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## ORIGINAL RESEARCH

# Clients and service providers' assessment of Public and Non-Governmental Youth-Friendly Health Services in Lagos Nigeria: A mixed method approach

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## Abstract

**Background:** The World Health Organization prescribed that Youth-Friendly health services must be accessible, acceptable, equitable, efficient, effective, comprehensive and appropriate to meet the health needs of young people.

**Objective:** To compare the clients' and service providers' assessment of services offered at the public and Non-Governmental Organization (NGO) Youth Friendly facilities (YFF) in Lagos Nigeria.

**Methods:** A mixed method approach was used. Structured questionnaires were administered on youths (294 from public and 273 from NGO YFF) from ten (5 public and 5 NGO) YFF. Ten key informant interviews with service providers were also conducted between March 1st and December 31st 2014. SPSS version 22 was used to analyze quantitative data while thematic analysis of interviews with service providers was done.

**Results:** Youths who utilized the public YFF had 60% chance (AOR 1.6, 95%CI 1.3 - 2.5, p= 0.005) of experiencing longer waiting times, 80% chance (AOR 1.8, 95%CI 1.2 - 2.8, p=0.004) of being counseled in a separate room and over two-fold chance (AOR 2.3, 95%CI 1.7 - 3.3, p <0.001) of having free services. Sexual and reproductive health was the major complaint area of the youths while funding was the major challenge of service providers at both the public and NGO YFF.

**Conclusion:** To address the needs of the youths, there is a need to provide more funds and provide necessary logistics required by YFF.

**Keywords:** Youth-friendly Services, Service providers, Clients, Lagos

## Introduction

Health services targeting young people aged 10-24 years are commonly referred to as Youth-

Friendly services. The WHO has described Youth-Friendly health services (YFHS) as "services that are accessible, acceptable, equitable, efficient, effective, comprehensive and

appropriate to meet the health needs of young people.”<sup>[1]</sup> The YFHS are necessary because of global concern about adolescents and young peoples' health and development problems, particularly reproductive health issues.<sup>[2]</sup> No other single age group sustains the adverse outcomes from their sexual behaviour as do adolescents.<sup>[3]</sup> For every one adolescent death, fifteen more suffer sequelae such as sexually transmitted infections (STIs) HIV, infertility, fistulae of different types, chronic pelvic pain and back pain.<sup>[4]</sup> Young people from Sub-Saharan Africa are more at risk of reproductive health problems than other youths from around the world due to the poor socio-economic conditions in the region.<sup>[5]</sup>

The adolescents represent a significant proportion (33.6%) of Nigeria's population.<sup>[6]</sup> The fertility rate of women aged 15 to 19 years in Nigeria, estimated at 113 per 1000 women, is much higher than both the global rate (53 per 1000 women) and Sub-Saharan African rate (106 per 1000 women).<sup>[7]</sup> About 12% of youths aged 15 to 24 years were reported to have had sexual intercourse before the age of 15 years.<sup>[8]</sup> Only 15% of Nigerian women and/or their partners practice any form of contraception compared with Sub-Saharan Africa and global contraceptive prevalence of 22% and 62% respectively.<sup>[9]</sup>

In recognition of the many health and social challenges confronting the youths, the Nigerian government developed policies which outlined significant areas of adolescent care and needs. It described strategies for intervention in the areas of sexual behaviour, reproductive health, nutrition, accidents, drug abuse, education, career and employment, parental responsibilities and social adjustments. It also set out specific objectives for improving adolescent health and development.<sup>[10-13]</sup> These policies led to the integration of YFHS into the health care system of the country. In addition,

Non-Governmental Organizations (NGOs) were empowered to get involved in the improvement of young people's access to quality reproductive health services by developing, expanding and institutionalizing Youth-Friendly services in a variety of settings.<sup>[14, 15]</sup>

The Adolescent/Youth Sexual Reproductive Health unit of the Lagos State Ministry of Health was established in 2002 to cater for the youths in the state. By the year 2014, 19 registered facilities offered YFHS in Lagos State, out of which NGOs ran 11. Some of the public Youth-Friendly facilities (YFF) were located in primary health care (PHC) centres, run by health workers trained to provide YFHS.

