An Assessment of Adolescent Satisfaction with Reproductive Primary Healthcare Services in the Eastern Cape Province, South Africa

FB Mayeye[1], HA Lewis[2], OO Oguntibeju[2]

ABSTRACT

Objective: *To assess adolescents' satisfaction with reproductive health services in Mdantsane Township, Eastern Cape Province, South Africa.*
Method: *A structured questionnaire was used to assess the levels of participants' satisfaction with reproductive health services. The sample consisted of 200 adolescents within the ages of 16 to 19 years. A response of "yes" indicated that the person was satisfied with the specific item, while a response of "no" indicated dissatisfaction with that item. A spreadsheet was developed to analyse data obtained and 95% was used as a cut off rate to define an appropriate level of client satisfaction.*
Results: *Results indicated that adolescents were dissatisfied with reproductive health delivery at Mdantsane Township. Satisfaction responses on accessibility and confidentiality of services, options available to participants as well as staff friendliness fell below the stated cut off rate of 95%.*
From each item, the number of responses of satisfaction on reproductive health delivery at the primary health clinic was mostly below 89%.
Conclusion: *In general, participants in this survey were dissatisfied with reproductive health services at the clinics at Mdantsane Township in the Eastern Cape Province.*

Keywords: Accessibility, eastern cape province, mdantsane township, reproductive health services, satisfaction

Evaluación de la Satisfacción Adolescente con los Servicios de Atención Primaria a la Salud Reproductiva en Eastern Cape Province, Sudáfrica

FB Mayeye[1], HA Lewis[2], OO Oguntibeju[2]

RESUMEN

Objetivo: *Evaluar la satisfacción de los adolescentes en relación con los servicios de salud reproductiva en Mdantsane Township, Eastern Cape Province, Sudáfrica.*
Método: *Se usó una encuesta estructurada para evaluar los niveles de satisfacción de los participantes con respecto a los servicios de salud reproductiva. La muestra constó de 200 adolescentes cpn edades de 16 a 19 años. Un "Sí" de respuesta indicaba que la persona estaba satisfecha con el punto específico, en tanto que un "No" de respuesta indicaba insatisfacción con el punto en cuestión. Una hoja de cálculo fue desarrollada para analizar los datos obtenidos, y 95% fue usado como tasa límite para definir un nivel apropiado de satisfacción del cliente.*
Resultados: *Los resultados indicaron que los adolescentes no estaban satisfechos con los servicios de salud reproductiva en Mdantsane Township. Las respuestas de satisfacción sobre la accesibilidad y confidencialidad de los servicios, las opciones disponibles para los participantes así como el carácter amistoso del personal, cayó por debajo del límite 95% declarado. De cada punto, el número de respuestas de satisfacción por los servicios de salud reproductiva en la clínica de atención primaria, estuvo la mayor parte de las veces por debajo de 89%.*

From: [1]Department of Nursing Sciences, University of Fort Hare, Alice, South Africa and [2]Department of Biomedical Sciences, Faculty of Health and Wellness Sciences, Cape Peninsula, University of Technology, Bellville, South Africa

Correspondence: Dr OO Oguntibeju, Department of Biomedical Sciences, Faculty of Health and Wellness Sciences, Cape Peninsula, University of Technology, Bellville, South Africa Fax: +27 21 959 6770, e-mail: oguntibejuo@cput.ac.za

Conclusión: *En general, los participantes en este estudio, se mostraron descontentos con los servicios de salud reproductiva en las clínicas de Mdantsane Township, Eastern Cape Province.*

Palabras claves: accesibilidad, Easterm Cape Province, servicios de salud reproductiva, satisfacción

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INTRODUCTION

High rates of unintended pregnancy and sexually transmitted infections (STIs) amongst adolescent populations indicate a need for more effective reproductive health services (1). Reproductive health providers globally recognize that "youth friendly" services are needed if young people are to be adequately provided with reproductive healthcare (1–3). A report by Senderowitz *et al*. (4) has shown that young unmarried adults tend not to attend health facilities particularly public clinics for their reproductive needs, because of being uninformed and due to the fact that most reproductive services are perceived by adolescents as unwelcoming. It has been reported that the highest rate of teenage pregnancy in the world is in Sub-Saharan Africa where women tend to marry at an early age [15–19 years] (5, 6).

