

Barriers to access and utilization of youth friendly SRH services among young people in

Busoga Region

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Background

Currently, the world is experiencing a significant demographic transition that is reflected by the high number of young people (1.8 billion) ever recorded in history. In sub-Saharan Africa, Uganda is one of the countries that has experienced a great demographic shift with young people aged 10- 24 years making up 34.8% of the total population. This age group is dynamic and has particular sexual and reproductive health needs and challenges. One of the major challenges faced by this group is access to and utilization of SRH services. To address this challenge, the government of Uganda together with development partners and civil society organisations are implementing several programs and interventions. One of such is the Get Up Speak Out program (GUSO).

GUSO is a five-year program (2016-2020) implemented in 4 districts (Jinja, Mayuge, Iganga, and Bugiri) by the SRHR Alliance Uganda. Implementing organizations include: Reproductive Health Uganda (RHU), Reach A Hand Uganda (RAHU), Straight Talk Foundation (STF), Family Life Education Program (FLEP), Centre for Health Human Rights & Development (CEHURD), Uganda Network of Young People Living with HIV and AIDS (UNYPA), Restless Development (RD) and National Forum of People Living with HIV and AIDS Networks in Uganda (NAFOPHANU). The overall aim of GUSO is to address the problem of young people not claiming their sexual rights and their right to participation because of restrictions at the community, societal, institutional and political levels. This hinders their access to comprehensive SRHR education and services that match their needs, and ability to make their own informed SRHR decisions. To increase access to SRH services, partners have

implemented strategies like integrated outreaches, capacity building for health providers, partnerships for service delivery, social accountability, and establishment of referral mechanisms.

Despite implementing the above strategies, access to and utilization of SRHR services by adolescents and young people has remained low. Therefore through this study, FLEP and SRHR Alliance Uganda seek to document some of the existing and emerging factors that impede access to SRHR services among young people in Busoga sub-region.

Aim

- To establish the factors associated with access to and utilization of Sexual Reproductive Health and Rights services by the young people in the four GUSO implementing districts, Uganda.
- To explore and understand stakeholders' perspectives on factors influencing access to and utilization of youth friendly SRH services by young people in the four GUSO implementing districts, Uganda; to develop recommendations for improvement.

The study was guided by the following research questions:

- 1) What factors are associated with young people's access to and utilization of Sexual Reproductive Health and Rights services in the four GUSO implementing districts, Uganda?
- 2) What are stakeholders' perspectives on barriers to access and utilization of SRH services among young people in and out of school?
- 3) What are the recommendations to improve access to and utilization of SRH services among young people in and out of school from the perspective of healthcare providers?

Methodology

This study was conducted between January and April 2019 in 4 sub-counties within the GUSO implementation area. In order to fulfill the aim of this study, both qualitative and quantitative methodologies were used. The study population comprised of young people (18-24 years) peer educators, healthcare providers, teachers, religious leaders, parents, and youth leaders.

The quantitative aspect was a descriptive cross-sectional study that aimed to capture a snapshot of the current situation with regards to access to and utilization of SRHR services. A survey targeting young people (18-24 years) was conducted to collect data on demographic characteristics and health-seeking practices for SRHR services. Quantitative data was supplemented by key informant interviews and focus group discussion (FGD) which explored different stakeholders' perceptions of and experiences with young people's access to and utilization of SRH services.

Quantitative data was entered into STATA version 12 and qualitative data were analyzed following guidelines described by Graneheim & Lundman, (2004). The study was approved by the Nsambya hospital ethics review committee. Both written and verbal consent was obtained from participants. Participation was voluntary and anonymous.

Findings

A total of 217 young people aged 18-24 responded to the survey. Majority (132; 60.8%) were aged between 18 and 19 years. 50.8% (110) of the respondents were in-school while 49.2% (107) were out of school. The majority were female (118; 54.4%). Qualitatively, a total of six FGDs (three with in-school young people and three with out of school young people aged 18-24 years) were conducted involving a total of 32 participants. 26 key informant interviews were also conducted and were composed as follows; 6 teachers, 5 health providers, 2 religious leaders, 7 peer educators, 1 youth leader and 5 parents.

Data analysis led to the identification of several barriers to access and utilization of sexual and reproductive health services in the GUSO implementation area despite different partner efforts. These included; rigid health system, epistemological gaps, uncondusive social environment, and not believing in oneself. Persistent barriers associated with the health system (commodity stock-out and human resource issues) reveal the need for heightened advocacy and lobbying at both national and district levels. Strategies to improve/ strengthen parent-child communication and community support for young people's SRHR issues should also be developed. Current findings have implications on the future planning and implementation activities of not only GUSO but also other public health programs targeting young people.