

ORIGINAL RESEARCH ARTICLE

Exploring challenges and improvement strategies of adolescent-friendly health services in the northwest region of Namibia: A qualitative descriptive study

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Abstract

Despite global agreements on adolescents' sexual and reproductive health and rights, access to and the utilisation of these services by the adolescents remain underutilised in low and middle-income countries. The aim of the study was to explore challenges and improvement strategies of adolescent-friendly health services in the northwest of Namibia. This study employed a qualitative approach utilising an explorative strategy. Semi-structured interviews were used to collect the data. Fifteen nurses were selected using a convenience sampling technique. The interviews were audio recorded, transcribed verbatim and the data were analysed using thematic analysis. The data analysis led to the emergence of the following three themes: Challenges affecting the delivery of Adolescent Friendly Health Services, Challenges affecting participation of adolescent to AFHS and strategies to improve the provision of adolescent-friendly health services. Findings from this study revealed several barriers reportedly faced by adolescents in accessing AFHS as including a lack of comprehensive sexual reproductive health (SRH) services in many healthcare facilities, a lack of trained staff, unfavourable environments for adolescents, a lack of information about the services provided, and recruitment of providers who are not friendly to young people and adolescents. This study findings may lead to an improvement in the provision of such services in healthcare settings. The study can lead to an improvement in the provision of adolescent-friendly services in health care settings. It can help the Ministry of Health and Social Services, along with its agencies, to formulate strategies that can be used to mitigate the challenges d in the provision of adolescent-friendly services. (*Afr J Reprod Health* 2024; 28 [2]: 73-82).

Keywords: Challenges, Strategies, adolescent-friendly health services, provision, sexual reproductive health, barriers

Résumé

Malgré les accords mondiaux sur la santé et les droits sexuels et reproductifs des adolescents, l'accès et l'utilisation de ces services par les adolescents restent sous-utilisés dans les pays à revenu faible ou intermédiaire. Le but de l'étude était d'explorer les défis et les stratégies d'amélioration des services de santé adaptés aux adolescents dans le nord-ouest de la Namibie. Cette étude a utilisé une approche qualitative utilisant une stratégie exploratoire. Des entretiens semi-structurés ont été utilisés pour collecter les données. Quinze infirmières ont été sélectionnées à l'aide d'une technique d'échantillonnage de convenance. Les entretiens ont été enregistrés audio, transcrits textuellement et les données ont été analysées par analyse thématique. L'analyse des données a conduit à l'émergence des trois thèmes suivants : les défis affectant la prestation de services de santé adaptés aux adolescents, les défis affectant la participation des adolescents à l'AFHS et les stratégies visant à améliorer la fourniture de services de santé adaptés aux adolescents. Les résultats de cette étude ont révélé plusieurs obstacles auxquels les adolescents seraient confrontés pour accéder à l'AFHS, notamment le manque de services complets de santé sexuelle et reproductive (SSR) dans de nombreux établissements de santé, le manque de personnel qualifié, les environnements défavorables pour les adolescents, le manque d'informations sur les services. Fournis et le recrutement de prestataires peu amicaux envers les jeunes et les adolescents. Les résultats de cette étude pourraient conduire à une amélioration de la fourniture de tels services dans les établissements de soins de santé. L'étude peut conduire à une amélioration de la fourniture de services adaptés aux adolescents dans les établissements de soins de santé. Il peut aider le ministère de la Santé et des Services sociaux, ainsi que ses agences, à formuler des stratégies pouvant être utilisées pour atténuer les défis liés à la fourniture de services adaptés aux adolescents. (*Afr J Reprod Health* 2024; 28 [2]: 73-82).

Mots-clés: Défis, stratégies, services de santé adaptés aux adolescents, prestation, santé sexuelle et reproductive, obstacles

Introduction

More than a quarter of the world's population is found in less developed countries and is between the ages of 10 and 24¹. These young people are the parents of tomorrow. Therefore, the reproductive health decisions and choices they make may affect their lives either negatively or positively². The United Nations Population Fund³ states that Adolescent Friendly Health Services (AFHS) are those based on a comprehensive understanding of and respect for young people's rights and the realities of their diverse sexual and reproductive lives.

