Factors associated with accessibility and utilization of adolescent health services in Chingola, Zambia

A White Paper

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1. 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 underutilisation 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]. 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 (WHO, 2018). 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].

Not unlike adolescents everywhere, most Zambian adolescents are sexually active by their mid-teens. The Zambia Demographic and Health Survey (2018)[8] reported that among women and men age 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 age 15-19 are married by age 15. Two percent of women age 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, in order 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 prioritised 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 players, 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.

2. Abstract

The purpose of this paper was to explore the factors associated with accessibility and utilization of adolescent health services in Chingola, Zambia. The paper was a desk research. The major problem identified is that common health problems associated with sexual behaviours have continued among adolescents. Some of the m include early marriages and pregnancies, unsafe abortions, drugs and alcohol abuse, trauma/accidents and violence, and unsafe cultural practices. Lack of information and stigmatization were others 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 out to adolescent population.

3. Problem Statement

The government through the Ministry of Health and its partners is making a number of efforts to discourage adolescents in engaging in early sexual activities and to encourage them to seek health services. However, the adolescents have continued to face a number of 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 the adolescents, calling or special attention. In addition, a study by Denno et al., (2016)[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.

4. Proposed Solutions

4.1 Introduction of solution

The proposed solutions will help to improve the utilization of adolescent health services which in turn will help reduce on the adolescent health issues and reduce the burden on public health. Following are the solutions;

i. 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.

ii. 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

iii. The services to be provided during weekends and any other free time to attract more adolescents to access without being inconvenienced and also the schools to come up with deliberate policy to allow them to visit the facilities whenever necessary with a referral slip from the schools.

4.2 Application of the solutions

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

Provider/school level

i. The providers of the services to 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.
ii. Health providers to involve the adolescents in the catchment schools in the activities like peer education and drama groups.
iii. The providers to conduct outreach to the schools to take the services offered to the adolescents in schools.
iv. 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.
v. The adolescent health providers to improve on the attitude towards the adolescents to avoid prejudice and stigma, also the providers to be of average age to allow the adolescents free expression.
vi. Private sector/NGOs present in the district to facilitate the linkage and networking with the schools and health facilities offering the adolescent health services.

Community level

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

Policy level

i. School administrators to formulate flexible rules to allow adolescents to visit the facilities with a referral slip were the feed back to school will be provided by the provider

Long term focus

i. 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.

5. Future Direction

The future directions include:

