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Championing Demand Creation for Adolescents and Youth Access to Contraception Services in Neno and Ntcheu: A Case of N'zatonse V Project

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Abstract

The Family Planning Association of Malawi (FPAM) has learnt in Quarter One (Q1) of 2025 that the art and science of tracking what Family Planning (FP) information is communicated to adolescents, youth and community members, how it is being disseminated, and how the information content is monitored to influence modern contraception service uptake behavior(s) at designated service delivery points pays off to evaluate contribution of health promotion activities towards Sexual Reproductive Health and Rights (SRHR) service uptake. FPAM is implementing N'zatonse V project 2024-2026 in Neno and Ntcheu targeting adolescents and youth aged 10-24 and uses Interpersonal Communication (IPC), Community Mobilization (CM) and Media (social media) approaches to create demand. A total of 75% of youths from 70% of youth reach target have been served with Family Planning (FP) and other Sexual Reproductive Health (SRH) services in the districts. Succes is tagged to tracking key FP messages disseminated to the target audiences that generate impact and resonate with Counselling for Choice health education models like Greet, Ask, Tell, Help, Explain and Return (GATHER) and Family Planning Counselling Matrix. Predominantly, FPAM uses IPC, Community Mobilization, and Social Media approaches to implement Social Ecological Model as a key SBCC/Demand Creation Strategy. The project's demand creation interventions are monitored by checking the number of referrals enhanced through demand creation cadres, number of people reached with FP messages using different communication channels and cost per semi-annual, and number of people exposed to FP messages every two years.

Keywords: Sexual Reproductive Health and Rights (SRHR), Adolescents, Youth, Modern Family Planning Services, Interpersonal Communication (IPC), Community Health Workers (CHWs), Social Ecological Model (SEM), and Human Centered Design (HCD).

Abbreviations

CBDAs: Community Based Distribution Agents
CRHPs: Community Reproductive Health Promoters
FP: Family Planning
FPAM: Family Planning Association of Malawi
IPC: Interpersonal Communication
HSSP III: Health Sector Strategic Plan III
Q1: Quarter One
SGBV: Sexual Gender Based Violence
SPs: Service Providers
SRHR: Sexual Reproductive Health and Rights
SBCC: Social Behavior Change Communications
YFHS: Youth Friendly Health Services

Introduction

The introduction of N'zatonse V project in 2024 was as a result of the previous phases 1 to 4 between 2014 to 2023 where adolescents and youth living in poverty in hard-to-reach areas were not fully targeted with Sexual Reproductive and Health and Rights (SRHR) services, particularly, modern family planning services. This contributed to increase in SRHR problems among the adolescents and youth.

By using culturally acceptable FP messages that resonate with

Chewa and Ngoni cultures and peer education approach, the project has recorded success in reaching adolescents and youth with SRHR comprehensive information and integrated services.

Undeniably, most of Malawi economic pillars including health are underdeveloped and efforts to provide quality health care services is still a quest among dedicated health care workers. This entails inadequate or difficulties in providing preventive Sexual Reproductive Health and Rights (SRHR) health services to adolescents and youth in Malawi. However, efforts to have adolescent and youth access (SRHR) comprehensive information and integrated services to avert unplanned pregnancies and sexually transmitted infections among health implementing partners is now fully open to support Malawi government achieve its health outcome indicators. The (Health Sector Strategic Plan – HSSP III, 2023-2030) exhibits nine strategic pillars, Pillar 8: Leadership and Governance stressing Strategy 8.1 Develop and implement a "One Plan, One Budget and One M&E" system in order to strengthen alignment and harmonization of donor and government funds towards health sector priorities, [1].

Poverty being one of the prevalent factors affecting youth access to quality-of-care youth friendly health services in Malawi, a developing country, is reflected in its people "Living below the international poverty line of US$2.15 a day, projected to rise to 71.9 percent in 2024," according to (World Bank, 2024, p. 34). And World Bank (2020) indicates based on a 2019 household survey that number of people living in poverty increased by three million since 2010, reaching 13 million by 2019, and half of the population (51 percent) remains below the minimum caloric intake of 2,215 calories per day [2].