Standards for AFHS have been adopted and implemented in Namibia's health services in line with the National Policy on Reproductive Health⁴. Furthermore Awang *et al.*⁵, observed that young people need services that support their physiological, cognitive, emotional and social transition into adulthood. According to the World Health Organization⁶ AFHS must be available, acceptable, and sufficient, as well as offered at the proper time, place, price (ideally free), and in the appropriate manner to appeal to young people.

A case study by Ninsiima, Chiumia and Ndejjo⁷ found that structural barriers to AFHS include laws and regulations requiring parental or partner consent, distance from facilities, the price of services and/or transportation, long wait times for services, inconvenient hours of operation, a lack of basic supplies in healthcare facilities, and a lack of privacy and confidentiality. On the other hand, Larke *et al.*⁸ found that sociocultural hurdles to AFHS include restrictive standards and stigma surrounding teen and adolescent sexuality, unfair or damaging gender norms, as well as bias and discrimination by communities, families, partners, and providers.

Literature highlighted many factors that influence the utilisation of adolescent-friendly services, including education, distance to the nearest health facilities, lack of network coverage, family members, lack of involvement in community engagement activities, lack of adolescent-friendly initiatives, socioeconomic and cultural factors, low literacy levels, low economic status, a lack of health outreach programmes and language. Parahoo⁹ argues that service providers should be able to offer the materials and basic services required and

should be supported by adolescent-friendly support staff. In 2019, Stegman *et al.*¹⁰, stated that a 21% increase in the male circumcision rate showed that the Government of Namibia had improved the implementation of the AFHS programme.

Namibia is committed to reducing maternal mortality, and this is being done through the implementation of life-saving skills training for trainers, routine maternal death screening, improved infrastructure, the empowerment of adolescent sexual and reproductive health and rights, and improved prevention of HIV transmission evidenced by mother-child measures¹¹. Ministry of Health and Social Service HIV data shows that about 43% of new infections took place in the age group of 15–24, showing that girls are most vulnerable¹². The rate of teenagers' pregnancy between the ages of 15 and 19 has increased by one percent (1%) between 2019 and 2020, which is a cause for concern¹³. Furthermore, early initiation of sexual activity is a national trend with the possible consequence of significantly early motherhood¹⁴. The annual report of the UNPFA has indicated that out of 291 facilities, only 173 offer adolescent-friendly integrated services guided by the national service integration guidelines, which represents 59% of the integrated facilities¹⁵. Barriers reportedly faced by adolescents in accessing AFHS in Rwanda include the lack of comprehensive SRH services in many health care facilities; lack of trained staff; and recruitment of providers who are not friendly to young people and adolescents¹⁶. The low number of facilities offering adolescent friendly integrated services suggests that there are factors that are being overlooked in the provision of AFHS in the northwest regions. No study had been conducted in Namibia to explore this phenomenon. Therefore, this study aims to explore challenges and improvement strategies of adolescent-friendly health services in the northwest of Namibia. These findings will be used to provide information to the health sector management team so that they can plan an effective strategy to increase and ensure effective delivery of AFHS.

Methods

Ethical considerations

This study was approved by the University of Namibia Health Research Ethics Committee

(HREC) (ref: 103/2022), as well as from the Ministry of Health and Social Services Research Ethics Committee (MoHSSREC), (Ref: TN2022). Participants gave written consent before participating in the study. All data from the database remained confidential as participants' details were kept anonymous.

Study design and setting

A qualitative approach was used, utilising an explorative, descriptive, and contextual strategies in order to allow the researcher to gain more information on the phenomena under study. According to Hunter *et al.*¹⁷, the goal of explorative research is to understand the underpinnings of specific phenomena and explain specific and systematic relationships among them so that they are described in rich detail. According to Maree and Molepo¹⁸ a qualitative research design is naturalistic, focusing on natural settings where interactions occur. The study was conducted in the Oshakati district in Oshana region, with Oshakati having five health centres and twelve primary healthcare facilities. AFHS are provided free of charge as part reproductive health, which includes maternal health, childcare and family planning. Every clinic has two registered nurses while health centres have five to six registered nurses. The nurse–patients' ratio at these facilities is 1:60. Registered nurses are trained on how to provide a friendly sexual and reproductive health service to adolescents.

