

Factors that Hinder Adolescents from Seeking Reproductive Health Services: A study of Basajjabalaba Secondary School-Bushenyi District

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ABSTRACT

Globally, adolescent population is estimated to be 1.25 billion. Among these, 513 millions are between 15-19 years and 85% of the total adolescents are living in developing countries. Worldwide, adolescents continue to face challenges in accessing reproductive health services. It has been estimated that 1.7 million adolescent girls lose their lives yearly due to pregnancy related complications. The research aimed at assessing the factors that hinder adolescents from seeking reproductive health services at Bassajabalaba secondary school. This research included thirty (30) respondents using cross-sectional and descriptive study designs employing both quantitative and qualitative research designs. Data collection tools were a questionnaire and a key informant interview. Data was manually analysed and presented in tables. The study findings revealed that 10(40%) of respondents feared other patients, nearly a half of respondents 11(46%) were watching pornography and sex video shows in public local clubs. Nearly three quarters of respondents reported that health facilities open for only six hours in a day and 28(93%) reported that health facilities did not provide privacy. Majority of respondents 27(90%) said that health workers did not teach them how to use reproductive health methods. We recommend as follows: adolescents should avoid watching pornography, avoid taking alcohol and should access newspapers and radios for reproductive health information. Health facility management should improve reproductive health services, prohibit under table payments and organize reproductive health outreaches in schools and community settings. The government should integrate sexual and reproductive health in school and institution curriculum and should construct more health facilities.

Keywords: adolescents, developing countries, health services, health information.

INTRODUCTION

Adolescents are individuals with in a transition period from childhood to adulthood usually between ages of 10-24 [1,2,3,4,5,6]. The World Health Organisation, defined reproductive health as a state of physical, mental and social well-being in all matters related to the reproductive system at all stages of life [7,8,9,10,11,12].

Globally, adolescent population is estimated to be 1.25 billion [3]. Among these, 513 millions are between 15-19 years and 85% of the total adolescents are living in developing countries [13, 14, 15,16]. These adolescents are most vulnerable to a range of reproductive problems such as teenage pregnancy, child bearing, unsafe abortion and STIs including HIV [4,17,18,19,20]. Reproductive health continues to be a global priority because of the gap and

challenge that exists in the status of the youth wellbeing in developing and developed countries [2,21,22,23,24,25]. Worldwide, adolescents continue to face challenges in accessing reproductive health services [5,26,27,28,29]. In many parts of the world, sexual and reproductive health needs of adolescents are either poorly understood or not fully appreciated as this neglect can seriously jeopardize the health and future well-being of young people [6,30,31,32,33]. According to [7], one in every five people worldwide is an adolescent and it has been estimated that 1.7 million adolescent girls lose their lives yearly due to pregnancy related complications [34, 35,36, 37,38].

The [6] estimates that in Africa, 60% of all new HIV infections occur in adolescents between 15-19 years [8]. In developing

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countries, there about 12.8 million births by adolescents aged between 15-19 annually and a large proportion of these pregnancies are unplanned [9]. Currently, there are 1 billion adolescents aged 10-19 in Africa of which 70% live-in low-income countries [10]. In 2009, International Conference on Population and Development (ICPD) recognized that reproductive health needs of young people had been ignored by the existing health education and other social programmes. The conference recommended that adolescent and reproductive health issue should be addressed through promotion of responsible health reproductive and sexual behaviours suitable for adolescent age groups [3]. Countries participating in this conference were encouraged to ensure that programmes and attitudes of health care are friendly and allow youth to adequately access and consume services and information. These services must safe guard adolescents' respect, assure privacy, confidentiality as well as secure informed consent of adolescents [11].

In Tanzania, adolescents comprise of 32% of the population and face many significant sexual reproductive health challenges such as limited access to youth friendly services including information on growth, sexuality and family planning. This has led adolescents into risky sexual behaviours resulting to high STI and HIV prevalence, early pregnancies and vulnerability to delivery complications resulting in high rates of deaths and disability [12]. The [15] showed that maternal mortality ratio was still high at 454/100000 live births and a total of 23% of women aged 15-19 had started child bearing while 44% of them will have either been already mothers or pregnant with their first child by age of 19.