FPAM through N'zatonse V project considers increasing Family Planning (FP) utilization among Nulliparous adolescents and youth to reduce contraception un-met need, teenage pregnancies and accomplishing quality of care standards under adolescents and youth friendly health services. The project is responsive to (National Youth Policy, 2023 – 2030: National Sexual and Reproductive Health and Rights Strategy, 2021 – 2025: Malawi National Youth Friendly Health Services, 2022 – 2030: National Male Engagement Strategy for Gender Equality, Gender Based Violence, HIV and Sexual Reproductive Health Rights, 2023-2030: T=T Campaign Strategy, 2022-2026: Tizirombo Tochepa = Thanzi, Malawi National Strategic Plan for HIV and AIDS Revised and Extended Strategy, 2023-2027: National Sexual and Reproductive Health and Rights (SRHR) Policy, 2017 – 2022) which advocate and guide promotion of provision and access to quality and integrated Youth Friendly Health Services (YFHS) including HIV and STI prevention and treatment, and family planning services for youth with particular attention to adolescent girls and young women living in hard to reach rural areas [3]. The SRHR friendly policies and strategies also seek to engage men to promote community access to contraception services among the communities they dominate and capacitate health service providers, stakeholders, youth and youth-led organizations in the delivery of YFHS.

FP Unmet Need: The Demographic Health Survey Report (2024) indicates that the unmet need of family planning services among married women 15-49 years has significantly decreased from 37% in 1994 to 13% in 2024 while increasing FP utilization for same age band from 7% in 1994 to 66% in 2024, National Statistical Office (2024). However, the unmet need for unmarried adolescents 15-19 years is pegged at 24% and unmarried youth 42% 20-24 years [4].

Teenage Pregnancy Prevalence Rate: Currently, "32% of young women age 15–19 have ever been pregnant, including 25% who have had a live birth, 3% who have had a pregnancy loss, and 6% who are currently pregnant," National Statistical Office (2024). It is a rise as compared to the previous period where the TPPR was pegged at 28%.

Keeping up with YFHS Standards: The Quality-of-Care Standards for Adolescents and Youth Friendly Health Services by Ministry of Health (2024) indicate that by accomplishing adolescents and young people's health literacy, community support, appropriate package of services, provider competency, facility characteristics, equity and non-discrimination, adolescents and young people's participation, and data and quality improvement, its when a country would cerebrate to have provided the youth with much needed Adolescents and Youth Friendly Health Services in Malawi.

This is a reason why FPAM through N'zatonse V project prioritizes provision of SRHR comprehensive information and integrated services through outreach clinics that reach the doorstep of different youth groups in their home villages [5]. The mobile clinics are inked to Community Based Distribution Agents (CBDAs) and government health facilities to widen coverage of SRHR services for the youth.

Inhibitors to Adolescents and Youth Access to FP Services: FPAM has observed that barriers to adolescents and youth access to SRHR services particularly contraceptive methods emanate from controlled to uncontrolled factors as shared by (Hajison et al., 2024: Burke et al., 2024: Bushan et al., 2021) findings. They provide that service provider bias, lack of privacy, rampant myths about infertility, and partner disapproval particularly in rural areas and during crises are confirmed barriers limiting FP utility [6]. And (Masiano et al., 2019: Barden-O'Fallon et al., 2019) also discuss that although provision of some family planning services has been extended to community-based distributors to expand youth access to contraception services, family planning stock-outs, limited contraception method choice, and community judgmental attitudes undermine effectiveness of family planning service uptake. They also provide that although southern regional districts like Phalombe and Blantyre seem to have high fertility awareness, social norms and health system gaps continue to inhibit youth access to modern family planning services, particularly among girls [7].

Demand Creation Interventions for Contraceptive Services: FPAM planned to execute the social ecological model that links influences for potential desired change from an individual, family, community, organizations and public policy to ensure coordinated efforts support adolescents and youth access to sexual reproductive health and rights services [8]. The model was executed with demand creation approaches of IPC of not more than 25 participants per meeting conducted by trained mobilisers, community mobilization through open days led by the youth and demand creation staff in conjunction with government and

projects service delivery teams, and social media via N'zatonse V Youth & SRHR WhatsApp group and FPAM Facebook page monitored by demand creation staff [9].

A total of 50 mobilisers (21 males and 29 females) comprising chiefs, youth club members and Community Based Distribution Agents (CBDAs) were oriented with IPC skills in using Counselling for Choice (2024) tools like GATHER model approach, FP Counselling Matrix; FP Brochures, Kulera Flipcharts, Kabanja Charts; and engaging audiences on social media to promote community access to modern FP information and services [10].