Data collection

Data were collected during August and September 2022. Participants were approached by the researcher, who explained the aim of the study, after which the participants who agreed to participate were asked to sign a consent form. Prior to data collection, a pilot test was conducted with four participants with the aim of refining the interview guide. The pilot interview lasted between 30 and 40 minutes. Subsequently, the date, time and place of each interview was confirmed with the participants. Data were collected using semi-structured interviews in accordance with the interview guide which was developed based on the research questions and the study objectives, as well

as the literature review. The researcher made use of field notes to record observed nonverbal cues and body language. The interviews were conducted by the researcher in person at a location most convenient to the participant and lasted on average between 40 and 45 minutes. The following questions were posed: (1) What could be the factors affecting the provision of AFHS in northwest Namibia? Probe further based on the response. (2) What are the strategies to improve the provision of AFHS in the northwest of Namibia? Probe further based on the response.

Data analysis

The researcher used the thematic analysis technique, which focuses on people's experiences, views, perceptions, and representations of a particular phenomenon¹⁹. Braun and Clarke's six phases of thematic analysis were employed, i.e. Step 1: Familiarisation (getting to know the data); Step 2: Coding; Step 3: Generating themes; Step 4: Reviewing the themes; Step 5: Defining and naming themes; and Step 6: Writing up the analysis and generating a report²⁰. The researcher documented her own views and previous knowledge of the phenomenon before data collection so that he was able to engage in the self-reflective process of 'bracketing', whereby the researcher is expected to distinguish and set aside (but not abandon) their "a priori knowledge and assumptions, with the analytic goal of attending to the participants' explanations with an open mind"²¹. The trustworthiness of the whole study was ensured by using the model of Lincoln and Guba²² which ensures the credibility, dependability, confirmability, and transferability of the study.

Results

Participants' characteristics

The participants were 15 nurses from northwest Namibia. Of the 15 participants, ten were female and five were male. All participants were under 50 years of age, with the majority falling into the range of 25 to 47 years. In terms of education, seven held diplomas and eight had earned an honours degree, and all were registered nurses.

Presentation of findings

The data analysis led to the emergence of the following three themes: Challenges affecting the delivery of Adolescent Friendly Health Services, Challenges affecting participation of adolescent to AFHS and strategies to improve the provision of adolescent-friendly health services.

Theme 1: Challenges affecting the delivery of AFHS

Sub theme 1: Lack of support from the parents

Parental support in the provision of AFHS was found to be one of the challenges faced in northwest Namibia.

Most of the parents are against the use of family planning, therefore making it difficult for us to offer it even after explaining the benefits of it to the individual adolescent [P3, 28 years old, male].

Sub theme 2: Lack of resources to provide youth-friendly services

A lack of the resources needed to provide AFHS was cited as one of the challenges faced in northwest Namibia.

We don't have resources that are needed to start up youth friendly services, let me give an example of this: the health centre itself is not friendly to the youth, no privacy especially for adolescents at our centre. Certain standards need to be in place to make it adolescent friendly. [P19, 30 years old, male].

Sub theme 3: Inadequate availability of family planning options that are friendly to adolescents

The lack of availability of family planning options was also cited by the study participants as one of the challenges affecting the rolling out of AFHS in the study:

We do not have a variety of family planning options that are friendly to adolescents [P16, 28 years old, male].

Sub theme 4: Lack of support from the Ministry of Health and Social Services (MoHSS) and the local authorities

The participants in the study indicated that there is limited support from the MoHSS and the local authorities for the provision of adolescent-friendly programmes.

The greatest challenge we have in the provision of adolescents' friendly services are lack of support from the local authorities and the MoHSS [P8, 44 years old, male].

Theme: 2 Challenges affecting participation of adolescent to AFHS

Sub theme 1: Lack of knowledge about sexual and health programmes geared to adolescents

Participants in the study indicated that they lacked knowledge about the availability of programmes for adolescents. One of the participants had the following to say:

the challenges we have towards the provision of adolescent friendly services in the Northwest Namibia is that there is a general lack of awareness among adolescents about the kinds of programmes that are available to teenagers [P1, 42 years old, male].