In Kenya, like in other parts of Africa, adolescents and youth face several reproductive challenges like early pregnancies which are mostly unwanted, complications of unsafe abortion, those of child birth and pregnancy resulting in higher rates of maternal and prenatal mortality [13]. According to the [14], 11%

of adolescent women and 22% of adolescent men aged 15-24 had their first sexual intercourse before the age of 15, by the age of 18, 47% of young women and 58% of young men will have had their first sexual intercourse [37,38,39,40,41].

In Uganda, issues about sexuality and reproductive health in adolescents have not been clearly spelt on the educational curriculum. In Tororo district since 2009, it has been estimated that maternal mortality due to adolescent pregnancy accounts for 543/100000 mothers. Reports on sexual behaviour obtained in Uganda shows that there are trends for both a decline in the reported age at first sexual intercourse and an increase in the number of sexual partners with at least two major consequences of un protected sexual intercourse mainly un planned pregnancies, infection with STIs including HIV/AIDS [16]. In the subsequent [16], Uganda had the highest rate of teenage pregnancy in sub-Saharan Africa accounting up to 43% which has declined in the past three years due to enrollment of many adolescent girls in Universal Primary Education [16].

In a study conducted in Tororo district by [17], it was found out that 78.1% of adolescents had their first sexual encounter between 10-17 years, 81.2% were having un protected sex more than once a month, 66.7% had sex with more than one persons and it was reported that sexual intercourse occurred in homes, during celebrations, in and around schools.

Statement of the problem

Despite of the increased investment in the health sector, utilization of reproductive health services by adolescents remains low as only 12% of the health facilities provide youth friendly services that enable adolescents make informed choices and decisions regarding their health and general well-being. It has been confirmed by the fact media (television, radio and internet) is still the most predominant source of information on sexual and reproductive health covering 24%. Most young people (33%) of 7-19 years old have no source of sexual and reproductive health information, those

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aged 7-10 trust their parents but unfortunately parents are not giving information to this age group.

There is a wide spread deficiency in knowledge on sexual and reproductive issues in developing countries. Women adolescents were said to be among the most susceptible to HIV infection [18] with statistics indicating that one and a half percent of young women aged 15-24 were living with HIV in 2010, as compared to a half of young men of the same age [1].

According to the records of Kampala International Teaching Hospital - Bushenyi, it was found out that only 8% of adolescents living in Ishaka town council had turned up for adolescent reproductive health services in the year 2016. It was also found out that in the same year, 34 adolescent girls had been treated following abortion, 18 adolescents aged 12-17 delivered by caesarian section, 83 diagnosed with STIs and treated and among these 76.4% were primary and secondary school students (Kampala International University Teaching Hospital HMIS 2016). If the above continues, there will be an increase in STI prevalence, school dropout, unwanted pregnancies and abortion related complications which puts adolescents' health at risk and create worries about their future. This is also liable to increase adolescent mortality rate and cause brain drainage in the country.

The factors that hinder adolescents from seeking reproductive health services have not been established by any hospital and therefore this has called for an urgent investigation so that the factors that hinder adolescents from seeking reproductive health services are identified.

Aim of the study

The purpose of the study was to identify the factors that hinder adolescents from seeking reproductive health services so that appropriate measures can be put in place to increase accessibility of reproductive health services by adolescents.

Specific objectives

- To identify adolescent related factors that hinder adolescents from seeking reproductive health services.
- To assess the health facility related factors that hinder adolescents from seeking reproductive health services.
- To determine health worker related factors that hinder adolescents from seeking reproductive health services.

Research questions

1. What are the adolescent related factors that hinder them from seeking reproductive health services?
2. What are the health facility related factors that hinder adolescents from seeking reproductive health services?
3. What are the health worker related factors that hinder adolescents from seeking reproductive health services?

Justification of the study

There was a great need to sensitize adolescents, health workers, health facility administrators and the entire community on the dangers of poor reproductive health service seeking behaviours to the health of adolescents as this will reduce high rates of HIV infections, unwanted pregnancies, unsafe abortions, pregnancy and delivery complications, infertility, school drop outs and treatment expenses among adolescents.

The study will also bring out information which will increase reproductive health service seeking behaviors by adolescents if the hindering factors have been understood.