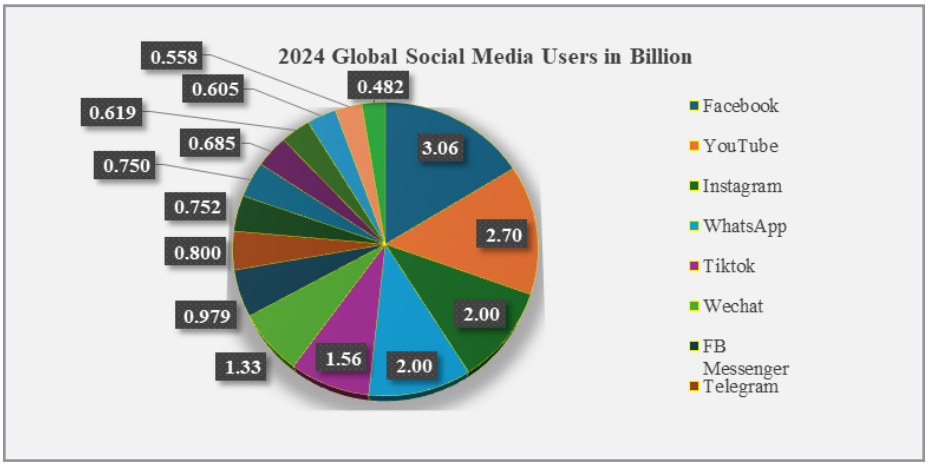


Chart 1: Global social media users
Source: Global Media Insights (2025)

The mobilisers appealed to their traditional Ngoni and Chewa cultures to speed up FP messages and services acceptance. The chiefs acted as opinion leaders and the youth as peer influencers and first level FP services providers who issued short term FP methods like condoms and pills before facilitating referrals to mobile clinics for long term contraceptive methods [11].

The demand creation plan started with co-design workshop through a Human Centered Design (HCD) workshop where community group members and government departmental representatives were invited through Health Promotion Division under Directorate of Community and Promotive Health Services. FP messages were developed and passed based on N'zatonse phase four endline survey and project period reports gaps that required a fresh approach to ensure the youth and community gatekeepers (Parents, religious leaders and teachers) were targeted with FP messages and services [12].

To assess FP message acceptance and comprehension and respond to community concerns over modern FP, IPC meetings and open days were conducted. Social media platforms supported promotion of messaging and dispelling of myths and misconceptions associated with FP services.

These demand creation efforts scaled up health education and referral linkages that increased demand for FP services among adolescents and youth and gatekeepers (Parents, religious leaders and teachers).

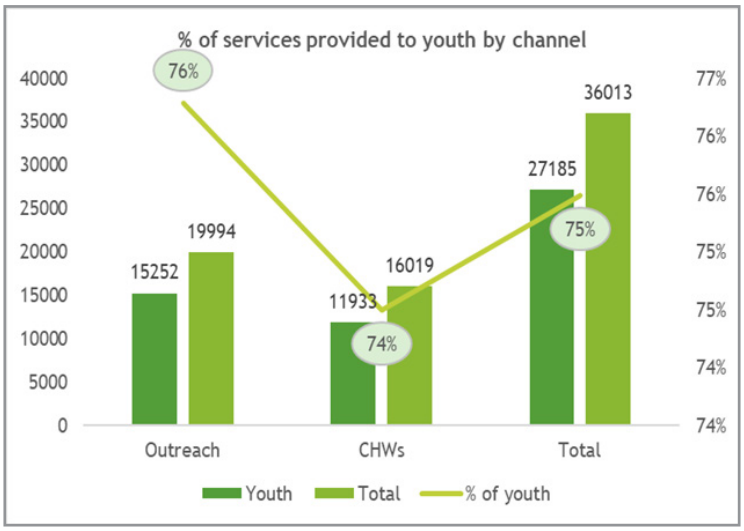
Quarterly review meetings with community health workers, youth groups, parents, teachers and religious leaders were also conducted to generate momentum for community approval for the youth free utilization of FP services [13].

To ensure demand creation data was equally managed as service provision data, tracking and monitoring FP message dissemination was managed with data collection tools like IPC registration and Referral forms which were managed by mobilisers and supervised by Community Reproductive Health Promoters and SBCC Lead. Monthly reports were prepared to track key messages disseminated in respective communication channels and service delivery points and linked the health promotion efforts with service uptake figures [14].

Materials and Methods

The data leading the secondary qualitative study was sourced from the Family Planning Association of Malawi N'zatonse V project Quarterly report (January-March) 2025. The project implemented in Neno and Ntcheu districts has an estimated youth population of 75,000 in its catchment areas, five Traditional Authorities in Neno, and eleven Traditional Authorities in Ntcheu [15].