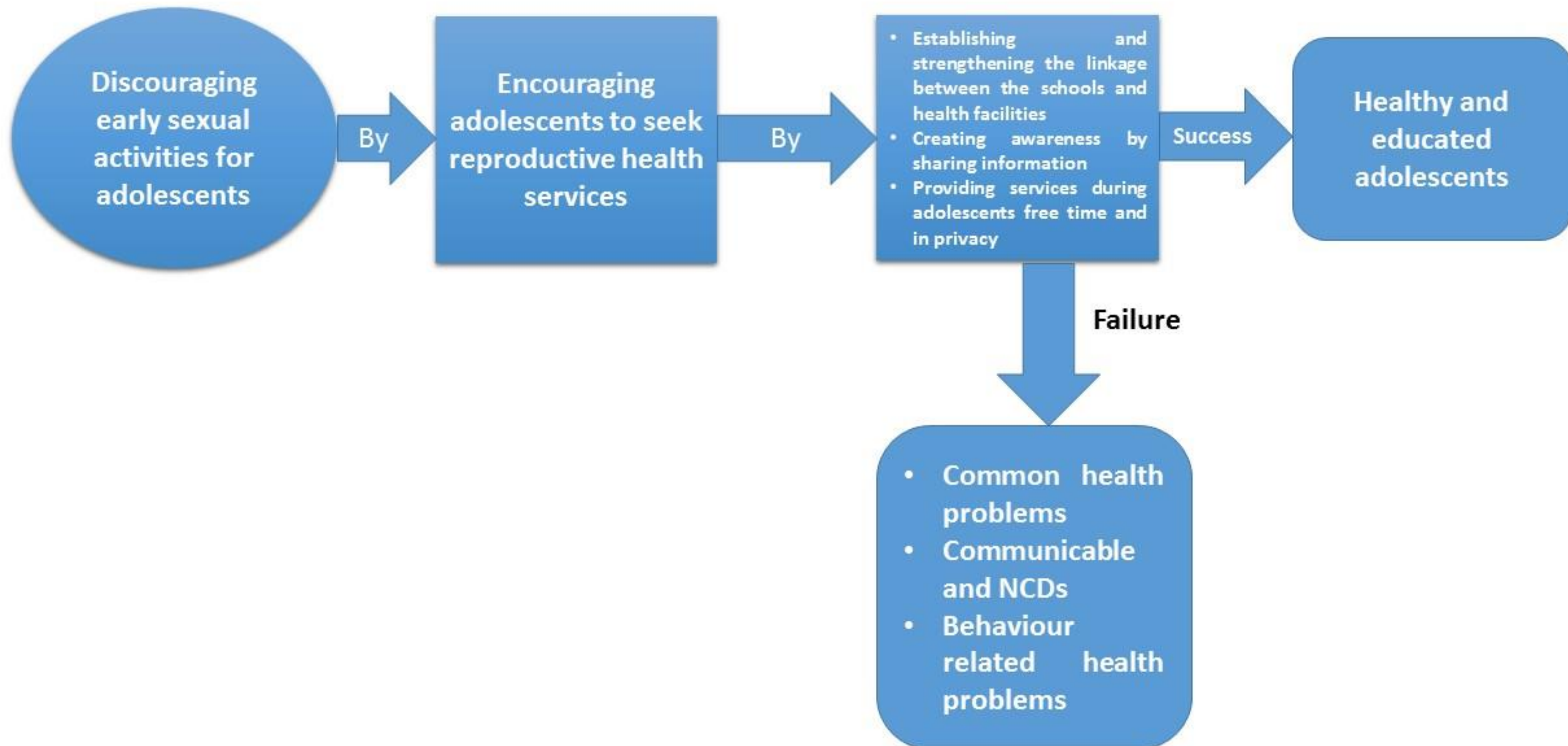
i. Clinics and health centres should take advantage of technology and use electronic means to increase awareness of available reproductive health services for adolescents. For instance, they ought to make social groups on social media aimed at reaching out the adolescents.
ii. The Clinics and health centres should have door to door programs for the community aimed at sensitizing adolescents on reproductive health
iii. Clinics and health centres through the Ministry of Health should scale up adolescent-friendly services in order to meet the needs of both boys and girls.
iv. Clinics and health centres through the Ministry of Health should use mobile services to provide services in order to address the problem of distance boys and girls cover to the nearest health facility.
v. 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.
vi. 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

6. 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 out to 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 attitude 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[10][13][14]. This paper provides useful proposed solutions for health policy makers and practitioners especially those directly responsible for adolescent health.

Appendices

Appendix A – Scenarios



Appendix B – Options

1. Comprehensive Sex Education: Ensure that reproductive health education is comprehensive and covers all aspects of reproductive health, including contraception, sexually transmitted infections, pregnancy, childbirth, and parenting.

2. Accessible Information: Make sure that reproductive health information is easily accessible and available to everyone, including adolescents, young adults, and people from marginalized communities.

3. Inclusive Language: Use inclusive language that respects diversity and avoids stigmatizing or discriminatory language that might prevent some individuals from accessing reproductive health information.

4. Age-appropriate Material: Develop age-appropriate educational material for children and adolescents that is both informative and engaging.

5. Culturally-Sensitive Curriculum: Develop a culturally sensitive curriculum that acknowledges and addresses the unique needs and values of different communities.

6. Parental Involvement: Encourage parental involvement in reproductive health education by providing resources and support to parents and guardians.

7. Teacher Training: Provide teachers with training and support on reproductive health education to ensure they are equipped to address the needs of their students.

8. Peer Education: Encourage peer education programs that enable young people to educate their peers about reproductive health in a supportive and non-judgmental environment.

9. Technology-enabled Learning: Utilize technology such as online learning platforms, mobile applications, and social media to provide reproductive health information in innovative and engaging ways.

10. Continual Assessment: Continuously assess and evaluate reproductive health education programs to ensure they are effective and responsive to changing needs and circumstances.

Appendix C – Authors

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