ResearchGate

See discussions, stats, and author profiles for this publication at: https://www.researchgate.net/publication/291418633

Youth friendly health services in a rural community of Lagos, Nigeria: Are the youths receptive?

Article *in* International Journal of Adolescent Medicine and Health · January 2016

DOI: 10.1515/ijamh-2015-0095

CITATIONS
6

READS
2,335

6 authors, including:

Kikelomo Ololade Wright
Lagos State University College of Medicine & Lagos State University Teaching Hos…
100 PUBLICATIONS **1,147** CITATIONS

SEE PROFILE

Adeyinka Adeniran
Lagos State University
41 PUBLICATIONS **181** CITATIONS

SEE PROFILE

Y.A. Kuyinu
Lagos State University College of Medicine, Ikeja, Lagos, Nigeria
56 PUBLICATIONS **562** CITATIONS

SEE PROFILE

Some of the authors of this publication are also working on these related projects:

Project

Assessment of behavioural risk factors and prevalence of hypertension among policemen in Ikeja local government area of Lagos state View project

Project

Comprehensive Assessment of Emergency Obstetric Care in Lagos State View project

All content following this page was uploaded by Adeyinka Adeniran on 15 March 2016.

The user has requested enhancement of the downloaded file.

KIkelomo Ololade Wright, Esther Oluwole, Adeyinka Adeniran, Yetunde Kuyinu, Olayinka Goodman and Olumuyiwa Odusanya

Youth friendly health services in a rural community of Lagos, Nigeria: are the youths receptive?

DOI 10.1515/ijamh-2015-0095
Received September 25, 2015; accepted November 19, 2015

Abstract

Background: Globally, the youths constitute a major segment of most societies particularly in developing countries. This study was undertaken to assess the perception and practices related to youth friendly health services (YFHS) by in-school adolescents in a rural community of Lagos, Nigeria.
Methods: A descriptive cross-sectional survey was conducted on 400 proportionately selected consenting respondents from the senior classes of the three secondary schools in Agbowa community. A pre-tested interviewer-administered questionnaire was used for data collection and analysis was done with the aid of statistical software.
Results: Most of the respondents were in the age range of 12–15 years with mean age being 15.33±1.54 years. About half (46.8%) of the respondents correctly described adolescents as persons between the ages of 10 and 19 years. The majority (83.2%) of the respondents first heard about the Youth Friendly Health facilities from parents, guardians and friends. However, only few of the respondents had ever visited a Youth Friendly Center. A good location, convenient hours and comfortable surroundings were the most appealing aspects of YFHS. The provision of a seminar room and educational materials (60.8% and 70.8%, respectively) are important to the respondents. Reproductive health (56.8%) was the most preferred health education topic chosen by the respondents.
Conclusion: Sensitization of the youths in the Agbowa community about youth friendly health services and provision of such services would be useful in reducing risky practices and improving their health.

Keywords: Agbowa; adolescents; youth friendly health services.

***Corresponding author: Dr. Kikelomo Ololade Wright,** MBChB, MPH, FMCPH, Department of Community Health and Primary Health Care, Lagos State University College of Medicine/Teaching Hospital, Ikeja, Lagos, Nigeria, Phone: +234 8023102545, E-mail: loladewright@yahoo.com
Esther Oluwole: Department of Community Health and Primary Health Care, Lagos State University Teaching Hospital, Ikeja, Lagos, Nigeria
Adeyinka Adeniran, Yetunde Kuyinu, Olayinka Goodman and Olumuyiwa Odusanya: Department of Community Health and Primary Health Care, Lagos State University College of Medicine, Ikeja, Lagos, Nigeria; and Department of Community Health and Primary Health Care, Lagos State University Teaching Hospital, Ikeja, Lagos, Nigeria

Introduction

Youth constitute a special group in most societies with peculiar health problems such as teenage pregnancy, sexually transmitted infections as a result of risky sexual practices, mental health problems, violence, substance abuse and unintentional injuries (1). Globally, there are 1.7 billion young people aged 10 to 24 years, representing one-quarter of the world's population, with over 85% living in developing countries (2). About 19.2% of the Nigerian population of approximately 160 million people are between the ages of 15 and 24; and it is postulated that by 2025, the number of Nigerian youths will exceed 57million (3, 4).

