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Are they willing to provide adolescents reproductive health services?: Basic Health Staff's perspectives in Myanmar

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This study aimed to inquire the health providers' knowledge, perception and problems encountered in providing Adolescent Reproductive Health (ARH) services. A cross-sectional study employing both quantitative and qualitative approaches was conducted in two townships where ARH corners have been launched. All Basic Health Staff (BHS) were requested to answer a pre-tested, structured questionnaire. Four focus group discussions, 8 in-depth interviews and 4 key informant interviews were conducted. Duration of total service of BHS varied from less than one year to 40 years (median-7 years). About 67% of BHS got ARH training and 44%, 56%, 59% and 85% had high level of knowledge on reproductive physiology, adolescent pregnancy, contraception and HIV/AIDS issues, respectively. Adolescent child birth and abortions were mentioned as common ARH problems within their community. More than half agreed to provide Reproductive Health (RH) information to the adolescents hoping that it could prevent the ARH problems. However, some worried that providing RH knowledge might lead adolescents to promiscuity. About half stated that it should not be informed to adolescents under 15 years of age. Most providers were reluctant to give contraceptive knowledge to unmarried adolescents. Seventy-one percent had experience of providing ARH services of which 32% encountered some problems such as difficulty in recruiting adolescents, reluctance of adolescents to listen RH talks and unwillingness of parents, teachers and village leaders. Providers should be encouraged to impart reproductive health information to all adolescents regardless of the age and marital status.

INTRODUCTION

According to World Health Organization, all persons between the age of 10 to 19 are adolescents [1]. In Myanmar, reproductive health programme defines adolescents to include youth and cover the age range from 10 to 24 years old [2]. This represents 29% of the total population (CSO-2002). As they have to pass through physical changes related to human reproduction, they need information and opportunities to discuss sexuality in a safe and open way [3]. Thus the provision of reproductive health services to adolescents is crucial. Along with the introduction of the reproductive health programme, health of young people is being considered as one of the priority areas to be focused nationally. A number of programmes that address adolescents' knowledge of sexual and reproductive health have been implemented in recent years, including life skills and peer education programmes [4]. One of the programmes that implemented recently by DOH with the support of UNFPA was launching of ARH corners in the UNFPA project townships.

Providers' perception to give quality services is essential in establishing these ARH programmes successfully. Providers' attitude and actions may be a barrier for adolescents in using reproductive health services. A number of studies on human reproduction have explored about the obstacles young people face in obtaining appropriate and timely service relating to contraceptives and other sexual health matters. Some of these obstacles are linked to health facilities and include threatening attitude of health care providers [5]. Their knowledge and perception on ARH become major concern in health care delivery for ARH problems. WHO has also highlighted to perform a situation analysis of adolescent reproductive health in which perception and belief of service providers on adolescent health need should be explored for further health promotion and desirable actions [6].

Therefore, a cross-sectional survey was conducted to inquire the providers' knowledge, perception and the problems encountered in relation to provision of ARH services to impart a valuable input to the future RH programmes aiming at adolescents' health.

MATERIALS AND METHODS

The proposal was approved by the Institutional Review Board of Department of Medical Research (Lower Myanmar) before the study was conducted.

Quantitative survey

Of 20 townships in which ARH corners have been launched, two townships were randomly selected as the study setting by using a computer generated random number, which resulted in Dala and Oak-twin townships in Yangon and Bago Divisions. Quantitative data were collected from all basic Health Staff (BHS) from the study townships by using a pre-tested self-administered questionnaire regarding background characteristics of the BHS, service and training related factors, knowledge on ARH issues including reproductive health physiology, adolescent pregnancy, contraception, HIV/ AIDS and problems encountered in providing ARH services. A total of 66 BHS participated in the questionnaire survey.

Data cleaning, coding and analysis were done using SPSS 11.5 software. Descriptive statistics were shown as mean/median for continuous variables and percentage for categorical variables. Knowledge items were given a score of "1" to correct answers and "0" for incorrect answers. Then total score was calculated for each ARH issue and categorized into "low" and "high" knowledge by using median score as cut point and described as percentage.

Qualitative survey

Four focus group discussions (FGD), 8 in-depth interviews (IDI) and 4 key informant interviews (KII) were also conducted for qualitative assessment. Two FGD were conducted with midwife (MW) and two were conducted with health assistant (HA) and lady health visitor (LHV). A total of 36 participants were included in four sessions. Eight IDI were done with BHS from the RHC having ARH corner. A total of four KII were carried out with peer youth leaders. Qualitative assessment was focused on their perspectives in giving general ARH knowledge, contraceptive knowledge and HIV/ AIDS knowledge to the adolescents in their community and the problems they have encountered.

After completion of all fieldworks, the interviews were transcribed and organized according to the major themes and sub-themes. Matrix analysis was done after the transcription. Triangulation of research methods was done to validate the findings.

