



Technical Brief

CO-CREATING AN INTEGRATED PROGRAM FOCUSED ON ADOLESCENT REPRODUCTIVE HEALTH AND SUSTAINABLE FISHERIES IN MALAWI

Reflections from an evidence-based community-centered intervention design approach

BACKGROUND

MOMENTUM Country and Global Leadership (“MOMENTUM”) is a five-year global project funded by the U.S. Agency for International Development (USAID) to provide targeted maternal, newborn, and child health; voluntary family planning (FP); and reproductive health (RH) technical and capacity development assistance to country partners to facilitate sustainable development.

Since 2019, Pact has been leading the implementation of a USAID-funded project, Restoring Fisheries for Sustainable Livelihoods in Lake Malawi (REFRESH), aiming to conserve freshwater biodiversity and restore fisheries’ productivity in eight districts in Malawi. To encourage cross-sectoral partnerships that integrate sustainable ecosystems, fisheries, and health, MOMENTUM partnered with REFRESH to integrate a youth-friendly, gender-transformative strategy aiming to advance positive youth development and promote uptake and accessibility of adolescent and youth sexual and reproductive health (AYSRH) and FP services in fishing communities living in Nkhata Bay District on Lake Malawi.



Lake Malawi, Mangochi District, Photo by Maggie Dougherty, Pact

In the last decade, Malawi has made strides in FP/RH outcomes where the adolescent fertility rate (15–19 years) decreased from 146 per 1,000 to 131 per 1,000. Despite this decline, 22% of married adolescent girls still report unmet needs for modern contraception.³ The number is higher among unmarried adolescent girls at 52%.¹ By age 20, 80% of women have had sexual intercourse, and teenage childbearing is also quite high with 29% of women aged 15–19 having already begun childbearing.² While teenage pregnancies are on the rise, little progress has been made in reducing unmet need for FP among adolescent and youth populations.³ In response to the health challenges and risks faced by adolescents and youth, the Malawian Ministry of Health with support from key partners began implementing youth-friendly health services (YFHS) in 2007 in all districts throughout the country. The YFHS program was designed to make all health services more acceptable, accessible, and affordable to young people. This program includes health promotion and counseling and delivery of health services, referral and follow-up at the community, health center, and hospital levels.⁴ However, a subsequent evaluation found only 31.7% of young people had knowledge of YFHS and even a lower percentage (13%) had accessed services. Poor provider attitudes, long distance to YFHS access points, and lack of confidentiality were also cited as key barriers impeding service use.⁵

Malawi is characterized by a high prevalence of gender-based violence against women and girls nationally; over one-third of women aged 15–49 years old report having experienced physical violence, gender inequalities, and discrimination.² In the fishing community, men and women play different roles. In terms of access to, control of, and management of fisheries resources, there is inequality between women and men. Men are more likely than women to fish and to participate in local bodies that manage fisheries resources. These gendered inequalities can help perpetuate violence in fishing communities. Women and girls enter sexual and transactional arrangements with fishermen to secure benefits such as fish for food and livelihoods (i.e., processing, trading). Sex for fish is an example of economic and sexual violence where women with food insecurity and low income do not have equitable market access or bargaining powers. In the fishing industry, the majority of women, who are mostly fish traders, have to enter into commercial relationship with men who catch fish, which can lead to power imbalances that help precipitate sex for fish practices. Women may be forced or coerced into these arrangements with fishermen in order to have access to fish for trading. In some instances, women and adolescents form sexual relationships to secure regular access to fish at cheaper prices and for money from the fishermen.^{6,7}

