ADOLESCENTS’ EXPECTED CHARACTERISTICS OF HEALTH SERVICES IN IBADAN, NIGERIA

Adeleke OA¹ and Balogun FM¹,².
Institute of Child Health, College of Medicine, University of Ibadan, Nigeria
University College Hospital, Ibadan, Nigeria
Outline

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Background

Adolescence

• Transition from childhood to adulthood (Crone and Dahl, 2012).
• Key period for the initiation and adoption of risky health behaviours (Viner et al., 2012).
• Peculiar health needs that have to be addressed appropriately (WHO, 2014).

Current Situation

• Nigerian adolescents health indices pose reasons for concern.
• Injury prevalence among in-school adolescents in the southern part of Nigeria was 93.8% (Nmor, et al., 2013).
• Prevalence of menstrual pain among female adolescents’ ranges between 62.0%- 80.0% (Busari, 2012; Farotimi, et. al., 2015).
• Adolescents usually present in a health facility when the health problem is severe (WHO, 2013).

• Adolescents avoid health facilities with unfriendly healthcare providers (Onokerhoraye and Dudu, 2017).

Adolescent-friendly healthcare services

• Effective approach to addressing the health needs of adolescents.

• Adolescents’ preferences about health services.

• Synchronising their expected characteristics of health services will increase the adolescent friendliness of the health services.

• Creates adolescent responsive health systems (Baltag and Sawyer, 2017).
Objectives

I. To identify the common types of health problems for which adolescents in Ibadan-North East LGA seek healthcare.

II. To assess the patterns of adolescents’ health seeking behaviour to listed health problems.

III. To explore the expectations of adolescents in Ibadan-North East LGA on the characteristics of healthcare services that will meet their health needs.
Methods

• Study Area
  • Ibadan-North East local government area, Oyo state
  • 48 PHC, 2 secondary health facilities (Oyo State Ministry of Health, 2015).
  • 34 public secondary schools and 24 private secondary schools (Ibadan North-East LGA Ministry of Education, 2016).

• Study Site
  • Selected private and public secondary schools in the LGA
Methods Cont’d

• Study Design
  • Cross-sectional study design.
  • Mixed method of data collection (concurrent triangulation method).

• Study Population
  • In-school secondary school adolescents in Ibadan-North East local government area.

• Sample Size Determination

Sample size, \( n = \frac{(Z_{\alpha})^2[p(1-p)]}{d^2} \)

Where:

- \( n \) = Sample size ; \( Z_{\alpha} \) = Z statistic for 95% level of confidence (1.96)
- \( p \) = Proportion of adolescents who perceived healthcare services to be accessible is taken to be 74% using the findings of Obiechina and Ekenede (2013)
- \( d \) = Precision of 5% (0.05)

\( N = 500 \) respondents (After accounting for a non-response rate of 10% \( N = \frac{n}{1-r} \) and applying design effect of 1.5).
Methods Cont’d

Inclusion Criteria
• Adolescents in selected public and private secondary schools.
• Adolescents in public and private secondary schools who had sought healthcare services six (6) months preceding the study.

Exclusion Criteria
• No parental consent
• Out of school adolescents.

Qualitative Aspect
• 6 FGDs and 4 IDIs were conducted.
Method Cont’d

**Sampling Technique**- Quantitative

A multi-stage systematic random sampling technique was used to select the sample population.

• **Stage I:** Ibadan- North East LGA was randomly selected from the five urban LGAs in Ibadan.

• **Stage II:** Simple random sampling method (SRS) was used to select five public and private secondary schools each from the list of registered secondary schools.

• **Stage III:** In each of the selected schools, six arms of classes was selected from both the junior class and senior class using the SRS method.
Methods Cont’d

• **Stage IV**: Systematic random sampling method was used to select with the students using the class register as sampling frame.

Qualitative

• FGD and IDI participants were purposively selected.

• Selection criteria
  • Voluntariness
  • visited a health facility for healthcare six months before survey.

Study Instruments

• Questionnaire

• FGD and IDI guides.
Data Analysis

• SPSS version 20.0
• Univariate analysis: frequencies and means of relevant variables.
• Chi-square test
• 5% level of significance.
• Thematic analysis for qualitative data.

Ethical Considerations
• Ethical approval was obtained from the Oyo State Research Ethical Review committee
• Consent, assent
Results:
Selected Socio-demographics of Respondents

- Males- 221 (44.2%); Females- 279 (55.8%)
- Mean age- 13.7 ± 2.1 years
Common health problems for which respondents sought healthcare

- Pimples: 36.2\% 1 month ago, 13.2\% about 3-6 months ago, 50.6\% no healthcare visit
- Underweight: 15\% 1 month ago, 9.8\% about 3-6 months ago, 75.2\% no healthcare visit
- Menstrual Pain: 17\% 1 month ago, 5.4\% about 3-6 months ago, 77.6\% no healthcare visit
- Depression: 3\% 1 month ago, 3\% about 3-6 months ago, 94\% no healthcare visit
- Malaria: 26.2\% 1 month ago, 21.4\% about 3-6 months ago, 52.4\% no healthcare visit
- Injuries: 29.6\% 1 month ago, 11.8\% about 3-6 months ago, 58.6\% no healthcare visit
## Results Cont’d

