

## **Health-Care Seeking and Utilization by Adolescents for Reproductive Health Problems in Sub-Saharan Africa**

Fatima H. Ahmed, The Alan Guttmacher Institute, USA

Akinrinola Bankole, The Alan Guttmacher Institute, USA

Ann E. Biddlecom, The Alan Guttmacher Institute, USA

Alistair Munthali, Center for Social Research, University of Malawi, Malawi

Christine Ouedraogo, Unité d'Enseignement et de Recherche en Démographie, Burkina Faso

Vanessa Woog, The Alan Guttmacher Institute, USA

### **Rationale and Objective**

HIV/AIDS is increasingly affecting youth worldwide. Half of all new cases of HIV infection occur among young people between the ages of 15 and 24 and over 6,000 young people acquire HIV every day.<sup>1</sup> Sub Saharan Africa suffers the greatest toll where youth face fast growing rates of HIV and other sexually transmitted infections (STIs). Data from 2003 indicate that the region contained almost two-thirds of all youth living with HIV/AIDS (about 6.2 million people); 75% of those cases are among young women or girls.<sup>2</sup>

In many countries in sub-Saharan Africa, young people encounter significant obstacles to receiving sexual and reproductive health services and lack access to the services they need to protect themselves from HIV, other STIs and unwanted pregnancy. Given the increasing vulnerability of young people to HIV, it is of program and policy relevance to better understand young people's health seeking behavior and access to health services in order to help young people protect themselves and have healthy reproductive lives.

Evidence on adolescents' health-seeking behavior is scant—we know very little about the sequence of steps that adolescents take in trying to get help for a health problem, especially problems like STIs that are often stigmatized. What we do know is that although young people have reproductive health needs, many rarely use clinic services and tend to use more informal sources of care.<sup>3</sup> According to a situation analysis which provides a brief look at who the family planning clients are from the clinic perspective, 5.5% of clients in Burkina Faso and 1.5% of clients in Ghana are under 20, most of whom are in formal unions.<sup>4</sup> Some qualitative studies have looked at young people seeking sexual and reproductive health services and have shown that young people face a number of barriers when trying to seek services such as cost,<sup>5</sup> negative attitudes from providers<sup>6</sup> and lack of confidentiality.<sup>7</sup> It is therefore of crucial importance to broaden the evidence base on adolescents' health seeking behavior and health care utilization.

Using quantitative and qualitative data collected in 2003-2004 among 12-19 year olds in Burkina Faso, Ghana, Uganda and Malawi, we examine: 1) the nature and extent of reproductive health services that adolescents seek and obtain for different kinds of reproductive health situations (abortion, HIV, STIs, pregnancy prevention) and ; 2) adolescents' perceptions of different types of reproductive health service providers and

their preferences for specific provider types for different problems and the reasons underlying these preferences. The comparative paper addresses gaps in understanding adolescent health-care seeking behavior by providing information on adolescents' perceptions and reasons for seeking or not seeking care, the sequence of steps taken and the barriers and supports adolescents face in trying to get help for reproductive health problems.

### **Data source and methodology**

The data for this paper are from focus groups (FGDs), in-depth interviews (IDIs) and a nationally-representative survey of young people in each of the four study countries. While the FGDs provide information about community norms and expectations, the IDIs and surveys offer information about individuals' preferences and experiences. A total of 55 focus group discussions were conducted from January through March 2003 with 14 to 19 year olds: 16 FGDs each in Burkina Faso and Ghana; 11 FGDs in Malawi and 12 FGDs in Uganda. Adolescents were selected from both urban and rural areas, representing a mixture of male and female and in-school and out-of-school adolescents. In Malawi and Uganda, groups of married men and married or single mothers were also included; in Burkina Faso there was one focus group with rural married women. Each of the discussions was conducted with adolescents with similar characteristics. Participants were segregated by sex, urban/rural residence, and school status (in or out-of-school). In Burkina Faso and Ghana the discussion groups were further divided by age (14-16 years and 17-19 years).

Approximately 102 IDIs were conducted in each of the four countries in September-October 2003 with 12-19 year old males and females. The samples were selected to have an equal number of urban and rural residents, in-school and out-of school individuals, and to obtain a specified number (12) of males and females with a child—either as married or unmarried. Special populations were also sought out and included: street children, refugees (Uganda only), petty traders, disabled adolescents (Uganda only), homes for pregnant teenagers (Ghana only) and adolescents living in juvenile/remand homes or orphanages. The IDIs shed light on the experiences and intentions of young people in trying to get help for a sexual or reproductive health problem and give a picture of the different steps taken in seeking help. Common barriers to getting help and reasons for why care was not sought are also described.

