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(Research Article)

An assessment of youth's understanding on sexual and reproductive health rights in traditional authority Malili in Lilongwe

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Abstract

The study was conducted with an aim of assessing youth's understanding on Sexual and Reproductive Health Rights in Traditional Authority Malili in Lilongwe in Malawi. The study has used a descriptive research design mainly to describe the characteristics of the youth awareness on Sexual and Reproductive Health Rights issues. Nevertheless, the study has found existing knowledge gaps on Family Planning, Sexually Transmitted Infections and Reproductive Sexual Autonomy. Additionally, the research discovered barriers that affect the demand and access of Sexual and Reproductive Health Services among the youth. The study results strongly suggest that Malawi should not continue doing business as usual as far as Sexual and Reproductive Health Rights for youth is concerned. The study recommends addressing the disconnect between policy articulation and policy implementation; recruiting more health staff and creating more capacity building opportunities for SRH providers; creating more supportive environments in the homes for youth to dialogue with their parents on ASRH issues and creation of more safety avenues for the youth to express their sexuality such as youth groups and strengthen income generating activities for out of school youth and creating synergies among stakeholders to avoid retrogressive duplication in ASRHR programming.

Keywords: Sexual and Reproductive Health; Youth; Gender based violence; Contraceptive; Family planning; Sexually Transmitted Infections

1. Introduction

Meeting of Sexual and Reproductive Health and Rights (SRHR) for young people is an essential component of their overall well-being, yet recently there is a growing concern regarding the limited SRHR knowledge and awareness among youth especially from rural areas leading to high incidences of teenage pregnancies. This research paints a comprehensive assessment of youth knowledge on SRHR, thereby bridging the gap in understanding the challenges and opportunities in this critical domain.

2. Methodology

This research adopted the descriptive research design mainly to describe the characteristics of a particular individual or of a group (Creswell, 2004). In descriptive study, the researcher has the deliverable to define clearly what they want to measure and must explore adequate methods for measuring it. Kothari, (2004) argues that descriptive research design provides accurate and valid representation of the variables that pertain to research questions. McCombes (2019) view descriptive research design as a tool to coin both qualitative and quantitative methods to investigate one or more variables. The study therefore used a structured questionnaire survey, focus group discussions and Key Informant Interviews to collect data on the participants' knowledge on SRHR. Assessed topics were on contraception, sexually

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transmitted infections, reproductive rights and access to healthcare services. The structured questionnaire survey also gathered information on demographic characteristics and access to SRHR information and services.

Simple random sampling was used to select 231 youth from the population of 540 youth based in youth clubs in TA Malili. Sampling of survey respondents took the Slovin formula to figure out the sample size, which is;

n = N / (1 + Ne2) where;
n = Number of samples,
N = Total population and
e = Error tolerance (level).

The study used the confidence level of 95 percent thus giving an alpha level of 0.05.

n = N / (1 + N e2)

540 / (1 + 540 * 0.05 2) =230

Thus 231 youth were selected as respondents to this study

3. Results

The findings of the study revealed varied levels of knowledge among the youth participants regarding SRHR topics. While some demonstrated adequate understanding on contraception and STIs, there were gaps in knowledge related to reproductive rights and access to healthcare services. Additionally, the results highlighted disparities in access to SRHR information and services based on gender, socioeconomic status, and educational level.

3.1. Contraception knowledge

Overall, the results reveal a mediocre understanding of contraceptives in the sample as evidenced by the average low score of 40.9% on the correct responses as depicted in the table below.

Table 1 Self-assessment of family planning knowledge.

Do you agree or disagree with the following?	True	False	Don't know	Correct rate
Some family planning methods may cause cancer	57.8	19.6	22.5	19.6
Some family planning methods are more effective than others	70.8	10.6	18.6	70.8
Using modern methods of family planning can affect conception later	60.7	21.0	18.3	21.0
Some family planning methods can cause abnormalities in children	40.3	36.6	23.1	36.6
It takes several months for a woman to conceive after using injectables	50.9	18.6	30.5	50.9
Contraceptives result in buildup of impurities	52.3	18.8	28.9	18.8
After an IUD is removed, conception takes 10 to 12 months	31.3	19.1	49.6	19.1
Injectable cause fatigue	57.6	20.4	22.0	57.6
A woman can become pregnant as soon as she stops using the Pill	55.7	18.3	26.0	55.7
IUD does not work with other men	12.7	52.8	34.5	52.8
Average % of correct answers				40.9%

3.2. Knowledge on reproductive and sexual autonomy

The study sought to establish the status of reproductive sex autonomy awareness through a series of questions by exploring the choices women make in various situations. The study found gaps as far as knowledge on reproductive sex autonomy as shown in figures 1-3 below.

