Texila International Journal of Academic Research
ISSN: 2520-3088
DOI: 10.21522/TIJAR.2014.10.02.Art005

Factors Associated with Accessibility and Utilization of Adolescent Health Services in Chingola, Zambia

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Abstract

The purpose of this paper was to explore the factors associated with accessibility and utilization of adolescent health services in Chingola, Zambia. The study was done among secondary school students in their junior and senior grades. Data were collected from four focus group discussions and four key informants' interviews. Data management analysis principles illuminating verbatim quotations are used to illustrate findings. The study findings indicate that lack of information and stigmatization were some of the factors identified to be the barriers to adolescents' health. The paper further outlines the proposed solutions which include establishing and strengthening the linkage between the schools and health facilities adolescent health services and creating awareness among the adolescents. Further, the paper gives the future direction that clinics and health centres should take advantage of technology and use electronic means to increase awareness of available reproductive health services for adolescents and that they should have door to door programs for the community aimed at sensitizing adolescents on reproductive health. In conclusion, it is indicated that improving the utilization of adolescent health services is a global dream. This dream can be realized only if the efforts are made to reach the adolescent population.

Keywords: *Accessibility, Adolescent Health Services, Stigmatization, Utilization.*

Introduction

The World Health Organization (WHO) [1] defines adolescents as young people between the age of 10 and 19 years, and they constitute about a sixth of the world's population and about 36.7 percent of Zambias population [2]. Adolescence has been described as a time when young people engage in increased risk-taking behaviour that exposes them to many health risks. Adolescent sexual and reproductive health (ASRH) is a global public health concern.

This is because sexual activity of adolescents has been on the increase in many countries around the world. However, globally, adolescents access health services less frequently than expected because of the various challenges in accessing reproductive health services (RHS) [3]. In addition, adolescents are poorly informed about how to protect themselves from pregnancies and sexually transmitted infections (STIs). Regional differences exist with adolescents in developing countries experiencing greater challenges [4]. Research has shown that in many countries in sub-Saharan Africa (SSA), young people face significant barriers to receiving ASRH services resulting in the under utilisation of these services.

Adolescent sexuality and reproductive health has become a global concern in the recent past. The concern has grown due to unprecedented increasing rates of sexual activity, early pregnancies, and sexually transmitted infections (STIs) including human immune deficiency virus (HIV) among adolescents [5].

Received: 04.04.2023 ***Accepted: 20.04.2023*** ***Published on: 28.04.2023***
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Adolescence is a time of great change for young people when physical changes are happening at an accelerated rate [6]. Research shows that many adolescents become sexually active before the age of twenty [21].

As a result, they require a wide range of counseling, clinical, and preventive care. Research further shows that adolescents face challenges in accessing reproductive health services leading to them seeking the services after sexual exposure [7, 20].

Not unlike adolescents everywhere, most Zambian adolescents are sexually active by their mid-teens. The Zambia Demographic and Health Survey [8] reported that among women and men aged 15-19, 13% of women and 16% of men have sexual intercourse by age 15. Only 2% of women and less than 1% of men aged 15-19 are married by age 15. Two percent of women aged 15-19 give birth before age 15, and less than 1% of men in that age group father a child before age 15.

Several efforts have been made, at both national and sector levels, aimed at protecting children and adolescents, and improving their health status. However, there are still weaknesses and gaps which need to be addressed, to improve adolescent health in Zambia. These gaps are found at all levels, including policy, legislation, planning, financing, implementation, and monitoring and evaluation levels. It is for this reason that we have prioritized adolescent health in the National Health Strategic Plan 2011 to 2015 (NHSP 2011-2015) and have developed this strategic plan [9].

UNFPA (2019) points out that [2] adolescent girls in particular face numerous development challenges that limit their access to opportunities for good health, education, and employment, among other things. As Zambia advances in domesticating the expansive and complex Sustainable Development Goals, it is critical to address these issues.

