ORIGINAL RESEARCH ARTICLE

The utilisation of sexual and reproductive healthcare services by male adolescents in South Africa

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Abstract

This paper report on a study that was conducted in a selected area in South Africa to investigate male adolescents' utilisation of Sexual and Reproduction Healthcare services. A contextual, explorative and descriptive qualitative design was utilised to conduct the investigation. Twenty male adolescents aged 18-24 years selected by means of purposive (sampling special or unique cases sampling techniques) and snowballing sampling techniques were interviewed by means of semi-structured interviews. Data were analysed using Tesch's approach of qualitative data analysis. The lack of awareness of the services was the most significant hindrance to the utilisation of sexual and reproductive healthcare services by male adolescents. This was linked to differentiated knowledge about the services, poor services in public hospital and clinics, nurses' attitudes and lack of services designed for males. The study therefore recommends the development of strategies to deal with the emerged themes (lack of awareness of the services, differentiated knowledge about the services, poor services in public hospitals and clinics, nurses' attitudes and lack of services designed for males) in order to enhance, increase and improve utilisation of these services by male adolescents for the betterment of their sexual and reproductive health as well as their health in general. *(Afr J Reprod Health 2021; 25[5]: 84-92).*

Keywords: Adolescents; healthcare; males; reproductive health; services; sexual health; utilisation

Résumé

Cet article rend compte d'une étude qui a été menée dans une région sélectionnée en Afrique du Sud pour enquêter sur l'utilisation des services de santé sexuelle et reproductive par les adolescents de sexe masculin. Une conception qualitative contextuelle, exploratoire et descriptive a été utilisée pour mener l'enquête. Vingt adolescents de sexe masculin âgés de 18 à 24 ans sélectionnés au moyen de techniques d'échantillonnage raisonné (échantillonnage de cas spéciaux ou uniques) et d'échantillonnage boule de neige ont été interrogés au moyen d'entretiens semi-directifs. Les données ont été analysées en utilisant l'approche d'analyse qualitative des données de Tesch. Le manque de connaissance des services était l'obstacle le plus important à l'utilisation des services de santé sexuelle et reproductive par les adolescents de sexe masculin. Cela était lié à des connaissances différenciées sur les services, des services médiocres dans les hôpitaux et cliniques publics, les attitudes des infirmières et le manque de services conçus pour les hommes. L'étude recommande donc l'élaboration de stratégies pour traiter les thèmes émergents (manque de connaissance des services, connaissances différenciées sur les services, services médiocres dans les hôpitaux et cliniques publics, attitudes des infirmières et manque de services conçus pour les hommes) afin de renforcer, augmenter et améliorer l'utilisation de ces services par les adolescents de sexe masculin pour l'amélioration de leur santé sexuelle et reproductive ainsi que leur santé en général. *(Afr J Reprod Health 2021; 25[5]: 84-92).*

Mots-clés: Adolescents; soins de sante; males; la sante reproductive; prestations de service; sante sexuelle; utilisation

Introduction

Good Sexual and Reproductive Health (SRH) is a state of complete physical, mental and societal well-being in all matters relating to the reproductive system. This includes freedom from risk of STDs, the right to regulate one's own fertility with full knowledge of contraceptive choices, and the ability to control sexuality without being discriminated against because of age, marital status, income, or similar considerations[1]. This means that people should be able to have a satisfying and safe sex life, the capability to reproduce and freedom to decide if, when and how often to do so[2].

South Africa's excellent laws, policies and guidelines provide a supportive, rights-based framework for delivery of sexual and reproductive healthcare services (SRHCS). Access to healthcare is valued at the highest levels. The country's Constitution guarantees the right to access

healthcare services, including SRHCS for all. The National Development Plan considers "providing affordable access to quality healthcare while promoting health and wellbeing" as central to achieving its domestic development goals. The new National Adolescent Sexual and Reproductive Health and Rights (NASRHR) Framework Strategy (2014–2019) and the Strategic Plan for Maternal (SPM), New-born, Child, and Women's Health and Nutrition in South Africa (2012–2016) are broadly supportive of adolescents' rights and access to healthcare services[3]. Adolescence is a time of rapid transition, of significant emotional, physical and psychological changes. These changes influence behaviour, in particular decisions to engage in risky behaviour, including sexual activity, alcohol consumption, smoking and taking drugs. Eighty-eight per cent of the 1.2 billion adolescents worldwide live in developing countries where access to SRHCS that could support them are often inadequate and fragmented. Unplanned pregnancies can affect the health and wellbeing of adolescents, placing them at risk for early parenthood and fatherhood as well as limiting their educational and employment opportunities[4].

