Franchised Youth Clinics Motivate Behavior Change in Madagascar

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A study of PSI’s TOP Réseau network of franchised youth clinics in Madagascar demonstrates that the program contributed to removing barriers to condom use and motivated sexually experienced young people to use condoms.

Background
The HIV prevalence rate in Madagascar was estimated at 1.7% at the end of 2003 but is expected to rise dramatically in the near future, particularly among youth. Sexually-transmitted infections (STIs), which increase risk of HIV transmission, are prevalent among youth. Malagasy youth initiate sexual activity early and have low knowledge of HIV and STIs: a 1997 survey suggested that 50% of 15- to 24-year-old women had never heard of an STI, over 30% had never heard of AIDS and only 11% reported ever using a condom.

In January 2001, PSI launched a social franchise of adolescent reproductive health clinics called TOP Réseau with support from the Bill and Melinda Gates Foundation. TOP Réseau clinics supplied youth-friendly, high-quality and affordable reproductive health services to young people aged 15 to 24. A complementary communication campaign promoted the franchised clinics and motivated youth to adopt safer behavior, including abstinence, correct and consistent condom use and the treatment of STIs. Mass media and interpersonal communication included peer educators, televised youth debates, mobile video unit shows and radio and tele-

During PSI/Madagascar’s TOP Réseau outreach activities, peer educators distribute educational materials, promote safer sexual behavior and provide information which enables youth to better protect themselves from sexually-transmitted infections and HIV/AIDS.

A franchise is a contractual relationship between a franchisee (e.g. a private clinic) and a franchisor (e.g., PSI/Madagascar) in which the former agrees to provide a product or service in accordance with an overall blueprint devised by the franchisor (Stanworth et al. 1995).
vision spots. All communication products were developed in the Malagasy language and tested to ensure cultural suitability. As of August 2004, the TOP Réseau network consisted of 119 trained providers working at 83 clinics in Antananarivo, Antsiranana, Taolagnaro and Toamasina.

Methodology
Two surveys of youth in Toamasina province were conducted in 2000 and 2002 to measure the reach and impact of the TOP Réseau campaign after 24 months of implementation. The analysis was limited to 1,785 and 1,891 unmarried youth in 2000 and 2002, respectively. This study examined trends in several predictors of behavior change as well as safe behaviors, including condom use, abstinence and use of STI treatment, and the extent to which the TOP Réseau program contributed to these trends.

Program Reach
The 2002 survey measured prompted recall of TOP Réseau elements and showed that while only 7% of respondents had ever visited a TOP Réseau clinic during the program period, youth were more likely to have been exposed to the supporting communication campaign. Forty-one percent of surveyed youth reported hearing radio spots and 64% had seen television spots within the past three months. About one third of respondents reported being exposed to peer education and mobile video unit activities. Sixteen percent reported seeing the film “Silent Epidemic,” which highlights the severity of untreated STIs.

Comparison of Survey Results
A comparison of the 2000 and 2002 surveys revealed improvements in condom use (especially among young women) as well as predictors of condom use during the TOP Réseau intervention period. Perceived parental support for condom use increased among both sexes, as did the percentage of youth who reported knowing where to go for family planning services or STI treatment. While males were less likely to have a moderate or high HIV risk perception in 2002 than in 2000, their ability to correctly identify STI symptoms increased. Additionally, HIV risk perception and self-efficacy increased among women.

Behavior Change Associated With Program Exposure
Further analysis of the 2002 survey results measured to what extent varying levels of exposure to the TOP Réseau program was associated with positive changes in behavior and elimination of barriers to behavior change. After two years of program activities, TOP Réseau was successful in many areas. It contributed to new social norms supporting condom use, improved access to condoms and improved perceptions regarding the efficacy of condoms for preventing pregnancy, STI and HIV/AIDS among youth of both sexes. Among females, while it did not contribute to the observed trend of increased reported condom use, it did increase the use of modern family planning methods and perceived risk of STIs and HIV/AIDS. During the first 24 months of services, TOP Réseau did not motivate symptomatic male youth to seek STI treatment. However, it did improve their access to STI services and condom use. For example, 35 percent of males with high program exposure reported consistently using condom with casual partners, versus only 22% of males with low program exposure. Substantial differences between those with high and low exposure were also noted for consistent use with regular partners.

Conclusions
The results emphasize the importance of developing communication campaigns to complement service delivery initiatives: in Madagascar, exposure to both communication activities and clinics together was essential for behavior change. Since increased condom use was reported only by youth who had been exposed to more than one element, future communication campaigns should target youth repeatedly with both interpersonal and mass media communication to promote behavior change. The discrepancy between the number of youth reached by communication activities and those who actually attended clinic-based programs implies that communication is having limited effect on motivating youth to use clinic services. The fact that the analysis included both urban and rural youth while the TOP Réseau intervention targeted youth primarily in the urban area of Toamasina town, closer to the clinics, may have also contributed to this discrepancy. In light of the small number of youth who sought STI treatment at TOP Réseau clinics, future programs should attempt to increase the perceived need for and attractiveness of clinic-based services. To better attract youth to clinics, future programs need to determine which services are most appropriate for clinic-based approaches. Results indicate that family planning services may be well-suited for this approach.

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