Sub theme 2: Unfriendly attitudes on the part of nurses and medical staff

The nurses are said to be a challenge to the service they provide to the youths.

We experience challenges on the attitudes of nurses especially older ones as they are not friendly to the adolescents [P17, 40 years old, male].

Theme 3: strategies to improve the provision of AFHS

Sub theme 1: Improving the judgemental attitudes of nurses and medical staff

Participants indicated that their wish is to change the way some medical personnel perceive the adolescent:

Adolescent friendly services are very important, however, there is need for the improvement of the judgemental attitudes of some of the medical staff in the way they perceive the adolescents [P18, 40 years old, female].

Sub theme 2: Campaign for education that includes outreach programmes and youth centres

Participants in this study recommended the need for outreach programmes for the youth.

There is need to have outreach programmes for the youth at in northwest Namibia. The availability of these outreach centres will help you to improve learning, promoting civic engagement, and

strengthening communities through addressing their societal needs [P7, 30 years old, female].

Sub theme 3: Recruitment of competent peer educators

The findings pertaining to this sub-theme indicated that the nurses working in northwest Namibia require the assistance of professional peer educators to help young people to develop the knowledge, attitudes and skills that are necessary for the positive modification of behaviour.

More trained peer educators will be able to give rightful information to the adolescents either in the field or at the facilities [P20, 40 years old, male].

Sub theme 4: Provision of youth sex education services

The participants in the study also indicated the need for the provision of youth sex education services in northwest Namibia.

We need youth sex education services to help to provide young people with the knowledge, skills and efficacy to make informed decisions about their sexuality and lifestyle [P5, 25 years old, female].

Sub theme 5: Provision programmes geared to adolescents

The study participants also indicated a need for the provision of programmes geared to adolescents.

We need the provision of contraception counselling and provision ("family planning" services) in the Northwest Namibia [P4, 42 years old, male].

Discussion

The study participants indicated that a lack of knowledge about sexual and health programmes geared to adolescents was one of the barriers to the full utilisation of AFHS. These research results highlight the need to understand adolescent development, as attitudes of teenagers affect in turn how they are viewed and treated. Many parents, for instance, think that their children should never take any risks since they always end badly or even fatally. These findings are consistent with those of Hillock-Dunn and Wallace²³, who found that the adolescent period provides an important window of opportunity for adults to foster their young adolescents on ongoing maturation. The most crucial assistance for adolescents as they transit into adulthood is provided by adults, but if those adults are unable to assist because of a lack of knowledge, the adolescents suffer. Adults who work with

adolescents can benefit from an appreciation of teenage psychology, which may lead to more fruitful interactions and better communication. Adolescents require the help of trained professionals who can relate to the emotional and social upheavals they're experiencing as they find their place in the world.

Parental support in the provision of AFHS was found to be one of the challenges faced in northwest Namibia. These results suggest that teenagers whose parents do not back the initiative to provide them with teen-friendly services are less likely to receive the support they require, are more likely to go through life emotionally unstable, may exhibit behavioural problems, and may have lower levels of self-esteem. Yaffe *et al.*²⁴, found that children raised in families without parental supervision tended to have low self-esteem, and our results corroborate that observation. Children with low self-esteem may be vulnerable to peer pressure and criminal recruitment because they have trouble forming healthy relationships. Gebrie *et al.*²⁵, make the point that youth-friendly services offer a place for young people to be mentored and equipped with the skills they need to thrive while they search for their place in the world. Lack of the resources needed to provide AFHS was cited as one of the challenges faced in northwest Namibia.

These results suggest that a lack of resources is one of northwest Namibia's main problems. Owing to a lack of funding, adolescent-friendly service providers are unable to provide the best possible services to the youth in their care. These results are consistent with those of Hoyt *et al.*²⁶, who found that a lack of funding for youth programmes can be quite stressful for both the programme organisers and the young people who are supposed to benefit from them. The lack of resources means that both the intended recipients and the people tasked with putting the plans into action are in a parlous state. Accordingly, teens are hampered in their efforts to learn about reproductive health and other life-altering practices owing to a lack of facilities. In addition, when adequate facilities are lacking nurses' job satisfaction suffers, which in turn decreases their enthusiasm to assist young patients.

