

USE OF PRIVATE HEALTH SERVICES BY UNMARRIED YOUTH FOR
SEXUALLY TRANSMITTED DISEASES AND UNWANTED
PREGNANCIES

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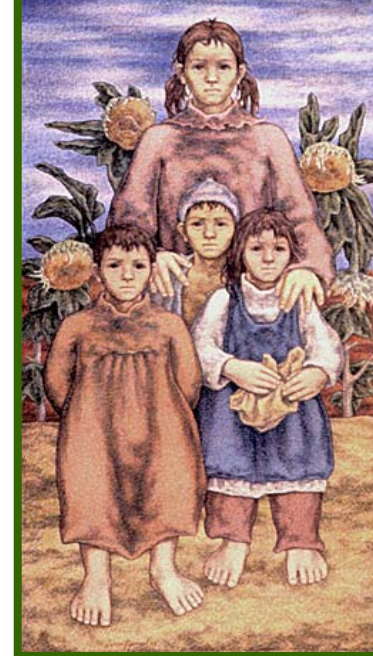
Training Course in Reproductive Health/Sexual Health Research
Project Presentation
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Background and Significance

Adolescence

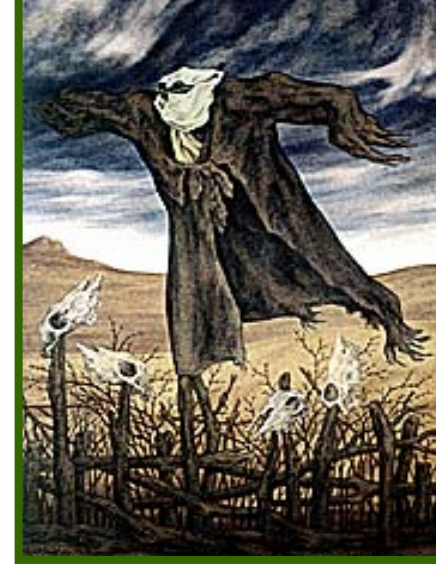
- period of transition towards adulthood
- reproductive and sexual issues along with
- the effects of various life styles
- to the risky attitudes and behaviours

Adolescents need support and education**

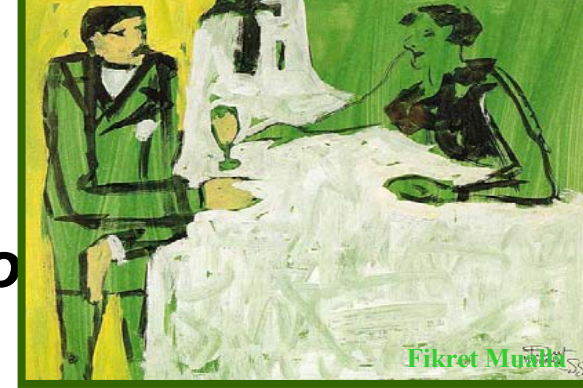


STIs increasing worldwide

- 60% of the new infections and half of all people living with HIV globally are in this age group*.
 - multiple sexual partners
 - iv drug use
 - no or ineffective use of preventive methods for STIs
 - urbanization, increased communication&travel and migration
- Every country needs to know its own young population to determine the problems

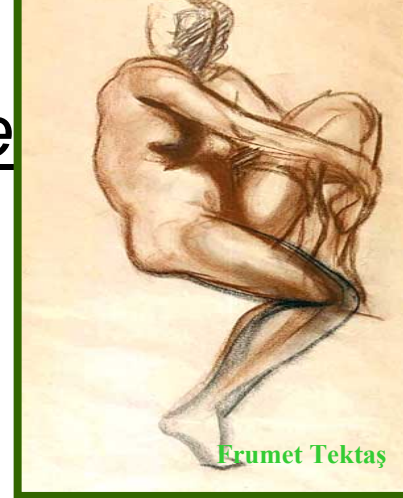


In Turkey:
Increasing risk for young people



- 15-24 age: 20.5% (13.9 million)
 - Sexuality: irrelevant and taboo*
 - SH/RH attitudes and behaviours neglected.
 - SH: not a part of the school education
 - health services: not specifically designed
 - number health care units: insufficient
 - health personnel: no enough information about the management of adolescents*
- Increased mobility, tourism, exposure to foreign lifestyles, influx of sex workers from other countries

Sexual activity + lack of knowledge **RISK**



- Young people –especially males- become sexually active much earlier than before.

Recent Studies:

- Previous sexual experience: 7-12%

Betan M, Özcebe H et al. What do young people know on sexual behaviours and sexual health ? International symposium on "YOUTH FRIENDLY SRH SERVICES" oral presentation. March 1-3,2006.

Akın A, et al. Study on the influential factors of sexual and reproductive health of adolescents/young people in the first year students of the two universities in Turkey. Hacettepe University Public Health Department-WHO Collaborating Center on RH, 2004 Ankara.

- Knowledge of students related to SH/RH: insufficient

Aras Ş et al. Sexual knowledge, attitude and behaviours of Dokuz Eylül University students Sağlık ve Toplum, 2004, 14(1):78-87.