The study results will be published and the document produced will provide share reference for other researchers looking for literature.

The research findings may also be used by the donors in allocation of resources as first priority may be given to health facilities out reproductive health service for the benefit of adolescents.

METHODOLOGY

Study area

The study was carried out at Basajjabalaba secondary school. The area was selected because it had a high incidence of reproductive health problems like STIs, unwanted pregnancies post abortion complications especially among adolescents aged 15-24. The area was convenient to the researcher in terms of transport since he is training in the same locality. Geographically, Basajjabalaba secondary school is located in the western part of Uganda about 405km from Kampala, the national capital city and it is approximately 03km away from Ishaka Municipality (the district main town), Ishaka Municipality - Bushenyi district. The area has relatively flat and gently sloping areas and the climate is relatively cool throughout the year because of the surrounding swamps. In the North, it is bordered by Rubirizi district, Buhweju district in the East, Sheema district in the South and Mitoma district in the West.

The dominant tribe in this area is Banyankole and Runyankole is their local language. However, other tribes like Bakiga, Baganda and Batoro and Bakonzo are also found in this area.

Study design

The study was cross-sectional and descriptive and employed both qualitative and quantitative methods of data collection. This was selected because it could help in increasing reliability and making finding more informative, comprehensive and detailed subjective data was needed to find out the factors. A well formulated questionnaire was used to get quantitative data and a key informant guide was used to capture qualitative data of the study.

Study population

The study population included a cross-section of all male and female students from S.1-S.6 studying in Basajjabalaba secondary school. The study targeted this group because majority of these are adolescent who were experiencing adolescence challenges and discoveries. Therefore, they can cite the factors

hindering them from seeking reproductive health services.

Sample size determination

The study involved 30 respondents who were selected for the study. Five respondents were selected from each class despite of sex using the sampling procedure.

Sampling procedure

A random sampling was used to get 30 respondents at Basajjabalaba secondary school where by the researcher used papers of similar characteristics including size, shape, texture, weight, and folding style. The folded papers were put in six boxes, each box was labeled with a particular class and students of various classes were allowed to pick papers from boxes in line with their class. Altogether, those who picked papers with "T" were selected for an interview and those who picked papers labeled "B" were eliminated from the study. This method helped to avoid biases in choosing principle respondents.

Inclusion criteria

The study included all students starting from senior one to senior six irrespective of their sex, because majority were adolescents, experiencing adolescence challenges. Therefore, they could cite the factors hindering them from seeking reproductive health services.

Definition of variables

This included both dependent and independent variables. The dependent variable for the study was seeking reproductive health services while the independent variables were the adolescent, health facility and health worker related factors that hindered adolescents from seeking reproductive health services.

The variable adolescent related factors

The variable adolescent related factors was related to how these factors contributed to the poor reproductive health service seeking behaviors by adolescents and such factors included; Traditional practices, sexual abuse,

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commercial sex, video watch and social stigma.

The variable health facility related factors

The variable health facility related factors was related to how failure of health facilities to be well organized hindered adolescents from seeking reproductive health services. Such factors included; Physical privacy barriers, poor youth friendly services, limited operating hours, under table payments, long queues and distances.

The variable health worker related factors

The variable health worker related factors was related to issues concerned with health care providers that hindered adolescents from seeking reproductive health services. Such factors included; Disregard for privacy, improper provision of sex education, lack of confidentiality and health care provider's bias.

Research instruments

The research instruments included a questionnaire and a key informant.

Quantitative data

A structured questionnaire was designed. This was used to obtain data from the selected respondents. It included adolescent, health facility and health worker related factors.

Qualitative data

An interview guide was used to obtain information from the selected key informant.

Data collection tools

Questionnaire

The questionnaire and an open-ended key informant guide were used to collect data from respondents. The questionnaire was grouped into four sections; section a, having respondent's socio-demographic data in form of objective questions, other sections had both open and closed ended questions related to one of the variables. Section A: Respondent socio-demographic data in form of objective questions. Section B: Comprised of questions on adolescent related factors. Section C: Comprised of questions on health facility related factors. Section D: Comprised of questions on health worker related factors.

Key informant interview guide

Qualitative data was obtained by use of a key informant interview guide with the head teacher of Basajjabalaba secondary school as a key informant. This enabled the researcher to observe the respondents reaction to the subject under discussion for development of new ideas to follow.