A client sample of 18,750 was identified through demand creation quarterly target of people to be reached through different communication channels. This was a basis to verify against number of clients that demanded contraceptive and other SRHR services after accessing FP information.



Graph 1: Quarter one youth reach per service delivery point illustrates number of clients that accessed FP/SRHR services after going through demand creation activities.
Source: FPAM 2025

The data of the N'zatonse V project report was analyzed using Qualitative Content Analysis to verify effectiveness of demand creation approaches targeting youth to access modern family planning services.

FPAM SBCC Lead and Community Reproductive Health Promoters (CRHPs) directly worked with trained mobilisers, District Council staff, and FP Services Providers (SPs) to implement N'zatonse V demand creation and service delivery activities [16].

Results/Observations

Perceived Community Benefits: Some youth, chiefs, teachers, parents, and leaders have agreed that unplanned pregnancies and sexually transmitted infections are a burden to their communities. They slow or bar attainment of girls' education goals, increase poverty and morbidity levels that reduce human labor for family economic activities.

For instance, Family Planning Association of Malawi (2025) indicates that most chiefs are happy to see their youth start to give birth when they have reached mature age (Above legal age 18), when they complete their education or skills development training, and when they start to generate stable income from white- or blue-collar jobs [17].

Social Norms Negotiated: Regardless of unnegotiable social norms dissident to youth access to modern FP due to religious and cultural values, peer appeal represented by youthful age and opinion leadership in the communities bridges the gap of alienation and prompts attention and interest of community members to learn more benefits of modern family planning and where to access the promoted services [18]. Ideas discouraging and demonizing men as FP promoters, FP linkage to married people per se, restriction of religious leaders from promoting youth access to FP are on the checklist of N'zatonse V project to ensure youth get community approval to freely access the FP services at mobile, static and community-based distribution service delivery points [19].

A story link Chiefs Set To Link Youth With SRH Services written by Mkandawire (2025) showcases how some chiefs became aware and volunteered to provide FP information and condoms to youth as a means of supporting youth access to modern contraception services in N'zatonse V project in Q1 2025.

Drivers to FP Message Acceptance: Co-design of FP messages among youth, health workers, and district council staff proves to accommodate the needs of communities which reflected how to approach modesty and decency dos and don'ts in Chewa and Ngoni cultures. This consideration has seen chiefs, youth, health workers openly discussing about benefits of using modern FP in their localities [20].

Table 1: 2025 Malaŵi social media users

#	Social Media Platform	Number of Users
1	Facebook	1,668,400
2	Facebook Messenger	1,555,200
3	Instagram	144,900
4	Linked-In	368,400

Source: Mkandawire (2025)

Use of interactive messages and increased engagement in FP discussion have amused cyber sensitive youth to access FP information using digital and online like N'zatonse V Youth & SRHR WhatsApp group and FPAM Facebook page. In Malawi, WhatsApp and Facebook are popular social media platforms as illustrated in Table 1: 2025 Malaŵi social media users by Mkandawire (2025) and Graph 1: Global social media users by Global Media Insights (2025).

Access to internet infrastructure and services has improved youth exposure to digital and online platforms that address their sexual reproductive health information needs. According to MACRA (2023) Malawi largely dominated by youthful population, is shifting media consumption habits towards digital and online platforms [21].

FPAM demand creation interventions focus on linking community relations to ensure FP use behavior is accepted among the targeted audiences, the youth, chiefs and parents. Ministry of Health (2021) recommends usage of Social Ecological Model that combines individual, interpersonal, and community-level theories to analyze determinants of behavior change across four domains: (1) individual, (2) interpersonal, (3) community, and (4) enabling environment, to identify and define barriers and facilitators of information/knowledge, motivation, ability-to-act, and social norms affecting social and behavioral change around health. By addressing not only the individual, but also the relationships, systems, and structures that influence the adoption of new behaviors and practices, individuals and households are empowered with the knowledge, skills, motivation, and self-efficacy to practice new behaviors and build a supportive environment in which to practice them [22].

FP Providers Led Health Education Sessions: Family Planning Association of Malawi (2025) N'zatonse V Q1 report has also shown that health workers who provide modern family planning services are credible to target audiences with FP information thereby increasing FP message acceptance and desire to use or recommend the FP services to their peers.

Use of Two Tier Service Delivery Points: As illustrated in Graph 1: Quarter one youth reach per service delivery point, youth are reached with FP services using mobile clinics and community-based distribution channels. And presence of more community distribution points has supported reach of more youth as compared to mobile clinics which are scheduled monthly per clinic site in every government health facility peripheral area [23].