Filiz TM et al. Karamürsel Marine Schools last year students' knowledge, attitude and sexual behaviours about STIs. Türkiye Klinikleri Tıp Bilimleri Dergisi, 2004; 24: 345-9.

Topbaş M et al. Knowledge level of adolescents in some secondary schools in Trabzon about family planning and STIs. Gülhane Tıp Dergisi, 2003; 45: 331-7.

Tekbaş F et al. Knowledge level of young males about contraception 6. Ulusal Halk Sağlığı Kongresi Kitabı, Adana, 1998; 379.

Orçin E et al. Sexual attitudes and behaviours of university students. Jinekoloji ve Obstetrik Dergisi, 2003; 17: 169-174.

Gölbası Z, Eroğlu K. Students' views related to sexual education in Ankara central secondary schools. Medical Network Klinik Bilimler ve Doktor, 2003; 9: 759-765.

A general lack of awareness puts young people at risk.

Need for detailed assessment of risky behaviours and their outcomes

Access to health services:



Young people in general

- Do not easily attend medical or counselling centres
- Confronted with many barriers when they need health support
- Also valid for Turkey^{1,4,8}.

Contraception

- Public sector remains the major source of contraceptive methods in Turkey¹⁵.

STIs / HIV / AIDS

- HIV/AIDS infection: a total of 2097 cases were identified by 2005, 332(15.83%) of them being in the 15-24 age group¹⁷.
- No accurate official data for the prevalence of the other STIs.
- *(need for a systematic review)*

Induced abortion

- legalized in 1983, available at government hospitals/private sector.
- married women use private physicians' offices and private hospitals more than public sector (DHS2003)¹⁶

Private Sector Data



No reliable data

- 14% of the population uses a private physician as their first contact point. (*Health Care Utilization Survey 1990*)
- More recent data on provider preference is not available on a national basis*

Estimations

- “3/4 of all doctors operate at least part time in the private sector”
- “A significant share of health services must be provided by the private sector”*
- **Are unmarried youth admitted to private sector ?**
- No reliable data, no evidence !

Report of WHO*
“STIs among adolescents”



- “Only very small number of private sector projects were identified in our review, most were targeted at the general public than specifically at adolescents.”
- “Analysis of young people’s access to services, should precede the design of programmes and services” .
- “New studies are required where there is a lack of data on STIs among adolescents” .

AIM:

To provide baseline data for determining the present status of access and use of private offices and clinics by unmarried youth in İstanbul, for complaints related to STIs and to unwanted pregnancies.



Nuri İyem

MATERIALS AND METHODS



- **Type of the study:**
 - Descriptive, multicenter, longitudinal epidemiologic
- **Setting:**
 - Physicians' private offices
 - Private hospitals and clinics in İstanbul
- **Participants:**
 - Unmarried youth, males and females
 - 15 - 24 age group

Calculation of the total population



Number 15-24 age population living in İstanbul:

- Total population is (Census 2000): 11 280 200
- 15-24: 20.5% 2 312 441
 - Male: 51.2% 1 183 970 Female: 48.8% 1 128 471

Unmarried 15-24 age population living in İstanbul:

- DHS2003 female population n=11.517
- 15-24 age group: 4104 females
- 88.1% of 15-19 and %50.2 of 20-24 age are unmarried.
- Total number of unmarried females: 2820
- Proportion of unmarried 15-24 age females: 68.71%

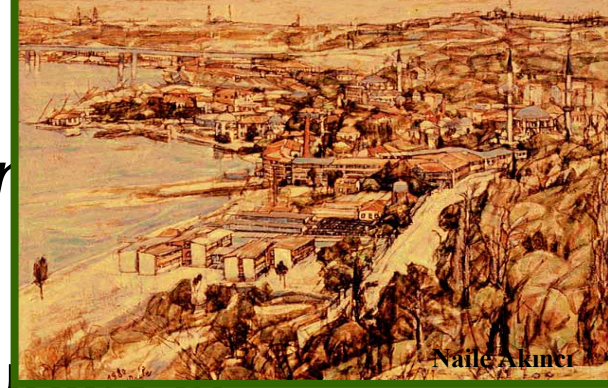
Unmarried 15-24 age females in İstanbul: 775 372

Unmarried male proportion: 68.71%

Total number of unmarried 15-24 age males: 813 505

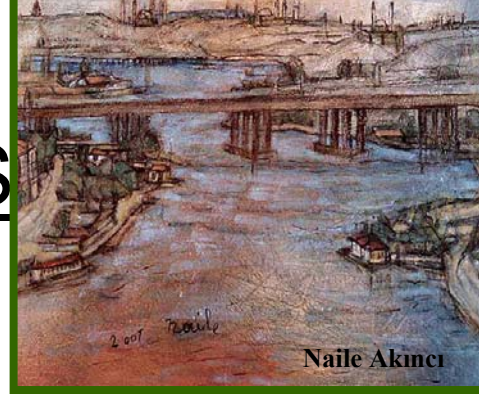
Total population is 1 588 877

Sample size calculation



- **Total number of HIV/AIDS cases in Turkey is**
- **Only referral data for STIs.**
- **A total of 2097 cases of HIV/AIDS cases.**
 - 332 (15.83%) of all the cases occurred in 15-24 age group
 - 15-19 age n=52; 20-24 age n=280 (45.78% male, 54.22% female).
- **Formula: For a very large population:**
 - $n=(1.96)^2p(1-p)/d^2$
 - $n=(1.96)^2 \times 0.16 \times 0.84 / (0.03)^2 = \underline{573.7 \text{ accepted}}$