Experts have estimated that more than one third of the 600,000 female Nigerians who obtain abortions each year are adolescents (5). Furthermore, a Nigerian study revealed that 80% of Nigerian patients with abortion-related complications were adolescents (6). Literature has also shown that lack of sexual health information and services may predispose these young people to unwanted pregnancies, unsafe abortions, sexually transmitted infections (STIs), and HIV/AIDS. In addition, early marriage and child bearing which are common practices in some parts of the country, tend to limit educational and employment opportunities of many young persons (7).

In an effort to reduce maternal and infant mortality as well as the high rates of sexually transmitted infections and school drop-out due to unwanted pregnancies, Nigeria

Authenticated | loladewright@yahoo.com author's copy
Download Date | 1/22/16 12:39 PM

developed a national reproductive health policy on sexual behaviors during adolescence (8). A related study observed that unmet needs among young people may be connected with poor understanding of reproductive processes (9). It is upon this premise that this survey was undertaken to assess the felt needs for youth friendly health services by in-school youths in a rural community of Lagos Nigeria.

Methodology

Agbowa town is a rural community situated in Lagos State of Nigeria which is the economic hub of the country. It is divided into two wards with a total population of about 17,928 (10). The community has three secondary schools and other basic social infrastructures.

The target population for this study was the students in the senior secondary (SS) classes of the three schools in the Agbowa community.

A descriptive, cross-sectional survey was conducted between the months of March to June 2014. The study instrument was a structured, pre-tested, interviewer-administered questionnaire comprising of three sections on the socio-demographic characteristics of respondents, information on the perception and practices related to youth friendly services. The instrument was pretested among secondary school students in another community (Imota) which is similar to the study community. This helped to detect potential problems with the proposed instrument and adjustments were made accordingly.

A total of 400 respondents were selected from the senior student population in each of the three schools determined proportionately across the three senior classes of each school.

Data collection was conducted by trained final year medical students whilst analysis was performed with the aid of Statistical Package for Social Sciences (SPSS) version 16 (IBM Corporation, USA). Univariate and bivariate analyses were conducted and appropriate statistical tests of significance were performed using a 95% confidence interval and level of significance set at $p<0.05$.

Permission was sought from the supervising authorities and informed consent was also obtained from the respondents prior to the administration of the questionnaires.

Results

Most of the respondents were in the age range of 12–15 years with mean age being 15.33±1.54 years. More than half of the respondents (53.2%) were females, Christianity was the predominant religion (66.5%) and the senior secondary level two (SS2) class was the most represented (64.5%) while the majority (94.0%) resided with their parents (Table 1).

Table 1: Socio-demographic details of respondents.

Variables	Frequency (n=400)	Percentage, %
Age group		
11–15	222	55.5
16–19	174	43.5
20 and above	4	1.0
Mean=15.33±1.54; median=15.0; mode=15		
Gender		
Male	187	46.8
Female	213	53.2
Current class		
SS1	78	19.5
SS2	258	64.5
SS3	64	16.0
Religion		
Christianity	266	66.5
Islam	133	33.3
Traditional	64	0.2
Living situation		
Parents	376	94.0
Others	24	6.0

Table 2: Respondents' description of adolescence.

	Frequency (n=400)	Percentage, %
Age description		
10–15	111	27.7
10–19	187	46.8
10–24	47	11.8
>24 years	37	9.2
Don't know	18	4.5
Gender description		
Young males	13	3.2
Young females	17	4.3
Both	370	92.5

Almost half (46.8%) of the respondents described adolescents as persons between the ages of 10–19 years and the majority (92.5%) referred to adolescents as consisting of both young males and females (Table 2).