Pretesting

Both tools (questionnaire and key informant guide) were tested from the school before data collection to ensure accuracy, relevancy, validity and reliability of the tools.

Training of research assistants

Two staffs from Basajjabalaba secondary school main the matron/ senior woman and careers teacher were selected and trained as research assistants. The two members were introduced to the study objectives and how to use an interview guide.

Data management

Coding

Questions in the tools (interview schedules) were tabulated to keep the researcher get uniform quantified data frames which will meet, facilitated by the codes that were given to respondents in the tool (questionnaire). This made the process of data presentation and analysis easy.

Editing

The research instruments were checked for completeness to prevent omissions and errors in recording data; in order to get clarification on recorded data before leaving one respondent to another. This ensured appropriate and complete responses to questions from the school.

Data storage

Data collected from the respondents was kept safely and confidential. The recorded instruments were kept in a lockable cupboard with a water proof before analysis and the researcher always moved with the keys.

Data analysis

Quantitative data

The quantitative data collected from respondents was analyzed manually, coding frames were made from each question, respondents' responses were tallied, counting frequencies and

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computed into percentage using a manual calculator. Information was tabulated to be presented as tables. Tables were used because they are easy and cheap.

Qualitative data

This was analyzed by reading the questionnaire answered by the key informant; data was identified and categorized in line with the variables. The results were presented irrespectively.

Ethical consideration

Following approval of the research proposal by the supervisor and the research coordinator of Kampala International University, an introductory letter was obtained from the dean of

Nursing seeking for permission from Basajjabalaba secondary school administrators where the research was conducted.

The head teacher was introduced to the researcher and to other staff members respectively and students. The research had to seek consent from the respondents and request them to participate in the interview in order to collect data from them at the same time and ensure confidentiality of the information provided by the respondents which portrayed a good image. The researcher promised not to reveal any information after tallying up the questionnaire.

RESULTS

A total of 30 respondents were selected, data was analysed manually and findings were presented in tables and figures.

Socio-demographic data

Table 1: Showing socio-demographic data of respondents

Variable	Frequency (N=30)	Percentage (%)
Age		
14-17	19	63
18-21	08	27
22-15	03	10
SEX		
Male	12	40
Female	18	60
CLASS		
S.1 - S.2	10	33
S.3 - S.4	10	33
S.5 - S.6	10	33

Source: Primary

From table 1 above, the study findings revealed that more than a half 19(63%) of the respondents were aged 14-17. The study also showed that more than a half

18(60%) of respondents were female and an equal number 10(33.3%) of respondents represented each sets of classes (levels).

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Adolescent related factors

Table 2: Showing respondents' responses on adolescent related factors

Variable	Frequency (N=30)	Percentage (%)
As an adolescent, do you face challenges when seeking reproductive health services?		
Yes	25	83
No	05	17
If yes, what challenges?		
Fear of other patients	10	40
High cost of services	05	20
Long distances to health units	03	12
Rude health workers	01	04
Lack of confidentiality and privacy at health units	05	20
Little knowledge about use of condoms	01	04
Do your parents give you enough pocket money?		
Yes	11	37
No	19	63
Do you watch video at school or place of residence?		
Yes	24	80
No	06	20
If yes, which videos do you watch?		
Love stories	11	46
Pornographic	09	38
Gospel	03	13
Local	01	03
Where do you watch from?		
School main hall	09	30
Public local clubs	13	43
Home	08	27
Church	-	-
At what time of the day do you always watch?		
Day	14	58
Night	10	42
How would you feel to buy condoms from the hospital/drug shop?		
Shy	12	40
Okay	02	07
Ashamed	16	53
Why do you feel as above?		
People will think that you have started sexual affairs	17	71
Others will think that am not going to succeed in education	07	29
Do you take any drugs?		
Yes	10	33
No	20	67
If yes, which drugs do you take?		
Cocaine	00	00
Alcohol	10	33
Marijuana	00	00
Pethedine	00	00
None	20	67
Do you always feel like having sex after taking that that particular drug? (n=10)		

