

## Factors Hindering Adolescents from Utilizing Reproductive Health Services in Kampala International University Teaching Hospital

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### ABSTRACT

In Uganda, only 19% of adolescents utilize adolescents' reproductive health services yet complications of pregnancy, abortions, and childbirth are the leading cause of disability and death among the same age group. The purpose of this study was to assess factors that were contributing to the low utilization of adolescents' reproductive health services. A quantitative cross-sectional study employed simple random sampling among 85 adolescents that were attending Kampala international university outpatient clinic. Results found out that majority 46(53.4) of adolescents were aged from 15-16 years, 46(53.4%) were male, 28(32.5%) were Catholics most 81(94.1%) were single. 18(36%) had got the information from their friends, 28(56%) of adolescents said that the information about adolescents' reproductive health services was not freely shared in their communities and 33(66%) said that their communities did not accept adolescents sexual reproductive health services where 7(50%) gave a reason they expected to be young to have sexual intercourse. 43(86%) of adolescents were from within 1-5km, 28(73.8%) mentioned lack of privacy at the facility, and 30(79%) said that health workers segregated adolescents that needed similar reproductive health services. In conclusion, factors that were contributing to the low hindering utilization of adolescents' reproductive health services were both demographic, socio-economic, and facility related.

**Keywords:** Adolescents, Reproductive, Health Services, Uganda.

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### INTRODUCTION

Adolescents are most vulnerable to a range of reproductive health problems, such as teenage pregnancy and childbearing, unsafe abortion, and sexually transmitted infections (STI), including HIV [1-12]. 2000 new HIV infections occur annually among adolescents [13]. Global statistics show that the adolescent population is estimated to be 1.25 billion [14-15], 513 million are between 15-19 years old, and 85% of the total adolescents are living in developing countries although only 36% of the global adolescents utilize adolescents reproductive health services [16]. In sub-

Saharan Africa, adolescents' people constitute about 33% of the 973.4 million population; the population of adolescents and young adults is expected to continue to increase over the next 35 years [17]. Furthermore, a fourth of all adolescents in sub-Saharan Africa are reported to have sexual experience, and education on sexual and reproductive health is generally reported to be low at 21% [18]. In Uganda, the 2014 Population and Housing Census reported that the ratio of adolescents between 10 and 19 years to the total population is 1: 4.5; meaning this age

group constitutes about 22.4% of the national population, however, nearly 19% of Ugandan adolescents utilize adolescents reproductive health services [19]. In the western region of Uganda, adolescents between 10 and 19 years are about 22.3% of the national adolescent population although the percentage that utilizes reproductive health services remains unknown [19]. Considerably, the well-being of adolescents depends on their knowledge of and access to reproductive health services. It has been discovered that adolescent females' lack of knowledge about the dangers of unprotected premarital sex predisposes them to

Gutaka *et al* unintended pregnancies, unsafe abortions, complications, and sexually transmitted infections [20]. Abstinence, use of condoms, use of contraceptives, decision to keep a pregnancy and use of safe abortion services are some of the choices and reproductive health decisions adolescents could have made but it was not being done like that [21]. The reason for not utilizing reproductive health services like any other age group yet they continue to face such problems related to sexual activities is not clear, if this topic is not done, adolescents may continue to face reproductive health-related challenges yet their help available remains unutilized.

## **MATERIALS AND METHODS**

### **Study Design, Duration, and Site**

The study employed a cross-sectional descriptive study to assess the factors influencing the utilization of reproductive health services among adolescents aged (15-19) in Kampala international university

teaching hospital thus saving time. The collection of data was quantitative to establish the opinions of the respondents about the study problem under investigation.

### **Inclusion and Exclusion criteria**

The study included only participants in the age bracket of 15-19 years that consented to participate in the study and were seeking reproductive health care services. But excluded, those who will not be in the

age bracket of 15-19 years and not seeking reproductive health care services and those that will not consent to participate in the study.

### **Data collection procedure**

A pre-test was carried out in Ishaka Adventist hospital that would not have been chosen for the study. This facilitated clear testing on the reliability and validity of the research instrument concerning the appropriateness of the questions. This helped to make clear adjustments where it was necessary before the primary data

collection. The researcher read and explained the consent form to every participant in the study, to get their consent to freely participate. After they have consented, each will be administered a questionnaire. Privacy and confidentiality will be maintained throughout the process of data collection.