RESULTS

Background characteristics

A total of 66 BHS, 41 (62.1%) BHS from Oak-twin Township and 25 (37.9%) from Dala Township included in the study. More than half were MW (59.1%) and others were HA (13.6%), LHV (12.1%) and nurses (15.2%). Mean age of the BHS was 36.6

years and ranged from 21 to 57 years. Total service ranged from less than one year to 40 years with the median of 7 years. Regarding their educational level, 52% were university graduates and 42% were high school passed. About two-third (67%) got training concerning ARH in which 32% had received more than once.

Knowledge level of Basic Health Staff on adolescent reproductive health issues

Fig. 1 shows the knowledge level of BHS on selected ARH issues. Higher knowledge level was found in relation to HIV/AIDS (84.8%). Only 44% had high level of knowledge regarding general reproductive health.

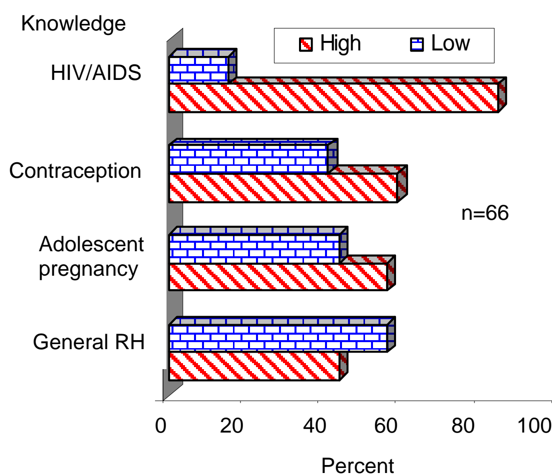
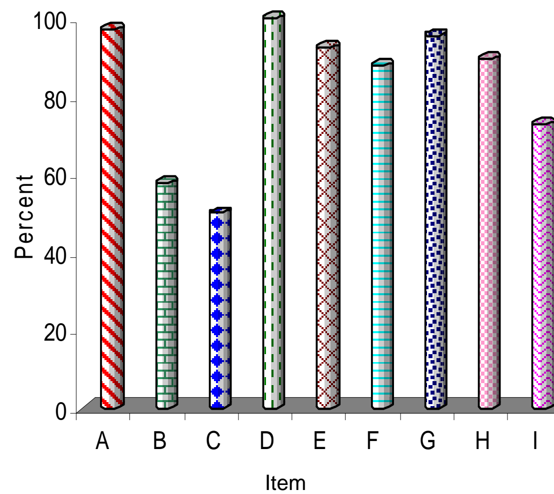


Fig. 1. Knowledge level of BHS on ARH issues

Proportion of BHS who could answer correctly on knowledge items regarding ARH is shown in Fig. 2. All BHS recognized the advantages of condoms while 72% knew the correct timing of emergency oral contraceptives (EOC) administration. However, only 50% of BHS could answer the ovulation period correctly.

Qualitative findings

Most of the participants knew the definition of adolescents with respect to age. Regarding the common ARH problems, more than half could mention the problems in detail. They mentioned early marriage and pregnancy, adolescent child birth, abortion and sexually transmitted infections (STIs)



A = Adolescent pregnancy risk
B = Chance of LBW babies
C = Ovulation period
D = Advantages of condom
E = Types of contraceptives
F = Chance of pregnancy
G = Chance of HIV infection
H = HIV and STDs
I = EOC administration

Fig. 2. Proportion of BHS who could answer correctly on knowledge items

as the most common problems. However, they thought adolescent child birth and abortions were the two most important and common problems within their community. Many could discuss in detail on adolescent puberty changes. Some of them said they had experience about the adolescent pregnancy. More than half could identify the adverse consequences of adolescent pregnancy. Almost all of them said that they had never seen the case of STIs and HIV in the adolescents within their community.

Providers' perspective on giving ARH knowledge

More than half agreed to provide reproductive health information to the adolescents. However, they were also reluctant to inform as it might lead adolescents to become sexually active. A Few stated that they should not tell these reproductive health matters to the adolescents under 15 years of age.

Some of their responses were:

"*…I'll give the information about RH. Otherwise, abortion rate will increase. Telling this knowledge could help to prevent that ...*"

(32 years old MW, graduate, 7 years service)

"*…I've worried since RH training was started for the adolescents. If they know everything, unwanted issues will happen. I think we shouldn't tell them.…*"

(55 years old LHV, 10th Std, 30 years service)

"*…up to 13 years is quite young. They may be in the 6th or 7th grade. We should give such kind of knowledge starting from 9th or 10th grade.…*"

(40 years old MW, 10th Std., 18 years service)

Providers' perspective on giving contraceptive knowledge

Some providers agreed to impart the contraceptive knowledge to all adolescents. However, some stated that they would like to give this knowledge only to the married adolescents and after 16 years of age. Most of them were hesitant to tell this information to unmarried adolescents.

