

Adolescents Use of Sexual and Reproductive Health Services - Reasons and Barriers

Brankica Mladenovic, MD

Institute for Mothers and Child Health Protection, Skopje, R. Macedonia

Abstract

Aim: There is growing recognition that adolescents need to be adequately provided with reproductive health care due to prolonged period of premarital sexual activity, increasing rates of sexually transmitted diseases, unintended pregnancies and abortions among this age group. They face many barriers in attempt to obtain such services. The aim of this study was to better describe whether, why and to what extent adolescents use sexual and reproductive health services and what are the main barriers for their use.

Methods. Data were obtained from school survey conducted in Skopje in December, 2004, among 574 high-school students from 6 different high schools. The 82 items self-administered questionnaire were used. The study sample was selected at random using two levels of sampling: school level and class level.

Results. The proportion of students ever visited doctor for a problem related to sexual and reproductive health was 12,2%. Most reported reasons were counseling on sexuality (4,5%) and gynecological or urological problems (4,0%). Only 2,1% students reported visited doctor for contraception and STI (2,3%). Proportion of students reporting experience of uncovered needs for reproductive health services was 22,47%. The main reasons mentioned were lack of information and subjective barriers. Of those sexually active, 25,9% girls and 20,3% boys have ever suspected being affected by sexually transmitted infection, but only 6,4 % consulted a doctor for that episode. The comparison of proportion of sexually active students (33,6 %) with the proportion of students who ever used a reproductive health facility (13,5%) shows their under-use.

Conclusions: The under-use of reproductive health services was clearly demonstrated. Subjective barriers and lack of information are dominant. Young people should be guided in their reproductive health seeking behavior and convinced that such services are "youth friendly".

Key words: adolescents, sexual and reproductive health services, reasons for visiting, barriers.

There is general consensus that the proportion of teenagers who engage in behaviors that put them at risk of pregnancy and of HIV and other sexually transmitted infections (STIs) remains too high. (1,2) Each year, approximately one million young women aged 15-19, or one-fifth of all sexually active females in this age-group become pregnant; the vast majority of these pregnancies are unplanned. The high rate of teenage pregnancies, abortions as well as high rate of STIs among this age group are important public health issues because of short and long term problems associated with them. Adolescents pregnancy rates vary across the countries, from a very low rate in the Netherlands (12 pregnancies per 1,000 women aged 15-19 per year), a high rate in the U.S (55 per 1,000) and to a very high rate in Russian Federation, Romania and Bulgaria (102 per 1,000). The teenage pregnancy rate in Macedonia is 40 per 1,000. (3,4) Teenagers and young adults, particularly young women, are disproportionately affected by sexually transmitted infections (STIs). They account for more than one fifth (and often more than one third) of reported cases of three common bacterial STIs- syphilis, gonorrhea and chlamydia. 10.3 millions of overall 40 millions people living with HIV are young people at the age of 15-24. Half of all new infections occur among young people aged 15-24. (5,6,7)

Young peoples' reproductive health needs differ from those of adults but remain purely understood and met. The primary reasons for high rates of pregnancy, abortions and STIs in this age group is insufficient use of contraception, especially effective contraceptive methods like hormonal pills, restricted access to reproductive health services, high biological vulnerability and negative societal attitudes towards teenage sexual activity. (8,9) Young people face many barriers in attempt to obtain such services like subjective, operational barriers and also lack of information about their health needs. (10,11)

The aim of this study was to better describe whether, why and to what extent adolescents use sexual and reproductive health services and what are the main barriers for their use.

MATERIAL AND METHODS

Data were obtained from school survey conducted in Skopje in December, 2004, and the study is a part of multicentric survey conducted under coordination of IPPF-EN in four capital cities of the Balkans. It was a quantitative, cross-sectional survey using paper-and-pencil self administered questionnaire. The main objective was to better describe the access of high-school students to sexual and reproductive health services (SRHS). This study is re-analysis of the data regarding students from Skopje, Macedonia. The size of the sample was 574 students from 6 different high schools (3 technical, 1 medical and 2 grammar.) The 82 items self-administered questionnaire was constructed with a common core questionnaire, more two sections: section A had to be filled in by students who ever had sexual intercourse and section B had to be filled in by students sexually non-active.