The majority (83.2%) of the respondents heard about youth friendly (YF) facilities from parents and guardian who constituted the major sources of information (43.5%). However, only few of the respondents had ever visited a youth friendly center. A large proportion (88.0%) of those who had visited youth friendly health facilities were satisfied with the services provided (Table 3). Most of the

Authenticated | loladewright@yahoo.com author's copy
Download Date | 1/22/16 12:39 PM

Table 3: Respondents' experience with youth friendly health services (YFHs).

	Frequency	Percentage, %
Visited a YFHS before		
Yes	25	37.3
No	42	62.7
Total	67	100.0
Category of service provider at YFHS		
Adult	16	64.0
Young persons	6	24.0
Both	3	12.0
Total	25	100.0
Assessment of services provided		
Satisfied with service	22	88.0
Comfortable service	23	92.0
Convenient opening hours	25	100.0
Privacy maintained	8	32.0
Sufficient time allocated	21	84.0
Convenient location	23	92.0

Table 4: Preferences related to YFHSs.

	Frequency (n=400)	Percentage, %
Preference		
Good location	300	75.0
Convenient hours	222	55.5
Comfortable surroundings	266	66.5
Peer counselors	196	49.0
Respect for young people	229	57.2
Confidentiality	218	54.5
Preferred service provider		
Male	57	14.2
Female	77	19.2
Both	266	66.6
Preferred cadre of health worker		
Doctor	302	75.5
Nurse	196	49.0
Health educator	244	61.0
Counsellors	207	51.8
All	176	44.0
Preferred facility at YFH centres		
Waiting room	141	35.2
Seminar room	243	60.8
Computer room	178	44.5
Games room	138	34.5
Educational materials	283	70.8
Preferred services		
Peer education	218	54.5
Counseling services	229	57.2
Health education	297	74.2
Test	201	50.2
Referral	107	26.8
Preferred health education topic		
Reproductive health	227	56.8
Peer influence	170	42.5
Nutrition	186	46.0
Others	11	2.8

respondents preferred good location (75.0%), convenient hours and comfortable surroundings (66.5%) as key features in the provision of YFHS. The majority (66.6%) of the participants had no preference in terms of gender of the service provider. However, doctors are the most preferred cadre of health worker by three quarters (75.5%) of the respondents.

Most of the respondents were of the view that a seminar room and educational materials (60.8% and 70.8% respectively) should be key component of the services available in YFCs. Furthermore, health education is important particularly on reproductive health matters (Table 4). There was no statistically significant association observed between selected socio-demographic characteristics such as age or gender of respondents and awareness or visit to a YFHS ($p>0.05$).

Discussion

The mean age observed was 15.3 years and the majority of the participants were between the ages of 11 and 15 years (55.5%), female (53.2%) and resided with their parents (94.0%; Table 1). These socio-demographic findings are very similar to other related studies such as a review by Nair et al. on Global Standards to improve quality of health care services for adolescents and a Nigerian study in Ile-Ife on the perceived reproductive health problems amongst in-school adolescents which reported a mean age of 15.35 years and a female preponderance (57.9%) (11, 12).

In describing adolescents by gender and chronological age, even though over 90% were aware that adolescents comprise of young males and females, less than half (46.8%) classified adolescence as the period between 10 and 19 years of age; which is accordant with the World Health Organization's definition of adolescence (1).

Respondents in the study generally had a low level of awareness about YFH services (16.8%; Table 5) similar to findings from a national assessment on response to young people's sexual and reproductive health in Nigeria where YFHS are few or non-existent (13). Access to youth friendly facilities could influence adolescent health seeking behavior particularly in the context that adolescent friendly clinics often create an environment that is attractive to the youths. Unfortunately, such services are sometimes few in African rural communities (14).

Authenticated | loladewright@yahoo.com author's copy
Download Date | 1/22/16 12:39 PM

Table 5: Respondents' awareness about youth friendly health services (YFHs).