The lack of availability of family planning options was also cited by the study participants as

one of the challenges affecting the rolling out of AFHS in northwest Namibia. This finding indicates that family planning services need to vary in order to meet the needs and demands of various people who may have problems with certain family planning methods. These findings harmonise with those of Jaspán *et al.*²⁷, who indicated that ensuring access for all people to their preferred contraceptive methods advances several human rights, including the right to life and liberty, freedom of opinion and expression and the right to work and education, as well as bringing significant health and other benefits. Use of contraception prevents pregnancy-related health risks for women, especially for adolescent. Thus, contraception methods should include various options.

The participants in the study indicated that there is limited support from the MoHSS and the local authorities for the provision of adolescent friendly programmes. This result suggests that a lack of teamwork and poor MoHSS support are among the primary factors limiting access to AFHS. These results are consistent with those of Brookes *et al.*²⁸, who found that the primary MoHSS function is to ensure that all citizens have access to health and social services that meet their basic needs.

The results reveal how crucial cultural aspects play a role in influencing provider attitudes toward the delivery of AFHS. Added to this, despite having a duty to give care, studies show that providers' attitudes are influenced by traditional practices that stigmatise teenage sexuality²⁹. Other studies on AFHS have indicated that providers experience numerous contradictions between their own values, existing social standards, and their jobs as caregivers³⁰. Health professionals' negative attitudes toward adolescents (such as shouting at them) were evident in several studies as a hindrance to accessing AFHS²⁹. Thus, negative attitudes were reflected in the judgemental approach taken by health providers. This unprofessional attitude on the part of healthcare professionals may have serious health consequences for adolescents' lives. As evidenced by these studies, many adolescents have been driven away from health facilities when they sought preventive measures, later seeking unsafe abortion services when they became pregnant³¹.

The nurses in the study indicated that their wish to change the way some medical personnel perceive the adolescent. This result indicates that to provide services that are friendly to adolescents, medical staff attitudes are an important consideration that must be recognised. This result is consistent with that of Wangmo *et al.*³², who found that medical professionals should respect patients, particularly when they voice their ideas, and pay attention to any potential issues they may have. Nurses' capacity to converse with patients and ask them questions without passing judgement on them can be improved by developing their cultural knowledge and expertise. In addition, Bernardi and Wu³³ noted that clinicians such as doctors, nurses and other healthcare professionals often admit to being troubled by interactions with patients which cause them to form moral judgements. The way the medical team manages adolescence is what makes the provision of adolescent-friendly healthcare successful. The adolescent will not use such services if they are handled inappropriately.

The nurses who participated in the study indicated that one of the strategies for adolescent services is the provision of frequent HIV awareness campaigns. This finding demonstrates the need for teen-focused HIV campaigns since they will help to create the necessary awareness among young people. Advertisements should emphasise safe sex as well as ways to lessen the after-effects of HIV for people who are affected or infected. These results are consistent with those of Shamu *et al.*³⁴, who also noted the significance of HIV campaigns for young people, since they support and encourage those who are living with HIV and AIDS to disclose their status. In meetings with leaders, those who are HIV- and AIDS-positive should be invited to speak on stage. HIV testing should be organised and leaders who are willing to make their results public should do so in order to promote testing³⁵.

The nurse participants in this study recommended a need for outreach programmes for the youth. The focus of such an outreach programme, which tries to assist, uplift, and support the youth, is those who have been denied certain services and rights. Making education, social planning, health support and other projects available for their wellbeing are all part of this.

Typically, a programme needs to be set up to make use of resources and help achieve a goal. These results support those of Brandi and Fuentes³⁶, who found that many outreach initiatives target priority individuals with higher illness burdens than the general population and those with a lower likelihood of using preventive health services. Through initiatives like health education, case management, basic health screenings and ease of access to services, health outreach programmes are essential for enhancing and expanding the reach of healthcare. These actions can enhance the health of people and communities both directly and indirectly³⁷. To demonstrate how outreach activities have benefited health outcomes, it is crucial to track and assess them. The use of evidence-based metrics, or metrics that have been established to reflect health status, outreach initiatives can demonstrate improved health outcomes. These actions could be connected to pregnancy care, HIV/AIDS, and youth counselling services, among other services needed by the youth³⁸.