The current health service system is not effective in lowering the rate of adolescent pregnancy in the Eastern Cape. This situation was confirmed through the Demographic and Health Survey conducted by the Eastern Cape Department of Health (7) which revealed that there was a 21% prevalence in pregnancy rate amongst the age group 14 to 21 years. Lack of availability of reproductive health services including contraceptive services and inaccessibility to such health services were identified as contributing factors. Also, a reported remarkable increase in the pregnancy rate in South Africa due to the fact that adolescents are not utilizing contraceptives as a form of birth control has been reported. This increase is confirmed by available statistics from the South African Department of Health (6) which showed that only 64.4% of sexually active 15–19-year olds reported current use of condoms and other contraceptive methods. It is also reported that many teenagers are encouraged by their partners to become pregnant to prove their love, womanhood and fertility (8). The Demographic and Health Survey of the Eastern Cape Department of Health (9) reported that the most common contraceptive method amongst sexually active adolescents is by injection, with just over 50% of all women aged 15–19 years using it. The majority of young people have never used a condom during sexual intercourse or are using them inconsistently. The report further noted that only 2.3% of women use condoms as contraceptives.

The 2004 National Youth survey showed that 10.2% of youth aged 15–24 years were infected with HIV (10). Although young people are aware of the existence of HIV infection, the use of condoms as a contraceptive and a preventive method for sexually transmitted infections is still inadequate. This study was designed to assess adolescents' satisfaction with reproductive health services by assessing their opinions on accessibility, confidentiality, service options, staff friendliness and friendliness of the clinic and to identify factors affecting under-utilization of reproductive health services by adolescents at the clinics at Mdantsane Township.

SUBJECTS AND METHODS

This was a non-experimental, cross-sectional descriptive survey, conducted over two weeks at each of the 11 primary healthcare clinics at Mdantsane Township in the Eastern Cape Province.

This study was based on a population of adolescents between the ages of 16–19 years, residing at Mdantsane Township of the Eastern Cape Province, South Africa. The 11 primary health clinics at Mdantsane were selected for the study so as to obtain a suitably large sample within a short period of time. The desired sample size was 300 participants, although only 200 responses were obtained due to infrequent visits to clinics by the 16–19-year age group when compared to the 19–24-year old group.

The age group 16–19 years was chosen as it is most vulnerable to coercive sex and peer group pressure to conform to certain sexual practices and access to information and service is often restricted by parents (11). The inclusion criteria for the participants were as follows: aged between 16 and 19 years, residing at Mdantsane Township, had given consent to participate in the study and had demonstrated an interest and understanding in the study and were willing to sign the informed consent form.

A client exit survey questionnaire ("Your Comments Count" designed by International Planned Parenthood Federation) was used to assess: accessibility to services, confidentiality of services, available options, staff friendliness and friendliness of the service (12). The questionnaires were easy to use and required minimal training. Questionnaires were administered to adolescents by clinic staff. A response of "yes" indicated that the young person was satisfied with the specific item while a response of "no" indicated dissatisfaction with that item. The percentage of satisfied clients for each question was calculated.

A standardized English and Xhosa (one of the local South African languages) self-administered questionnaire with 33 questions was used in this study.

In Section 1, sociodemographic questions such as gender, age, marital status, accessibility, affordability and availability of information were asked.

Section 2 dealt with options available to young people at the different clinics: choice to see either male or female staff members, full information given on any contraceptive method, referral to another place in cases where the service cannot be provided, counselling, emergency contraception, services for domestic violence or rape victims, Pap smears and pregnancy tests, contraceptives, condoms, sexually transmitted infection testing and HIV testing and counselling. Section 3 handled aspects of confidentiality: such as not drawing attention to oneself, whether staff members respect confidentiality, trust and privacy. In the last 2 questions of Section 3, the participants were required to give comments on how they came to know of the services and on the services?

Section 4 was about attitude of clinic staff: whether staff members are friendly, open minded, judgemental, answer all questions to their satisfaction, staff understood youths' concerns on sexuality, staff used language that could be understood.

Section 5 was about the facility; whether the service has: leaflets and posters with information adolescents want, is friendly and welcoming, is it clean, are there materials to read in the waiting room, does the centre have facilities for young parents who bring their children with them to the clinics and suggestions towards the improvement of reproductive health services.

Training of community health-workers and nursing assistants was conducted at the clinics. The nursing assistants and community health-workers were instructed to read out aloud the contents of the informed consent document and of the questionnaire, before the participants were requested to sign the consent form. The interviewers were instructed to verify that the participants were in agreement before signing the consent form and that the questionnaire should be distributed only after the participants had signed the consent forms.