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Yes	07	70
No	03	30
If yes and it so happens that you went in for sex, how do you conduct it? (n=7)		
With a condom	02	29
Without a condom	05	71
How much do you buy the condoms?		
900= - 1400=	08	27
1500= - 3000=	17	57
3000= and above	05	16
Are you contented with that price?		
Yes	04	13
No	26	87
Do you always receive information about sexual reproductive health services?		
Yes	09	30
No	21	70
If yes, what is the source of information? (n=9)		
Peers	06	67
Radios	02	22
Health workers	01	11
What is the distance from your school/ place of residence to the nearest health facility?		
Less than 1km	02	07
2-3km	08	27
4-6km	17	57
7km and above	03	10
In terms of transport, what could be the cost of that distance?		
500-1000=	02	07
1100-2000=	07	23
2100-5000=	20	67
5000= and above	01	03

Source: Primary

From table 2 above, the study findings showed that more than three quarters 25(83%) faced challenges when seeking reproductive health services of which nearly a half 10(40%) of them feared other patients as a major challenge. More than a half 19(63%) of respondents reported that their parents did not give them enough pocket money of which 14 (58%) said that they got extra money from their boyfriends.

Majority 24(80%) of the respondents watch video with 09(38%) watching pornography and nearly a half 11(46%) watching love stories. The study further revealed that nearly a half 13(43%) of respondents were watching in public local clubs and 10(42%) watched at night. More than a half 16(53%) of respondents reported that they felt ashamed when buying condoms from drug shops and

hospitals with nearly three quarters 17(71%) of them pin pointing people thinking that they have started sexual affairs prematurely as the major reason.

The findings still revealed that more than a quarter 10(33%) of respondents were taking alcohol of which 7(70%) of them felt like having sex when they are drunk. Furthermore, nearly three quarters 5 (71%) of those who take alcohol reported that they enter sexual affairs without using a condom. The study findings further indicated that 17(57%) of respondents reported that they can get a contraceptive method around where they stay between 1500-3000= and of which majority 26(87%) were not contented with that price.

Nearly three quarters 21(70%) reported that they do not receive information about reproductive health services and

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among those who receive it, 6(67%) get it from their peers. The study further indicated that more than a half 17(57%) of the respondents lived in a distance of 4-

6km to the nearest health facility and 20 (67%) reported that it cost them 2100-5000= as transport to reach the nearest health facility.

HEALTH FACILITY RELATED FACTORS

Table 3: Showing respondents' responses on health facility related factors

Variable	Frequency (N=30)	Percentage (%)
Do the health facilities around provide youth friendly services?		
Yes	16	53
No	14	47
If yes, which ones? (n=16)		
Condoms	09	56
Pills	04	25
Treatment of STIs	02	13
HIV testing	01	06
For how many hours do these facilities operate?		
4-6	21	70
7-12	07	23
13-24	02	07
Do these facilities provide privacy?		
Yes	02	07
No	28	93
If no, why do you think so? (n=28)		
Attend to very many patients at ago.	12	42
Reproductive health services have not been separated	05	18
Health worker force you to speak loud	11	40
Do the health workers request you to pay an aside fee before attending to you?		
Yes	13	43
No	17	57
If yes, like how much do they request? (n=13)		
2000-5000=	09	69
5000= and above	04	31
Do you also stand in a line while getting reproductive health services?		
Yes	30	100

Source: Primary

Results from table 3 above revealed that more than a half 16(53%) of respondents reported that health facilities around them provide youth friendly services, 09(56%) of them reporting condom as the main method offered. The study findings further showed that nearly three quarters 21(70%) of respondents said that health facilities open for six hours in a day and nearly all respondents 28(93%) reported that health facilities do not provide privacy, main reasons being attendance to

very many patients at-ago 12(42%), more 11(40%) of respondents said that health workers force clients to speak loudly. Nearly a half 13(43%) of respondents reported that health workers requested them to pay an aside fee before attending to them and 18(60%) of them reported to have paid an aside fee of 2000=. All respondents 30(100%) said that they stand in a long line when getting reproductive health services.

