ADOLESCENT BARRIERS IN ACCESSING REPRODUCTIVE HEALTH SERVICE IN DEVELOPING COUNTRIES

Siswi Utami¹, Elli Nur Hayati², Luluk Rosyida¹

¹ Universitas 'Aisyiyah Yogyakarta, Yogyakarta, Indonesia
² Fakultas Psikologi Universitas Ahmad Dahlan Yogyakarta, Indonesia

ARTICLE INFORMATION

Received: Mei 08, 2020
Revised: Mei 22, 2020
Accepted: August 03, 2020
Available online: August 30, 2020

ABSTRACT

Background: Teenagers are those aged 10-19 years who are future leaders and are a human resource who does not receive enough attention. One fifth of the world's population is a teenager who mostly live in developing countries. Society considers adolescents to be healthier but adolescents are more vulnerable and at higher risk of contracting diseases that cause death. In 2015 1.3 million people died in the world during adolescence which could have been prevented. This occurs in low- and middle-income countries (LMICs), which make up two-thirds of Africa's 45 percent. About 16 million adolescent girls aged 15-19 years and around 2.5 million girls under 16 give birth each year in developing countries. There are about 3 million young women who have unsafe abortions every year aged 15-19 years. Globally, about 2 million adolescents are infected with the human immune virus (HIV) and more than 41 percent of adolescents become infected with new HIV each year.

Purpose: to undertake an assessment of barriers for adolescents to access reproductive health services in developing countries.


Results: inadequate space, no privacy, limited service hours, poor service attitude, lack of information, distance of clinics, high transportation costs, clinics aimed at married couples. lack of human resources, parental support, peer influence, religion and weak community traditions for adolescent health interventions also trigger adolescents not to access reproductive health clinics.

Conclusion: The obstacles for adolescents in accessing reproductive health services are the level of infrastructure, the individual level, the level of human resources and the community level.
countries. Approximately 16 million girls aged 15-19 years and 2.5 million girls under 16 years give birth each year from developing countries. About 3 million adolescent girls who have had unsafe abortions are aged 15-19 years. And 2 million adolescents in the world who live with human immune virus (HIV), and more than 41 percent of adolescents infected with new HIV every year occur among adolescents (15).

According to 2012 SDKI data, 28% of girls and 24% of boys drink alcohol before 15 years. Around 2.8% of adolescents 15-19 years are involved in drug abuse, and 0.7% of teenage girl and 4.5% of teenage boy aged 15-19 years have premarital sex. The results of the 2012 SDKI show that male and female adolescents have little knowledge of reproductive health. The percentage of female adolescents is 35.3% and 31.2% of boys aged 15-19 years who know that a woman can get pregnant with one intercourse. As many as 41.2% of women and 55.3% of men aged 15-19 know that transmission of HIV-AIDS can be reduced if they have sex only with someone who does not have another partner. 46% of women and 60.8% of men aged 15-19 know that HIV-AIDS transmission can be reduced by using condoms. Only 9.9% of women and 10.6% of men aged 15-19 years have comprehensive knowledge about HIV-AIDS (8).

According to WHO research on reproductive health among adolescents it turns out that developed countries have the most sexually active adolescents and the United States is one of the countries with the highest teen pregnancy rates in the world with one million adolescent women who become pregnant each year, whereas in Indonesia around 15-20% from school age adolescents claim to have sex outside of marriage and 15 million teenage girls aged 15-19 years 15-19 have given birth every year. (14,21).

Adolescents who have little knowledge of reproductive health result in adolescents not accessing sexual and reproductive health services (12). Youth face many obstacles to access and utilize reproductive health general services (13). There are obstacles in accessing reproductive health education, early marriage leading to pregnancy related to adolescents who have who do not have the right to make decisions on him, and poor quality of health services where there is a lack of privacy and confidentiality related to health service providers and infrastructure (3, 10).

METHOD

The researcher evaluates the quality of studies (critical assessments) in the literature that has been eliminated from the inclusion criteria. Learn the quality of studies using the Appraisal Study Program using the Critical Appraisal Skills Program (CASP). Adolescent constraints in accessing reproductive health services in developing countries and good quality. Most articles use qualitative methods.

Inclusion / Exclusion Criteria

The author limits research published in English in the last 10 years (2009-2019). The research chosen was original research (and not reviews, gray literature, books / reports). This study was chosen when reporting directly on reproductive health services in adolescents oriented towards gender equality. The author limits the research design according to the scope assessment framework.

Data Sources and Search Strategies

This scoping review uses several databases by PubMed and Science direct from 2009-2019. The search strategy goes through several processes, namely analyzing common words contained in titles, abstracts and index terms (keywords). Keywords use a boolean search strategy (AND and OR as a link in the search to produce relevant data). All keywords are entered in a database search, then check the reference list from the selected study via full text.

Study screening and selection

At the stage of screening and selection of studies the author uses PRISMA Flowchart (Figure 1), first stage screening the author only reviews the titles and citations contained in the abstract. all titles and abstracts that are considered relevant are reviewed in full text articles in accordance with the inclusion and exclusion criteria and the next stage the researcher conducted a critical appraisal by form Critical Appraisal Skills Programme.