	Frequency	Percentage, %
Awareness		
Yes	67	16.8
No	333	83.2
Total	400	100.0
First source of information	n=67	
Parent/guardian	29	43.3
Friend/peer	24	35.8
Teacher	12	17.9
Notice board	2	3.0

In a Nigerian survey conducted in the Delta State, it was found that most respondents in both urban and rural areas are ignorant about the location of youth friendly services in their community. It was also observed that less than one fifth (16%) of the facilities inspected in that locality had provision for adolescent services even though half of these claimed to provide youth friendly services (15, 16).

Interestingly, the major first source of information about YFHS were parents or guardians (43.3%) and peers (35.8%) which is similar to the national survey that reported 36% heard from friends and 20% from mass media (13). However, similar south west Nigerian study observed that a preponderance of the study participants listed parents (97.7%) as source of health information (17).

The low awareness level observed in this study resulted in a utilization rate of 37.3% among those who had heard of these services. This corroborates other African countries that have reported lack of knowledge by the youths as a major reason for the under-utilization of youth friendly reproductive and sexual services (18, 19).

Overall, those who had visited a youth friendly health facility were satisfied with the services provided, rating opening hours, comfort and location highly. This is akin to the positive attitude towards youth-friendly services (YFS) in Ethiopia reported by Motuma who observed that more than half (69.2%) of the youths were affirmative towards YFS (20). The participants responses on preferred services (Health education 74.2%; Counselling 57.2%) and facilities (Educational materials 70.8%; Seminar room 60.8%) at a youth friendly health center clearly demonstrate an eagerness to learn with the most preferred subject being reproductive health matters (Table 4). Youth friendly health facilities have been reported to have the potential to ensure effective continuing sexual and reproductive services for young persons as well as influence positive behavior change in this very important segment of society (21). Lack of information and guidance about sexual matters expose young people to health problems as well as physical, emotional and economic exploitation (22).

Other factors that have been identified as being associated with risky practices inimical to adolescent health include low level of health knowledge and poor life skills (22).

It is worthy of note that age, gender or academic seniority did not have any effect on awareness or utilization of youth friendly health services in this study (Tables 6 and 7).

Worldwide, adolescents are growing up in a socially transforming environment that requires strong decision-making, for less risky pathways.

Table 6: Relationship between socio-demographic characteristics of respondents and awareness of YFHs.

Variable	Yes Freq., % n=67	No Freq., % n=333	Statistical test χ^2	p-Value
Age, years				
11–15	33 (14.9)	189 (85.1)		0.326*
16–19	33 (19.0)	141 (81.0)		
20 and above	1 (25.0)	3 (3.3)		
Gender				
Male	34 (18.2)	153 (81.8)	0.516	0.504
Female	33 (15.5)	180 (84.5)		
Living situation				
Alone	1 (25.0)	3 (75.0)		0.277*
Parents	65 (17.3)	311 (82.7)		

*Fisher's exact.

Table 7: Relationship between socio-demographic characteristics of respondents and visit to YFHs.

Variable	Yes Freq., % n=25	No Freq., % n=42	Statistical test χ^2	p-Value
Age, years				
11–15	11 (33.3)	22 (66.7)	1.156	0.757
16–19	14 (42.4)	19 (57.6)		
20 and above	0 (0.0)	1 (100.0)		
Gender				
Male	12 (35.3)	22 (64.7)	0.120	0.803
Female	13 (39.4)	20 (60.6)		
Current class				
SS1	7 (53.8)	6 (46.2)		0.349*
SS2	16 (35.6)	29 (64.4)		
SS3	2 (22.2)	7 (77.8)		

*Fisher's exact.

Authenticated | loladewright@yahoo.com author's copy
Download Date | 1/22/16 12:39 PM

Conclusion

Considering the low awareness about YFHs, the provision and accessibility of appropriate youth friendly services in the Agbowa community would not only satisfy the yearnings of the youths for relevant information but also has the potential of promoting their health, thereby reducing morbidity and mortality from preventable causes and improving well-being.