Youth-Friendly facilities can either be stand-alone or integrated facilities. In stand-alone YFF, all services are offered within the facility, but complicated cases are referred to bigger health facilities for further management. Integration is regarded as a process whereby services were offered to young people in PHC settings, as an integral component of care and part of the routine activities of the public health facilities. These services are provided in such a way that they are of high technical quality and meet the expectations of young people, resulting in increased efficiency and effectiveness of services. The YFHS run by NGOs are autonomous and are funded by Implementing Partners. While most of the NGOs have trained counselors, a few have trained medical personnel to manage medical cases. Other NGOs have affiliation with some public hospitals where medical cases are referred for treatment. This study, which is part of a previous study which assessed the factors affecting the utilization of YFHS in Lagos Nigeria,<sup>[16]</sup> is aimed at comparing clients and service providers' assessment of public and NGO YFHS in Lagos State.

## Methods

### *Study design and study background*

A cross-sectional study of the clients accessing services at the public and NGO YFF and Key Informant Interview of service providers at YFHS were used to assess public and NGO YFHS in Lagos State between 1st March and 31st December 2014. Lagos State is one of the south-western states in Nigeria; it has an estimated population of 12, 155,337 in 2015. [17] Lagos State is divided into 20 local government areas and 67 local council development areas for administrative purposes.

### *Population and Sampling*

From a sample frame containing all the nineteen registered YFF in Lagos State before the study, all the facilities (five public and five NGO YFF) which provided services at least thrice a week and had been in operation not less than six months before the study were selected. A total of 543 consenting youths between 13 and 24 years of age, who had previously utilized the selected YFF, were consecutively recruited into the study. The details of sample size calculation were earlier published. [16] All the ten service providers at the selected YFF were interviewed.

### *Study procedure*

Exit interview using structured interviewer-administered questionnaire was conducted after written informed consent was obtained from recruited clients. Data regarding socio-demographic details of respondents, type of services assessed and assessment of the services rendered at the YFF were obtained. An interview guide was used for the interview of the service providers at the selected YFF. The interview bordered on the training of providers, services rendered, and challenges encountered in the running of the YFF. The interviews were audiotaped following written consent obtained from the participants. The interviews were conducted in English at the office of the service

providers working at the selected YFF. Each interview lasted 20 to 30 minutes.

### *Data Analysis*

Quantitative study: The Statistical Package for Social Sciences (SPSS) version 22 was used for data analysis. The univariate analysis involved the use of percentages, means and standard deviation of numeric variables. Categorical variables were compared using Chi-Square. Crude and adjusted Odds Ratio of type of services associated with public and NGO YFF were determined. Confidence interval for all statistical tests was set at 95%, and statistical significance was set at if  $p < 0.05$ .

Qualitative study: Verbatim transcription of the tape by the research investigators was done. The transcripts were read several times by two researchers to get insight into respondents' views. A codebook was developed of themes determined *a priori*. A reading of the interview transcripts was done by the researchers to assure consistency in the development of codes. Verbatim quotations were selected that described recurring discourses and concepts.

### *Ethical Consideration*

Ethical approval for the study was obtained from the Health Research and Ethics Committee of the Lagos State University Teaching Hospital. Lagos State Ministry of Health and the NGOs running the YFF permitted data collection at their facilities. Clients were assured of confidentiality before enrollment into the study. For patients, 18 years and above, written informed consent was obtained, while written assent was obtained from respondents below 18 years of age before enrollment into the study.

## Results

A total of 567 youths were interviewed, 294 (51.9%) and 273 (48.1%) were from the public and NGO YFF, respectively. The mean age of

respondents was 17.9±2.8 years. There were more females (60.8%) than males (39.2%). About a quarter of the respondents were out of school,

11.3% were married, and 10.8% had a least a child at the time of data collection (Table I).

**Table I: Socio-demographic characteristics of youth attending selected Youth-Friendly Facilities**

Variable	Frequency (n = 567)	Percentage
Age group (years)		
< 18	309	54.5
≥ 18	258	45.5
Mean age	17.9±2.8	
Gender		
Male	222	39.2
Female	345	60.8
Schooling status		
In school	440	77.6
Out of school	127	22.4
Marital status		
Single	503	88.7
Married	64	11.3
Ever had a child		
Yes	61	10.8
No	506	89.2
Type of YFF		
Public YFF	294	51.9
NGO YFF	273	48.1

YFF - Youth Friendly Facility

Figure 1 shows that of the 5 public YFF recruited for the study, 3 (60%) was stand alone, and 2 (40%) were integrated YFF. All the 5 NGO YFF recruited were stand-alone facilities.

