

Youth-friendly Health Services Utilization and Factors in Harar, Ethiopia

Aboma Motuma

Abstract

Background: Youth throughout the world are exposed to health risks because they often do not have adequate knowledge and guidance about sexual and reproductive health (SRH) and related concerns. Current health services in Harar are very limited in being youth-friendly, affordable, or confidential. The environment within which sexual and reproductive health services are provided is often not sensitive to the special needs of this youth population.

Objective: To assess the level of utilization and factors that affect youth-friendly services (YFS) among youth in Harar in 2011.

Methods: A community-based, cross-sectional study was conducted. The participants were selected using a multi-stage cluster random sampling technique. A list of households that included youth was taken as the sample frame and subjects were selected by a simple random sampling method. Data were entered into Epi-data Version 3.1 and exported to SPSS Version 16. Binary logistic regression was fitted to identify the predictors of YFS utilization.

Results: Among the 845 selected subjects, the majority (63.8%) of the respondents used YFS at the time of the survey while the remaining 36.2% did not. Among these, 43% did not know where to go. Also, 31.5% had heard about YFS from school teachers. The Family Guidance Association in Harar was identified as the only youth-friendly service in the town.

Conclusions and Recommendations: Most of the participants had a positive attitude but poor knowledge about YFS. Many of them had used YFS at least once. The youth should be informed about where YFS are offered and helped to make use of these services. As the Family Guidance Association in Harar is the only facility providing YFS, other health facilities are encouraged to establish and provide these services by the regional health bureau.

Introduction

Background: Seventy-eight percent of the 1.5 billion young people in the world live in the developing world. In Ethiopia, young people and adolescents ages 10 to 24, constitute the largest population in the country. Ethiopia has over 21 million young people and they account for approximately 22% of the total population. (1, 2) Youth tend to be less informed, less experienced, and less comfortable in accessing reproductive health services (RHS) than adults. Youth often lack basic reproductive health knowledge and access to affordable and confidential health services. Also, most youth do not feel comfortable in discussing reproductive health issues with their parents. (3)

Statement of the Problem: WHO has estimated that 70% of the premature deaths among adults are largely due to behaviors initiated during adolescence. (4) In addition to this, UNICEF and USAID have indicated that 17% of young women and 14% of young men ages 20-24 were sexually active by the age of 15 years. Barriers to accessing health care for young people continue today. These barriers include inconvenient locations, limited hours of operation, unsupportive provider attitudes, a lack in the quality of services, a lack

of confidentiality, a lack of privacy, the male gender of the providers for young women, and high costs of the services. (5)

In Ethiopia, the utilization of family planning services in the existing health care system by young people is very low. As a result, there is a high rate of unwanted pregnancies which often result in abortions and their complications. The majority (67.2%) of those seeking treatment for an incomplete abortion are under 24 years of age. (5) Another major health threat that affects young people are STIs including HIV. It is estimated that one quarter (26%) of the HIV-positive people in Ethiopia are between the ages of 10 and 24. (6) This has serious health, economic, and developmental implications for the nation.

Objectives

General Objective:

To assess the level of utilization and factors associated with YFS among youth in Harar.

Specific Objectives:

1. To determine the level of utilization of YFS among youth in Harar.
2. To identify factors that are associated with utilization of YFS among youth in Harar.

Methods

Study Area and Period: The study was conducted in the town of Harar from January to February, 2011.

Study Design: A community-based, cross-sectional study was conducted.

Source Population: All youth aged 15-24 years and the youth-friendly service providers in Harar were the source population.

Study Population: Randomly selected youth and youth-friendly service providers in Harar were the study population.

Sample Size Determination: A single population proportion formula was used to calculate the sample size. It was computed by taking an assumption of p value 50% with a 5% margin of error, 95% confidence level and the addition of a non-response rate of 10%. A design effect of two was considered in the sample size determination. The required sample was computed to be 845 youth.

Sampling Technique: To identify the study subjects, the respondents were selected using a multi-stage cluster random sampling technique. Clusters were assigned by using the kebeles. Six kebeles of nineteen kebeles were randomly selected. The number of respondents in each selected kebele was assigned proportionally to the size of the kebele youth population. Households in the selected kebeles were identified using a simple random sampling technique. For the qualitative portion of the study, a purposive sampling procedure was used.

