Health Service Providers' Behaviors toward Youth Clients

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ABSTRACT

This study has attempted to assess the behavior of health service providers during delivering the services to school and college going youths. The study followed the descriptive study design and it was based on quantitative data. The study utilized self administrated questionnaire for 249 college and school going youths aged 10 to 24 of secondary level in Surkhet valley. The study applied simple random sampling strategy to select the participants from selected area. The researcher determined the sample size by using Raosoft Sample Size Calculator. It was found that about one-third (36.94%) of the total recruited youths had utilized YFRH services. It was also found that 60% of them who had utilized the services reflected that the service providers were not friendly and welcoming. Forty percent youths noted that the service providers were judgmental and unfriendly. Almost all participants indicated that young people usually come to the service provider with considerable fear, often with worry about privacy and confidentiality. Majority (54.35%) of youths claimed that operating time of the service was inconvenient. Majority reported that the time spent by the service provider was very short and waiting time to meet the providers was too long. Majority (51.08%) reported that the time spent by the providers was very short. This study concludes that the behavior of the service provider seems unfriendly and unwelcoming for youth clients. This constitutes key deterrents to care seeking and the violations the human right. Addressing the service provider behaviors is, therefore, critical and significant.

Keywords: youth friendly, sexual and reproductive health service, behavior of the service providers, utilization.

Background

According to World Health Organization, youths are defined as persons between 15 and 24 years of age and are characterized by significant physiological, psychological and social changes that place their life at high risk. Globally, adolescents (age 10-19) and young people (age10-24) account for nearly one fifth (18 percent) and one - quarter (26 percent) of the total population, respectively (UN, 2011). Nepal's population has a young structure. Approximately, 34.91 percent of the total population is under age 14 and an additional 11.07 percent is between the ages of 15 and 24. Altogether, adolescents and youths between the ages of 10 to 24 comprise approximately 24.2 percent of Nepal's population (CBS, 2012). In Nepal's population, adolescents (age 10 -19) and young people (age 10- 24) comprise an even larger proportion of the population—adolescents 24 percent and young people 33 percent, respectively (MoHP, 2011). Surkhet district population has also young structure. According to CBS (2012), approximately, 25.2 percent of the total population is ages of 10 to 24 years in Surkhet.

Youth friendly reproductive services could be defined as high quality health services that are relevant, accessible, attractive, affordable, appropriate and acceptable to the youth. Services can be said to be youth-friendly if they have policies and attributes that attract young people to the facility or program and provide them with a comfortable and appropriate setting (FRESH Tools of Effective School Health, 2004). These types of services meet the needs of students and young people and encourage them to follow up their visits. These services respond positively to young people's needs. IPPF (2008) summits the elements such as friendly policies, friendly health service providers and support staff, friendly service

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delivery mechanisms such as convenient hours, privacy and comprehensiveness of services have been cited as essential for youth-friendly service provision

Nepal, as a signatory of the ICPD Plan of Action (1994), has recognized sexual and reproductive health as a crucial aspect of overall health. The Government of Nepal, Ministry of Health and Population has prepared and implemented the National Reproductive Health Strategy and Plan of 1998, Family Health Division (FHD) developed the National Adolescent Health and Development (NAHD) Strategy in 2000, and Implementation Guidelines on adolescent sexual and reproductive health (ASRH) was also developed in 2007. National ASRH Program Implementation Guidelines 2011 were developed. RHIYA (Reproductive Health Initiative for Youth in Asia) program in Nepal incorporated ASRH pilot program in 26 health facilities of Baitadi, Bardiya, Surkhet, Dailekh and Jumla districts. The National Health Training Center (NHTC) has already provided training on ASRH issues to service providers of health facilities in all the 75 districts (Family health division, 2011).

The negative behavior of service providers toward youth usually is a major constraint to service provision. Many service providers do not fully understand the psychosocial context in which adolescents live because they may not have had sufficient interaction with youth or have not had training specifically related to young people. When providers have a basic understanding of both issues and health needs specific to youth, such as the risks of pregnancy at an early age, the increased biological vulnerability of young women to HIV and other STIs, and the unique factors that influence decisions about contraceptive methods during adolescence, they can build communication and counseling skills to establish a better sense of trust between the client and service provider (Engender Health, 2002). Health service providers are non judgmental and considerate in their dealings with adolescents; and they have the competencies needed to deliver the right health services in the right way. Health facilities are equipped to provide adolescents with the health services they need; and are also appealing and 'friendly' to adolescents (World Health Organization, 2012).

Behaviors of the health service provider has been major concerned in western countries and the problem is largely existed in Nepal. While there has been increased attention to YFRHS, few studies have been conducted among youths concerning sexual and reproductive health. No systematic studies have found Nepal to assess what behavior of YFRHS providers are most necessary. Unfriendly behavior of health service provider is still existed in Surkhet but it has not been studied yet. It is these revelations that prompted this study. So, this paper tries to assess the behavior of health service providers during delivering the services to school and college going youths.