### **Data analysis**

The data collected was checked for completeness. The data were subjected to various steps including; editing to identify missing gaps, spelling mistakes, and incomplete answers and to eliminate unwanted data; classification of data with

common characteristics and coding for easy analysis. Data was exported to SPSS windows version 16.0 for analysis and Microsoft excel program and was presented in form of graphs, tables, and pie-charts for easy interpretation.

### **Ethical consideration**

Permission was obtained from Kampala International University School of Nursing Sciences and local authorities from the area of study. Before administering the questionnaires, the objectives of the study were clearly explained to the participants and oral informed consent was sought from the respondents. Participants were

informed about the procedure and the voluntary nature of participation in the study. Confidentiality and anonymity was ensured throughout the execution of the study and informed that no adverse consequences would arise if they refused to participate and that data collected was to remain private and be used for research

study purpose. This helped to eliminate bias and doubts about the aim of the study.

**RESULTS**

**Demographic factors hindering utilization of adolescents' reproductive health services**

Table 1 shows a sample description

(n=85)

Characteristic	Variable	Frequency (n)	Percentage (%)
Age(years)	15-16	46	53.4
	17-18	23	26.7
	above 18	16	18.6
Sex	Male	46	53.4
	Female	39	45.3
Religion	Muslim	12	13.9
	Protestant	26	30.3
	Catholic	28	32.5
	Pentecostal	19	22.1
Level of education	Primary	23	26.7
	Secondary	58	67.4
	Tertiary	4	4.6
Marital status	Married	4	4.6
	Single	81	94.1
Lives with	Friends	37	43.0
	Parents	48	55.8

Research study findings indicated that the majority of 46(53.4) of adolescents were aged from 15-16 years whereas 16(18.6%) were above 18 years. findings also revealed that the most 46(53.4%) were male while 39(45.3%) were females. research study finding also found out that majority 28(32.5%) were Catholics whereas

12(13.9%) were Muslims. The findings of this research study revealed that the most 58(67.4%) adolescents had attained a secondary level of education whereas 4(4.6%) had tertiary education. findings also revealed that the most 81(94.1%) were single whereas 4(4.6%) were married.

**Socio-economic factors that hinder the utilization of Reproductive Health Services among adolescents**

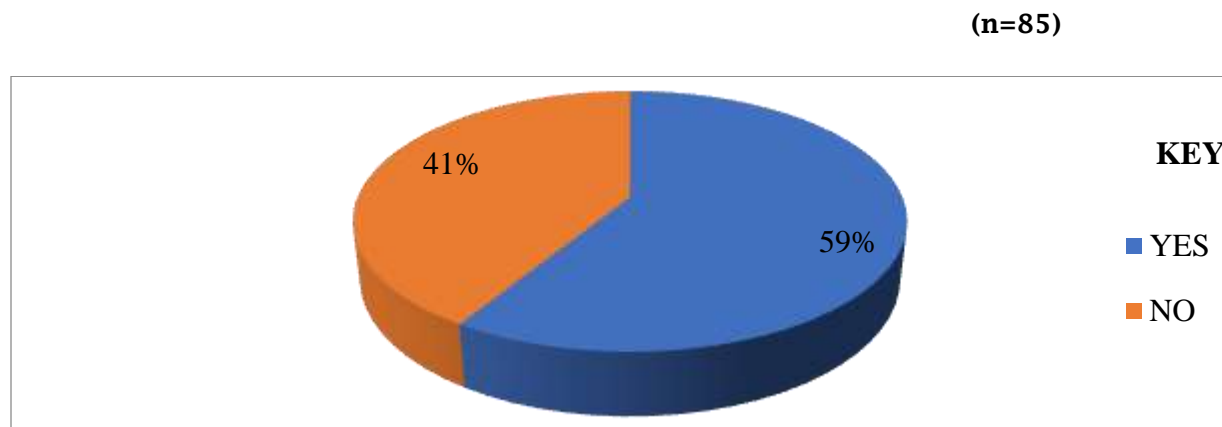


Figure 1 shows whether adolescents had ever heard about adolescent reproductive health services

Results indicated that most 50(59%) of the adolescent population had ever heard

about adolescent reproductive health services whereas 35(41%) had not.