Youths attending the public YFF had about 80% chance of having a separate room for counseling (AOR 1.8, 95% CI 1.2 - 2.8, p = 0.004) and over the two-fold chance of obtaining free services (AOR 2.3, 95% CI 1.7 - 3.3, p <0.001). In addition, the health providers at the public YFF had about 4-fold chance of providing a satisfactory response to questions asked by their clients (AOR 3.7, 95% CI 2.0 - 6.8, p <0.001) compared with the health providers at the NGO

YFF. Clients accessing services at the public YFF had 60% chance of experiencing a longer waiting time (AOR 1.6, 95%CI 1.3 - 2.5, p = 0.005) than youths that utilized the NGO YFF. There was no significant difference in the proportion of youths that received required services (p = 0.300), found the visiting hours to be convenient (p = 0.455), felt that the YFF was accessible by transport (p = 0.248) and thought there was youth involvement in the administration of the YFF (p = 0.125) in public and NGO YFF.

*Interviews*

Four thematic areas were identified from the interviews conducted with service providers at the YFF. These included: type of services offered at the YFF, training of service providers,

frequent complaints of youths attending the YFF and challenges of service providers at the YFF.

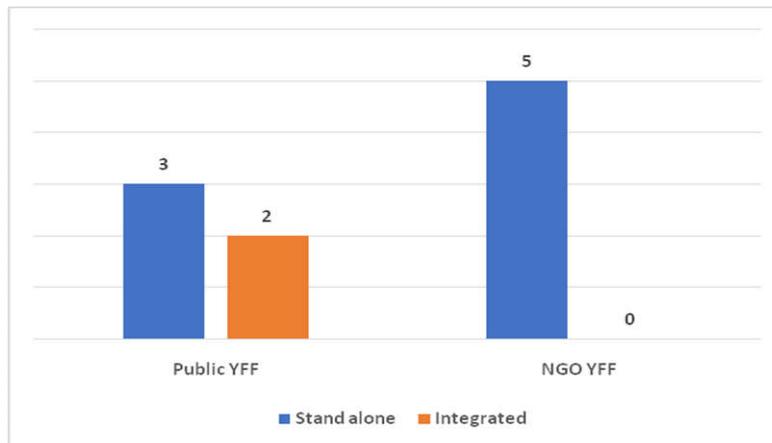


Figure 1: Models of Youth-Friendly services at the public and NGO YFF

**1. Services offered at the Youth friendly Facilities.**

The kind of services offered at the YFF was dependent on the model of the YFF (stand-alone vs integrated) and the peculiarities and strategies of the YFF. The services offered at the YFF can be classified into informative services which include counseling, health talks, lectures, symposium etc. The clinical services involved provision of condom and contraceptives, treatment of minor injuries etc.

*"...We render two types of services to the youths; informative and clinical services - informative services include BCC, health talks, lectures, symposium, seminars, and so on. The other services are clinical when they need medical attention in the clinic..."*

(Public YFF Service Provider 1)

*".... we offer Crisis Response Services and prevention services. We take strong approaches to*

*sexual violence in Nigeria, so there are prevention activities involved, education, sensitization, awareness, training targeted at the young people and adults and the general public on sexual violence prevention and response..."*

(NGO YFF Service Provider 2)

*"...we offer Adolescent reproductive health services; we work on molested children on the area of sexual violence. We also offer practical training in the area of skill acquisition for adolescents..."*

(NGO YFF Service Provider 5)

**2. Training on youth friendly services**

All the coordinators of the facilities offering Youth-Friendly services interviewed had been appropriately trained. The training lasted between three days and one month.

*"...the training was done in Amsterdam. It lasted for a month and took place in July 2009."*

(NGO YFF Service Provider 3)

"...yes, I received training from UNICEF, and the training was for 3 days."

(NGO friendly service provider 2)

"...the training was for two weeks, and it was at 'Hello Lagos' at LASUTH."

(Public YFF Service Provider 1)

However, there was a mixed feeling about the adequacy of the training. While some felt that the training on YFS was helpful, others felt it was inadequate.

"...Yes, I think the training is adequate because the services have to do with youths."

(NGO YFF Service Provider 3)

"...it was not adequate ooh my sister; it's not, they should give it more time like, the training should be like a month. So that in between, there will be practicals."

(Public YFF Service Provider 3)

The topics covered during the training include: sexuality, sexual health, sexual rights, abortion, contraception, heterosexuality, sexual abuse, reproductive health, choosing a career, rape, HIV, assertiveness

"...we treated culture, sexuality including sexual health, sexual rights, abortion, contraception, heterosexuality, equality, STIs, and the issue of violence ..."

(NGO YFF service provider 5)

"... so many topics; sexual abuse, sick children, family planning for the youth, breast examination, choosing of careers, rape...."

(Public YFF Service Provider 4)

### 3. Common complaints of the adolescents presented at YFF

The common complaint of youths varied from social complaints like unemployment, housing and family disharmony, physical injuries and complaints relating to reproductive health.