Lake Malawi is the main source of income for rural communities living along the shoreline.⁸ With a strong fishing community, a high level of migration into the communities is also prevalent, which increases the incidence of sexually transmitted diseases due to transactional sex practices. Youth (10–29 years) encompass 40% of the rural population in Malawi and are the future for economic growth. In a report discussing the well-being of Malawi's young people, the authors note that sexual and reproductive health are a key component of youth well-being. Increasing access to comprehensive YFHS will encourage young men and women to delay childbearing, reduce the incidence of sexually transmitted diseases, decrease school drop-outs, and increase engagement in the formal workforce, including fishing.⁹ Studies, often conducted in areas of Malawi where fishing populations are not active, noted that there have been mixed responses to YFHS interventions. However, youth have often noted that they'd prefer youth clubs to be involved in delivering FP content through pamphlets, separate rooms for youth at the health facility, and having unique days for youth to access FP services at health clinics.¹⁰ Evidence highlights that stand-alone YFHS interventions are not successful, rather holistic interventions encompassing various stakeholders and points of contacts for youth have continuously been successful.

³ Unmet needs for modern contraception are defined as specific needs from women who would like to postpone their next birth for two or more years but are unable to use and/or access modern contraception.

A growing body of evidence shows that integrated development programming, known as population, environment, and development (PED), is a promising approach to increase resilience to climate change, improve biodiversity conservation, and to meet the demand for voluntary FP.¹¹ MOMENTUM intends to add to this evidence base by building on previous approaches used in Tanzania (USAID’s [Evidence to Action project](#)) and Uganda (youth approaches in the Health of People and Environment in the Lake Victoria Basin [[HoPE LVB](#)] project). Distinguishing MOMENTUM’s approach, the program aims to focus mainly on adolescents and youth in addition to the community members, who have previously been the focus group within the fishing community of Nkhata Bay (see Activity at a Glance).

APPROACH AND STRATEGY

In Malawi, MOMENTUM conceptualized a two-pronged design:

- Conduct a formative assessment to inform a strategy for integrated PED and AYSRH programming
- Implement strategy in a selected geography with a range of population groups, including adolescents and youth, parents, health care workers, and key community stakeholders/members

The formative assessment aimed to understand how adolescents and youth ages 15–24 years were engaged in REFRESH-supported community structures, patterns of FP/RH service use among adolescents and youth, and existing barriers impeding access to and utilization of services. Specifically, it had the following four sub-objectives:

- Describe patterns of FP/RH service use among adolescent girls and boys and young women and men (15–24) in Mangochi and Nkhata Bay’s fishing communities.
- Identify priority barriers, including gendered barriers, to access to and use of FP/RH services among adolescent girls and boys and young women and men in Mangochi and Nkhata Bay’s fishing communities.
- Determine barriers that adolescents might face but young women and men do not and whether to engage unmarried adolescents, married adolescents, unmarried young adults, or married young adults in Mangochi and Nkhata Bay’s fishing communities.
- Understand participation of adolescent girls and boys and young women and men in REFRESH-supported community structures (i.e., beach village committees [BVCs]) to identify opportunities for intervention.

The findings from this assessment guided the selection of intervention strategies, the target district, and the target populations, to ensure they met adolescents’ and youth’s FP/RH needs while conserving the freshwater biodiversity of Lake Malawi. Intervention strategies were co-designed with adolescents, youth, government stakeholders, and community structures, such as BVCs and youth clubs, in Nkhata Bay.

The findings highlighted some contextual variations between the two districts. Nkhata Bay is less accessible than Mangochi and has limited FP/RH service providers. Knowledge gaps around FP/RH among young men were also more pronounced in Nkhata Bay. Moreover, there was an expressed desire and commitment from the Nkhata Bay Director of Health and Social Services to work with the implementation team.