By doing this, Zambia would be securing and utilizing the window of opportunity, which is time-limited, to utilize a "demographic dividend" in coming years. The potential economic gain that can happen when a county's educated, skilled, and healthy working-age population is greater than its dependent community is known as the demographic dividend. (i.e., younger or elderly).

To fully understand the levels and types of targeted investments made by all player's, sustained effort is also needed to produce, analyze, and use national development data that is broken down by factors such as age, gender, and income levels. The government through the Ministry of Health and its partners is making several efforts to discourage adolescents from engaging in early sexual activities and to encourage them to seek health services. However, adolescents have continued to face several health issues. The main health-related problems facing the adolescents in Zambia like those of Chingola District, include common health problems, including communicable and NCDs; and behaviour related health problems, including early and unprotected sex, sexual abuse, early marriages and pregnancies, unsafe abortions, drugs and alcohol abuse, trauma/accidents and violence, and unsafe cultural practices [10, 11].

Zambia has a high disease burden. Whilst the various health problems are common to the general population, largely due to stigmatization, health problems such as HIV and AIDS, and STIs present special challenges to adolescents, calling or special attention. In addition, a study by [12] found that in most of the situations, the adolescents tend to shy from seeking health services, stigmatization is also common for those seeking help while others tend not to know that information on adolescents' health is made available in health centres and schools.

Methods

Study Design

An exploratory descriptive design was used for this study and was appropriate for

understanding in greater depth the factors associated with accessibility and utilization of adolescent health services in Chingola [15].

Setting

The study was carried out in four government secondary schools and one health institution in Chingola District from November 2022 to January 2023.

Participants Selection

The participants of the study were ten (10) male and ten (10) female adolescents who were of the age 15 to 19 years. In addition, they attended the specified school and attended health services at the named health facility. Also, five (5) RHS providers were purposively selected based on the health centre being near to the school.

Data Collection

Data collection methods included individual semi-structured individual interviews with adolescents and the RHS providers. All interviews were conducted by the principal researcher after discussing the study protocols with eligible participants in private rooms. Interview guides were used for interviews which consisted of open-ended questions covering adolescents' knowledge of and perceptions about RHS, their experiences with the RHS offered and the barriers encountered.

Data Analysis

Thematic analysis was used to analyze the transcribed data, which involved familiarizing oneself with the data, creating initial codes, looking for themes, reviewing themes, and defining and labeling themes [16-17]. The transcriptions and first codes created by the lead researcher were distributed to the other team members for validation.

Ethical Considerations

The respondents were explained to in detail the nature and purpose of the research prior to the research. In addition, for adolescents under 18 years, permission to interview them was obtained from their parents while consent was obtained from those 18 to 19 years. Further, no respondent was influenced to answer in a particular way.

Results

Profile of the Respondents

Table 1 illustrates the responses pertaining to the respondents' profile. The table shows that 10 (50 percent) of the adolescent respondents were male and 10 (50 percent) were female. With regards to the age group, 2 (10 percent) were 15 years, 5 (25 percent) were 16 years and 4 (20 percent) were 17 years. In addition, 4 (20 percent) were 18 years and 5 (25 percent) were 19 years.

Table 1. Profile for the Adolescent Respondents

Variable	Description	Frequency	Percentage
Gender	Male	10	50.0
	Female	10	50.0
Age group	15 years	2	10.0
	16 years	5	25.0
	17 years	4	20.0
	18 years	4	20.0
	19 years and above	5	25.0
Grade	8	2	10.0
	9	3	15.0
	10	5	25.0
	11	4	20.0
	12	6	30.0

For the grade, 2 (10 percent) were in grade 8, 3 (15 percent) were in grade 9 and 5 (25 percent) were in grade 10. In addition, 4 (20 percent) were in grade 11 and 6 (30 percent) were in grade 12.