Males' involvement in SRH related matters is poor despite the fact that, females, in most cases rely on them, friends and families to make decisions regarding their SRH. Males, instead of just being passive observants in matters related to SRH, they should equally be involved together with their female counterparts in matters such as sexual and reproductive relationships, marriage and family building[1]. It is also important to note that males should be their females' partners advocates concerning good SRH issues. Hence, the benefit of involving and educating males. This can be by providing them with the necessary, adequate, appropriate and relevant SRH information and services; mostly targeting male adolescents, in particular and male youth in general in all spheres of the community[1].

Males' involvement in matters related to SRH can also produce good results. However, there is death of literature on males' involvement in SRH matters because males have been neglected as a population of concern for SRHCS[1-5]. As a result, little is known about the rates and antecedents of male adolescents' service utilisation. Involving males in SRH related matters can increase, improve and enhance utilisation of SRHCS by male adolescents[1-6]. Male adolescents, just like their females counterparts have SRH needs and desires ranging from services such as access to contraceptive methods, prevention and treatment of HIV, and other STIs, sexual dysfunction, infertility and male cancers. But all these needs and desires are often unmet due to a combination of factors such as lack of available and accessible services, poor health-seeking behaviour among male adolescents, lack of Youth Friendly Services (YFSs) and the absence of norms or guidelines or procedures or standards for service delivery at delivery points[2]. An effective and efficient attempt to deal with and address these challenges will certainly help improve male adolescents' own SRH. It will also have a positive impact on their female counterparts' SRH thereby improving and promoting their SRH and rights for all[2].

Problem statement

Despite the South African Health system efforts and multiple healthcare programmes, the involvement of NGOs, CBOs and FBOs, male adolescents are still engaging in high levels of risky behaviours and still facing many SRH challenges. These include but not limited to fewer services available, lack of information, absence of YFSs, stigma and discrimination at service points, stereotypes, no services designed for male adolescents, lack of awareness and affordability of the services. These challenges render all efforts in vain. The witnessed inadequate response to male adolescents' SRH challenges is somehow linked to factors such as, male adolescents not perceived as an at risk population group and the absence of any services designed specifically for males. Although many SRHCS seem to target males and recently males who have sex with males, the main focus of the healthcare system is still mostly on females while no similar services exist for males counterparts. This situation was also observed in 2016 at the 2016 Durban International conference on HIV and AIDS where the majority of key note speakers emphasised involvement of the youth as the only viable way to reduce STIs including HIV but male adolescents were not emphasised. This might imply that, male adolescents are not considered as an at risk group of the population, or as being immune to SRH challenges, or as being informed and independent enough to care for themselves. However, the researcher holds a view that, the development of an

effective and efficient responsive male adolescents' SRH should require substantial change in the organisation of these services delivery. Because of the challenges they are facing, male adolescents rarely, are reluctant or underutilise the available SRHCS. Underutilisation of these services by male adolescents compared to female adolescents is even higher. The underutilisation of SRHCS by male adolescents is attributable to many reasons, including the fact that the services are tailored for female adolescents rather than males. Other reasons may include delayed onset of puberty and the traditional masculine beliefs that preclude them from seeking care. It is against this background that this study focuses on male adolescents' utilisation of SRHCS. Male adolescents SRH needs and challenges need to be taken care properly for the betterment of their entire life. This is what has constituted the main motivation of the study.

Purpose of the study

The purpose of this study was to investigate male adolescent's utilisation of Sexual and Reproductive Healthcare services in the selected area in South Africa.