References

1. WHO, Adolescents: health risks and solutions; Fact Sheet No 345 May, 2014.
2. Population Reference Bureau 2006. www.prb.org/pdf06/06worlddatashee.pdf. Accessed on December 15, 2014.
3. United Nations Department of Economics and Social Affairs/Population Division World population prospects: The 2012 Revision, Volume 11: Demographic profiles.
4. UNFPA Annual Report 2003. www.unfpa.org. Accessed on December 15, 2014.
5. Henshaw SK, Singh S, Oye-Adeniran BA, Adewole IF, Iwere N, et al. The incidence of induced abortion in Nigeria. Int Fam Plan Perspect 1998;24:156–64.
6. Otoide VO, Orosanye F, Okonofua FE. Why Nigerian adolescents seek abortion rather than contraception: evidence from focus-group discussions. Int Fam Plan Perspect 2001;27:77–81.
7. Population Reference Bureau. The World's Youth 2000: data sheet. Washington, DC: The Bureau, 2000.www.prb.org/pdf/worldsyouth_eng.pdf. Accessed on December 15, 2014.
8. World Health Organization. Nigeria: country progress report. Geneva: WHO, 2001.
9. James G. Education and sexuality: towards addressing adolescents' reproductive health needs in Nigeria. J Soc Sci 2012;4:285–93.
10. Sustainable maternal health care behaviours improvement initiative in Nigeria: needs assessment and baseline survey of Epe local government area, Lagos State. The Pathfinder International Nigeria, 2008.
11. Nair M, Baltag V, Bose K, Boschi-Pinto C, Lambrechts T, et al. Improving the quality of health care services for adolescents, globally: a standards-driven approach. J Adolesc Health 2015;57:288e298
12. Omobuwa O, Asekun-Olarinmoye E, Olajide FO. Knowledge and perception of reproductive health services among in-school adolescents in Ile-Ife, Osun State, Nigeria. J Med Med Sci 2012;3:481–8.
13. Federal Ministry of Health, Abuja. Assessment report of the national response to young people's sexual and reproductive health in Nigeria. Lagos 2009.
14. Denno DM, Hoopes AJ, Chandra-Mouli V. Effective strategies to provide adolescent sexual and reproductive health services and to increase demand and community support. J Adolesc Health 2015;56:S22eS41.
15. UNFPA. UNFPA Assisted 5th country Programme baseline survey 2004: Delta State Report.
16. Oboro VO, Tabowei TO. AIDS Prevention programmes and sexual behavior among secondary school adolescents in Delta state, Nigeria. Trop J Obstet Gynaec 2003;20:118.
17. Monisola TA, Oludare BA. Adolescent sexuality and sexuality education in southwestern nigeria: combining quantitative and participatory methodologies. The Soc Sci 2009;4:264–8.
18. Biddlecom AE, Munthali A, Singh S, Woog V. Adolescents' views of and preferences for sexual and reproductive health services in Burkina Faso, Ghana, Malawi and Uganda. Afr J Reproduct Health 2007;11:99–110.
19. Godia P. Youth Friendly sexual and reproductive health service provision in Kenya: what is the best model? Nairobi, MOH, 2010.
20. Motuma A. Youth-friendly health services utilization and factors in Harar, Ethiopia. Harar Bulletin of Health Sciences Extracts Number 4, January 2012.
21. Lesedi C, Hoque ME, Ntuli-Ngcobo B. Youth's perception towards sexual and reproductive health services at family welfare association centres in Botswana. J Soc Sci 2011;28:137–43.
22. Fatusi AO. Promoting adolescent health and development through research and social action: The COMNET Initiative, Ile Ife, Osun state, Nigeria.

Authenticated | loladewright@yahoo.com author's copy
Download Date | 1/22/16 12:39 PM

View publication stats