Table 2. Profile for the RHS Provider Respondents

Variable	Description	Frequency	Percentage
Gender	Male	2	40
	Female	3	60
Age group	18-25 years	1	20
	26-33 years	2	40
	34-41 years	1	20
	42-49 years	1	20
Education level	College certificate	1	20
	Diploma	2	40
	University degree	1	20
	Post graduate degree	1	20
Years of working as a RHS provider	Less than a year	1	20
	1-4 years	1	20
	5-9 years	2	40
	10 years more	1	20

Findings

Stigmatization was identified to be one of the major the factors associated with accessibility and utilization of adolescent health services in Chingola, Zambia. One of the adolescent respondent indicated that "*it come a problem when your classmates get to know that you went to seek reproductive health services from a health Centre."*

The other respondent pointed out that "*when I went at the clinic to find out more on RHS, I met some classmates who were seeking medical attention in the OPD. The following day, news was all over that I went in the reproductive health office at the hospital. The days that followed, the other learners started teasing me and calling me all kinds of names.*"

The other factors can be associated with a lack of sufficient education as the learners are not fully informed on the various health services that they can access from the health Centre. For instance, one of the respondents pointed out that "*I never knew that you can access information of various health matters from the clinic. I thought, one can only visit the clinic when they are sick to get medication."*

The findings also show that there is no linkage and referral system between the schools and the health facilities for adolescent health services. Adolescents need to be made aware of the services offered in health facilities. Those aware cannot visit the facilities because of distance to and from, the stigma of visiting the facilities from fellow students and the community, and inconvenient operating hours by the facilities, which makes them not leave classes.

The adolescents also indicated that they lack support from their parents, who are unaware of the services, and those aware have wrong views about them. It was also highlighted that the providers have a terrible attitude as they are deemed unfriendly and intimidating to adolescents.

Respondents Proposed Solutions

Introduction of Solution

The proposed solutions will help to improve the utilization of adolescent health services which in turn will help reduce adolescent health

issues and reduce the burden on public health. The following are the solutions.

1. To establish and strengthen the linkage between the schools and health facilities adolescent health services through collaboration of activities for the two institutions, activities like drama groups, outreach, and calendar of activities.
2. To create awareness by sharing information to the adolescents during the school assemblies, school games and school open days when both the parents and the students meet in schools.
3. The services to be provided during weekends and any other free time to attract more adolescents to access without being inconvenienced and the schools to come up with deliberate policy to allow them to visit the facilities whenever necessary with a referral slip from the schools.

Application of the Solutions

The following are deemed to be the application of the solution:

Provider/School level

1. The providers of the services meet with the school administrators/teachers to discuss the best way of how the schools can be linked to the facilities near them for easy access.
2. Health providers to involve adolescents in catchment schools in activities like peer education and drama groups.
3. The providers conduct outreach to the schools to take the services offered to the adolescents in schools.
4. The school or invited provider to give sensitization to the parents on adolescent health during open days at schools and to give talks to the adolescents during assemblies.
5. The adolescent health providers improve their attitude towards the adolescents to avoid prejudice and stigma, also the providers to be of average age to allow the adolescents free expression.
6. Private sector/NGOs are present in the district to facilitate the linkage and networking with the schools and health facilities offering the adolescent health services.

Community Level

1. To create community awareness through gatherings, radio programs, posters and by involvement of the community in the activities of adolescent health.
2. Private sectors and NGOs to come up with community-based programmes and activities in adolescent health.
3. Involving community leaders and parents in the decisions regarding adolescent health care.
4. Effective approaches should be implemented to enhance community acceptance of adolescent health programmes.

Policy Level

School administrators formulate flexible rules to allow adolescents to visit the facilities with a referral slip where the feedback to school will be provided by the provider.

Long Term Focus

The adolescents are expected to grow and develop in good health hence they need information, including age-appropriate comprehensive sexuality education, opportunities to develop life skills, health services that are acceptable, equitable, appropriate, and effective and safe and supportive environments.