- Adolescent Health-seeking Behaviour

<table>
<thead>
<tr>
<th>Source of Health information</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family member</td>
<td>182</td>
<td>36.4</td>
</tr>
<tr>
<td>Medical practitioner</td>
<td>172</td>
<td>35.4</td>
</tr>
<tr>
<td>Others (friends, traditional healer etc.)</td>
<td>146</td>
<td>28.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthcare source visited</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthodox (physician’s clinic, pharmacy, counsellors)</td>
<td>360</td>
<td>71.0</td>
</tr>
<tr>
<td>Non-orthodox (medicine vendor and self-treatment)</td>
<td>93</td>
<td>19.6</td>
</tr>
<tr>
<td>Faith-based (spiritual healer and traditional healer)</td>
<td>47</td>
<td>9.4</td>
</tr>
</tbody>
</table>
Factors influencing respondents’ choice of health care services

- Severity of the health problem and reasonable cost of treatment were the major influencing factors of respondents choice of healthcare.
Results Cont’d

• The relationship between gender and respondents’ choice of healthcare services was statistically significant ($p<0.01$).
  • Female adolescents patronized orthodox sources more than their male counterparts.
  • Male adolescents patronized faith-based sources for healthcare more than their female counterparts.

• Adolescents living with both parents significantly sought healthcare services from orthodox sources ($p<0.05$).
Results- Qualitative Findings

Description of Participants
• A total of fifty-eight students (28 males and 30 females) selected from four secondary schools
• 4 IDI sessions- 2 males and 2 females.

Factors determining where health care is sought
• Cost of healthcare service, quality of service rendered, proximity, severity of health problem, competency of health workers and effectiveness of health service were major factors considered when seeking health care

“I mainly consider the money, cost of treatment...I think of the hospitals that will collect high amount and the ones that will collect small amount. I generally prefer the sources where I will just have to pay a token and still be treated well”

(FGD, Female, 17 years)
Results Cont’d- Qualitative Findings

• Quality of Service:
  “I consider the facilities available at the healthcare source before I go there and how the health workers are capable of treating me...”
  (FGD, Female, 16 years)

• Proximity:
  • Ease of Access

  “… I consider the location of the clinic in the fact that it will be easy for me to go back there if am not responding to treatment so as to re-complain for better treatment”
  (IDI, Male, 16 years)
Results Cont’d- Qualitative Findings

• Perceived severity

“Me I first think about the way I am feeling if the pain and discomfort is too much then I know it is not the type I can just go to a chemist shop to treat myself”  (FGD, Male, 18 years)

• Adolescents’ expected standard for healthcare services

“… these health facilities should be standard; there is a need to upgrade the present health facilities, it has to be attractive to the adolescents…” (FGD, Male, 16 years)

“More health facilities should be built in our environment with the provision of healthcare to adolescents as a priority…” (FGD, Male, 16 years)

“More professionals should be hired to work in the health facilities so that time that adolescents have to wait before it becomes their turn to meet with doctor is reduced when they go the health facility for treatment...”  (FGD, Male, 18 years)
Results - Qualitative Findings

• Dedicated adolescents health clinics

  “Health centers that will be for adolescents alone should be created and established so that adolescents can be well taken care of... Creating health centers like this will make adolescents feel comfortable to use these services any day and any time”  (FGD, Female, 17 years)

• Strategies to increase awareness about adolescent health services

  • Available health services

    “I think there should be a seminar for the adolescents via different sources like radio, television even social media imploring adolescents to go to health facilities and health services available around them when they have any health problem.”  (FGD, Female, 15 years)

  • Location

    “those in charge maybe from the ministry of health may provide a list of health facilities within the environment that a school is located...paste it where adolescents can see them; we will be able to know which health facility is in our area”  (FGD, Male, 15 years)
Results- Qualitative Findings

• Cost of healthcare treatment
  • Free healthcare

“...there are countries that once you are citizen you will be treated for free not to now talk of being an adolescent in such countries...adolescents in such places would not go anywhere apart from the health facilities in such countries for treatment” (FGD, Male, 14 years)

• Preferred health services

“...I would like if a department or unit is created to provide services that will cater for menstrual pain issues among female adolescents like how to treat, control and educate us on how control this health problem/ menstrual pain” (IDI, Female, 16 years)

“Services to encourage HIV positive adolescents that they can still make it in life even though they are HIV positive. Provision of services that cater for adolescents with HV and put structures to ensure more adolescents do not become HIV positive in our environment” (FGD, Female, 16 years)
RECOMMENDATIONS

• The Ministry of health and non-governmental organisations should sensitize adolescents to patronize orthodox sources of healthcare.

• The Nigerian government as well as other funding agencies should take up the task of upgrading existing health facilities in terms of its appeal to adolescents and provision of adequate equipment necessary for the smooth running of the facilities.

• Stand-alone health facilities for adolescents should also be built and well-equipped at accessible locations in different states of the country as it has been done in some African countries.

• Further research is needed however to determine the impact, sustainability and cost-effectiveness of creating stand-alone health facilities for adolescents in the study area.

• Cost of adolescent health services should be reviewed and subsidized. In addition, adolescents should be adequately covered in health insurance programmes.
References


References


Thank you for your attention