Study Variables

Dependent Variable: The dependent variable was utilization of YFS.

Independent Variables: Socio-demographic characteristics, knowledge, attitudes, a sense of welcoming to the facility, and a sense of confidentiality and privacy were the independent variables.

Data Collection Methods and Instruments Used: A pre-tested structured questionnaire was used for the youth. The data were collected by face-to-face interviews. Data were collected by trained first year MPH students under the supervision of the principal investigator and supervisors. Qualitative data were collected using a semi-structured questionnaire. Focus Group Discussions were conducted. They were tape recorded and notes were taken.

Data Quality Control: Training was provided to the data collectors and supervisions prior to the onset of the study. To assure the quality of the data, carefully designed data collection instruments were developed. Supervision was frequently made by supervisors and the principal investigator. The collected data were reviewed each day and checked for completeness and consistency.

Data Analysis: Epi-data Version 3.1 and SPSS Version 16 were used for the analysis. Proportions, odds ratios, and logistic regression were computed. Qualitative data were analyzed thematically and summarized manually.

Ethical Considerations: Ethical clearance was obtained from the Haramaya University College of Health Sciences Institutional Research Ethics Review Committee. Permission was granted from the concerned bodies. Moreover, an informed written consent was obtained from each study subject. Confidentiality of the information was assured.

Results

When queried, all 845 youths agreed to participate in the study for a response rate of 100%. Fifty-one percent of the respondents were male and 525 (62.1%) were in the age range of 15-19 years. The mean age was 18.7 years. The dominant ethnic group was Oromo accounting for 340 (40.2%) followed by Amhara 328 (38.8%). Half 425 (50.3%) were Orthodox Christian. Forty-two percent of the participants had completed either ninth or tenth grade, and 66.4% of the youth were attending school. From the total study subjects, 627 (74.2%) reported no monthly income. A total of 689 (81.6%) of the respondents were single and 138 (16.3%) were married.

A majority of the respondents 612 (72.4%) had information about YFS. Moreover, nearly 749 (88.6%) believed that YFS were necessary for proper care. The major sources of information about YFS were school teachers 193 (31.5%) followed by radio broadcasts 140 (22.8%). The respondents replied that STI/HIV/AIDS-related services (57.8%) and psychological and reproductive health counseling (44.7%) were the most important YFS.

More than half of the respondents 560 (69.2%) had positive attitudes toward YFS. A majority of the respondents 539 (63.8%) had used YFS at least once in the last five years. Among these, 518 (96.1%) had visited the services for reproductive health services while the remaining 21 (3.9%) had visited for library and recreational services. Among those who visited for reproductive health services, 341 (65.8%) had visited the facility for the first time. Only 177 (34.2%) of participants reported follow-up reproductive health services.

The respondents had visited the Family Guidance Association in Harar (FGA-H) to receive their YFS. Of those who had visited the FGA-H, 322 (59.7%) visited for STI/HIV/AIDS-related services, psychological counseling services, contraceptive services, information, education and communications (IEC) on sexual and reproductive health, pregnancy-related services, and post-abortion services. From a total of 845 respondents, 306 (36.2%) were not using YFS. Among those 131 (43%) did not know where to go for such services.

Table 1. Barriers to Using YFS Among Youth in Harar, 2011

Barriers	Percentage
Don't Know Where to Go	43.0
Distance to Facility	18.7
Currently Feeling Healthy	15.1
Inconvenient Location	11.8
Poor Quality of Services	7.9
Inconvenient Time of Services	3.3
Not Affordable	0.2

Qualitative Results: The findings from the focus group discussions with youth were consistent with the quantitative findings. The majority of the participants stated that they needed youth centers to get counseling services, information on reproductive health services, to get library services and exercise with gymnasium activities. Almost all of the participants strongly believed that the existence of youth centers with recreational activities such as internet services, sport activities, and library services made them feel good.

