

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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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

Adolescent
Terms

Adolescent(s), youth/young people/young adults

Teen/teenage, student, juvenile

Boy/girl, young men/women

Health
service and
access
terms

Sexual, sexual health, Reproductive health

Condom, contraception, family planning

Services, youth friendly services, confidential services, care, treatment, clinic/clinics, treat

Barriers
Terms

Acceptability/acceptance, health knowledge/attitudes/practice

Perception, belief, 'attitude of health personnel'

STD-
specific
terms

Sexually Transmitted Disease (STD)

Sexually Transmitted Infection (STI)

Reproductive Tract Infection (RTI)

Chlamydia, Gonorrhoea, Syphilis, HPV, HSV, HIV

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

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2. What **barriers** do youth experience or perceive in relation to accessing and using STI-related care?

Availability

Out of stock!

- **Limited products and services**
- Staff shortage

Accessibility

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

Acceptability

CONFIDENTIAL

- 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?

Young people's Perspectives



- **Negative** provider behavior
 - Rude or unfriendly treatment
 - Blaming
 - Lecturing
 - Scolding or yelling
- NGOs or specific youth service facilities noted to be friendlier than public services
- Lack of **confidentiality & privacy**- services or condoms provided without privacy

Provider Perspectives



- Acknowledged that provider attitudes & behaviors could be barriers to youth care seeking
- Aware that **societal norms taboos** regarding adolescent sexuality prevents care seeking
- Admit that they experience **challenges in communication** with youth
- Reported challenges with **role definition**- viewed as a parental figure

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, & 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.