"...most of the clients complained about the change in the dates of their menstrual cycles, for those that are already sexually active, what we do is guide them on how to make good use of condom and how to negotiate sex..." (NGO YFF Service Provider 3)

"...A lot of young people still have unemployment issues; they would still come to you and say am unemployed... and of course sexual issues as a whole, most of them are being abused in one way or the other; that's the commonest complaint with these youths. They do come and ask for contraceptives..."

(Public YFF Service Provider 1)

However, some of the NGOYFF could not offer contraceptive services to any sexually active youth because of the scope of their operation.

"...we provide more of the condom ... we refer other types of contraception to the PHC but what we do is just to provide condoms apart from counseling on abstinence..."

(Public YFF Service Provider 2)

"... I don't have contraceptives to give them except for survivors of rape, and that is regardless of age or marital status or gender..."

(NGO YFF Service Provider 3)

"...no, we haven't. I just told you we don't do contraceptives at all. All we do is ABC, which is; Abstinence, Be careful and Self conduct..."

(NGO YFF Service Provider 4)

### 4. Challenges of providers of Youth-Friendly services

The major challenge confronting the facilities providing Youth-Friendly service was funding. The service providers in all the public and private YFF felt that more funds were needed to improve their operations. Other challenges include inadequate access to Youth-Friendly facility and small office spaces.

*"...the major challenges basically are funding, funding, funding, funding and funding. Space is another constraint we need to expand..."*

(NGO YFF Service Provider 1)

*"...everything is attributed to funding, to finance, because I would have said space but if I say space, we still need money to get the space..."*

(NGO YFF Service Provider 3)

*".... . Well, right now we can do with some money to expand our services or to get more resources like books, video..... we would also need more people to work in this field; the work is so huge..."*

(NGO YFF Service Provider 4)

*".... numerous challenges; first, is the location of my facility which is not too conducive for my clients because they find it very difficult to locate here; secondly, there are no enough drugs and equipment; thirdly Personnel, I am the only one here, and lastly there is a funding issue. I use my own money..."*

(Public YFF Service Provider 1)

## Discussion

All the NGO YFF studied were stand-alone compared to 60% of the public YFF, probably because of the logistics involved in running an integrated YFHS. Studies from Nigeria and Estonia demonstrated that NGOs, private individuals or institutions mostly ran stand-alone units. [18] Integrated YFF have the advantage of offering clinical services, which may account for the significantly higher proportion of youths that accessed sexual and reproductive health services from the public YFF in this study.

A Nigerian study reported that the majority of complaints of youths were related to sexual and reproductive health (SRH), [18] Similar findings

were obtained from the interviews of providers of YFF in the present study. In most developing countries, adolescent health and well-being are characterized by diseases of poverty, injury and violence. [19] Young people from developing countries are disproportionately burdened with SRH problems including child marriage, teenage pregnancy, childbearing, HIV and other STIs. [20] This underscores the need for effective SRH programs in low and middle-income countries (LMIC). However, such programs must have strong content and delivery, the failure of which contributed to the failures of SRH programs in LMIC. [21, 22]

Similar to the findings from other Nigerian studies, funding was a major challenge of providing YFHS in this study, [18,23], which may impact negatively on the quality of the YFHS in Lagos State. The evaluation of interventions and programs designed to improve the health of young people in LMICs suggest that greater attention to the quality of the program design, implementation and evaluation is of utmost importance to the high yield of the enormous investment. [24]

Clients' assessment of YFF in the present study showed that the public YFF had 80% chance of having a separate counseling room compared with the NGO YFF. This may be due to the involvement of the State government in the running of these facilities. Some studies have found confidentiality to be associated with the utilization of SRH services. [25] The environment where YFHS are provided should not only meet the needs of young people but should also attract their rights in utilizing the services. [26] Another assessment in Nigeria revealed that a majority of YFF lacked comfortable and adequate environment for adolescent services. [18] This may explain why the service providers interviewed in this study complained of inadequate space for operation.