Activity at a glance

Formative assessment:
May 2022–December 2022

Implementation period:
January 2023–September 2024

Geographic focus: Malawi

- Formative assessment: Nkhata Bay and Mangochi Districts
- Implementation: Nkhata Bay District

Target population:

- Adolescent and youth (15–24 years)
- Parents and fisherfolk
- Health care workers
- Key community stakeholders (beach village committees)

Implementing partners:

Youth Net and Counselling (YONECO)

METHODOLOGY

The formative assessment employed a mixed methods design to address all sub-objectives. Secondary data collection was conducted using REFRESH’s gender analysis, pre-existing literature on barriers and facilitators to FP/RH services among adolescents and youth in Malawi, and health data on FP/RH outcomes (e.g., use of condoms, types of FP services used). Primary data collection occurred between May to October 2022 in Nkhata Bay (Tukombo Beach) and Mangochi (Malembo Beach Village) districts, which were purposively selected based on parameters such as high rates of marriage among adolescents and youth, accessibility by road, gender distribution, and number of community structures present. The formative assessment targeted key stakeholders involved in community structures and health personnel with knowledge of FP/RH service use among adolescent and youth populations. As such, the team purposively sampled BVC leadership, health surveillance assistants, and the health center in-charge as well as the intended intervention population of adolescent girls and boys and young women and men.

In total, 10 focus group discussions (FGDs) and eight key informant interviews (KIIs) were conducted in Nkhata Bay and Mangochi. A total of 92 adolescents and youth participated in the FGDs. Additionally, the team conducted four KIIs per study district with health personnel and BVC members.

MOMENTUM adopted Pathfinder International’s [Pathways to Change](#),^b a game-based approach, as the main tool for facilitating data collection for FGDs (Pathfinder 2013). Pathways to Change enabled adolescent and youth participants to identify barriers and facilitators at each level of the socio-ecological model (i.e., personal, social, and environmental) to access FP/RH services through characters and fictional stories. For the purposes of this brief, we use the term “enabling environment” to avoid confusion with the “natural environment” (i.e., sustainable fisheries, agriculture). The KIIs used semi-structured interview guides designed to gather information around the study participants’ roles in the community and availability of FP/RH services and programs.

RESULTS AND USE

ASSESSMENT RESULTS

Overall, the study found that unmet needs for FP/RH among adolescents and youth, both male and female, are high in the fishing communities of Mangochi and Nkhata Bay. Further, FP methods are used most often by married young women, while unmarried adolescents were less likely to access FP services.

Participants noted various enabling environment, social, and personal barriers impeding access to and utilization of FP/RH services (Figure 2). Upon probing the role of BVCs, participants noted that BVCs did not play a role in promoting AYSRH or FP knowledge or service uptake within the community.

