

Factsheet on Adolescent Health Services Barriers Assessment (AHSBA) Report in Ethiopia



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As Ethiopia is on the brink of a 'youth bulge', it is vital to ensure the health and welfare of Ethiopian adolescents and young people, so as to reap the benefits of this changing demographic structure.

The AHSBA was undertaken using the WHO handbook for conducting AHSBA. Federal Ministry of Health took the lead for conducting this assessment. Findings from the barrier assessment of health services, therefore, can be used to improve adolescent health programming, with a focus on underserved adolescents. On this assessment, Sexual and reproductive health information, contraceptive services, HIV testing and counselling services (HTC) and mental health services were selected on the basis of prioritization.

FINDINGS

Content analysis was done using the five domains of the Tanahashi framework. The five domains are: availability, accessibility, acceptability, utilization, and effective coverage of services.

1. AVAILABILITY

- Adolescents, irrespective of age, sex, educational profile and residence reported that they were not aware of the availability of dedicated SRH information, contraceptives, HIV Testing and Counselling (HTC) and mental health services at the facility level.
- Parents, community elders, faith-based organizations and community-level structures all pointed out the lack of relevant information on services meant only for adolescents.
- These services were not considered to be of any relevance in the local context.
- Adolescent health services are part of the different policies and legal frameworks of the country but their implementation is challenged.
- There is a lack of properly trained health professionals dedicated to adolescents at the health facility level.
- Providers were found to lack skills on how to communicate with adolescents, both at the health facility and community levels, owing to limitations in their training curriculum.
- Lack of contraceptive supplies as well as HIV testing and counselling were commonly cited as a barrier by all participants, including health care providers at the health facility level.

2. ACCESSIBILITY

- Adolescents reported that services were not organized for them; and indeed, they had no money to access services.
- The opening time of the services and/or lack of feasible schedules for adolescents make access difficult because most adolescents are in school when facilities are open for service.
- It was reported that adolescents are provided services together with adults due to the lack of designated room and staff member for adolescents.
- All participants do not recognize mental health service as a problem and as an issue that requires a separate service, and also, do not believe that there is such a service at the health facility level.

3. ACCEPTABILITY

- The findings show an overwhelming cultural resistance to sexual and reproductive health service to adolescents, while mental health is not even recognized.
- Parents do not discuss sex-related issues with their children, or approve of the idea that they deserve sexual and reproductive health services.
- Findings indicate that adolescents prefer discussing SRH issues with their peers rather than with their parents.
- In addition to the cultural barriers, there is a lack of knowledge of adolescent SRH and communication skills, and the concern that such discussions could encourage premarital sex.
- Religious beliefs are also identified as a barrier from use of contraception.
- Judgmental attitude of providers, added to lack of guidance and information on where to go in health facilities make the institutions unfriendly for adolescents.
- In addition, overwhelming number of patients in health facilities hinder providers from dedicating enough time to specifically attend to young people.

4. UTILIZATION

- Actual contact between the service provider and the users (adolescents) is indicated to be low.
- Adolescents' awareness about available services is limited.
- Findings show that four in five married teenagers had no knowledge of modern types of contraceptives, and two out of three had no knowledge of the source/location for receiving family planning services.
- Misconceptions make adolescents, even married ones, to have doubts about the use of contraceptives.

- The study findings generally revealed that parents and community leaders share the same level of limited awareness about SRH information, contraceptive use, HTC and mental health with adolescents.
- There was an indication that adolescents in the rural areas, those out of school and the younger ones were less informed about these health services.
- These findings pointed to the fact that service availability, accessibility and acceptability alone does not warrant service utilization.

5. EFFECTIVE COVERAGE

- At the facility level, sexual and reproductive health education programmes are provided in a fragmented way.
- Health care providers are not well trained to communicate with, and provide services to adolescents.
- Health professionals lack the competencies to facilitate the provision of contraceptive services, prevention of HIV, ensuring adherence to Antiretroviral Therapy (ART), explaining side effects, producing results from routine diagnosis, and providing mental and behavioural health-related psychological support.
- Even those parents who overcome cultural barriers to discuss such issues with their children are challenged by their lack of knowledge of adolescent SRH and communication skills, and the concern that such discussions could encourage premarital sex.
- Young people contend that the health facilities lack appropriate services, making it an unpleasant experience to visit them.
- Effectiveness is compromised by the unfriendly health facility environment, lack of appropriate and consistent diagnostic facilities and medicines, unfriendly approach by providers and their judgmental and disapproving attitude.

RECOMMENDATIONS

- **Availability:** Providing health services at the youth centres is an important step for consideration. To this effect, the health sector, other public sectors and donors ought to focus on in-service training and continuous mentorship for providers, and ensuring consistent availability of supplies.
- **Accessibility:** It is important to ensure accountability of the youth centre clinics. In addition, ensuring free access to services by adolescents requires a policy decision.
- **Acceptability:** With technical support from the health sector all public sector stakeholders should organize and run campaigns on the health rights of adolescents and their use of services. In addition, a clear strategy should be designed by the health sector to ensure the confidentiality of services provided to adolescents.

- **Utilization:** immediate action to promote awareness and provide services on mental health and SRH at the primary health care unit level is necessary. Schools, youth centres, health posts, health facilities and the media are expected to play a pivotal role in advocating for and educating the public at large and adolescents in particular about SRH and mental health.
- **Effective Coverage:** implementing the recommendations above will help improve the provider empathy, the diagnostic capacity of the facilities and centres and the consistency of resources, so as to ensure quality of services
- **General recommendations:** to improve knowledge on the burden of adolescent health by holding a national survey; multi-sectorial approach between Ministry of Women, Children and Youth Affairs, Ministry of Education with technical support from the health center; and increased advocacy at the level of decision-makers would help facilitate inter-sectoral collaboration.

SOURCES

Information in this fact sheet comes from the AHSBA report of FMOH published on December, 2020. The document is available at: <https://apps.who.int/iris/bitstream/handle/10665/341651/9788290234517-eng.pdf>

THIS FACTSHEET WAS PREPARED BY

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The program aims to enable young people, in all their diversities, enjoy their sexual and reproductive health and rights in gender just societies.



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