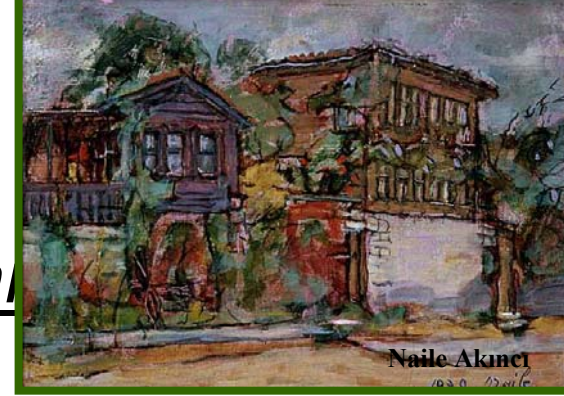
MATERIALS AND METHODS



- **Data collection:**

- Data will be collected by the physicians working in private sector.
- Gynaecologists, urologists, dermatologists, internal specialists, family physicians working:
 - in their private offices
 - in the private hospitals

Recruitment of physicians



Calculation of the total population

- Total of private physicians: 12.000 (*Istanbul Physicians Association*)
- Estimation: 2/3rd of the total private physicians which is: **8 000**
- **Sample size calculation:**
- 14% of the population uses a private physician as their first contact point
- $n=(1.96)^2 \times 0.14 \times 0.86 / (0.04)^2 = \underline{289.08}$ the number of physicians who will be recruited in the study.

Randomization:



- Provincial health directorates (n= 81 provinces) & District Health Management (DHM) unit.(n=32)
- Physicians' list: from DHMs and İstanbul Physicians Association electronic records
- Electronic records: opportunity to make randomization.
- $289/32=9.03$ at least 9 physicians from each DHM.
 - Specialty / total specialties proportion in private sector
 - Private office / private hospital proportion

Informed consent:



- **Interviews:**
 - Each private physician and each hospital and clinic management unit will be asked by phone call for an appointment and visited to explain the purpose and the content of the study
- **Invitation:**
 - They will be invited to participate to the study and will be given the outline of the study.

1 month for the preparation of the lists

3 months for the recruitment

Data collection:



- Data will be collected
 - Taking notes on standardized note-books
 - On-line electronic records

- Content of records:
 - Socio demographic information of the patient
 - Complaints
 - Diagnosis
 - Tests
 - Treatment

Efforts to standardize the STI diagnosis

Information about data collection and management of adolescent as a patient



The physicians will be invited to two separate meetings:

1st meeting

- Details of the study: background and aim
- Data collection system

• Consensus for the use of guidelines: pre-test/post-test

2nd meeting

- Management of adolescent patient
- Methods for asking questions related to RH/SH



The study will have a web site in the internet:

- Information about the study
- Links about adolescent RH/SH
- Recording system: password

Complaints related to STI symptoms will be prepared in form of a list that the physician will easily check.

Tests performed by any certified laboratory will be accepted.

MATERIALS AND METHODS: (3



Follow up:

- The records will be held by the physicians for 1 year.
- Every 3 months physicians will be visited or called by phone and checked for the records.

Ethical concerns:

- Identity of the patients will be masked to researchers
- Visible and informative poster about the study. *“The study of Sexually Transmitted Diseases and Unwanted Pregnancies Among Adolescents is ongoing in this setting.”*
- The project will be undertaken after the approval of ***Marmara University Medical School Ethic Committee.***

MATERIALS AND METHODS:



- **Statistical analysis:**

- Dependent variables:

- Complaints such as:
discharge, low pelvic pain...
 - The diagnosis of the
patients
 - Unwanted pregnancies

- Independent variables:

- Socio demographic data:
age, education, job,...
 - Sexual behaviours: risky
behaviours, condom use,
number of partner, drug use...

Univariate analysis: frequency, mean values of the variables

Bivariate analysis: cross tabulation between variables (Chi-square test)

Multivariate analysis: logistic regression for correlation between dependent and independent variables. *1 month*

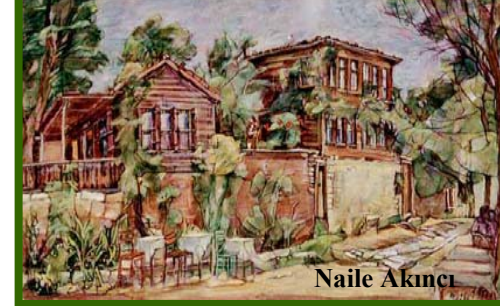
Limitations of the study

- Reluctance of private sector:
 - Physicians: time
 - Clinics: data
- Records: standard

Support of an institution



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Thank you