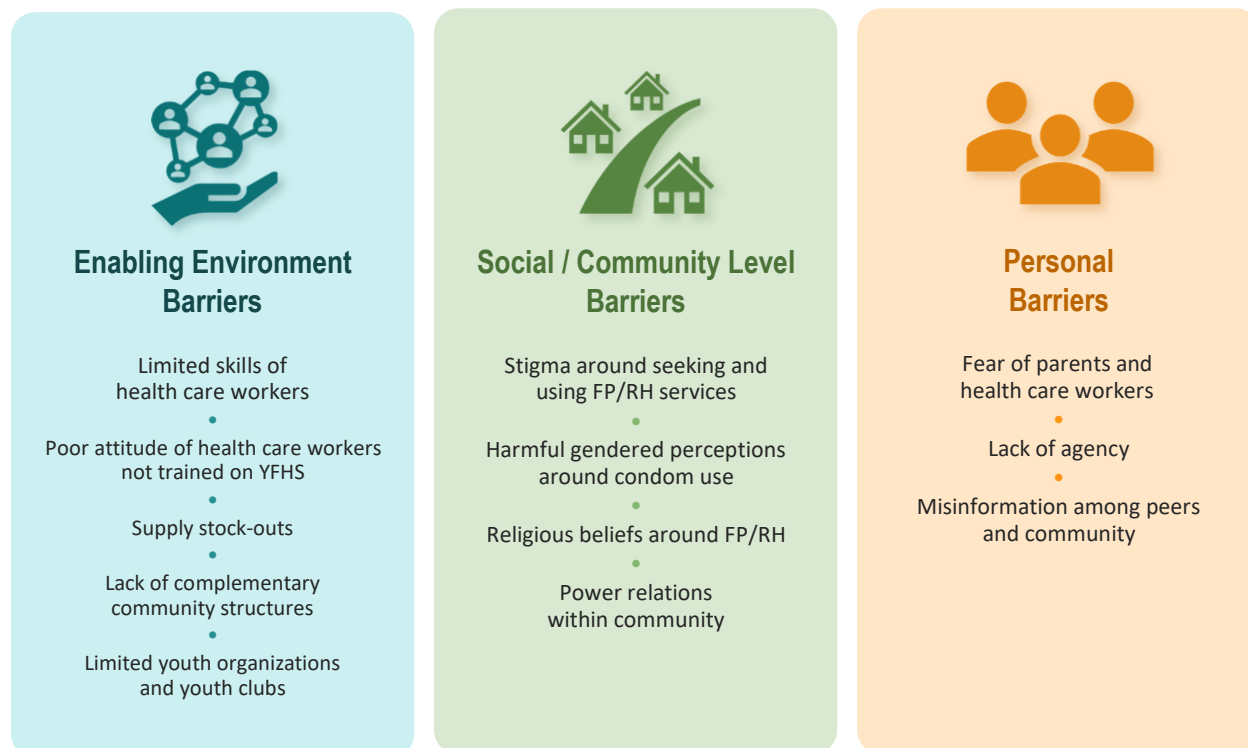
FIGURE 1. MAP OF MALAWI, NKHATA BAY DISTRICT IN THE NORTH, MANGOCHI DISTRICT IN THE SOUTH



^b <https://www.pathfinder.org/publications/pathways-to-change-game/>

Enabling environmental barriers, such as stock-outs at facilities and lack of infrastructure for confidential conversations, were cited more often by married young women who access FP/RH services at health facilities in comparison to unmarried young women and/or adolescents. By contrast, personal and social barriers were highlighted by unmarried adolescent girls. Very few factors that facilitate access were mentioned by the participants; however, they mentioned education in schools playing a role in FP/RH understanding and uptake.

FIGURE 2. BARRIERS TO ACCESS AND USE OF FP SERVICES



BARRIERS

ENABLING ENVIRONMENT

Enabling environment barriers were cited largely by married women who are more frequently using FP/RH services at the facility level. Most participants noted the limited knowledge and skills of health care workers in terms of youth-friendly health services and lack of youth-friendly FP/RH services, which aligns with findings from a previous evaluation on YFHS in the country.⁵ Despite prioritization of capacity building of health providers through on-the-job training, mentorship, supervision, and orientation in the Malawi YFHS strategy, the formative assessment findings indicated that not all service providers in Mangochi and Nkhata Bay are trained and that quality of the trainings are often sub-par. Moreover, participants also noted poor attitudes from health care workers, which dissuaded participants from visiting health facilities. Lack of privacy due to limited space was cited as another barrier as well as commodity/supply stock-outs.

SOCIAL/COMMUNITY LEVEL

At the community level, participants highlighted the lack of youth clubs and lack of youth involvement in BVCs. Some participants noted that they develop their own youth clubs with four to five peers to discuss various topics.

Our fellow youth can understand us better than this old man [the BVC chairman] and his committee. — FGD, Young Married Men (20–24 years)

Participants highlighted that it would be helpful to have peer-led youth clubs dedicated to AYSRH. Through KIIs, a health center in-charge noted that youth clubs are an untapped potential to facilitate AYSRH education and access.

We're also going to start meeting youth club members within the communities to give them reproductive health education. This initiative will be funded by the Center For Youth Empowerment and Civic Education organization.

