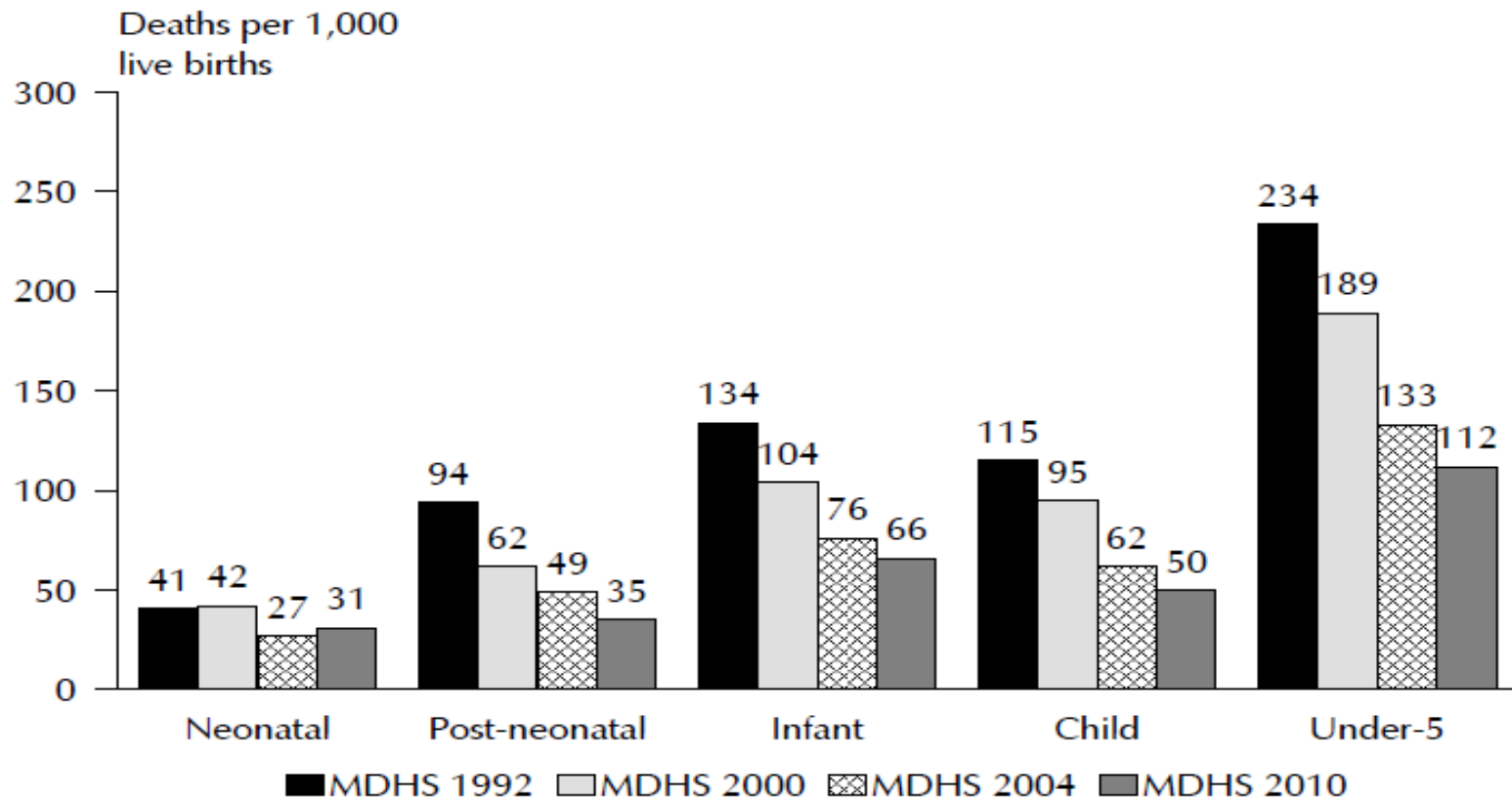
Trend of Maternal Mortality

- 2010 – 675
- 2004 -
- 1992 –



CHILD MORTALITY

Figure 8.1 Trends in Childhood Mortality, 1992-2010



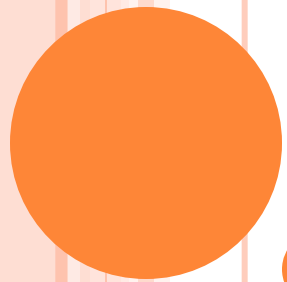
Key Milestones by Malawi Government

Year	Policy/ Legal framework/ Strategy
2006	National Reproductive Health Strategy 2006-2010
2009	Sexual and reproductive Health Policy
	Guidelines for Community Initiatives for Reproductive Health
2007	Roadmap to accelerated cuts maternal and child deaths and illness
2006	Youth friendly Health Service National Standards
2007	National Plan of Action for Scaling up SRH and HIV prevention for young People People 2008-2012
2005	National Condom strategy
	National Post abortion care strategy and National post abortion care strategy