Conclusion

Improving the utilization of adolescent health services is a global dream. This dream can be realized only if the efforts are made to reach the adolescent population. The purpose of this paper was to explore the factors associated with accessibility and utilization of adolescent health services. It was found that adolescents encountered negative attitudes from the service

providers, lack of support from the facilities, lack of awareness and education of the services provided. Prior studies found fear, stigma, shame, and luck of information as major factors to accessibility and utilization of adolescent friendly health care in Zambia, Vanuatu, and South Africa. This paper provides useful proposed solutions for health policy makers and practitioners, especially those directly responsible for adolescent health.

Recommendations

1. Clinics and health centres should take advantage of technology and use electronic means to increase awareness of available reproductive health services for adolescents. For instance, they ought to make social groups on social media aimed at reaching out the adolescents.
2. The Clinics and health centres should have door to door programs for the community aimed at sensitizing adolescents about reproductive health.
3. Clinics and health centres through the Ministry of Health should scale up adolescent-friendly services to meet the needs of both boys and girls.
4. Clinics and health centres through the Ministry of Health should use mobile services to provide services to address the problem of distance boys and girls cover to the nearest health facility.
5. The Ministry of Health to have regular training and in-servicing of health service providers to effectively serve adolescents with emphasis on adolescents' rights to confidential and comprehensive reproductive health services.
6. More NGOs should be encouraged to incorporate adolescents in their programs. For instance, DREAMS has been at the center of adolescent health advocacy, as such other organizations should be encouraged to follow the path for dreams.

Conflict of Interest

The authors declare that they have no conflict of interest.

Acknowledgments

Special thanks goes to the Head Teachers, the learner respondents and the RHS providers for taking part in the research as key informants.

References

[1] World Health Organization [WHO] (2015). *A standards-driven approach to improve the quality of healthcare services for adolescents*. WHO; Geneva available at: https://www.who.int/publications-detail-redirect/9789241549332.

[2] UNFPA (2019) Zambia Young People and the Road 2030. United Nations Population Fund in Zambia, available at: https://zambia.unfpa.org/en/news/zambia%E2%80%99s-young-people-and-road-2030 accessed 18 March 2023.

[3] Nair M, Baltag V, Bose K, Boschi-Pinto C, Lambrechts T, Mathai M. (2015*). Improving the quality of health care services for adolescents, globally: a standards-driven approach*. *J Adolesc Health*. 57(3): 288-98. doi: 10.1016/j.jadohealth.2015.05.011.

[4] Ramarao, J. K, and Costello, A. (2013) A reproductive health approach to the objectives and assessment of family planning programs. In: G. Sen, A. Germain, & L. Chen (Eds.), *Population policies reconsidered: Health, empowerment, and rights* (pp. 193–210). Boston, MA: Harvard University Press. Available at: https://www.hup.harvard.edu/catalog.php?isbn=9780674690035.

[5] Shivaram K, Nandini C., and Malleshappa1 K. (2021) Knowledge and attitude about reproductive health among rural adolescent girls in Kuppam mandal: an intervention study. *Biomed Res*;14(3):305–310. https://www.researchgate.net/publication/285867336

_Knowledge_and_attitude_about_reproductive_health_among_rural_adolescent_girls_in_Kuppam_mandal_An_intervention_study.

[6] Thongmixay S, Essink DR, De Greeuw T, Vongxay V, Sychareun V, Broerse JE. (2019) Perceived barriers in accessing sexual and reproductive health services for youth in Lao People's Democratic Republic. *PLoS One*;14(10): e0218296. https://doi.org/10.1371/journal.pone.0218296.

[7] Economic Commission for Africa (2014) *African Regional Conference on Population and Development***.** Addis Ababa Declaration on Population and Development in Africa beyond 2014, *2013*, doc. ECA/ICPD/MIN/2013/4 (ECA).