The in-depth interviews with the service providers at the public health care facilities throughout Harar indicated that they did not provide specific SRH services for youth. SRH services were provided to youth without giving them special attention; youth were treated as adult health services seekers in these public institutions.

Discussion

The majority of the youth had information and positive attitudes about YFS. Evidence showed that a lack of information about YFS and some attitudes by youth were constraints to their use of services. (7) The major source of information was the school (31.5%). According to a similar study conducted in Jimma, the main source of information about SRH services was also the school for 71.5 %. (3)

In this study, more than half of the participants confirmed STIs/HIV/AIDS-related services as “important services” for them. Similar studies conducted in Wollo with street youth revealed that STIs/HIV/AIDS-related services were “the most important” services for them. (8) The findings of this study showed that 63.8% of the youth sought health institutions for YFS. Out of these, more than half visited to get psychological counseling services, STI treatment and condoms. Compared to the study conducted in Wollo on street youth, 17.2% sought health institutions and more than half of the participants attended to get STI treatment services, psychological counseling services, and contraceptive services. (8)

Among non-users of youth- friendly services, 43% of them did not know where to go for these services and 18.7% said the location was inconvenient. A total of 7.1% reported being too shy and 4.9% were too busy. According to similar studies conducted in Zimbabwe, 12%

of the youth participants did not visit RH services because the clinic was too great a distance, 11% were too busy and 11% were too shy. (9) The study conducted in Jimma showed that location was widely known and only 2% did not know where to find youth-friendly health services for reproductive health. (3)

Conclusions and Recommendations

A high proportion of youth in this study were aware of youth friendly-services. They also had positive attitudes toward these services. Most participants got information from school and radio broadcasts. Many of the participants had poor knowledge about the components of YFS. One third of them did not use YFS and out of these, nearly half did not know the location for receiving these services. Based on the results of the study, the following recommendations are forwarded:

1. The town government of Harar should give attention to expanding youth-friendly services.
2. The Harari Regional Health Office should work with Harar health facilities to raise awareness and encourage favorable attitudes for using YFS in the area. At this time, FGA-H is providing the YFS for the town of Harar. Additional health facilities must become involved in these activities.
3. Training should be provided to health services providers to further sensitize them to the special health needs of youth. This training should encourage them to provide YFS.

4. Health promotion and education regarding YFS at the community level should be carried out by the local health administrative offices.

Acknowledgements

I would like to thank my advisor, Ato Gudina Egata. Without his encouragement, guidance and professional expertise, the completion of this thesis would not have been possible. I gratefully acknowledge the financial support from Haramaya University. My special appreciation also goes to the youth of Harar for their voluntary participation in this research.

References

1. Ministry of Health. National Adolescent and Youth Reproductive Health Strategy. Addis Ababa, Ethiopia. 2007.
2. Central Statistical Authority. Report of the Census of Ethiopia. Addis Ababa, Ethiopia. 2007.
3. Ayalew Tegegn, Meseret Yazachew, Yeshigeta Gelaw. Reproductive Health Knowledge and Attitudes Among Adolescents: A Community-based Study in Jimma Town, Southwest Ethiopia. *Ethiopian Journal of Health Development*. 2008;2:144-153.
4. World Health Organization. Adolescent-friendly health services: An agenda for change. 2002. Available from www.who.int/child-adolescent-health.

5. World Health Organization. A Program for Adolescent Health and Development. Technical Report of WHO on Health Programs for Adolescents. 1999;886:54-58.
6. Ethiopia Population Policy Project. Data Files of the AIM Model, Addis Ababa, Ethiopia. 2000;42-43.
7. Dickston-Tetteh K, Pettifor A, Moleko W. Working with Public Sector Clinics to Provide Adolescent-friendly Services in South Africa. *Reproductive Health Matters*. 2000;9:161-169.
8. Ejigayehu Yimam. Assessment of Reproductive Health Behavior and the Needs of Street Youth in Dessie, Ethiopia. *Ethiopia Journal of Health Development*. 2008;1:35-38.
9. Anable S, Cabarl J, Alfard P. Factors Affecting Africans on Reproductive Health. *African Reproductive Health*. 2005;9: 25-45.