Population under study

The study sample included the students from 6 different high schools from Skopje. There were two levels of sampling: school level and class level. All students in classes selected at random were invited to participate in the survey. There were no exclusion criteria. Special techniques were used in case of very unbalanced sex ratio in a class. To limit the risk of selection bias investigators were asked not to seek for volunteers.

Ethics

Questionnaires were anonymous. Students were informed before starting about the purpose of the survey and the content of the questionnaire. Students refusing to participate were simply taken out of the survey.

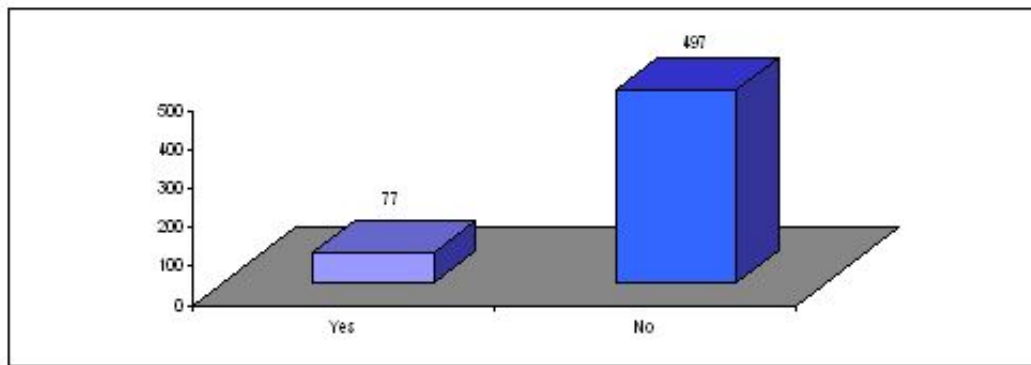
RESULTS

All students responding to the questionnaire were included in the analysis. This study investigates the data regarding use of sexual and reproductive health services by Macedonian students.

	N	%
By gender	NS	
Male	283	49,0
Female	288	50,2
By age	NS	
14 –16 years	231	41,3
17- 18 years	328	58,7
By sexual activity	P<0.01	
Male	54	20,4
Female	132	47,0

Table 1: Students distribution by gender, age and sexual activity

The students were asked if they ever visited a health facility or a doctor for a problem related to sexual and reproductive health. Answers were standardized by providing a list of problems. Students could select several propositions if necessary. No recall period or time limit was suggested for this question, the visit could have taken place in any period of the students life.



Graph 1: Number of students having visited a health facility or a doctor for a problem related to SRH

Sample (N)	N=574	%
N (%) of at least one visit	77	13,5
Reasons		
Sexual problems	10	1,7
Counselling on sexuality	26	4,5
Any problem related to HIV/HIV testing	20	3,5
Contraception	12	2,1
Sexually transmitted infection	13	2,3
Gynaecological or urological problem	23	4,0
Pregnancy test	7	1,2
Abortion	4	0,7
Antenatal care	2	0,3