HEALTH WORKER RELATED FACTORS

Table 4: Showing respondents' responses on health worker related factors

Variable	Frequency (N=30)	Percentage (%)
How do health workers handle you when seeking for reproductive health services?		
They blame you for early sexual involvement	13	43
Telling you that you will not live longer	08	27
Verbal reports of transmitting information to your parents	09	30
Do health workers teach you how to use reproductive health methods?		
Yes	01	11
No	08	89
Do health workers keep confidentiality of all adolescent's reproductive health information?		
Yes	07	23
No	23	77

Source: Primary

Results from table 4 above revealed that almost a half 13(43%) of respondents reported that health workers blame them because of early sexual involvement and majority of the respondents 8(89%) were not taught by health workers how to use

reproductive health methods. More than three quarters of respondents 23(77%) said that health workers do not keep confidentiality of adolescent reproductive health information.

DISCUSSION

Adolescent related factors that hinder adolescents from seeking reproductive health services

The study revealed that nearly a half 10(40%) of respondents who faced challenges when seeking for reproductive health services feared other patients. This was because other patients could either be their relatives whom they suspected to report adolescents to their parents/school administration, or look at adolescents as prostitutes. Additionally, this would make other patients to look at them as useless individuals. This is in agreement with [19] who found out in their study that rural boys feared shop keepers and health service providers who might share information about them with their friends and family members.

More than a half of respondents 19(60%) reported that their parents did not give enough pocket money of which 14(58%) said that they got extra money from boyfriends. This was due to low socio-economic status of their parents that forces these adolescents to be involved in sexual relationships in order to acquire extra money to support themselves.

These sexual relationships are very dangerous and predispose adolescents to STIs, unwanted pregnancies, school drop outs and many others. This is in line with [20] which found out that poverty has lead some adolescents to engage in premarital sex with the aim of getting some money, gifts and support from sex counter parts. This is further supported by [21] who found out in their study that girls who stated that they started having sexual intercourse did it either in exchange for money or food.

The study findings further revealed that 09 (38%) of respondents watch pornography, 13(43%) were watching in public local clubs and 10(42%) watched at night. This was because watching in public local clubs was cheap and also adolescents are interested in learning different sexual intercourse styles by watching pornography and sexual intercourse videos. This is very dangerous because watching pornography increase the sexual desires which may cause adolescents to rape each other in those public local clubs since they also watched at night. This conquers with [21]

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who highlighted in their study that pornographic and sexual relationship video show in public local clubs cause youth to engage in risky sexual behaviours because local night clubs create a conducive environment for sexual activities, also putting girls into a danger of rape. This study is also in agreement with the key informant which revealed that trans-night disco dances put adolescents at a risk of unhealthy sexual practices because they create a suitable environment for unplanned sexual activities.

More than a quarter 10 (33%) of respondents were found to be taking alcohol. This was because alcohol takes away shyness to discuss sexual affairs with girls and thus enables adolescents to suggest and make any action without fear. This is also a dangerous practice because majority of the adolescents may not know the consequences of the decisions and actions they take when they are drunk. This concurs with a study by [22] which found out that alcohol affects sexual behaviours of young people and might lead to poor decision making because of being drunk, they may also feel brave enough to propose sex and might even force their sexual partners into sex. This is also in line with the key informant which highlighted use of alcohol and other drugs of abuse as an important factor that impair correct decision making by adolescents.

The study findings revealed that more than a half 17(57%) of respondents reported that they can acquire a contraceptive method between 1500-3000= of which they were not contented with that price. Because of that, contraceptive methods are expensive for adolescents which may result into adolescent involvement in risky sexual behaviours that are dangerous to their health. On addition to that, majority of adolescents still depend on their parents and making them unable to afford the contraceptive methods in place. This concurs with a similar study by [23] which found out that condom availability and cost was a main problem especially to over 80% of males as condoms like life

guard were expensive and cheap ones were not available. This is also in agreement with the key informant which revealed that reproductive health services were too expensive especially in private settings.

Nearly three quarters 21(70%) of respondents reported that they do not receive information about reproductive health services. This is because majority of these adolescents are still in school and do not have enough time to listen the radio as the main source of information. Additionally, they are not allowed by the school administration to go outside school where they can access reproductive health information displayed on posters, banners and sign posts. This is in line with [24] who found out in their study that young people lack complete and correct sexual reproductive health information and may be unaware of their own sexual reproductive health needs, lack of information about health facility locations and unfamiliarity with the health care system pose barriers to access of sexual reproductive health services by the young people.