Clients assessing services at public YFF had a 60% chance to experience longer waiting time compared to youths who utilized the NGO YFF. The larger volume of youths accessing services at the public YFF may contribute to this finding. It has been shown that youths are more likely to forgo services, especially when the waiting time is extended, especially when the health

condition is not severe. [27] Besides, they may be discouraged from returning and are likely to share their experience with their peers, thereby discouraging them from utilizing the same facility. [30] In a study from Southern Nigeria, youths who were not satisfied with the waiting times were not willing to utilize the YFF. [27]

Table II: Clients' assessment of services offered at the youth-friendly facilities

Variable	Public YFF n = 294 (%)	NGO YFF n = 273 (%)	COR (95%CI), p	AOR (95%CI), p
<b>Availability of required treatment</b>				
Available	249 (84.7)	240 (87.9)	0.8 (0.5 - 1.3), 0.266	0.4 (0.2 - 0.7), 0.003
Not available	45 (15.3)	33 (12.1)	1	
<b>Providers' response to questions</b>				
Satisfactory	264 (90.1)	214 (78.4)	2.5 (1.5 - 4.2), <0.001	3.7 (2.0 - 6.8), <0.001
Not satisfactory	29 (9.9)	59 (21.6)	1	
<b>Convenience of visit hours</b>				
Convenient	248 (86.1)	234 (85.7)	1.0 (0.6 - 1.7), 0.893	0.8 (0.5 - 1.4), 0.455
Not convenient	40 (13.9)	39 (14.3)	1	
<b>Waiting times</b>				
>30 minutes	156 (53.1)	125 (45.6)	1.3 (1.0 - 1.9), 0.083	1.6 (1.3 - 2.5), 0.005
< 30 minutes	138 (46.9)	148 (54.4)	1	
<b>Payment for Service</b>				
No	162 (55.1)	109 (39.7)	1.9 (1.3 - 2.6), <0.001	2.3 (1.7 - 3.3), <0.001
Yes	132 (44.9)	164 (60.3)	1	
<b>Provision of separate room for counseling</b>				
Yes	219 (74.7)	156 (57.1)	2.2 (1.5 - 3.2), <0.001	1.8 (1.2 - 2.8), 0.004
No	75 (25.3)	117(42.9)	1	
<b>Accessibility of the facility by transport</b>				
Accessible	237 (80.9)	202 (74.0)	1.5 (1.0 - 2.3), 0.049	1.3 (0.8 - 2.1), 0.248
Inaccessible	56 (19.1)	71 (26.0)	1	
<b>Involvement of young people in facility</b>				
Well involved	249 (84.9)	208 (76.2)	1.8 (1.2 - 2.8), 0.006	1.5 (0.9 - 2.4), 0.125
Not involved	43 (15.1)	65 (23.8)	1	

One of the qualities of YFF is physical and financial accessibility. According to WHO accessibility means that young people are aware of and are able to obtain the available health services. [1] Youths accessing the NGO YFF in the present study had over the two-fold chance of paying for services than those who visited the public YFF. Unlike the NGO YFF, services at the public YFF were subsidized by the state government; hence, the services were rendered either at affordable charges or at no cost to the client. Some studies have suggested the association between income and accessibility of YFHS. Clients with higher income had better utilization of YFHS than those with lower income. [29]. Another Nigerian study showed that clients with lower income had more financial access to services than clients with higher income. [23]

In the present study, physical accessibility was not a challenge to youths accessing services at the public and NGO YFF. Over three-quarter of clients claimed that the YFF were physically accessible, and the opening hours were convenient. A study from Eastern Nigeria showed that all YFF accessed were within walking distance of 30 minutes from where the youths lived. [23] The health-seeking behaviour of adolescents could be influenced by access to YFF. Studies from Nigeria and other African countries showed a low level of awareness of YFF among adolescents and youths, resulting in low utilization of YFHS. [30, 31]

The present study showed that service providers at public YFF responded better to the youths than service providers at the NGO YFF. The youths were about four times likely to be satisfied with the attitudes and approach of service providers at the public YFF than those at the NGO YFF. The level of training could explain this finding. From the interviews conducted, some of the service providers complained of the inadequacy of the training

they had. It is difficult for youths to confide in service providers if they do not feel welcome. [32] Adolescent and youths need to feel accepted and service providers must be receptive and non-judgmental in their approach. Studies from Nigeria, Tanzania and Botswana have documented the negative attitudes of service providers at YFF. [27, 33, 34]

There is a need for service providers at YFF to be trained on the principles of confidentiality, privacy, acceptability and friendliness. [35] The YFHS were organized to meet the adolescents' needs and should be done in a way that is acceptable to them for the intervention to be effective.

## Conclusion

To meet the needs of the youths, efforts should be made to address the challenges of running YFF. The need for funding and provision of enabling environment for the operation of the YFF in Lagos State cannot be overemphasized.

**Authors' Contributions:** FATT conceived and designed the study, conducted interviews and revised the manuscript. AOA did the quantitative data analysis and drafted the manuscript, ABI and AA transcribed the interviews, developed a codebook for the qualitative study and thematic analysis for the qualitative study. AA was involved in quantitative data processing, manuscript drafting and revision of the manuscript. All the authors approved the final version of the manuscript.

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