Table 2:shows how adolescents get information on reproductive health services and their history of use

(n=50)

Character	Variable	Frequency(n)	Percentage (%)
Source of information on adolescent reproductive health services	Television	2	4
	Radio	4	8
	Health worker	14	28
	Friends	18	36
	Teachers	12	24
information freely shared in your community	Yes	22	44
	No	28	56
What is mostly shared	Family planning	07	14
	HIV prevention	47	94
	Adolescents Life skills	42	84
	Sex and sexuality	12	24
The social setting supports adolescent's sexual reproductive health services	No	33	66
	Yes	17	34
Ever utilized adolescent reproductive health services	Yes	9	18
	No	41	82

Findings indicated that most 18(36%) had gotten the information from their friends whereas 2(4%) had gotten information about adolescent reproductive health services from television. findings also confirmed that the most 28(56%) of adolescents said that the information about adolescent reproductive health services was not freely shared in their communities whereas 22(44%) said that it was freely shared. Research study findings

revealed that the majority 47(94%) of adolescent communities shared HIV prevention whereas the least 7(14%) talked about family planning. most 33(66%) said that their communities did not accept adolescent sexual reproductive health services whereas the least 17(34%) had. The most 41(82%) had never used adolescent reproductive health services whereas 9(18%) had ever utilized adolescent reproductive health services.

(n=9)

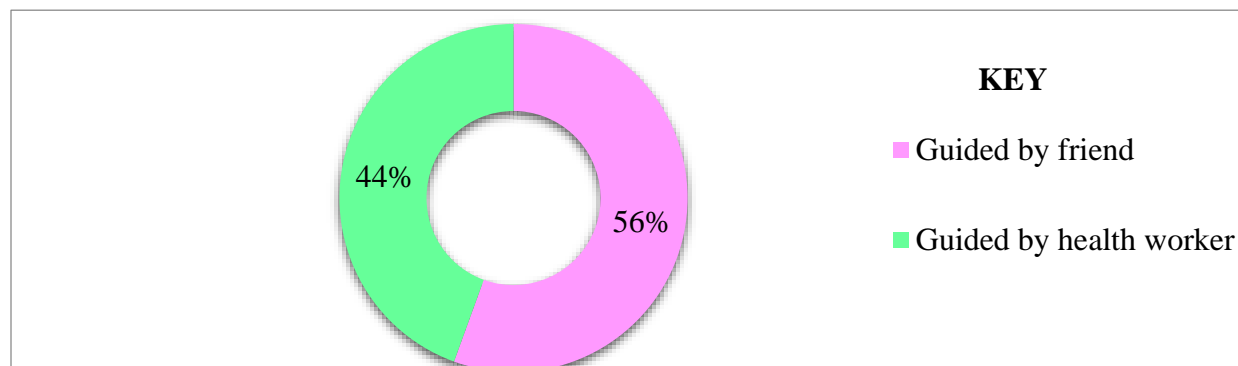


Figure 2 who guided adolescents on the choice previously utilized.

Findings revealed that 5(55.5%) had chosen reproductive adolescent health services based on a friend's advice whereas

4(44.5%) had chosen following the health worker's advice.

Table 3 shows cultural values versus adolescents' reproductive health services

Character	Variable	Frequency (N)	Percentage (%)
Culture accepts adolescent sexual reproductive health services <b>n=50</b>	Yes	36	72
	No	14	28
Why not acceptable <b>n=14</b>	They encourage local means	3	21.4
	Adolescents are not expected to have sex	7	50
	It's a shame to the community	4	28.5

Findings revealed that the majority 36(72%) of adolescent cultures accepted adolescent reproductive health services whereas the least 14(28%) did not. Reasons were given by adolescents that reported that their cultures did not accept adolescents' reproductive health services were mostly 7(50%) that adolescents are