Four nationally representative, household-based surveys of 12-19 years olds were conducted in early 2004 in Burkina Faso, Ghana, Malawi and Uganda. Interviews lasted about 45 minutes and survey questionnaires were designed to be similar in content and structure across all 4 countries. The questionnaires were translated (and back-translated) into major local languages and pre-tested. Data collection was completed in June 2004 for Burkina Faso, Ghana and Uganda and August 2004 for Malawi. The final survey samples were 5,955 adolescents in Burkina Faso; 4,410 in Ghana; 5,112 in Uganda; and approximately 3,800 adolescents in Malawi (the survey data for Malawi are currently being finalized). The survey provides information on adolescent's awareness of different health care sources, including preferred sources (each for preventing pregnancy; HIV and

STIs) and perceptions of government sources of sexual and reproductive health services and a key other type of source on 4 dimensions: confidentiality, ease of access; respect given by staff; and monetary cost. Information on where young people go for services and where they would like to go for services is presented. The survey also provides added detail about HIV testing and counseling (experiences, demand for testing and barriers to getting tested).

### **Preliminary results**

There are limited data on formal and informal sources of health care and treatment among young people.<sup>8</sup> The existing evidence tends to place emphasis on information and on formal services about sexual and reproductive health. The data from this study examine not only formal health care services, but also informal sources such as use of folk remedies, medications from friends and traditional providers. We will also present a comprehensive picture of what adolescents have experienced as well as what they want with respect to seeking health care for sexual and reproductive health problems.

The FGDs provide common views about available service sources and barriers. Results from the focus groups indicate that young people mentioned seeking reproductive health services from a variety of sources. For STI problems, hospitals, public health centers and traditional healers were commonly mentioned sources for care. A wide range of sources were described for obtaining contraceptive methods. For abortions, young people turn to home remedies, hospitals, and traditional healers. Key barriers to getting access to services included young people's shyness or shame, distance and cost to get to the health service source, and negative attitudes from providers. In terms of Voluntary Counseling and Testing (VCT), the advantages of VCT seemed to be weakly internalized by young people because of limited available treatment or because VCT services were not available or not known. The main advantages cited were the ability to better protect oneself and to avoid infecting others. The participants spoke more strongly about the disadvantages of finding out one's HIV status, which included intentionally spreading HIV to others for revenge, the high cost for treatment and depression if one tests positive.

### **Implications for Policies**

This paper will present evidence regarding adolescents' efforts to seek reproductive health care and the factors that promote and impede their access to and use of sexual and reproductive health services. The findings will shed light on the services that young people want, the sources of care they prefer and the mechanisms of service provision that have the greatest potential to support or detract from improving youth's ability to protect their sexual and reproductive health. The findings will be helpful to policymakers, program managers and those who provide services to adolescents to enable young people to live healthy sexual and reproductive lives.

---

<sup>1</sup> UNAIDS, UNAIDS 2004 Report on the global AIDS epidemic 2004.

<sup>2</sup> UNAIDS, UNAIDS 2004 Report on the global AIDS epidemic 2004.

- 
- <sup>3</sup> James-Traore T et al., Intervention strategies that work for youth, Summary of the FOCUS on young adults end of program report, Youth Issues Paper 1, Arlington, VA: Family Health International, 2002.
- <sup>4</sup> Kate Miller, Robert Miller, Ian Askew, Marjorie C. Horn, and Lewis Ndhlovu (eds). 1998. "Clinic-based family planning and reproductive health services in Africa: Findings from Situation Analysis Studies." Population Council: New York
- <sup>5</sup> Koster A, Kemp J and Offei A, Utilisation of reproductive health services by adolescents boys in the eastern region of Ghana, *African Journal of Reproductive Health*, 2001, 5(1):40-49; Nzioka C, Dealing with the risks of unwanted pregnancy and sexually transmitted infections among adolescents: some experiences from Kenya, *African Journal of Reproductive Health*, 2001 (a), 5(3):132-149.
- <sup>6</sup> Koster A, Kemp J and Offei A, Utilisation of reproductive health services by adolescents boys in the eastern region of Ghana, *African Journal of Reproductive Health*, 2001, 5(1):40-49; Hulton LA, Cullen R and Wamala Khalokho S, Perceptions of the risks of sexual activity and their consequences among Ugandan adolescents, *Studies in Family Planning*, 2000, 31(1):35-46; Nare C, Katz K and Tolley E, Adolescents' access to reproductive health and family planning services in Dakar, Senegal, *African Journal of Reproductive Health*, 1997, 1(2):15-25.
- <sup>7</sup> Kim YM, Marangwanda C and Kols A, Quality of counselling of young clients in Zimbabwe, *East African Medical Journal*, 1997, 74(8):514-518.
- <sup>8</sup> Woog V, Annotated bibliography on HIV/AIDS and youth in Sub-Saharan Africa, Occasional Report, New York: The Alan Guttmacher Institute, 2003, No.10.