— KII, Woman, Health Center in Mangochi District

Other main community and household barriers were also highlighted specifically pertaining to misconceptions, beliefs, and stigma around FP/RH (fear of using FP/RH methods); religious beliefs from churches; and power imbalances within the fishing community, specifically around economic vulnerability of women. For example, participants highlighted societal expectations for young women to begin early childbearing. Interestingly, this topic was highlighted by young married men (20–24) who said that if one does not have children as soon as they're married, they are mocked by other members of the community, which may lead to harmful practices that limit individual autonomy and/or individual decision-making power.

PERSONAL

Discussions with both age groups and genders highlighted the lack of agency for women in decision-making due to dependence on parents and/or their partners (husbands). Participants also noted that increased agency will encourage individuals to seek FP/RH services. Inequitable gender norms were also cited by young married women who highlighted that some partners may not allow women to access FP methods, which results in lying and hiding use of these methods.

One major barrier was lack of information on FP/RH and limited education on the latter. Participants cited that the low educational attainment of individuals in the fishing communities may play an important role in the lack of understanding of FP/RH and further increase the prevalence of misinformation in the area.

People in this area do not value education. [All] men and women [think] of is how to make fast cash from fishing because this is a fishing community. This social-cultural setting ... can be a barrier towards her goals and aspirations.

— FGD, Young Married Men (20–24 years)

FACILITATORS

A few participants noted that availability of community by-laws can assist in reinforcing school attendance and education, which can play a significant role in FP and AYSRH education. One of the by-laws formulated and enforced by the BVCs is to ban young adolescents' involvement in fishery activities. It is the BVCs' role to ensure that children are not taking part in fishing activities. Further, BVCs facilitate school engagement awareness meetings with learners to enforce the by-laws. Both adolescent unmarried boys and young married women noted that education can support better understanding and adoption of FP/RH services.

USE OF RESULTS: FEEDBACK LOOPS AND CO-CREATION

The key outcome of the formative assessment was an intervention strategy that was co-created by various key stakeholders, including adolescents, youth, government officials, and BVC members' community structures.

FEEDBACK LOOPS

MOMENTUM engaged government officials within the districts, namely the Reproductive Health Directorate and District Fisheries Officers, at the beginning of the formative assessment to ensure district buy-in. To provide a feedback loop, MOMENTUM conducted two dissemination events in each assessment location, Mangochi and Nkhata Bay, with representation by key stakeholders, specifically the Reproductive Health Directorate, district fisheries associations, and district health field officers. Further, meetings with the Reproductive Health Directorate provided insight into selecting one district for intervention design as well as the target population. Nkhata Bay District was selected as the district for intervention design because of direct buy-in from the District Health and Social Services lead, presence of pre-existing youth clubs, limited FP/RH providers, and high need in certain hard-to-reach areas in the north side of Nkhata Bay. The target population, adolescents 15–19 years, was also selected based on deliberations with district officials. This was evidenced by the findings from formative research that highlighted high needs of unmarried adolescent girls and negative attitudes of health care workers towards unmarried clients.

Government stakeholder meetings also emphasized the need for a holistic, multi-stakeholder approach with health care workers, parents, government officials, and men and boys (family members, community members, fisherfolks) to seek to transform gender norms. Therefore, MOMENTUM organized additional co-creation workshops to facilitate a holistic, multi-stakeholder, intervention design.

INTERVENTION CO-CREATION WORKSHOPS

Two full-day co-creation workshops were held with all key stakeholders to ensure that their perspectives were integrated throughout the design of the intervention. Stakeholders supported intervention design through specifying objectives for program areas and involvement of various populations, such as health care workers, adolescents, parents, and fisherfolk in strategy implementation. MOMENTUM also involved key stakeholders in the design of the tools used in the intervention where they supported and emphasized the need for certain topics (e.g., sexually transmitted infections) versus others. Table 1 outlines the main intervention activities resulting from the co-creation workshops.

