

Access to Sexual and Reproductive Health services among adolescents and young people in primary health care centres in Ibadan

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Introduction

- HIV still remains a disease of public health importance globally.
- The mortality due to HIV/AIDS among different age groups globally seems to be declining but adolescence is the only age group with increasing HIV/AIDS incidence and mortality globally (UNICEF, 2019)
- In sub-Saharan Africa, HIV/AIDS is the one of the leading causes of death among adolescents and can be directly linked to risky sexual behaviours (Fatusi, 2013).
- At a prevalence of 3.5%, Nigerian adolescents have the highest HIV prevalence in West Africa (Badru et al., 2020).
- However, reports show low test rates (90% never tested), poor knowledge (between 28-38% have comprehensive knowledge of HIV) (National Population Commission (NPC) [Nigeria] and ICF, 2018).
- Access to comprehensive SRH information including HIV/AIDS preventive information and youth friendly service still remains an issue in different parts of the world even after 2015 (Chandra-Mouli et al., 2015)
- In the past two decades, there has been increased response to the HIV prevalence among adolescents.
- Adolescents with hearing impairment have however been mostly ignored in the prevention and management programs currently existing.
- They are twice at risk of HIV infection as compared to their counterparts.
- Adolescents with hearing impairment are also as sexually active as their counterparts
- Yet very few programs have focused on improving their SRH and HIV knowledge and have less access to SRH/HIV services
- Several policies and documents have been developed to address ASRH in Nigeria, however, none of these documents directly address adolescents living with disabilities and their access to HIV information and services (National Agency for the Control of AIDS (NACA), 2016).
- The National HIV strategy for adolescents and young people does not directly mention adolescents with disabilities, it mentions the importance of ensuring that vulnerable adolescents are not left behind.
- As part of a larger study that seeks to improve access to comprehensive HIV/AIDS information and services among hearing impaired adolescents in Ibadan, this study sort to
 - To map out SRH and HIV/AIDS services currently available for adolescents in Ibadan
 - To map out SRH and HIV/AIDS services currently available for adolescents with hearing impairment in Ibadan

Methods

- Ibadan North Local Government Area
- Cross sectional study
- Qualitative method
- Eligible primary healthcare facility – 20 consenting facilities involved
- One participant per PHCs
The facility head (or designate) was interviewed
- Questions about the types of SRH services (including HIV services) available to adolescents, availability of a special place, schedule, and time for adolescents, payment for services, limits (including age limits) to the types of services available to adolescents in the clinic.
- Data was analysed both quantitatively and qualitatively.

Results

Gender	Average years in service	Category of participant
• 100% females	• 19 years	• Nurses – 55% • CHEW – 40% • CHO – 5%

- 90% (18) offer HIV services to general population
- 94.4% (17) offer HIV services to adolescents
- Services offered to adolescents include Counselling, testing and referrals.
- Further probes on the content of the counseling for adolescents shows inadequate information is passed to adolescents
 - Lack of enough time
 - Test is conducted during outreaches mostly, and there is not enough time to pass on adequate information
- Adolescents do not get special attention; they are attended to like every other client at the clinic
- Adolescents with hearing impairment only get attended to if they come to the clinic with their interpreters
- Findings also show that adolescents with hearing impairment may not be going to clinics, some facilities report that they have never had an adolescent with hearing impairment visit the clinic

HIV Services for adolescents

- *“Yes, when the adolescents come to the clinic, we offer counselling, testing and if the result is positive, then refer the adolescent to general hospital”*
- *“We offer HIV services to adolescents, we don't segregate, we test, counselling then we refer for proper treatment when the adolescents come for it”*
- *“Testing, counselling, if pregnant, drugs are administered but others are referred to Adeoyo hospital...”*

Care for adolescents with hearing impairment

- *“Services are rendered to adolescent with hearing impairment if the patient can bring someone to help communicate to us. We just have to be patient with them, no other consideration”*
- *“Yes, we offer HIV services to adolescents with hearing impairment once we communicate better and understand each other through their caregiver”*
- *“No. We refer adolescent with hearing impairment to other facilities... for example State hospital Adeoyo...”*

Conclusion

- Conclusively, adolescents have some form of access to care, the care is not differentiated.
- Adolescents' HIV care has been shown to be more effective when differentiated
- Adolescents with hearing impairment suffer a greater barrier to accessing care as there are no provisions within the primary healthcare to cater for their needs.