Methods

A contextual, explorative and descriptive qualitative design was utilised to conduct the investigation. Researchers utilise this approach because it permits interactions between the researcher and research participants, and enhances in depth insight into the phenomenon being investigated. It also allows the researcher to view the findings of the study in the context of the research participants' paradigm[7].

Setting

A study setting is a specific place where the study is conducted (information is gathered). This study was conducted in the Tshwane Metropolitan Municipality[7]. This Municipality is the single largest and the third largest in the world in terms of land mass, after New York and Yokohama, Tokyo. Its area is 6 298.4 km², has seven regions, 105 wards, 210 councilors and about 2.5 million residents. It was established on 5 December 2000. This Municipality is located in the northern part of Gauteng Province and it is one of three metropolitan municipalities in Gauteng province. The Municipality's population has risen from 2 478 557 in 2007 to 3 555 741 in 2017, i.e. at 2, 92% annually, which is double the growth rate of the population of South Africa as a whole and of the Province. Half (50.5%) of the population is women. The Municipality's population is between the ages of 20 and 49, with 8% of the population above 60 years, while 5% of the population is above 65 years. Pretoria, as one component of Municipality, is the administrative capital of South Africa and houses the Union Buildings. The Municipality has 81 public healthcare facilities and 25 private hospitals. Amongst the 81 public healthcare facilities, 55 are clinics, 7 are community health centres, 4 are mobile services, 4 are district hospitals, 2 are regional hospitals, 2 are central hospitals, and 3 are specialised hospitals. These public and private healthcare facilities offer a variety of services, including SRHCS[8]. The researcher believes that all these facilities do provide some kind of SRHCS. The current health status in the City of Tshwane is characterised by unequal access to health care and poor performance by the public health system especially at primary health care level[8].

Population and sampling

The population of the study consisted of male adolescents (aged 18–24 years) living in the Tshwane Metropolitan Municipality. The participants were selected by means of purposive (sampling special or unique cases sampling techniques)[7] and snowballing sampling techniques. Only those participants who met the inclusion criteria (being a male adolescent living in the Tshwane Metropolitan Municipality and aged 18-24) took part in the study. Participants were recruited by means of telephone calls, referrals from colleagues in the Department as well as the researcher's personal contacts. Appointments for briefings and interviews were set up and agreed up on between the researcher and the individual participant. The briefing sessions were with participant individually to inform them of the aim, the objectives of the study, their rights and what would happen to the data they would provide; and to request them to consent to take part in the study by signing the informed consent form. Twenty participants took part in the study. The sample size was then 20 male adolescents. This number was

informed by data saturation. Data saturation was reached after the 15th respondent could not provide any new information relevant to the aim and objectives of the study. However, the interviews continued until the 20th participant to make sure that there was no new information from the participants.

Data collection

Data were collected between January and August 2016 utilising semi-structured interviews. All interviews were conducted in English to prevent and avoid interpretation bias and misinterpretation of the participants' responses. The interviews were conducted in an assigned room in the selected clinic within the selected area. The duration of the interviews varied between 30 and 45 minutes. Interviews were audio recorded with the participants' permission. The interview guide or schedule consisted of three sections: main question (Can you share with me your understanding of Sexual and Reproductive Healthcare services?) followed by probing and exit questions. As the interviews progressed, probing questions followed the participants' responses to explain, clarify and unpack the narrated story. This was done following the proposed interview guidelines[9]. The interviews ended with exit questions where participants were asked to express their thoughts and sentiments about the SRHCS in the designated areas.

Data analysis

Tesch's method of qualitative data analysis was utilised to analyse the gathered data. All voice recordings were transcribed verbatim and later analysed to generate the findings. The analysis was done in the following steps: involving, separating, examining, comparing and categorising raw data with the purpose of amalgamating it in a new way[10]. For this reason, two researchers, independent of each other were involved in data analysis and the third researcher was there to ascertain the correctness of the scriptures. The findings were grouped in emerged themes by the three independent researchers during a consensus discussion meeting.