These findings indicate that the nurses working in northwest Namibia require the assistance of professional peer educators to help young people to develop the knowledge, attitudes and skills that are necessary for the positive modification of behaviour. This can be accomplished through the establishment of preventive and psychosocial support that is both accessible and inexpensive.

The study participants also indicated the need for the provision of youth sex education services in northwest Namibia. These findings are consistent with the findings of Zori *et al.*³⁹, who indicated that sex education helps reduce the transmission rates of sexually transmitted infections. On the other hand, research from Vanwesenbeeck⁴⁰ suggests that well-designed programmes can reduce gender-based violence in relationships and promote gender equality. These findings are consistent with the findings of Morsy and Rothstein⁴¹, who indicated that children of teenage mothers are more likely to have lower academic achievement, to drop out of high school, to have more health problems, to be incarcerated at some point in their adolescence, to give birth while they are still teenagers, and to face unemployment as young adults. These findings are consistent with

those of Goldfarb and Lieberman⁴², who found that the likelihood of a girl becoming a mother is five times higher for those who have a lower level of education than for those who have attained a higher level. Girls who become pregnant are more likely to quit school, which reduces their chances of finding employment in the future and reinforces the cycle of poverty.

The study participants indicated the need for programmes geared to adolescents. This finding acknowledges that the benefits of education for girls include the creation of opportunities for women to participate more fully in society, leading to paid employment if their studies are not interrupted by teenage pregnancies. These findings concur with the findings of Todd and Black⁴³, who indicated that contraceptives help to keep the adolescent safe by reducing unintended pregnancies and abortions and facilitating family planning/spacing of births. Hence, effective contraception provides both health and social benefits for mothers and their children.

Strengths

The strength of the study lies in the fact that we explored factors affecting the provision of AFHS in global sexual and reproductive health services. The study addresses an important topic and provides a thorough exploration of the factors affecting the provision of AFHS in northwest Namibia. The use of qualitative methods allows for a deep understanding of the issues from the perspective of nurses working in the region.

Limitations

- **Limited generalizability:** The study's findings may be specific to the Oshana region in Namibia, as data were collected only from nurses in this area. Therefore, the findings may not be representative of the entire country or other regions with different contexts and healthcare systems.
- **Potential bias:** The use of convenience sampling may introduce bias, as participants may not be fully representative of all nurses working in the region. Additionally, the study's reliance on self-reporting through interviews

may lead to social desirability bias, where participants provide responses they perceive as socially acceptable.

- **Lack of triangulation:** Triangulation of data from multiple sources or methods could enhance the credibility and validity of the findings. The study could benefit from incorporating perspectives from adolescents themselves, healthcare administrators, and other stakeholders involved in AFHS provision.

Conclusions

Findings from this study revealed several barriers reportedly faced by adolescents in accessing AFHS, including as lack of comprehensive SRH services at many healthcare facilities; a lack of trained staff; unfavourable environments for adolescents; lack of information about the services provided; and recruitment of providers who are not friendly to young people and adolescents. The findings of this study will hopefully create awareness and understanding about the barriers faced by adolescents in accessing health services that are friendly towards them. In addition, it makes recommendations for improving the utilisation of the AFHS in Namibia. The study's findings have practical implications for policymakers and healthcare providers in Namibia. By identifying barriers and suggesting strategies for improvement, the study contributes to efforts aimed at enhancing the accessibility and quality of AFHS in the country.

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Authors contributions

DOA participated in the design of the study, wrote the manuscript, supervision and critically reviewed all the versions of the manuscript. TN designed the

study, developed the tools, undertook data collection and data analysis. Both authors read and approved the final manuscript.

Conflict of interest

The authors declare no potential conflict of interest.

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Ethical approval and consent to participate

This study was approved by the University of Namibia Health Research Ethics Committee (HREC) (ref: 103/2022), as well as from the Ministry of Health and Social Services Research Ethics Committee (MoHSSREC), (Ref: TN2022). Participants gave written consent before participating in the study. All data from the database remained confidential as participants' details were kept anonymous.

Availability of data and materials

Data and materials are available by the authors.

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