Findings from two papers addressing Sexually Transmitted Infections (STIs) in Adolescents/Young People

1. Help and Care Seeking for STIs Among Youth in Low- and Middle-Income Countries

2. STI Services for Adolescents and Youth in Low- and Middle-Income Countries: Perceived and Experienced Barriers to Accessing Care

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Training Course in Sexual and Reproductive Health Research 2017
Background

- Estimated 489 million new cases of curable STIs among adolescents and adults worldwide (WHO 2008)
- Adolescents are disproportionately affected by STIs
- Limited information available on care & help seeking for STIs
- Adolescents experience barriers in obtaining STI services
- The new Global Health Sector Strategy on STI’s has stressed need to address adolescents' needs & their perspectives

Primary Research Questions

1. When young people in Low & Middle Income Countries (LMIC) have, or suspect they have, an STI, what do they do & where do they go in terms of finding informal help, care, or treatment?

2. In seeking appropriate care for STI’s, what barriers do young people experience or perceive in relation to accessing & using STI related care?

3. What are young people’s & providers’ views about adolescent access to Sexual and Reproductive Health (SRH) care?
**Methods (1/2): Search Strategy and Terms**

**Databases:**
- MEDLINE
- Google scholar
- PsychInfo
- Web of Science
- EMBASE
- CINAHL

**Hand searches:**
- International Perspectives on Sexual and Reproductive Health
- Sexually and Transmitted Infections
- Culture, Health and Sexuality
- Journal of Adolescent Health
- Lancet

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<thead>
<tr>
<th>Adolescent Terms</th>
<th>Adolescent(s), youth/young people/young adults</th>
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<tbody>
<tr>
<td></td>
<td>Teen/teenage, student, juvenile</td>
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<td>Boy/girl, young men/women</td>
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<thead>
<tr>
<th>Health service and access terms</th>
<th>Sexual, sexual health, Reproductive health</th>
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<tr>
<td></td>
<td>Condom, contraception, family planning</td>
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<td>Services, youth friendly services, confidential services, care, treatment, clinic/clinics, treat</td>
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<tr>
<th>Barriers Terms</th>
<th>Acceptability/acceptance, health knowledge/attitudes/practice</th>
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<tr>
<td></td>
<td>Perception, belief, ‘attitude of health personnel’</td>
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<tr>
<th>STD-specific terms</th>
<th>Sexually Transmitted Disease (STD)</th>
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<tr>
<td></td>
<td>Sexually Transmitted Infection (STI)</td>
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<td></td>
<td>Reproductive Tract Infection (RTI)</td>
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<td></td>
<td>Chlamydia, Gonorrhea, Syphilis, HPV, HSV, HIV</td>
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Methods (2/2)

• **Study Selection**
  – Published from 2001 to 2014
  – Focus on young people’s use of & preferences for STI services, & barriers they faced
  – Low and Middle Income Countries (LMIC), published in English

• **Quality Appraisal**
  – 7 criteria: research aims, appropriate methodology, sampling and recruitment strategy, data collection, data analysis, statement of findings, reflexivity

• **Data Collection, Synthesis, and Analysis**
  – Thematic analysis and synthesis to develop themes or codes from primary quality studies
  – Deductive structural codes and inclusive codes
  – Grouped codes by help and care seeking behaviors

**Paper 1:**
- 18 articles analyzed
- 10 from sub-Saharan Africa & 8 from countries in Asia & the Pacific
- 8 used qualitative methods only, 3 used quantitative methods only, 7 used mixed methods

**Paper 2:**
- 19 studies analyzed
- From 15 countries in sub-Saharan Africa, Asia, & the Pacific
- 10 used qualitative methods only, 3 were quantitative only, & 6 used mixed methods
1. What do young people do & where do they go in terms of finding informal help, care, or treatment for STI’s?

No treatment (8/18 articles)
- Young people had not sought medical treatment for their sexual health problems

Waiting or delayed treatment (8/18 articles)
- Associated with a lack of understanding
- Waiting more frequently mentioned by girls

Self-treatment (5/18 articles)
- Failed to recognize symptoms or self-treated with home remedies or a prayer

Information sources
- Media, health care providers, peers, schools, parents, young people-serving organizations
- **Health service providers & schools preferred**
- Avoided discussion with parents due to fear of judgment

Girls mentioned waiting in clinics more frequently than boys
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1. What do youth do and where do they go in terms of finding informal help, care, or treatment for STI’s?

1. Public services:
   • Preferred in African regions

2. Private Clinics
   • Infrequently mentioned
   • Confidentiality but high cost

3. NGO run clinics
   • Infrequently mentioned
   • Perceived as youth friendly & confidential

4. Pharmacies
   • Lower cost & assure of confidentiality

5. Alternative Care Seeking (8/18 studies):
   • Rural contexts
   • Confidential
   • Youth acknowledged potential for misinformation

Pharmacies mentioned as a source for young people who self-treated
© 2016 Mary Wanjiku/LVCT Health & LSTM, Courtesy of Photoshare
2. What **barriers** do youth experience or perceive in relation to accessing and using STI-related care?

### Availability
- Limited products and services
- Staff shortage

### Accessibility
- Costs of services & transportation
- Waiting times to receive care
- Operating hours of services
- Clinic systems not set up to cater to young people

### Acceptability
- Providers do not relate to young people (preference for younger providers of the same sex, particularly girls)
- Desire for **confidentiality**
- Providers perceived to be **insufficiently skilled**
- Negative & judgmental behaviors of providers
3. What are young people’s & providers’ views about adolescent access to SRH care?

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<th>Young people’s Perspectives</th>
<th>Provider Perspectives</th>
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<tr>
<td><strong>Negative</strong> provider behavior</td>
<td>• Acknowledged that provider attitudes &amp; behaviors could be barriers to youth care seeking</td>
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<tr>
<td>– Rude or unfriendly treatment</td>
<td>• Aware that <strong>societal norms taboos</strong> regarding adolescent sexuality prevents care seeking</td>
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<tr>
<td>– Blaming</td>
<td>• Admit that they experience <strong>challenges in communication</strong> with youth</td>
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<tr>
<td>– Lecturing</td>
<td>• Reported challenges with <strong>role definition</strong> - viewed as a parental figure</td>
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<tr>
<td>– Scolding or yelling</td>
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<tr>
<td>• NGOs or specific youth service facilities noted to be friendlier than public services</td>
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<tr>
<td>• <strong>Lack of confidentiality &amp; privacy</strong> - services or condoms provided without privacy</td>
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Implications: 4 Key Messages

1. Young people in LMIC are not seeking *appropriate* STI care in a *timely* manner. This has significant implications for their health & the further transmission of STIs.

2. Barriers such as *confidentiality, cost, &d stigma* influence decisions about seeking care at all, who to seek care from, or where/when to seek care.

3. *High-quality training & ongoing, supportive supervision* will ensure that health workers provide STI care effectively & with sensitivity.

4. We need to work with young people to make services friendly & responsive to them; *affordability & confidentiality*, are two key features.