All items used in the questionnaire went through some form of validation by checking the questionnaire for correct translation of the English language to Xhosa. All questionnaires were edited by an English language expert and errors corrected immediately before being handed to participants at the clinics. Any item on which less than 95% of participants reported satisfaction was considered as an area in need of improvement.

Permission to conduct the study was obtained from the Medical University of Limpopo, MEDUNSA (Medical University of Southern Africa) Ethics Committee. Participants were requested to participate on a voluntary basis and further explanation regarding the aims and benefits of the study was provided to participants. Permission to conduct the research using all 11 clinics was sought from the provincial Department of Health's Ethics Committee. The clinics were informed timeously about the intention to conduct the study. The content of the informed consent document and of the questionnaires were read out to the participants and only participants who agreed to take part in the study signed the consent form. The interviewers verified that the participants were in agreement before signing the consent form and given the questionnaires. Privacy and confidentiality were ensured by using an unoccupied consulting room.

The data collection was performed at the 11 primary health clinics at Mdantsane Township over a two-week period. After the participants have been consulted by a professional nurse for either contraceptive, antenatal or child health reproductive health service need, they were instructed to visit a waiting room where the request for permission to conduct the interview was read to them as individuals, and thereafter allowed to read the permission letter themselves. After signing the consent form and agreeing to participate verbally, the questionnaires were administered to them. Descriptive statistical analysis using an Excel spread sheet was used for data analysis and each code for each survey was entered. The average percentage for each participant, regarding satisfaction was calculated. Average percentages related to satisfaction with reproductive health services for each clinic were also calculated. The results of this study are presented in tables and bar charts.

RESULTS

The results showed that 98% of the participants were females and 2% were young men and their marital status was either single (89.5%, n = 179), married (6%, n = 12) or living with partner (4.5%, n = 9). Generally, the study participants were reluctant to answer questions that focussed on their socio-economic status hence, data on socio-economic status was not obtained. Table 1 shows a full range of sexual and reproductive health services on which the adolescent youth was expected to respond to.

Table 1: Availability of reproductive health services options

Reproductive health options	Number	Percentage
Counselling	146	73%
Emergency contraception	144	72%
Domestic violence or rape	139	70%
Pap smear tests	151	76%
Contraceptives	160	80%
Condoms	170	85%
Sexuality information	167	84%
Pregnancy tests	153	77%
Sexually transmitted infections	169	80%
HIV testing	175	88%

Figure 1 shows adolescents' level of satisfaction with accessibility. Of the 200 participants, 86% (n = 172) said services were open to all racial groups, all religious groups and persons of all sexual orientation and 85% (n = 171) said it was easy to get to service centres while 62% (n = 124) said services were affordable. Eighty per cent (n = 159) of respondents said information was available, for 60% (n = 119)

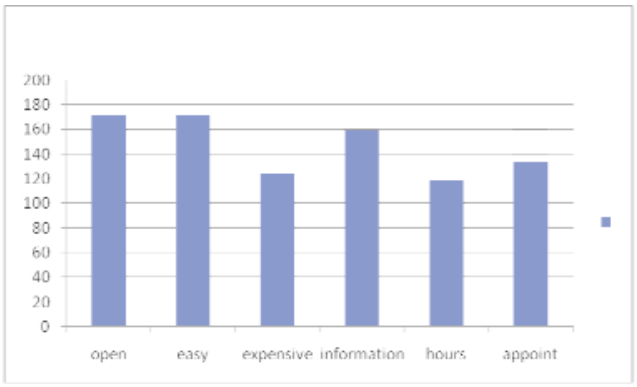

Fig. 1: Level of satisfaction with reproductive health services

clinic hours were suitable and 67% (n = 134) did not have to make an appointment to be attended to.

Figure 2 shows the availability of service options at the clinic: of 200 participants, 62% (n = 124) could choose to be

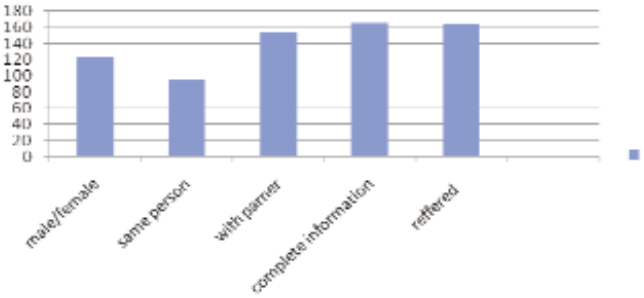

Fig. 2: Availability of service options at the clinic

attended to by either a male or a female staff, 48% (n = 95) were given the choice to be seen by the same person at each return visit, 77% (n = 154) were given the privilege to be seen with their partners or friend or helper. Eighty-eight per cent (n = 166) were given full information on any contraceptive method or treatment they preferred, 82% (n = 164) had referral opportunities.