More than a half 17(57%) of respondents lived in a distance of 4-6Km to the nearest health facility and 20(67%) said that it cost them 2100-5000= in terms of transport to reach the nearest health facility. That distance is too long and too expensive for adolescents. On addition, the cost of to and from the health facility is approximately thrice the cost of some contraceptive methods. Additionally, since majority of adolescents are still in school and very few are working, they may not get time to travel to those health facilities because of long distances which hinders them from seeking reproductive health services. This is in agreement with [25] who found out that in rural settings, health units with adolescent reproductive health services were too far and difficult to reach as this made it expensive in terms of transport and needed a lot of time

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Health facility related factors that hinder adolescents from seeking reproductive health services

The study findings revealed that nearly three quarters 21(70%) of respondents said that health facilities open for only six hours in a day. Because majority of adolescents are students and spend much of their time in school, they always find when the facilities are closed and this hinders accessibility of reproductive health services by adolescents. Additionally, even those adolescents who are working may not find when these facilities are opened because they open for a short period of time. Therefore, lack of these services causes adolescents to engage in unhealthy sexual behaviors that pose a great danger to their lives. In a similar study by [26], it was reported that structural factors like limited hours coinciding with school with school and working hours for most adolescents may arrest their willingness to visit health facilities for sexual reproductive health services.

It was further revealed that nearly all respondents 28 (93%) reported that health facilities do not provide privacy. This was because all clients visiting these health facilities have one reception and chances of adolescents meeting other clients are high since they are received at the same reception. On addition to that, there is lack of enough private clerking rooms, curtains and ceiling in the rooms. This makes other patients to hear all the reproductive health information that adolescents may share with health workers. This is in agreement with [27] who found out in their study that adolescents become discomfort with physical privacy constraints in health facilities mainly due to open doors, counselor's desk being located near a window and partitions that insufficiently muted voices would be heard by other people seeking health care.

Nearly a half 13(43%) of respondents reported that health workers requested them to pay an aside fee of about 2000= before attending to them. This might have been caused by health workers not being paid highly, delay of salaries and poor

staff welfare at the work place. It might also have been due to delay of supply of medical equipment like gloves, syringes and health workers bring in their own items as a way of boosting their earnings. This practice tortures adolescents and makes the services too expensive for adolescents to afford.

This agrees with [28] who found out in a similar study that un-official payments were reported which further made the services for adolescents hard to access. In the same study, it was reported that clients who had paid an under table fee of about 3000= to health workers would leave a long line to get their medication and would be worked on before others.

The study findings further revealed that all respondents 30(100%) said that they stand in a long line while seeking reproductive health services. This is because the health worker to client ratio is very high and it is done as a way of serving all people equally. However, this practice does not provide privacy to adolescents and takes a lot of time to seek reproductive health services because since majority of adolescents are students, they need to get services in the shortest period of time so that they go back to school. This is in line with [29] which attributed long lines to very few health workers serving a large population. In the same study, it was identified that long queues put out school youth and working adolescents.

Health worker related factors that hinder adolescents from seeking reproductive health services

The study findings notified that nearly a half 13(43%) of respondents reported that health workers blame them for early sexual involvement because when health workers look at their age, educational level and compare it with the service they have come for, they end up judging them. This tortures adolescents and makes them feel uncomfortable to interact with such health workers about their reproductive health needs. This same thing was highlighted in a study conducted by [30] that health providers have expressions of negative judgments of adolescents of adolescents seeking reproductive health

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services. This is also in agreement with [31] who found out in their study that health workers generally lack respect for a desire to be approached by the youth as this impend their ability to meet the needs of adolescent clients.

Majority of respondents 8(89%) reported that health workers did not teach them how to use reproductive health methods and they end up using them wrongly. This might have been due to few health workers serving a large population and because of this, they end up lacking time to teach adolescents.

This is dangerous because even when adolescents have got the services, they will use them wrongly making their lives exposed to a number of hazards. This same thing was discovered by [20] that sex education gaps were reported by male adolescents that in health centers, health workers distribute condoms without

accompanying health education on their use.