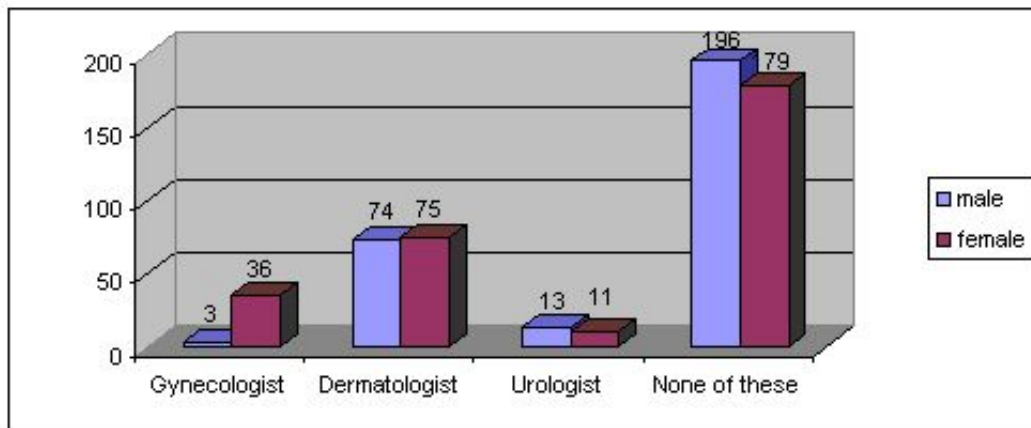
Table 2: Students having visited a health facility or a doctor for a problem related to SRH, and reasons for consultation (multiple answers possible).

The number of students ever visited doctor for a problem related to sexual and reproductive health was 77/574 (12,2%). Most reported reasons were counseling on sexuality (4,5%) and gynecological or urological problems (4,0%). Only 12/574 students (2,1%) reported visited doctor for contraception and STI (2,3%). Logically, the use of SRH services was increasing with age. Girls reported more gynecological or urological problems, while boys almost exclusively reported problems with STIs.

Impressions	N=77	%
Received enough information	43	55,8
Felt comfortable	33	42,9
Did understand	45	58,4
I felt respected	32	41,6
Skilled staff	41	53,2

Table 3: Impressions during the visit.

The impression after consultation did show neither a great satisfaction nor great dissatisfaction. Measuring students visiting specialized doctors was another way to study the use of reproductive health services. Three categories of specialized practitioners were selected a) gynecologist as important actors in reproductive health; b) dermatologist, involved in the treatment of STI in the male population, and c) urologist, who could be consulted for reproductive tract problems, especially by males. The next graph shows the proportion of students who ever visited one of those specialists.

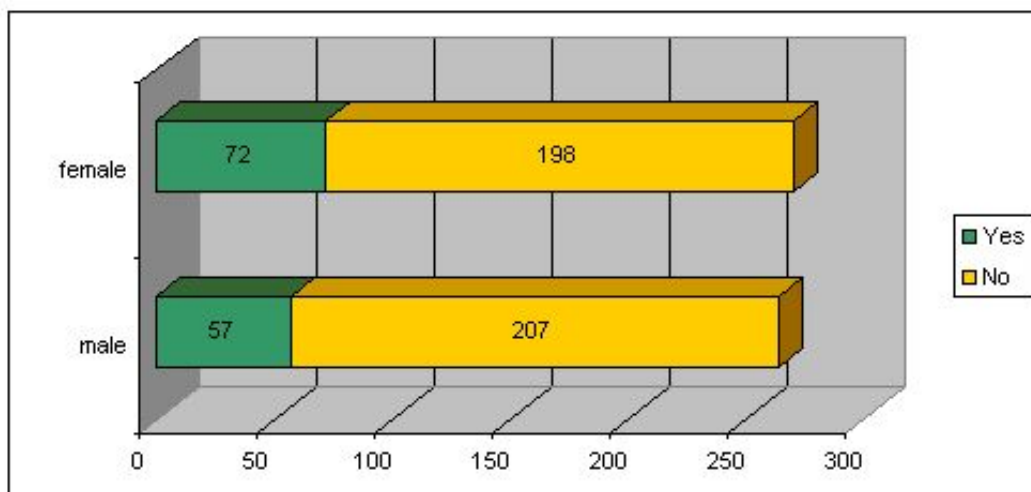


Graf 2: The number of students who ever visited one specialized practitioner.

The proportion of girls who have ever visited gynecologist was 12,5 %(36/288).

Constrains for accessing reproductive health services

Students were asked if they ever met a "situation where they felt they need medical advice on reproductive health and did not go for it".



Graph 3: Proportions of students reporting experience of uncovered needs for reproductive services.