Rigour or trustworthiness of the study

Rigour or trustworthiness of the study was established by ensuring that the study encompasses the four characteristics of trustworthiness, namely: credibility, transferability, dependability and confirmability. Credibility was ensured by recording and note-taking which were done simultaneously, and by adopting a well-researched method, member check and examination of the previous research findings. Transferability was ensured by providing detailed descriptions of the research process, using purposive sampling and snowballing techniques to select participants whom he (the researcher) knew would provide rich and relevant information pertaining to the study. Dependability was ensured by documenting real life experiences and real personal stories of the participants in order to ensure, as far as possible, that the findings of the study were the result of the experiences and ideas of the participants, rather than the researcher's own ideas, preferences and assumptions. Confirmability was ensured by substantiating the report of the interviews and reviewing similar studies previously conducted to see if the participant's responses matched with what the literature says. The researcher also sought confirmation from the participants to check whether his (the researcher) interpretations were a true reflection of their perceptions of SRHCS in the targeted area. The researcher achieved this through getting the views of the respondents and requesting them to endorse the transcripts of their discussions and interviews.

Results

Socio-demographic characteristics of the participants

Five (5) out of the selected participants were 19 years old, six (6) were 20 years old, two (2) were 21 years old, three (3) were 22 years old and four (4) were 23 years old. Eighteen (18) participants were university students, while two (2) were university dropouts.

Emerged themes

Five themes emerged from the analysis of the data: 1) Lack of awareness of the services; 2) differentiated knowledge about the services; 3) poor services in public hospitals and clinics; 4) nurses' attitudes; and 5) lack of services designed for males. These themes are presented in Table 1.

Table 1: Emerged themes from the analysis

No	Emerged themes
1	Lack of awareness of services
2	Differentiated knowledge about the services
3	Poor services in public hospitals and clinics
4	Nurses' attitudes
5	Lack of services designed for males

The lack of awareness of the services

The findings revealed that participants were not aware of the existing services. This is what they said:

"I am not aware of these services…it is my first time to hear of these services. Honestly speaking, I have no idea…may be you can tell me what these services are. I am sorry, I know nothing about these services" (P7, male, 21 years, student)

" In fact, this is my first time to hear about these services. I have no any information at all regarding these services. Really, I do not want to tell you lies, … I really do not know anything about these services. I am sorry if I have disappointed you with my answer…because I will be lying if I told you that you know them" (P10, male, 19 years, student)

Differentiated knowledge about the services

The findings also revealed that participants had differentiated or mixed knowledge about Sexual and Reproductive Healthcare services. The participants declared the following:

"May be this is where people go for treatment, I think so. Where can we find them if I may ask? Oh, ok…if thing you are talking about the hospital. I think it is the hospital " (P8, male, 20 years, student)

"Is it where you go to look for condoms? I am sure…that is where you if you have unprotect sex…but I am not quite sure…I think so…that all I know" (P5, male, 19 years, student)

"let me guess, these are services for girls for the injection, isn' it? I hear of these kind of clinics where girls go when they want to remove pregnancies. That is all I know" (P11, male, 20 years, university dropout)

Poor services in public hospitals and clinics

The findings revealed poor services in public hospitals and clinics. The participants declared the following:

"In public hospitals and clinics, the services are very poor…long queues, when you go there, you sometimes spend the all day and only to be attended to by the doctor or the nurse very late. I hate it waiting in long queues and that is why I normally do not go there…(P16, male, 21 years, university dropout)

"…I have heard from some of the people I know that they do not care about anybody especially when you are young, they treat like trash, and you will have to be there for the all day. Can you imagine me spending the all day at the hospital, what about my other things? When do I attend to them? It is really a problem, apparently there are very long queues, and sometimes you can even leave without seeing the doctor…can you imagine? I prefer not to go there" (P13, male, 19 years, student)

Nurses' attitudes

The findings revealed that the nurses' attitudes, which are in most cases negative toward them stop them from going to the hospitals and clinics to seek for medical services. This is what they had to say:

" Nurses are so judgmental, they do not respect us the young people, whenever they see us at the hospital, they show us an attitude…especially when you go look for condoms, eish it is really a big problem to them…they start telling all kind of stories, telling you how irresponsible you are... Sometimes they even insult you without any reason. Nurses are not friendly at all. That is all I have to say" (P8, male, 20 years, student)