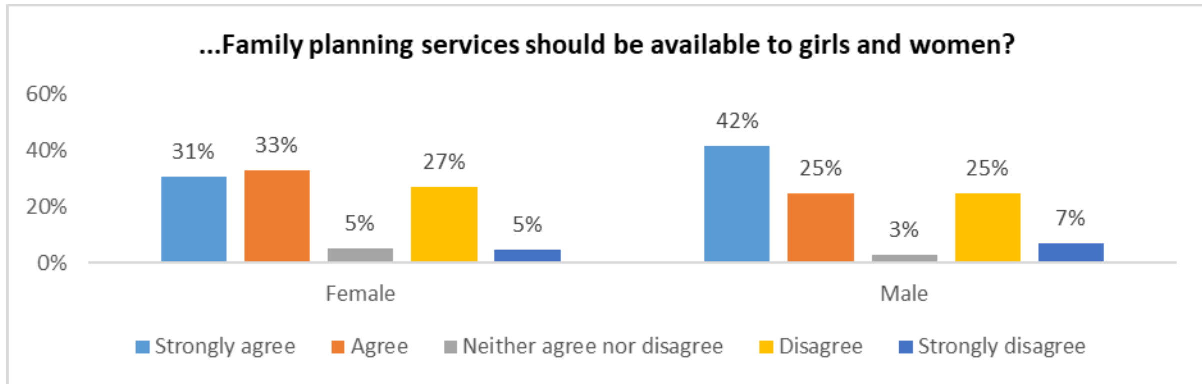

Figure 1 Perception on provision of family planning services to girls and women

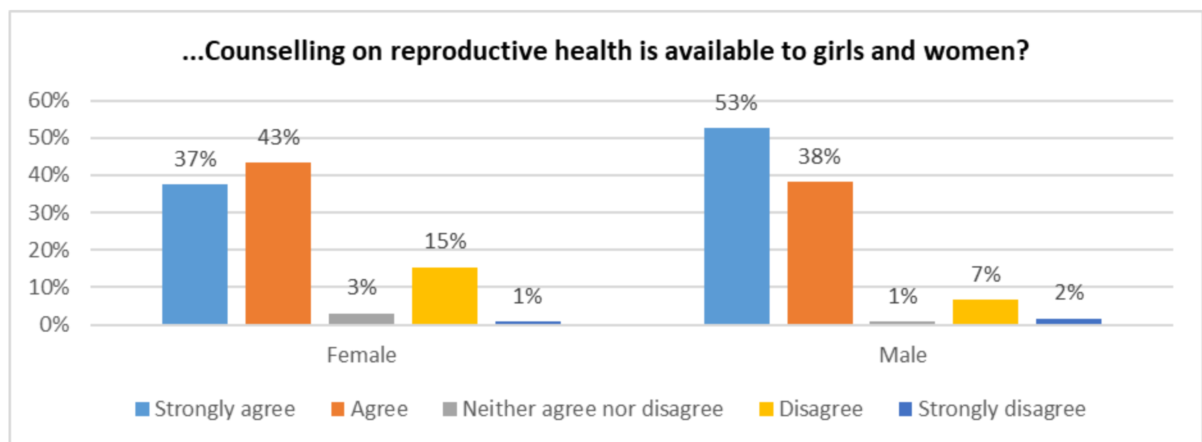

Figure 2 Perception on providing counselling on reproductive health to girls and women