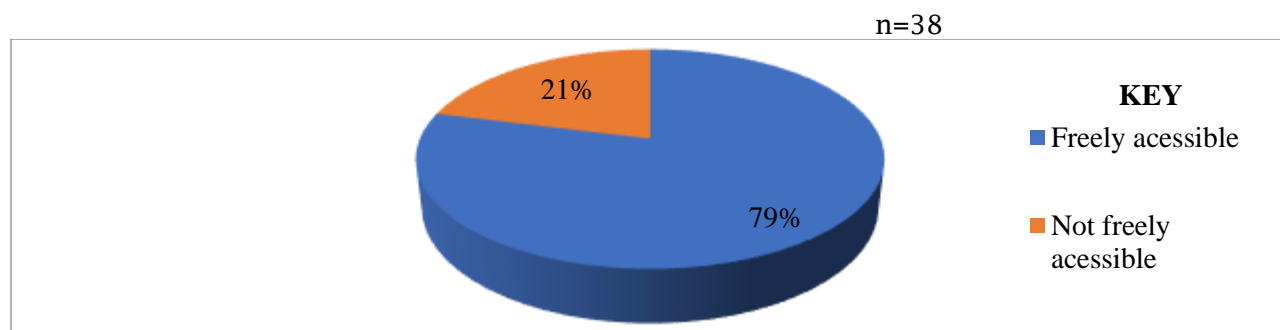
not expected to have sexual intercourse compared to 3(21.4%) that said that they encouraged local means. Health factors that hinder the utilization of Reproductive Health Services among adolescents Table 4 shows the distance to the facility and whether they knew that the facility offered adolescents reproductive health.

**n=50**

Characteristic	Variable	Frequency (N)	Percent (%)
Distance to facility	1-5km	43	86
	5-10km	6	12
	Above 10 km	1	2
Know whether the facility had adolescent reproductive health services	Yes	38	76
	No	12	24

Findings revealed that the majority 43(86%) of adolescents were from within a 1-5km distance whereas the least 1(2%) was from above 10 km distance. results also indicated that most 38(76%) revealed that

the adolescent's reproductive health services were available in the facility whereas a few 12(24%) said that they were not.



Most 30(79%) said that the service was freely accessible whereas the least 8(21%)

said that the adolescent reproductive health services were not accessible freely.

Table 5 shows the cost and quality of service offered to adolescents seeking adolescents' reproductive services

(n=38)

Characteristic	Variable	Frequency (N)	Percentage (%)
Cost	Free	22	57.8
	Affordable price	12	31.5
	Very Expensive	4	10.5
Services offered	Family planning	13	34.2
	HIV counseling and testing	25	65.7
	Abortion and post-abortion care	2	5.2
	Circumcision	26	68.4
	Life skills development	3	7.9
What is the quality of the service offered	Good	13	34.2
	Fair	20	52.6
	Poor	5	13.1
What do you find uninteresting in the way the services are offered	No privacy	28	73.6
	Mixing those seeking reproductive services with other patients	20	52.6
	Mixing with old people	12	31.5
	They require to come with adults to give ascent	1	2.6
Health workers behaviors' on adolescents seeking their services	Friendly	5	13.1
	Segregate adolescents from adults seeking similar services	30	79
	The blame and condemnation of adolescents	3	7.8

The findings indicated that 22(57.8%) of the adolescents knew that reproductive health services were free whereas the least 4(10.5%) said that they were expensive. Findings also revealed that the most 26(68.4%) of adolescents knew that the facility offered circumcision as the few knew 2(5.2%) knew about abortion and post-abortion care. Research study findings also revealed that most 20(52.6%) said that the quality of services was fair whereas a few 5(13.1%) said that it was poor. on what the study participants did not find interesting among the ways how

services were offered in the facility, mostly 28(73.8%) mentioned lack of privacy, and 1(2.6%) mentioned that the facility required an adult person to accent on their behalf to get adolescent reproductive health services. Findings also revealed that most 30(79%) said that health workers segregated adolescents from adults that needed similar reproductive health services whereas a few 3(7.8%) reported that health workers blamed and condemned adolescents that asked for sexual reproductive health services.