Reach and Service Uptake: During the quarter, there were six key messages that were reinforced in IPC meetings, open days, social media and service delivery points health education sessions as shown below:

- Have no shame and fear in using modern FP before childbirth. It's your right.
- Parents/Guardians support youth access to modern FP services to avert SRH problems.
- It is not true that FP causes infertility in youth. Only a few people using injectable FP might experience delayed fertility.
- Teenage pregnancy prevalence rate has increased from 28% to 32%.
- Chiefs and gatekeepers promote youth access to service delivery points to avoid unplanned pregnancies and STI's.
- Wise youth vying to achieve more in life have a reason to delay pregnancy, commit to their careers goals and always use modern FP methods.

Demand creation interventions (IPC sessions, open days and social media) in total reached 39,040 from 18,750 quarterly target representing a 208% achievement. IPC contributed a 23,178 reach, social media (FB and WAP) reached 14,074 and open days had 1,786. Use of social media to cover open days on Zodiak Online and Times 360 Facebook pages surged the number of views with over 60%. More people from outside Neno and Ntcheu social media geographic reach accessed the FP messages that targeted the project impact districts [24].

The quarterly report also indicates that out of the total client visits, 36,013 made through outreach clinics and community health workers, 27,252 were youths representing 75% reach from 70% target. And 3,297 clients were referred to other services by CHWs against a set target of 3000 referrals representing 110%, illustrated in Graph 1: Quarter one youth reach per service delivery point.

The quarterly report concludes that the total cost of financing IPC supervision and conducting open days was MK12,660,670.00 or USD7,326.82.

The study results show that FPAM has good collaboration with district council departments of health, youth groups, community leaders and health workers to support youth access to modern family planning and other SRH services. This enabled success in influencing service uptake behaviors.

Discussion

Adolescents and youth were enabled to choose when to get pregnant hence able to delay their first and subsequent pregnancies by using preferred family planning services from FPAM mobile clinics and community-based distribution service delivery points.

Interpersonal communication meetings, community mobilization through open days, use of social media platforms, and quarterly review meetings supported negotiation of some inhibiting social norms to adolescents and youth access to modern FP services through knowledge and awareness of the benefits of FP to community members. However, there are still social norms among the Ngoni and Chewa cultures that restrict fathers from promoting SRH issues among their daughters. Some newly crowned chiefs are also against the use of FP among the youth due to "grow village population agenda" where a populated village cements their ascendance and promotion within the chieftaincy ranking in Malawi under Ministry of Local Government [25].

The capacitated community mobilisers or peer educators with FP/SRHR information and demand creation skills generated a strong cultural appeal to their community members to reach the target audience with FP information and connect them with service delivery points. This created an extended link between communities and FP service providers.

The well-defined M&E functions that tracked both demand creation and service provision data on monthly basis generated evidence to verify impact of demand creation activities towards influencing FP uptake behaviors among adolescents and youth in Neno and Ntcheu.

Engagement of males to promote FP utilization-initiated couple negotiation in patriarchy dominated cultures. Men taught about benefits of modern FP provided spousal approval for women

to choose their preferred modern FP, potentially strengthening women bodily autonomy and reducing risk to Sexual Gender Based Violence (SGBV) [26].

Linkage of FP service providers and community members reduced myths and misconceptions and increased community acceptance of problems associated with hormonal FP which becomes a normal occurrence to some women of reproductive age. This linkage also assured FP clients of service providers capacity to manage such side effects. Managed FP side effects also generated community trust and dependency on contraception health workers for both FP information and services.

Community low knowledge about the benefits of FP and failure of health workers to address hormonal FP side effects in some clients continue to exacerbate myths and misconceptions about reputation of modern FP, affecting their peers' uptake decisions among the new or switching/continuing FP users [27].

And finally, FP commodity stockouts, religious and cultural beliefs are the main restrictive grounds for the timely youth access to modern contraceptives in hard-to-reach rural areas in Ntcheu and Neno districts.

Limitations of the Study

This desk research study depended much on analyzing N'zatonse V quarterly report with focus on qualitative data using content analysis method. Narrative insights were focused leaving out much of quantitative data which could have widened means of verifying project indicators linking demand creation and service provision interventions.

The progressive quarters have new insights and successes, but focusing on 2025 Q1 results might have left some progressive and success stories untold.

The results study period was short and focused on service uptake as determinant for behavioral outcome. Long-term influencing factors like structural grounds affecting commodity supply chain were not very much considered.

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