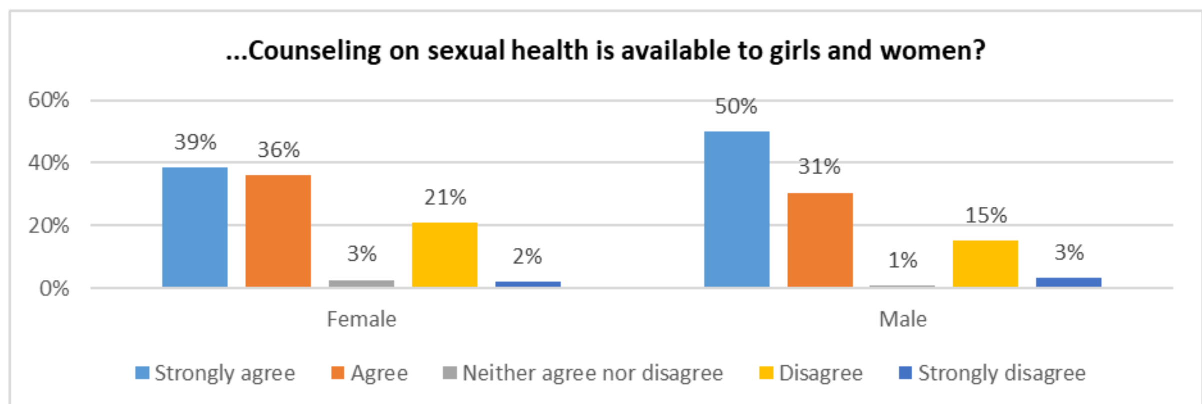

Figure 3 Perception on providing counselling on sexual health to women and girls

3.3. Knowledge on Sexually Transmitted Infections (STIs)

Majority of the participants are knowledgeable about STIs as shown in the table 2 below. However, knowledge on specific signs and symptom and where to seek medical help proved to be difficulty to the respondents.

Table 2 Knowledge on the signs and symptoms of Sexually Transmitted Infections

		Age range of respondent		
		10-19 years	20-24 years	25-35 years
		Count	Count	Count
Do you know the signs and symptoms of STIs	No	34	23	5
	Yes	62	79	28

3.4. Knowledge of services for Gender Based Violence

Despite the respondents' high level of knowledge of the GBV structures and services, slightly over half of the respondents (51%) expressed confidence in the community to prevent violence against women; a quarter were doubtful whereas a further quarter were totally adamant that the community could be helpful in GBV prevention.

Respondents were asked to indicate whether they were conversant with the gender based violence reporting structures. According to the findings, 87% reported being aware of where to report gender based violence, with the male respondents reporting slightly higher than their female counterparts (91.5% vs 84.9%). In terms of reporting destination, most identified the Police (39%); followed by the Village chief (32%). However, for the young and unmarried, their first point of call was their parents as indicated in figure 4 below.