Methods

This study followed the descriptive research design and is based on quantitative nature of data. Secondary and higher secondary schools, university located in Surkhet valley were a study area for the study. All school and campus going youths aged 10-24 were the study population of the study.

Four public higher secondary schools were randomly selected using a list provided by the District Education Office. The Mid Western University was included as a sample in this study. Using Raosoft Sample Size Calculator, the number of youths were counted 249 (8%) in total of 3,109. The student participants were selected from each school and university using

lottery method of random sampling method. The study employed the self-administered structured questionnaire to collect data from the secondary school and university/college going youths.

Result and Discussion

This section displays result and analysis of the study findings obtained among the participants. The study focuses on the simple description of personal descriptions of youths' utilization of youth friendly reproductive health services and behaviors of the service providers.

Result

The result of this study is presented in following subheadings.

Utilization of YFRHS

Youth friendly reproductive service is vital for ensuring sexual and reproductive health and well being of the youths. The ability to consume services and to incorporate economic, geographic location, abundance of health services, physical and social resources or usage of the youth friendly reproductive health services is called utilization. Many factors, such as medical and non medical determine the utilization of YFRHS. Most of the youths of this study were found not utilizing YFRHS. Table No. 2 shows the responses of the youth respondents of aged 10-24 years toward YFRHS utilization.

Table 1. Utilization of YFRHS reported by youths

Description	Category	Frequency (N)	Percentage (%)
Utilization	Yes	92	36.95
	No	157	63.05
Total		249	100

The result indicates that majority of them 157 (63.05%) did not utilize YFRHS. Only 92 (36.95 %) of youths constitutions about one-third of the total recruited adolescents had utilized YFRH services. This indicates the low utilization of the services by youths.

Behavior of the medical service provider

Behavior of the health care provider is a most important feature of a youth friendly reproductive service. Young people must feel ease and have no qualms about talking of their needs and concerns. A provider must have interpersonal skill and ability to speak the same language as the young people attending in the clinic. In addition to those providing counseling and medical services to adolescents, other staff members should demonstrate positive attitudes towards these clients and focus on young people's special concerns. Particularly important is the attitude of the receptionist, who is usually the first point of contact (FRESH Tools of Effective School Health, 2004). Friendly provider is someone who is good friendly and welcome, non judgmental and who understands youths, who keeps confidentiality, who gives adolescents adequate time and he is trained in SRH and counseling.

Table 2. *Behavior of health care providers noted by youths*

Description	Category	Yes (%)	No (%)
Behavior	Good-Friendly and welcoming	37 (40.00)	55 (60.00)
	Moderate-welcomed	18 (19.56)	74 (80.44)
	Asked too many unnecessary questions	23 (25.00)	69 (75.00)
	Bad, he/she was harsh and rude	14 (15.22)	78 (84.78)
	Proudly nature	9 (10.00)	82 (90.00)
	Talking with domination	20 (21.73)	72 (78.27)
	Judgmental and unfriendly	38 (41.31)	54 (58.69)
	Spending short time	51 (55.44)	41 (44.56)

Table no. 2 shows the behaviours of the service providers noted by youths. Majority (60%)

of them who utilized the services noted that the service provider were not friendly and welcoming and most of youths (80.44%) pointed out that they were not moderate welcomed.

The data shows that only 40 percent youths who utilized the services felt that the providers were good friendly and welcoming. Only, 19.56 percent youths reported that they were moderate welcomed, 25 percent youth noted that the service provider asked too many unnecessary questions, 15.22 percent said they were harsh and rude, 10 percent said proudly nature and 21.73 percent said talking with domination. Likewise, huge portion (41.31%) of youths noted that the providers were judgmental and unfriendly. Majority (55.44%) of youths who utilized the services felt that the service providers were spending short time.

Privacy and confidentiality maintain

Privacy and confidentiality are extremely important to young people. Counseling sessions and examinations must be private, and young people must feel confident that their concerns will not be spoken to others (FRESH Tools of Effective School Health, 2004). Out of total, 92 youths, majority (65.22%) reported that health providers were provided service with privacy and confidentiality honored and it has been noted more than one third (34.78%) of them provided services without privacy and confidentiality honored.

Table 3. *Responses of youths about privacy and confidentiality at YFRHS*

Description	Category	Number	Percentage
Privacy and confidentiality honored	Yes	60	65.22
	No	32	34.78
Total		92	100

It is interesting to note that about two third (65.22%) of the youth clients described that privacy and confidentiality is extremely maintained by the provider. However, other participants reported that the providers could not reassure privacy to young people particularly in case of unmarried girls.