[8] Central Statistical Office (CSO). (2019) *Zambia Demographic and Health Survey 2019*. Calverton, Maryland, USA: CSO and Macro International Inc. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://dhsprogram.com/pubs/pdf/FR361/FR361.pdf.

[9] Ministry of Health (2011) *Adolescent Health Strategic Plan 2011-2015*. Ministry of Health, Lusaka. Available at: https://healtheducationresources.unesco.org/library/documents/adolescent-health-strategic-plan-2011-2015#:~:text=The%20national%20Adolescent%20Health%20Strategic,throughout%20the%20country%2C%20aimed%20at.

[10] Nkonde-Bwalya, B. (2016). *Factors affecting access to and utilisation of reproductive health services among adolescents in Lusaka District: case study of Kamanga Compound.* University of Zambia, Lusaka (Unpublished thesis). Avalaible at: http://dspace.unza.zm/bitstream/handle/123456789/4697/Barbara%27%20s%20Dissertation_2016.pdf?sequence=1&isAllowed=y.

[11] United Nations International Children's Emergency Fund [UNICEF] (2016). *For every child end aids – seventh stocktaking report.* UNICEF; New York, NY: https://www.unicef.org/reports/every-child-end-aids-seventh-stocktaking-report-2016.

[12] Denno M, Hoopes A. J, Chandra-Mouli V. (2016). Effective strategies to provide adolescent sexual and reproductive health services and to increase demand and community support. *J Adolesc Health*. ;56(1), S22–S41. https://doi.org/10.1016/j.jadohealth.2014.09.012.

[13] Aaron, A. A. and Anaba, A. B. (2018). Barriers on access to and use of adolescent health services in Ghana. *Journal of Health Research* 33(3) pp. 197-207 https://www.emerald.com/insight/content/doi/10.1108/JHR-10-2018-0119/full/html.

[14] Mukondwa, K., Gonah, L. (2016). Accessing Adolescent Sexual and Reproductive Health Services among Undocumented Migrants in South Africa: A Documentary Review. *Medical Journal of Zambia, 43 (4):* 247 – 251 https://www.ajol.info/index.php/mjz/article/view/152180.

[15] Nmadu, AG, Mohammed S, Usman NO. (2020). Barriers to adolescents' access and utilisation of reproductive health services in a community in north-western Nigeria: A qualitative exploratory study in primary care. Afr J Prm Health Care Fam Med. ;12(1), a2307. https://doi.org/10.4102/phcfm.v12i1.2307.

[16] Morris JL, Rushwan H. (2015) Adolescent sexual and reproductive health: The global challenges. *Int J Gynaecol Obstet*; 131(21): S40–S42. https://doi.org/10.1016/j.ijgo.2015.02.006.

[17] Braun V, Clarke V. (2016) Using thematic analysis in psychology. Qualitative research in psychology;3(2):77–101. https://doi.org/10.1191/1478088706qp063oa.

[18] World Health Organization. Adolescent (2018) Health risks and solutions [homepage on the Internet]. 2018 [cited 2017 May 01]. Available from: http://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions.

[19] Hale DR, Viner RM. (2016) The correlates and course of multiple health risk behaviour in adolescence. *BMC Public Health*;16(1):458. https://doi.org/10.1186/s12889-016-3120-z.

[20] Animasahun V, Sholeye O, Oduwole A. (2016). Promoting the sexual and reproductive health of adolescent females in Ijebu-Ode, southwest, Nigeria: A study of sexual risk-taking. *Int J Adolesc Med Health*;29(6):20160021. https://doi.org/10.1515/ijamh-2016-0021.

[21] Neal S, Matthews Z, Frost M, Fogstad H, Camacho AV, Laski L. (2013) Childbearing in adolescents aged 12–15 years in low resource countries: a neglected issue. New estimates from demographic and household surveys in 42 countries. Acta Obstet Gynecol Scand; 91(9): 1114-8. doi: 10.1111/j.1600-0412.2012.01467. Epub 2012 Jul 12.