State of Maternal Health Services Malawi

Indicators	Value
Antenatal care at least 1 visit	95 %
At least 4 visits	53 %
% delivering at health facility	73%
% of Health facilities Providing EmOS	2%
Contraceptive prevalence rate	46 %
Total fertility Rate	5.7
Unmet need for family Planning	26





ADOLESCENT GIRLS AND SRHR

WHO STATISTICS 2009

Pregnancy

- More than 13 million adolescent girls in developing countries have unintended births each year

Sexually Transmitted Infections

- More than 100 million STIs occur each year in young people aged 15 to 24 in developing countries

HIV and AIDS

- More than half of people who acquire HIV become infected before they turn 24 and typically die of AIDS before they reach 35
- Approximately 95% of people living with HIV/AIDS are in the developing world
- Young women (less than 25) in developing countries make up about half of all people currently living with HIV

The sexual and reproductive vulnerability of adolescents, and in particular of young females

ADOLESCENTS IN MALAWI

- The **minimum legal age of marriage** is 18, although 15-18 year olds can marry with parental consent.
- 52 % of population <18 years (2008 Mw Census)



ADOLESCENT GIRLS SRHR

STI and HIV
services

HIV prevalence girls aged 15-24
8.4%

Sexual
information

Life skills in schools – not
comprehensive
Knowledge Poor

Family
planning

Fertility rate – 177 births/1000
women aged 15-19
Contraceptive rate – 26 % 15-19

Pregnancy

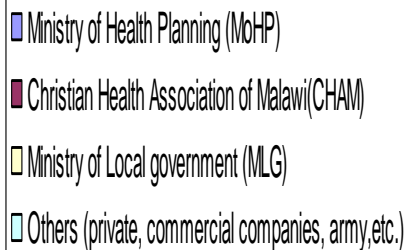
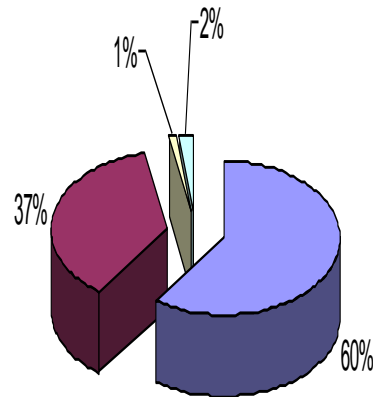


- Age at first birth – 18
- 25% of all births and 20% of all maternal deaths



State of the Health Care System

Financial Contribution of Health System in Malawi (2004)



- Low access to health care services with high inequality
- The met need for EmOC is about 18.5 %, which is far below the UN recommended level of 100% .
- Severe shortage of qualified health prsonnel
 - 0.2 Physicians per 10,000 population (WHO 2013)
 - 3.4 Nursing/midwifery per 10,000 (WHO 2013 stats)



BARRIERS TO REDUCING MATERNAL MORTALITY

- Lack of decision making power of the women with complications,
- Inadequate transport and communication linkages between community and health facilities, and between health facilities,
- High cost related to service delivery
- Problems related with the service delivery (e.g staff attitude, inadequate equipment, drugs and supplies)
- Quality of EMOC services was generally poor



ADOLESCENT SRH SERVICES

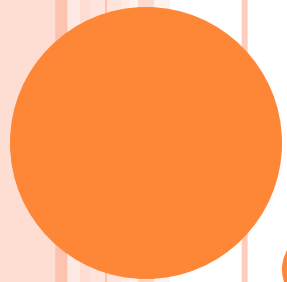
- In Malawi:
 - Adolescent Girls don't have adequate nor equitable access to SRH & HIV services.
- Associated determinants have been identified as:
 - Inadequate and inappropriate services to young people
 - Poor client-provider relationship at health facilities
 - Paucity of information available regarding sexuality and services offered at YFHS
 - Inadequate human and financial resources to scale up effective YFHS interventions.



CHALLENGES FACED BY ADOLESCENTS

- Stigma
- Negative attitude of health-care workers
- Lack of knowledge
- Cost
- Inconvenient hours and location
- Lack of privacy and confidentiality
- Providers instill age restrictions





REFLECTION

SUMMARY

- Malawi's maternal mortality rate high – MDG 5 making insufficient progress
- High Fertility Rate – Unmet need for contraception still high
- The early age of sexual debut and marriage (17years)
- Limited knowledge and access to family planning options, among young people, and young women in particular among married women, especially those in the rural areas.
- Human resource for maternal Health limited – Poor Pregnancy outcomes



THE FUTURE – WHAT NEEDS TO BE DONE

Figure 1: The Health of the Girl Child - A Multi-Faceted Approach



POST 2015

- Strengthen strategic partnerships with emerging countries.
- Strengthen weak health systems.
- Enhance access to contraception and strengthen advocacy to reduce the incidence of adolescent births and address the high unmet need for contraception
- Greater commitment by government
- An intergrated approach
- Accountabilty monitoring and evaluation
- Comprehensive and age appropriate sexuality education
- Meaningful participation of young women
- Access to education, Economic Empowerment and resources