The study findings further revealed that more than three quarters 23(77%) of respondents said that health workers do not keep confidentiality of adolescent reproductive health. This keeps adolescents at a tension of their information being revealed to their friends, family members and their teachers. This keeps them a distance from seeking reproductive health services. This is in Line with [32] who found out in his study that confidential information is not kept as a secret by health workers and health workers had a negative attitude towards adolescent health information. This same thing was pin pointed by the key informant that health workers do not keep patients' secrets and saturate such information to the public.

CONCLUSION

Basing on the findings on factors that hinder adolescents from seeking reproductive health services, a case study at Basajjabalaba secondary school in Bushenyi district, the following was concluded;

- Social stigma was identified as the most contributing factor hindering adolescents from seeking reproductive health services.
- Watching pornography and sex video shows at night in public local clubs created a conducive environment for unplanned sex.
- Also the cost of contraceptive methods was high and adolescents could not afford it.
- Distance to and from the health facility was also another factor where it was long and expensive in terms of transport for adolescents.
- Health facilities opening for a short period of time was also highlighted as a factor hindering adolescents from seeking reproductive health services.
- Lack of privacy in health facilities also hindered adolescents from seeking reproductive health services.

- Standing in long lines when seeking reproductive health services also did not allow adolescents to seek reproductive health services.
- Failure of health workers to keep confidentiality of adolescent reproductive health information was also identified as a contributing factor.
- Finally, health workers being judgmental and blaming adolescents also reduced their turn up for reproductive health services.

In view of the above mentioned findings and observations, the study questions and objectives have been fully addressed by this study. I hope the recommendations given will be utilized by the relevant authorities to set up possible measures to enable adolescents seek reproductive health services.

Recommendations

The recommendations are laid down under the following headings;

1. To adolescents.
2. To health facility management.
3. To the Government.

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To-adolescents

- ❖ Work hard and help your parents in their income generating projects such that output is high as this will boost your pocket money rather than acquiring money through sex.
- ❖ A void watching pornography and sex video shows at night because it increase the sex libido and watching at night in public shows creates a conducive environment for un hygienic sexual acts that is dangerous to your health.
- ❖ In case you have a sexual reproductive health concern, request for permission from the school management to get help without stigma.
- ❖ Do not use alcohol and other drugs of abuse because they impair correct decision making which may put your health at a risk.
- ❖ Always seek reproductive health services from government health facilities because they are cheaper as compared to private health facilities.
- ❖ Ensure that you get access to newspapers, novels in the school library and for those residing outside the school hostels, always create time and listen to the radio because all the above communication reproductive health messages.

To-health facility management

- ❖ Management should ensure that reproductive health services at their facilities are improved so the needs for adolescents are met.
- ❖ Health facilities should be opened at least for sixteen hour in a day to enable both student adolescents and those working to access reproductive health services at the convenient time.
- ❖ Health facility administration should ensure that reproductive health service reception is separated from that of other patients for privacy purposes. They should also ensure that clerking rooms and reproductive

health service clinic rooms are sealed so that other patients do not hear adolescents when expressing their reproductive health concern to health workers.

- ❖ Under table/ a side payments asked by health workers should be prohibited because they make reproductive health services too expensive for adolescents.
- ❖ Health facility management should organize out reaches in schools and community settings so as to address sexual reproductive health issues of adolescents.

To-the government

- ❖ There is a great need for the government of Uganda through ministry of education to integrate sexual reproductive health into primary, secondary school and tertiary institution curriculum so that adolescents are informed about sexual reproductive health issues in class.
- ❖ The government of Uganda should design and enforce strict laws against watching pornography, sex video shows, public local club night watching and trans-night disco dances because these expose adolescents to un-planned sexual affair, hence putting their health at a risk.
- ❖ Government should improve sexual reproductive health services in the country through investing much in the ministry of health and employ more health workers to reduce time taken for adolescent to get reproductive health services due to inadequate health workers in health facilities.

The Ugandan government through the ministry of health should construct more health facilities providing sexual reproductive health services so as to reduce the long distances and cost of reproductive health services.

Nursing implications

- Nurses should always conduct school and community out reaches to address adolescent reproductive health needs, help them

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understand menstrual cycle and teach them how to use condoms.

- Health workers should be welcoming, approachable, non-

judgmental and should have ethical code of conduct in their minds so as to help adolescents with reproductive health concerns.

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