Figure 3 shows the levels of satisfaction of adolescents with respect to confidentiality at the clinics. These aspects

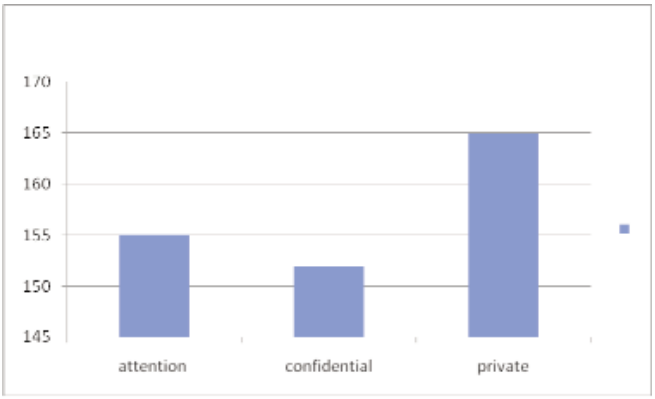

Fig. 3: Participants' satisfaction with confidentiality

include: attention, confidentiality and privacy. Attention in this case refers to service providers avoiding drawing attention to participants when the service is shared with adults, the response to this question was 76% (n = 155). Level of satisfaction with confidentiality and trustworthiness was 77% (n = 152) and privacy during counselling was 83% (n = 165).

Figure 4 shows responses to questions regarding staff friendliness at the clinics. Seventy three per cent (n = 145)

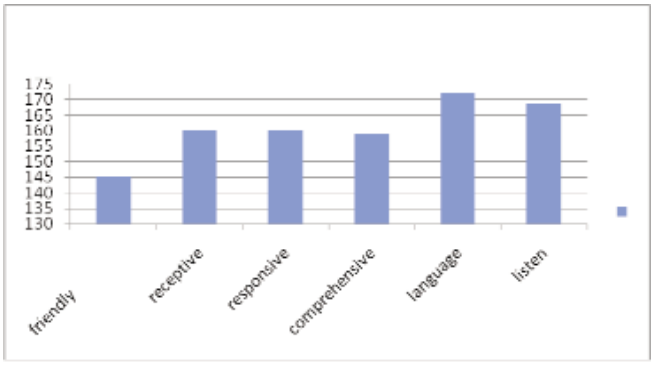

Fig. 4: Satisfaction with staff friendliness

of the participants gave satisfactory responses, 80% (n = 160) said staff were open-minded and non-judgmental, 80% (n = 160) said that staff answered their questions satisfactorily, 80% (n = 159) were satisfied with the level of understanding of their concerns on sexuality and sexual relationships by the staff. Eighty-seven per cent (n = 172) were satisfied with the language used by clinic staff members and 85% (n = 169) satisfactorily expressed their problems in their own words.

Figure 5 shows aspects of resources and activities available at the reproductive clinics. Eighty-five per cent (n

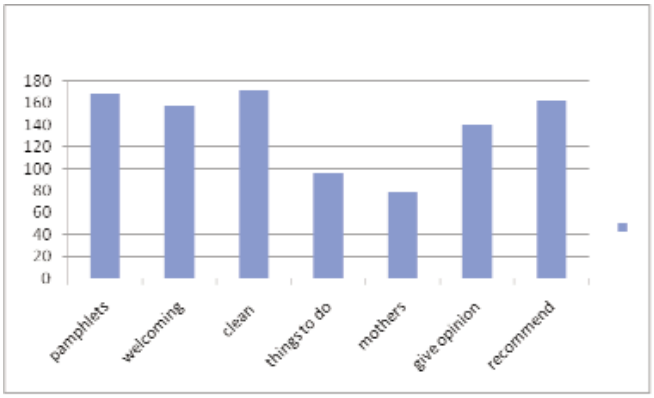

Fig. 5: Satisfaction with availability of educational items and facilities at the reproductive clinic

= 168) of participants said information was available at the clinic, 79% (n = 158) said clinics were welcoming, 86% (n = 171) said the clinic was clean, 49% (n = 97) said there were reading materials in the waiting room, 40% (n = 79) said facilities for young parents who brought their children with them to the clinics were available, opinion on the service was 70% (n = 140) and 81% (n = 162) would recommend the ser-

vices to a friend. Ninety-nine per cent of the participants said it was not difficult to use the services.