TABLE 1: ACTIVITIES FOR EACH INTERVENTION OBJECTIVE

Intervention objective	Activity	Target population
Adolescents are equipped with FP/RH knowledge and skills to adopt and act on healthy FP/RH behaviors	Adolescent safe spaces led by mentors (youth club members)	Unmarried adolescents (15–19 years), girls and boys
Improved quality and availability of adolescent- and gender-responsive FP/RH services	Monthly values clarification and attitudes transformation sessions with health care workers to improve YFHS at facilities.	Health facility staff (health care workers, health care staff working with adolescents and youth)
	Monthly joint-meetings with district officials (health, youth, and fisheries associations) facilitated by MOMENTUM staff and a local implementing partner	District health officials, district youth official and district fisheries association representatives
Increased community support for adolescent FP/RH, including gender equitable norms	Members of community organizations (BVCs and youth clubs) become mentors and champions through trainings to lead sessions with parents, adolescents, and fisherfolk	BVC and youth club members
	Community dialogue sessions with parents and fisherfolk led by champions (BVC and youth club members)	BVC and youth club members who become champions and mentors

REFLECTIONS ON THE WAY FORWARD

The results of the formative assessment highlight various interconnected barriers to availability and access of FP/RH services within the fishing community, further emphasizing the need for joint programming with the health and fisheries sectors rather than in silos. Through this activity, MOMENTUM co-designed the intervention strategy with a range of stakeholders, including those involved in the program activities, to ensure interventions were responsive to their needs. The involvement of stakeholders throughout the formative assessment, starting from introductory meetings incorporating feedback loops, enabled a strong relationship between MOMENTUM and the district, which was appreciated by the district. The MOMENTUM implementation activity was included in the Nkhata Bay District Implementation Plan 2023, which reflects buy-in and commitment for continued joint programming by the district.

With this experience, MOMENTUM plans to prioritize the following actions for successful implementation of the interventions:

1. **Facilitating meaningful routine engagement with government officials:** Given the cross-sectoral nature of the intervention, MOMENTUM will prioritize collaboration and promote partnership among stakeholders from multiple sectors. Specifically, MOMENTUM will hold monthly meetings with the district health, district youth and district fisheries officials in Nkhata Bay to gain and maintain support for

program activities throughout the implementation period. Further, ongoing engagement with district teams will create a space for sharing learnings and discussing required adaptations to address implementation challenges. Importantly, ongoing meaningful engagement could facilitate effective implementation and opportunities for future scale up through government investment.

2. **Engaging with peer organizations working in the district:** To further facilitate integration, MOMENTUM will also have feedback-loop meetings with peer organizations and other stakeholders, such as GENET (Girls Empowerment Network), towards the end of the program to encourage peer-to-peer learning and future integration of other health and sustainable fishery programs.
3. **Increasing evidence on integrated PED programming:** MOMENTUM will implement a learning agenda to understand the factors that hindered and/or facilitated integration between the health and fisheries sectors and contribute to global learning about PED programs targeting adolescents and youth. This will enable MOMENTUM to document lessons and outcomes of this activity from the perspective of all stakeholders involved.
4. **Employing a holistic approach to AYSRH within fishing communities:** Through the results of the formative assessment, it was clear that promoting an enabling environment by engaging key stakeholders who play a role in adolescent's and youth's access to FP/RH services is vital to achieve improved outcomes. Therefore, MOMENTUM's intervention includes a three-pronged approach that involves adolescents, parents, and fisherfolk (community members), health care workers, BVCs (community structures), and district officials. The three-pronged approach includes adolescent safe space sessions, community dialogue sessions, and refresher workshops with parents, fisherfolk, and health care workers, respectively. Finally, this also includes joint health and fisheries meetings with district officials.

Through implementation of these various action points, MOMENTUM aims to facilitate integration of this unique PED activity within the health and fisheries sectors. To further understand the factors that facilitated and/or hindered the implementation of integration, MOMENTUM will also conduct a learning activity towards the end of the program with the aim of identifying areas for future programming.

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