#### DISCUSSION

Research study findings indicated that the majority 46(53.4) of adolescents were aged from 15-16 years which could be because this age is characterized by many health-related challenges as they seek to fully transform into adulthood. These are far from reaching the age acceptable for sex and hence may also shy away from discussing sexuality and all other

associated issues including adolescents' reproductive health services hence low utilization. The finding is similar to Abajobir and Assefa [22] study in Tanzania on Reproductive health services utilization amongst adolescents' hindrances which included low age. Findings also revealed that most 46(53.4%) were male which could be because the study area also carries out



male targeting activities like circumcision among others hence making their population dominate among the study population. Males are more autonomous regarding their lives even at a younger age compared to females hence can take some decisions on utilizing adolescents' reproductive health services without hindrances which may encourage higher utilization. Research study findings also found that the majority 28(32.5%) were Catholics which could be representative of the religious faith distribution among the population that surrounds this facility. Generally, Christianity does not accept sex and sexuality talks before marriage and in addition, the catholic church does not embrace family planning among other services offered in adolescents' reproductive health packages hence these are likely to hinder the utilization of adolescents e reproductive health services due to religious influence. The finding is contrary to Abajobir and Seme [22] whose research study in Tanzania found out Female adolescents of age 15-19 years utilized RHS 3 times more likely than males. However, the finding agrees with Teshale et al.[23] whose study in Nepal among higher secondary school students showed that SRH service utilization proportion was lower among female adolescents (4.3%) compared to males. The findings of this research study revealed that the most 58(67.4%) adolescents had attained a secondary level of education which could be because most of them benefitted from the universal secondary education system. Through education, reproductive health issues are addressed especially in higher classes hence these possibly got some information from teachers and other mentors which could facilitate the utilization of adolescent reproductive health services.

Findings also revealed that most 81(94.1%) were single which could be because of this young age where most are below 18 years, could be unmarried as the law requirement does not accept the marriage of an individual below 18 years since She/he is still regarded as a minor. these are also considered supposedly to distance from all sexuality related activities, hence less

likely to utilize adolescents reproductive health services freely for fear of being judged by the community. The finding is contrary to Gebreselassie *et al.* [24] whose study in Goba town south west of Ethiopia to assess reproductive health services utilization and associated factors among adolescents showed that out of the total participants 58.70% have had a sexual partner. Results indicated that most 50(9%) of the adolescents' population had ever heard about adolescent reproductive health services whereas 18(36%) had gotten the information from their friends which could be because most of the adolescent's time is spent with friends than other groups of people hence they tend to share various experiences including issues of reproduction and their reproductive health. these are likely to have less knowledge of adolescent reproductive health services, their variety, and benefits since their sources of information are informal with inadequate knowledge hence likely to hinder the utilization of these services. This finding is similar to Tesfaye and Abulie [23] whose study in a Madawalabu University, Ethiopia clinic staff, and director/officers consistently found peer pressure was reported to be a significant reason for the problem of not utilizing adolescent reproductive health services. Findings also confirmed that the most 28(56%) of adolescents said that the information about adolescents' reproductive health services was freely shared in their communities which could be because community members understood that adolescent age is associated with many challenges including sexual and sexuality challenges hence accepting sharing the information for them on adolescents reproductive health services could help utilization of these services by the adolescents. Research study findings revealed that the majority 47(94%) of adolescents communities accepted sharing information on HIV prevention to adolescents freely which could be because, this being a generally known problem, its prevention could be a center of focus to all members of the community including adolescents hence a reason for its

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acceptability. This could encourage adolescents to utilize HIV guidance and counseling services through the information that is obtained. The finding is contrary to Fatuma and Margret [25] where a study in Kenya on information SRH (Sexual Reproductive Health) overall access to SRH information by the adolescents in Garissa Municipality was low and was mostly influenced by cultural, religious, and societal norms that marginalize the adolescents' from such information. Research study findings also revealed that most 33(66%) said that their communities did not accept adolescents' sexual reproductive health services which could be because, adolescents are taken to be still children and they are expected to be abstaining from anything related to sex and sexuality hence they see adolescents reproductive health services as promoting sexual immorality within their communities hence a reason they did not accept these services, this is likely to hinder the adolescents from utilizing reproductive health services among the adolescents in fear of their community standards. The finding agrees with Kirbas et al. [26] study that found that failure to utilize sexual reproductive health services was associated with an increase in social dependence among adolescents where most social settings did not accept these services freely. Findings revealed that most 5(55.5%) had chosen reproductive adolescents health services based on a friend's advice which could be because most of the adolescents get the information on their reproductive health services through informal sources including friends that were less informed on choices and benefits of the adolescents' reproductive health services hence are less likely to utilize these services due to knowledge gaps in the necessity, safety, and rationality for use. The finding agrees with Joseph et al. [27] study in Gonja province in eastern Ghana which found that knowledge of reproductive health choices was low among adolescent respondents with the majority of them relying on their peers for information on sexual and reproductive health and hence ended up not utilizing these services.