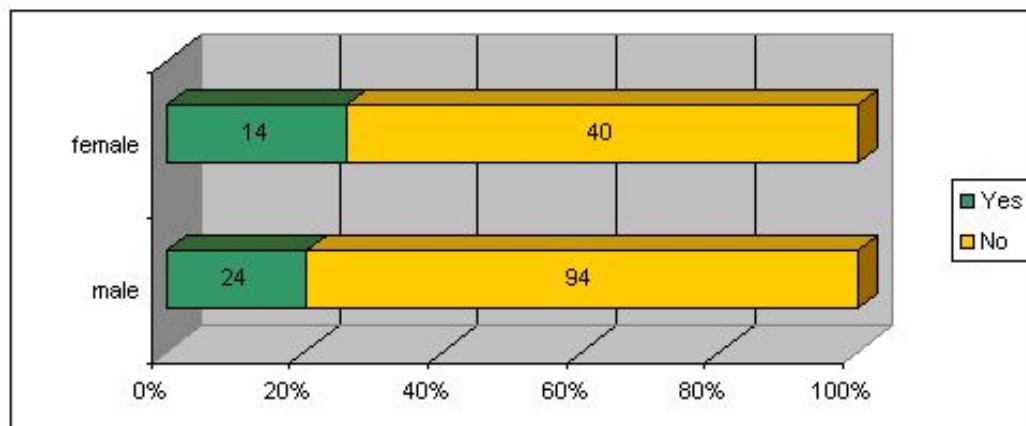
Possible reasons not to go to the RHS when a need was perceived was investigated with the proposed list of constrains:

Total sample : 574 N (%) uncovered need: 129			
Reasons	Male	Female	%
Transport	3	0	2,3
Did not know where to go	10	12	17,8
Parents would know	4	14	12,4
Excuse to school	7	7	13,2
Money	1	3	10,9
Difficult appointment	1	3	3,1
Nobody to go along	5	5	7,8
Afraid diagnosis	8	15	17,8
Afraid examination	2	12	10,1
Doctor's reaction	9	4	10,1
Ashamed	7	13	15,5
Problem not severe	21	28	38,0
Discrimination	3	0	2,3
Did not care	12	5	13,2
Other	12	17	20,9

Table 4: Reasons not to go to the reproductive health service when a need was perceived

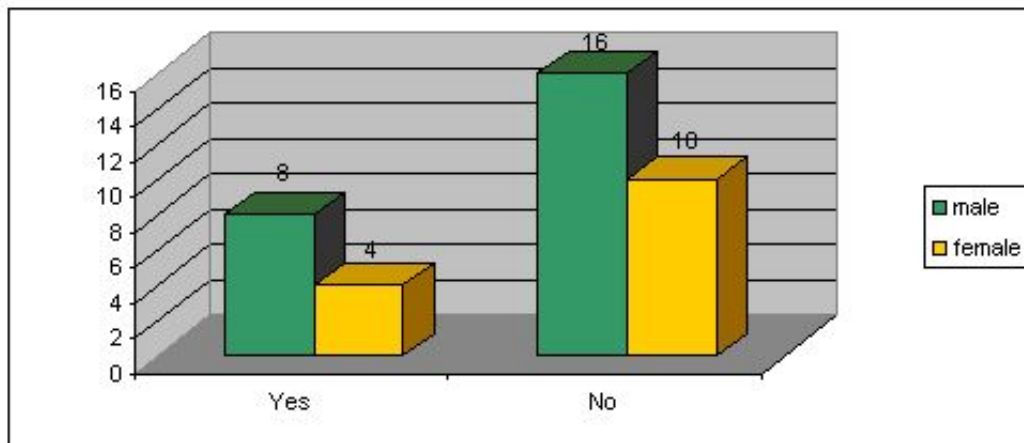
The most frequent reason mentioned for not using SRH services was that the problem was not severe enough (38%) and 17,8% did not know where to go. Subjective barriers like shame and fear should not be ignored.

Those students sexually active were asked: "Have ever suspected being affected by a sexually transmitted infection?"