"*…We do educate them about condom because of HIV/AIDS problem. Using condom could ensure for prevention but other methods could not guarantee.…*"

(51 years old MW, 10th Std, 23 years service)

"*…If unmarried girl asked about contraception, we should inquire whether she's a bad girl (sex worker) or not. We should inform the parents according to the condition.*"

(46 years old MW, graduate, 19 years service)

Problems encountered and strategies to overcome in providing ARH services

Most providers (71%) had experience of providing ARH services especially giving reproductive health education and counselling in the villages under their jurisdiction. They have been carrying out the activity with the help of youths and community support group (CSG). It was mostly conducted as group education in appropriate places. About one-third (32%) encountered difficulty in recruiting the adolescents. Majority mentioned that giving reproductive health (RH) education depends on the background education level of the adolescents especially in rural area. In addition, most of the adolescents were very shy and reluctant to listen to RH matters. Unwillingness of parents, teachers and village leaders to equip the adolescents with RH knowledge was seen in some places. Most of them thought that it was not necessary for the adolescents to have RH knowledge.

Consequently, providers used the strategy of giving RH information with other health topics about infectious diseases (e.g malaria) in appropriate places such as "*Saylate-khone*" (Cheroot-production work place) where many adolescents work for their living. Some providers mentioned that they could not spare much time for ARH services as they have many duties to perform for various diseases.

"*…Now, we don't give separate RH education. As they are very shy…we've to start with other health issues like malaria. After that we moved to the RH topic.…*"

(55 years old HA,10th Std, 33 years service)

Youth leaders' perspective on ARH services

Youth leaders also revealed their perception about ARH services. They mentioned that RH information should be provided to all adolescents. All youth leaders stated that most adolescents seem reluctant to use ARH corner as it is situated in a RHC where many adults come and seek health care although most providers are willing to provide the service. In addition, they also thought that most adolescents were afraid of breach of confidentiality as other adults could report to their parents. According to their experience, most adolescents come to

the corner on holidays to read the books but they were reluctant to discuss RH matters with the health care providers.

"...Most adolescents don't go to the health center as they are afraid that their parents will know about that...."

(20 years old, Female, 10th Std)

DISCUSSION

Our study highlights the knowledge and perception of BHS on ARH as well as the problems encountered in providing these services. Majority had high level of knowledge regarding HIV/AIDS. Knowledge on reproductive physiology, adolescent pregnancy and contraception was found to be quite low. Specifically, half of them could not answer the correct time of ovulation in relation to menstrual cycle and about one-third did not know the correct timing of EOC administration. Regarding perception on providing ARH services, most providers were willing to impart RH information to older and married adolescents. Some were reluctant to provide younger adolescents.

Most providers had low level of knowledge on some RH issues. It was quite alarming that only half of the respondents knew the correct ovulation period. Likewise, most health care providers in a study conducted in Swaziland mentioned that they were not adequately equipped with knowledge and skills to provide comprehensive ARH services [7].

Our study identified that most providers were hesitant to tell contraceptive information and service to unmarried adolescents. Moreover, some providers wanted to give contraceptive knowledge only to the married adolescents and above 16 years of age. A study conducted in Swaziland on providers' perception of adolescent sexual and reproductive health care also found out that some providers did not provide contraceptive service as adolescents should not indulge in sex [7]. Some providers from our study revealed their unfavourable attitude on providing RH services to unmarried adolescents. This finding was supported by a previous study in which adolescents pointed out the providers' attitude as the barrier for adolescents in using RH services in Sri Lanka [8].

According to our findings, most adolescents were reluctant to discuss RH matters with health care providers. In Swaziland, although most adolescents favoured information from the health care providers, only few had received information from them [9]. In contrast, adolescents stated health personnel as their preferred source of information about RH matters in a study in Sri Lanka [8].

Adolescents' fear of breach of confidentiality was one reason mentioned by the peer youth leader. This finding was supported by a study in which most adolescents wanted to use health care without their parents' knowing [10]. In addition, most adolescents were reluctant to use ARH corner as it is situated in RHC. Likewise, adolescents from Iceland mentioned that location for RH services should be at a separate clinic instead of within community health center or hospital. However, about one-third thought that it should be located within community health center [11]. A study done in Sri Lanka found that use of existing clinics to provide ARH services was accepted by majority of the adolescents [8]. Unwillingness of parents, teachers and village leaders to equip the adolescents with RH knowledge was one problem indicated by the providers. Similarly, negative attitude of parents, teachers and society was one of the barriers mentioned by adolescents from Sri Lanka [8].

In conclusion, most providers were willing to provide RH information to the adolescents though many of them did not want to inform younger and unmarried adolescents. Majority had high level of knowledge regarding HIV/AIDS. In contrast, about half of them had low level of knowledge on reproductive physiology.

Recommendation

1. Refresher training should be provided as more than 50% of BHS had low level of knowledge in some ARH issues.
2. Providers should be encouraged to impart RH information to all adolescents regardless of the age and marital status.
3. Providers' attitude towards unmarried adolescents should be corrected.
4. ARH corner should be arranged in a separate place from RHC to become adolescent-friendly services.

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