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Findings revealed that the majority 36(72%) of adolescents cultures accepted adolescent reproductive health whereas, among those that did not accept these services, Reasons given by adolescents reported cultures did not accept adolescent reproductive health services were mostly 7(50%) adolescents are not expected to have sexual intercourse which could be because of African cultural influence where sexual activities are deemed permissible only on married individuals and any other act in word or action that is related to reproduction deemed unacceptable in adolescents population since these are expected not to be yet ready to involve in sexual and other reproductive activities which could hinder the adolescents from utilizing their reproductive health services. Findings revealed that the majority 43(86%) of adolescents were from within a 1-5km distance which could be because, since the facility is surrounded by a highly populated growing urban area with a vast number of institutions and homesteads could be being utilized by those from its neighborhood hence are less likely to meet transport and communication problem which could influence utilization of adolescents reproductive health services. The findings disagree (with Bell et al [28] and Kyei et al. [29] who found that although accessibility and utilization of reproductive health services are essential, the roles of service long distance and quality in determining utilization negatively.

Most 30(79%) said that the service was freely accessible and most 22(57.8%) of the adolescents knew that reproductive health services could be accessed at a free cost which could be because most of the services offered in the adolescents' reproductive health package are funded by the government and non-government organizations hence may be easily afforded by these adolescents at no cost which may encourage utilization of these services. Research study findings also revealed that most 20(52.6%) said that the quality of services was fair, but when asked what they did not like about the facility concerning its giving adolescents



reproductive health services, most 28(73.8%) mentioned lack of privacy, this could be because adolescents clinic not being specific for reproductive health services but also other adolescents services hence may want a separate place. Adolescents shy away from asking about their reproductive health services with other adolescents that are not seeking similar health services with other adolescent populations since they may not want most other people to know that they are using such services, hence may make them shy away from utilizing their services. The finding was also similar to those of Bam et al. [30] whose studies found lack of confidential services was a significant barrier to the utilization of SRH

The demographic factors depicted to be among the hindrances to the utilization of adolescent reproductive health services included young age, being Catholic Christians and most of them being single where reproductive health issues tend to be taken to be of less importance. Some social-economic factors were also among the hindrances that most of the adolescents had had about these services from their friends hence with inadequate knowledge of their necessity and benefits,

### CONCLUSION

Gutaka *et al* services by adolescents. Findings also revealed that most 30(79%) said that health workers segregated adolescents from adults that needed similar reproductive health services which could be because some could be having a feeling that these did not necessarily need reproductive health services hence may hinder utilization since adolescents may shy away from these services [31-39]. The finding also agreed with Rukundo et al. [31] where Reproductive Health stakeholders generally considered adolescent pregnancy to be one of the health problems among adolescents in Mbarara municipality and they refused to offer services and instead blamed adolescents.

most communities and cultural values see adolescents wrong population group to have the right to information and services as of reproductive health yet it would benefit them. Facility-related factors that were hindering the utilization of adolescents' reproductive health services included lack of privacy for those seeking these services and segregation and judgmental attitudes of some health workers towards adolescents seeking the type of service

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**Emmanuel Gutaka, Martin Odoki, Francis Okedi and Emmanuel Ifeanyi Obeagu (2023). Factors Hindering Adolescents from Utilizing Reproductive Health Services in Kampala International University Teaching Hospital. IDOSR Journal Of Scientific Research 8(2) 62-73, 2023. <https://doi.org/10.59298/IDOSR/2023/10.2.6005>**