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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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

<table>
<thead>
<tr>
<th>Databases:</th>
<th>Adolescent Terms</th>
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<tbody>
<tr>
<td>MEDLINE</td>
<td>Adolescent(s), youth/youth people/young adults</td>
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<tr>
<td>Google scholar</td>
<td>Teen/teenage, student, juvenile</td>
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<tr>
<td>PsychInfo</td>
<td>Boy/girl, young men/women</td>
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<td>Web of Science</td>
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<td>EMBASE</td>
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<td>CINAHL</td>
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<thead>
<tr>
<th>Hand searches:</th>
<th>Health service and access terms</th>
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<tr>
<td>International Perspectives on Sexual and Reproductive Health</td>
<td>Sexual, sexual health, Reproductive health</td>
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<tr>
<td>Sexually and Transmitted Infections</td>
<td>Condom, contraception, family planning</td>
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<tr>
<td>Culture, Health and Sexuality</td>
<td>Services, youth friendly services, confidential services, care, treatment, clinic/clinics, treat</td>
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<tr>
<td>Journal of Adolescent Health</td>
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<td>Lancet</td>
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<thead>
<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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<tr>
<td></td>
<td>Reproductive Tract Infection (RTI)</td>
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<tr>
<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

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**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

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**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

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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
- 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?

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