DISCUSSION

More females than males (98% females and 2% males) of the same age group visited the clinics to access reproductive health services. The huge difference between the two gender groups shows that society is still experiencing serious gender orientation views and perceptions that contraceptive and reproductive services are only meant for females. Health services traditionally have concentrated on women and the majority of health-workers are found to be females.

Results indicated that adolescents were dissatisfied with accessibility to reproductive health services, for example, "opening hours" were not suitable for adolescents and scored the lowest percentage. The variable on expenses scored low satisfactory responses. The question included aspects of service affordability by young people and the responses indicated that the services were expensive. We presume that the participants did not understand the meaning of the word "expensive" as all primary health services within the public sector are free. An 85% (highest) score represented "easy to get to the clinic" and the lowest score of 60% indicated that "opening hours" were not suitable for adolescent attendees. These results are consistent with those previously reported (3, 8).

Participants' responses showed that the least satisfaction was with respect to confidentiality. These negative responses are in line with other studies regarding barriers preventing adolescents from accessing reproductive health services: long waiting times, limited staff, skills in communicating with adolescents, personal biases of service providers, lack of privacy and lack of confidentiality are cited as elements of service delivery that serve to dissuade young people from making use of the clinic services (2, 13, 14).

Staff friendliness to participants had the lowest scores. These results are central to other studies where participants' responses showed that staff members were unfriendly. Negative staff attitudes are often given as the main reason why young people avoid seeking clinical advice. It is important to note that providers are products of their cultures and as such their cultural stands may affect health service delivery (3, 15, 16).

Scores obtained for satisfaction with the HIV testing clinic programme were found to be the highest. These results might be attributed to the extensive Voluntary Counselling Testing and programmes (VCT) provided by public and private health facilities within the Eastern Cape Province. With reference to satisfaction with availability of reproductive health service items, domestic violence or rape services and emergency contraceptives yielded the lowest percentage. Young people in the communities are often confronted by incidents of domestic violence and primary health-care nurses are not adequately trained to handle such problems. Consequently, in such circumstances, young people would opt to visit the hospital rather than the primary health facility.

It was observed that there were no recreational facilities for children of young parents who visited the clinics. This should be addressed as the provision of such facilities could enhance utilization if participants know that there are recreational facilities for their children. All responses were below the stated 95% cut off level for all individual responses and for each facility assessment. For each item, the number of satisfaction with reproductive health services at primary health clinics were between 40% and 89%. This is an indication that adolescents were dissatisfied with reproductive health services at Mdantsane Township Clinics.

The results of this study showed that, in general, adolescents were dissatisfied with reproductive health services at the Mdantsane Clinics. Judging from the relatively high scores obtained by individual participants in some instances, it became clear that some adolescents were unaware of their reproductive health rights/needs and could not detect whether the service that they received were within acceptable standards of care. This is shown by the increased positive responses where there was no evidence of availability of such an item for example, "satisfaction with availability of reading materials". The results further showed that there was a definite need for improvement of adolescent reproductive health services at the Mdantsane clinics. It is clear that the current available maternal and child healthcare programmes, school health services and reproductive health services are inadequate to meet adolescent sexual and reproductive needs. Adolescents need a safe and supportive environment that offers information and skills to equip the youth on all aspects related to sexual and reproductive health issues. Surveys conducted for measuring adolescent satisfaction with reproductive healthcare services at primary healthcare facilities, are one of the essential methods that must be implemented to establish a baseline, and for preparing a plan for improvement of facility service delivery.

The following key elements should be addressed:

* Reproductive health services should be made more accessible to adolescent youths.
* Aspects of quality improvement could best be achieved by those health professionals who are working at the clinic site, with support from management.
* Policies and programmes that have been developed to address problems and challenges facing adolescents should be implemented.
* To avoid issues of courtesy bias, there is a need to conduct a similar survey utilizing alternative community services with a larger sample size, namely at homes of participants or school-based surveys.

The participants were not randomly selected for this study and therefore findings cannot be generalized to the population of youths in the 16–19-year age groups who live

in the area where the study was conducted. However, the significance of this study focussed on the identification of health and social needs for quality improvement of reproductive health service delivery for adolescents at the primary healthcare facilities.

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