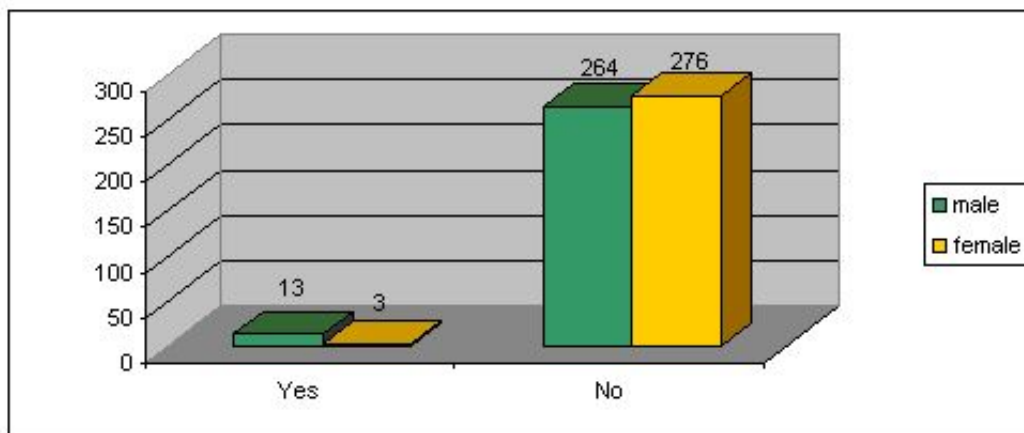
Graph 4: Students reporting ever being suspected by a STI

The students reporting having suspected an STI were asked if they consulted a doctor for this episode.



Graph 5: Number of students having visited doctor for STI episode

Constraints to access HIV testing and counseling were investigated by asking students if they " ever had been in a situation where you needed an HIV test but did not seek for it?"



Graph 6: Number of students who declared they already needed a HIV test (without looking for it).

The number of students who were already tested for HIV were 7 (1,2%).

DISCUSSION

The proportion of students who have ever visited a doctor or a health facility for a problem related with their sexual and reproductive health was 12,2% (77/574). Only 2,1% (12/574) have used services for the purpose of contraception. The impression after consultation showed neither a great satisfaction nor a great dissatisfaction. 22,4% of students (129/574) have been in a situation where they felt they need medical advice on reproductive health and did not go for it. The lack of severity ranked as a first reason not to consult SRH service which might imply that perception of severity merits further investigation. Subjective barriers like shame and fear were frequent and 17,8 5 did not know where to go. Of those sexually active, 25,9 % of the girls (14/54) and 20,3 % of the boys (24/118) suspected being affected by STI , but only 6,4 % (8 boys and 4 girls) visited a doctor or health facility for that episode. The proportion of students (sexually active) who declared they needed a HIV test without looking for it was 8,6 % (16/186) and those who were already tested for HIV was 1,2 % (7/574), but testing was not necessarily associated with sexual activity. The care seeking behavior is closely related to the perceived severity of the problem, the most frequent reason mentioned.

A comparison of the proportion of students who ever had sexual intercourse (33,6 %) with the proportion of students who ever used a reproductive health facility (12,2 %) obviously shows their under-utilization.

CONCLUSION

The survey clearly demonstrated under-use of health facilities for problems related to sexual and

reproductive health. The insufficient awareness of their own needs might be a possible reason for such under-utilization. That implies that adolescents have insufficient knowledge about contraceptive methods and a low awareness about the risk of contracting sexually transmitted infections. Subjective barriers are dominant which implies that medical staff should be additionally educated for working with young people. Young people should be guided in their reproductive health seeking behavior especially in their contraception needs and provided with information about contraceptive methods and the symptoms of STIs. Young people also should be convinced that such services are "youth friendly". They require different approach in the provision of sexual and reproductive health services.

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Contact person:

Brankica Mladenovic, MD
Institute for Mothers and Child Health Protection, Skopje, R. Macedonia
Naroden Front, 35, Skopje, R. Macedonia; tel.0038970302143,
e-mail: b_mladenovik@hotmail.com