RESULT and DISCUSSION

In the article search 435 articles were identified, after filtering for relevance 37 articles were obtained. Then further article filtering is done to find appropriate and complete references about parental references and 13 articles are obtained which will be used for systematic literature review. The author filters the titles and abstracts of all articles to be used as inclusion criteria. Full text studies are taken and reviewed independently based on these criteria. It is necessary to leave 5 articles for final review.

Main Findings

This review is to undertake an assessment of barriers for adolescents to access reproductive health services in developing countries, namely:

Facility level
Inadequate space is not spacious enough and does not meet privacy as a barrier to the level of facilities for using adolescent health services. The room is also often used as a library and for consultations (1,19). Rooms that do not meet this privacy result in teens not accessing health services because their privacy is not guaranteed (12,16). To increase youth access, a room is needed that guarantees teen privacy (6). Lack of medical supplies so that teens have to buy diapotik themselves. Medical supplies, lack of information material in the library. The limited stock of drugs intended for adolescents except for fever medicines is due to its supply throughout the clinic and teens cannot buy these drugs (18). The incomplete youth library was found to be one of the obstacles in adolescents seeking information about reproductive health in adolescent. The limited service time is at 08.00 - 14.00 and on national holidays the holidays cause teenagers to be less comfortable because that time is when they are at school (1).

Level Personal

The feeling of fear is uncomfortable when teenagers visit service providers when discussing issues related to sexuality. Lack of information about reproductive health services for adolescents. High transportation costs that result in adolescents not accessing existing reproductive health services (1). Lack of knowledge about adolescents about reproductive health and they are not trying to find that information (6). Women who come to health facilities because they already know the risk of reproductive health (3). Positive experiences for women and are already familiar with service providers in the clinic (3). The adolescent assumption that reproductive health clinics are intended for individuals who are married and not a teenager. Long distance is an obstacle aspect in accessing reproductive health services (6). Teenagers more often to the pharmacy that is near the house than to the reproductive health clinic because of the distance (18). Lack of reproductive health clinics and the distance so that requires a long time in accessing them (12).

Feelings of shame from adolescent boys who visit reproductive health clinics because parents will find information about the reasons for their visit (9). Service providers identify that lack of knowledge, information and education as a factor in the lack of youth access because there is no school curriculum and teachers are less comfortable when talking about sex. (12). Teenagers choose health facilities that already have free coupons or free services from the government and avoid private facilities due to financial limitations (3). Women who get vouchers get services and are well received (3,18).

Service provider level

Service providers lack respect for adolescents so adolescents are less comfortable with the attitudes given. There is discrimination from some adolescents who are treated preferably from health workers (1). Lack of promotion of reproductive health clinics that result in adolescents not knowing their whereabouts (6). Teenagers lack information related to quality and friendly reproductive health services (5). Service providers whose age is older their attitude in providing reproductive health services to teenagers is less friendly they assume that the teenager is like a child and tends to be the attitude of the service provider to denigrate adolescents (18). That is due to the lack of staff in reproductive health clinics in adolescents which results in rushed service providers in providing services and the existence of additional responsibilities in providing services (18). The need for training that emphasizes professional ethics on personal moral frameworks in communication skills for service providers and information on contraception (3,20)

Community level

The use of reproductive health services for adolescents is due to the lack of support from their parents. The adolescents fear that their parents will punish them if they find out that they are visiting health services. There is a negative perception for adolescents who visit health services. The influence of peers, especially men who do not allow adolescent girls to come to health services (1). The existence of a negative culture of parents who consider sexuality a taboo thing to talk about (6). Adolescents have difficulty obtaining information on reproductive health in adolescents because cultural traditions of religion do not allow to talk openly about sexuality (18). Health care providers are part of community tradition and have the kind of understanding that if a girl comes to look for family planning, such as contraception or abortion, it can mean that she is a bad girl (11,12). The existence of an ideology of gender-dominated morality, which also functions as a form of social control over women's sexuality and sexual behavior (4). Teenage girls will tell their friends and girlfriends about their reproductive health because they are afraid of being judged by their families and expelled by the community (12). Most women have received community-based vouchers, the organization sends vouchers to the village head to be distributed to residents' homes directly. This is discussed as a positive aspect of the program because they do not need to take the time or initiative to find vouchers themselves for access to reproductive health services (13).

CONCLUSION

For health service need to provide briefing, strengthen knowledge and implement it in the field of health services and management of health organizations to clinic staff and health workers.
Optimization of sexual reproductive health with the clinical team and in coordination with the Government in the performance of monitoring and evaluation during the program.

REFERENCE


PRISMA Flowchart

Pencarian Database Pubmed
Artikel yang diteksentifikasi n dalam pencarian database pubmed = 435
Total: 435

Catatan setelah Mengaruh artikel
dan menghapus artikel yang sama
n = 339

Artikel yang disaring
berdasarkan Abstrak
n = 57

Artikel lengkap yang layak
n = 15

Artikel yang digunakan dalam review
n = 5

Catatan disebabkan tidak ada
kriteria inklusi
n = 24

Catatan disebabkan
Infrastruktur seksual dalam bentuk
terpaku sistem atau
Quantitative = 5

DOI: http://dx.doi.org/10.35730/jk.v11i0.622