" Nurses are not professional at all. They do not respect you, they judge you, and they do not care at all. Nurses are very bad people…sometimes I ask myself why the government does not fire all them because of the way they treat us. It is because of the nurses' attitudes toward us that I always pray God not to fall sick so that I do not go to the hospital to go face nurses and their attitudes, they are really evil" (P12, male, 24 years, student)

Lack of services designed for males

Participants indicated that, there are no services for males. The lack of male services, is for them a sign of not being taken seriously as human beings with needs and desires by the government, thus neglected. This is what they had to say:

"I think the government is not really considering us as human beings or as people who need services. Most of the time when people talk about any help or assistance from either the government or any organisation, we males are not even mentioned, not even referred to and I always ask myself if we males are some kind of things or what, I really do not know why even the society thinks that we do not need assistance…" (P7, 21 years, male, student)

"I normally go to the hospital because, I don't where there is a hospital or clinic for us…I feel so embarrassed to go where there are girls because when you go there, they immediately think that you are looking for condoms or you are having sexual transmitted infections…that is all I can say. If we had our own clinic with male nurses and doctors, it would be better because going to remove your clothes in from nurses, it is not right" (P2, 20 years, male, student).

Discussion

Utilisation of SRHCS is key to improving unmet needs and decreasing SRH challenges that male adolescents are facing every day in their life. In this paper male adolescents' utilisation of SRHC services was investigated within the urban and peri-urban setting in the Tshwane Metropolitan Municipality in South Africa. The key finding from the data showed the lack of awareness of SRHCS amongst male adolescents. Male adolescents have limited access to information pertaining to sexual health education, rather they are exposed to information that reinforces other types of behaviours such as gender stereotypes and gender inequality resulting in the lack of awareness about the services[11]. Male adolescents and especially those who are sexually active do not have any information of where to access SRHCS[1-13]; and this is shown in so many aspects of their life. This indicates that male adolescents are not necessarily better informed and equipped about SRH issues[13]. Male adolescents are not always aware of SRH services at local and community level[14].

Another key finding from the data was a differentiated knowledge about the services among male adolescents. The lack of knowledge makes them vulnerable to unsafe reproductive health behaviour and inappropriate choices which may have detrimental effects on their reproductive health and future[15] and also to misunderstand the services as the ability of a person to perform sexual activity and procreate[1]. This leaves most out-of-school adolescents relying on their peers and the mass media for information on SRH, while these sources make them vulnerable to misinformation[15]. However, some younger rural men believe that, it is the absence of any disease or symptoms in reproductive organs and for the others, it is the knowledge about male reproductive organs and functions. This poor SRH knowledge leads to poor SRHCS utilisation. Hence, the need of better knowledge regarding SRH[14]. Thus, poor knowledge about SRHCS as well as poor accessibility to SRHCS forced them to engage in unsafe sexual practices[14]. Providing adequate, accurate and contextually acceptable information is crucial to improving male adolescents' attitudes and understanding towards utilisation of SRHCS[16].

Another important finding was poor services in public hospitals and clinics. Services are often hampered by erratic availability of supplies and equipment. With the expansion of services, concerns regarding implementation, feasibility, effective service delivery and sustainability have been raised[14]. Although there is a large body of literature that has documented the barriers that adolescents face when seeking SRHCS, healthcare providers have been recognised as playing a key role in the quality of SRHCS and clients' access to them[16]. Poor quality service provision has been a major barrier to utilisation of SRHCS. Information provision is not enough. But quality improvement to maintain what is good about the existing healthcare is essential[17]. Health systems globally have to be responsive to the unique demands of young people and focus on improving quality alongside coverage of acceptable, effective, efficient, equitable youth friendly healthcare services that are safe for adolescents. However, pockets of excellent practice exist, but, overall, services need significant improvement[18].