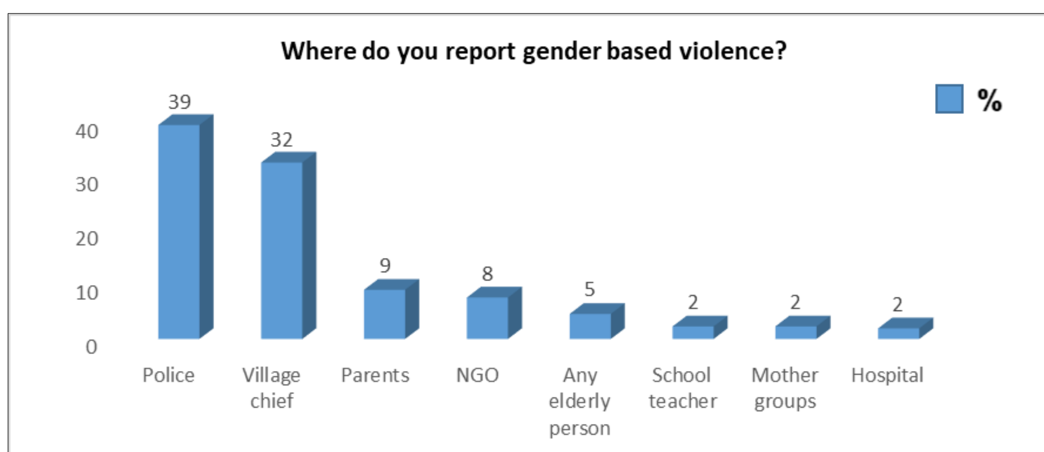

Figure 4 Reporting Gender Based Violence Structures

3.5. Sources of SRHR information

Figure 5 below show the pattern of SRH messaging to young people. It shows that radio (24%) followed by friends (22%) is the major avenue for obtaining SRH messages. The only concern is that slightly over a third (37%) had been exposed to such message in the preceding 6 months prior to the study. This is a matter of concern. When young people are denied clear, accurate and consistent information about SRH and access to contraceptives, they may be ill-prepared for sex, and unable to protect themselves from unintended pregnancies. Young people face an additional risk since family planning is controversial because sex is involved. Without accurate information and quality services young people will not be able to determine their own destiny.

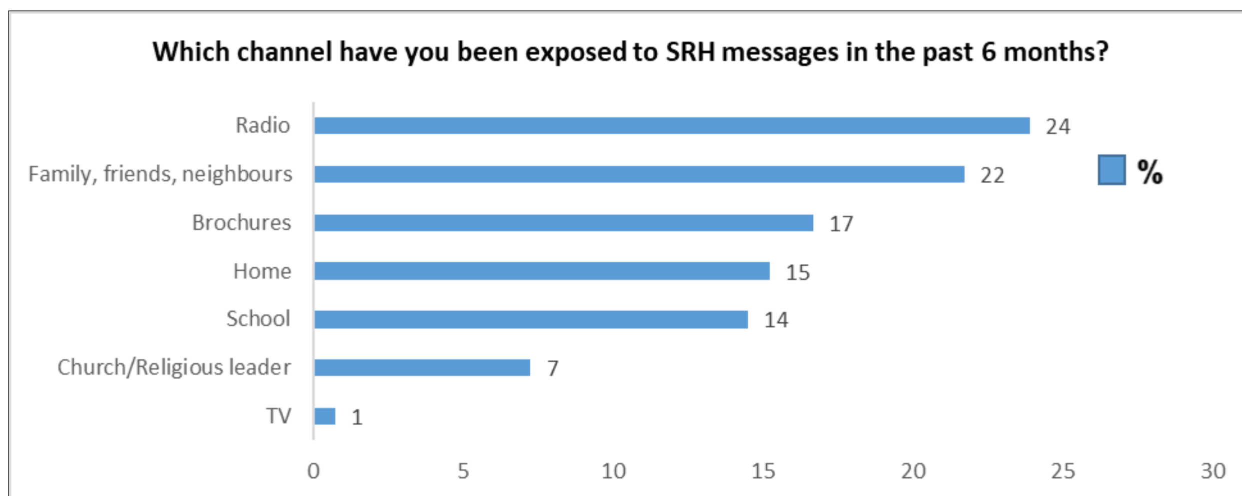

Figure 5 Sources of SRHR information

3.6. Barriers of SRHR access

SRHR access and demand among the youth are affected by personal attitude (both health personnel and the youth themselves), service availability and traditional norms nested in culture. Traditional norms and value are deeply rooted in Malili. The practice of sexuality is highly determined by these norms and values. Talking about sexual and reproductive health is considered unethical and shameful act in most of the communities in TA Malili. Service and service provider related factors were other barriers identified in the study. Lack of information about available ASRH services, inadequate services, service accessibility, lack of confidentiality, absenteeism of service providers, their behavior and sex are some of the restricting factors in the utilization of ASRH services recognized in this study as well as in previous studies.

4. Discussion

The findings of this study underscore the importance of targeted interventions to improve youth knowledge and access to SRHR information and services in Ta Malili. Addressing the identified knowledge gaps and barriers to access is essential for promoting the overall well-being and rights of young people in the community. Collaborative efforts involving government, non-governmental organizations, and community stakeholders are crucial in developing comprehensive SRHR programs and initiatives that are responsive to the specific needs of youth in Ta Malili.

5. Conclusion

This study provides valuable insights into the current level of knowledge on SRHR among youth in Ta Malili, Lilongwe, Malawi. The findings emphasize the need for tailored interventions and educational programs to improve youth awareness and access to SRHR information and services. By addressing the identified gaps, it is possible to empower young people in Ta Malili to make informed decisions about their sexual and reproductive health, ultimately contributing to their overall well-being and rights.

Compliance with ethical standards

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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