Another important finding was the Nurses' attitudes toward male adolescents. This was found to be also one of the stumbling block to male adolescents' utilisation of SRHCS. Males adolescents fear SRHCS because of the attitude of providers. Participants also indicated that, nurses are judgemental and lack confidentiality. Many healthcare professionals refrain adolescents from using services because of their judgmental attitudes, disrespect, or lack of consideration for their

patients' needs[14]. There was widespread feeling of negative attitude of service providers towards adolescents, hence their refusal to utilise the services. The negative attitude was reported by both adolescents and stakeholders. This negative attitude was due to community norms and beliefs of health workers concerning some services such as contraceptive use and safe abortion, insufficient SRH skills, the current guidelines and policies to follow when rendering SRHCS to adolescents and healthcare systems related constraints[15,18]. Thus, the barriers adolescents face to accessing and utilising the services for their needs result in delayed care-seeking and under-utilisation of services. Healthcare providers' disregard for privacy, their expressions of negative judgment of adolescents seeking services the lack of respect for or desire to be approached by youth show that, healthcare providers' attitudes and beliefs hinders their ability to meet adolescents' SRH needs[18]. Male adolescents attending community clinics in South Africa felt disrespected and chastised by predominantly female staff[12].

Another important finding was the lack of services designed for males. Male adolescents reported the lack of services designed for males. For them, this constitutes one of the barriers to their utilisation of the services. This finding resonate with previous finding that, male adolescents seldom access clinic services because males of all ages in South Africa are notoriously ill-informed about SRH issues[14]. SRHC providers in the United States have traditionally served women while men remain largely invisible. However, male involvement is a prerequisite for the accomplishment of other goals in the program as well, including improvements in the SRH of men and their partners, and in the well-being of families. The need for more accessible SRHCS for men is demonstrated by the fact that, although condom use has increased during the past two decades, levels of unprotected sex and other sexual risk behaviours among men remain high. Given these high levels of risky behaviours, it is unfortunate that, the U.S. health care system fails to meet the SRHC needs of men. One indication of the system's deficiency is the lack of formal screening or service guidelines for males. The inadequate response to the SRH needs of heterosexual men in the United States is related to other factors as well[5].

Ethical consideration

Ethical Clearance (HSHDC/245/2013) was granted by the ethics committee of the Department of Health Studies of the University of South Africa. Subsequent permission to conduct the study in the Tshwane Metropolitan Municipality was granted by the Tshwane Metropolitan Municipality (Health and Social Development Department Multisectoral AIDS Management Unit). All participants consented to taking part in the study by signing the informed consent form. The ethical considerations pertaining to the study included the following: informed consent; voluntary participation; confidentiality and participants' rights to autonomy, self-determination, privacy, fair treatment and avoidance of harm; As well as the researcher's responsibility to seek advices.

Limitations

Data were collected in only one area in South Africa, and the small size of sample size limited the generalisation and external validity of the findings.

Recommendations

The study recommends the development of strategies to deal with and address the emerged themes in order to enhance, increase and improve utilisation of these services by male adolescents for the betterment of their SRH as well as their health in general.

Implication for practice

Interventions to avert unfavourable SRH challenges faced by male adolescents are of paramount importance. This therefore calls up on the need for SRHC education and services that are tailored around not only male adolescents, but around male in general. All stakeholders should ensure the effective and efficient implementation of the developed strategies and the establishment of friendly and favourable environment to improve the relationship between male adolescents and nurses; and the compliance to the healthcare professional and ethical code of practice and conduct to stimulate the utilisation of the services by male adolescents.

Conclusion

Male adolescents are faced with numerous SRH challenges which impact negatively on their life. These findings have implications for national policy and public health SRH programmes. These findings can be useful in exploring and developing strategies that can improve male adolescents' utilisation of SRHC services by increasing awareness of the services among male adolescents. This can be done through the provision of adequate, appropriate and relevant SRH information, the improvement of the quality of services in public hospitals and clinics, developing measures to deal with and address nurses' attitudes and create services designed for males. This calls on the need to develop user-friendly adolescent health clinics where perhaps there is gender balance of professional nurses. In case of males, there will be assisted by male professionals. This way, male adolescents' utilisation of the services will be enhanced and increased.

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Conflict of interests

No conflict of interest to be reported regarding this paper.

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Author's contribution

Shabani, O conducted the study for his PhD in Health Studies and he is the soul author of this article.

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