Convenient of operating time

Opening clinics at times when young people can conveniently attend, i.e. late afternoons, evenings, and weekends, is a must for to effective recruitment. Whilst young people needing urgent care may be willing to leave class, those who need prevention services (but may be unaware of how important they are) are more reluctant to take the time off (FRESH Tools of Effective School Health, 2004)).

Majority of the youth participants (54.35%) claimed that reproductive health services, working hours, day and operating time were inconvenient. Only 45.65 percent youths noted that reproductive health services working hour, visiting days and operating times are convenient.

Table 4. *Convenient of operating time / visiting day/hours*

Description	Category	Number	Percentage
Operating time	Convenient	42	45.65
	Not convenient	50	54.35
Total		92	100

Government health care organizations operate the service from 10.00 am to 4.00 pm daily Sunday to Friday. It is truth that all the services were opened within the same time of school. So, the time is inconvenient for the secondary level‘s students.

Respect to youths by the medical service provider

Respect can be fostered within a training exercise; however, some providers bring deeply entrenched biases against adolescent sexual activity to their job or find it difficult to relate to adolescents with respect (FRESH Tools of Effective School Health, 2004)).

About 60 of youths (58.70 %) claimed that the service providers did not respect to youths during visit where by 39.14 percent youth felt that the service providers respect them.

Table 5. *Responses of participants about respect to youth by the providers*

Description	Category	Yes (%)	No (%)
Respect to youths	Yes	36 (39.14)	56 (60.86)
	A little bit	20 (21.74)	72 (78.26)
	No	38 (41.30)	54 (58.70)

It indicates that the service providers were not respectful to youths. They were always harassed and dominated.

Time spent for youth clients

Students and young people tend to need more time than adults to open up and reveal personal concerns (FRESH Tools of Effective School Health, 2004). Results revealed that 55.44 percent out of 92 stated that the time spent for youth client and provider's interactions was below 5 minutes. Few (19.56%) stated that the time spent by the service providers was 5-10 minutes and however 25 percent reported that the time spends by service provider is more than 10 minutes.

Table 6. *Time spent for youth clients by the service providers*

Description	Category	Number	Percentage
Time spent for client	Below 5 minutes	51	55.44
	5-10 minutes	18	19.56
	More than10 minutes	23	25.00
Total		92	100
Responses of the client time spent by the provider	Too short	47	51.08
	Appropriate	34	36.96
	To long	11	11.96
Total		92	100

Majority (51.08%) of respondents reported that the time spent by the service providers was very short. Only 36.96 percent noted that the time spent by the service provider was appropriate and few (11.96%) reported that the time spent by the service provider was too long.

It is interesting to note that most of the youths said, the time spent by the service providers were maintained privacy during the consultation. However, majority of the youths mentioned that they had below 5 minutes interaction with the service provider, which was perceived by them as too short. It indicates that the privacy and confidentiality is under maintained by the service providers.

Waiting time to meet the service providers

Young people do not like to wait a long time for attention in a clinic and may even choose not to wait. They may even tell their peers about this, which gives the facility a bad reputation and dissuades future clients (FRESH Tools of Effective School Health, 2004).

Table 7. *Waiting time of youth to meet the service providers*

Description	Category	Number	Percentage
Waiting time	Below 10 minutes	14	15.22
	10 – 20 minutes	14	15.21
	More than 20 minutes	64	69.57
Total		92	100
Responses of the client waiting time to meet the provider	Too short	17	18.47
	Appropriate	27	29.35
	Too long	48	52.18
Total		92	100

Data revealed that 15.22 percent out of 96 youths stated that they waited for less than 10 minutes and 10 -20 minutes. Whereby, most (69.57%) of respondents stated that they waited for more than 20 minutes to meet the service providers.

As regards the responses of the youths waiting to meet the provider, majority (52.18%) stated that waiting time to meet the providers was too

long, 29.35 percent stated, appropriate and only 18.47 percent stated, it was too short. This data show that the waiting time of youths to meet the providers seems too long and truth is that youth have to be in queue to take the service.

People present in the room at the time of consultation with the service providers

Offering separate space, special times, or both seem important for some young people, such as first-time clinic users, students who are not sexually active and marginalized students who are especially suspicious of mainstream health care (FRESH Tools of Effective School Health, 2004).

Table 8. *Responses of youths about people present in the room at the time of youth consultation with the service providers*

Description	Category	Number	Percentage
People present	Nobody (separate)	64	69.56
	Other people present (common)	28	30.44
Total		92	100

Data showed that most (69.56%) youths stated that nobody was presented during the consultation with the service providers and about 30 (30.44%) reported that other people were also presented during the consultation with the providers.

Improvement in SRH concerns and problems after visiting the service providers

In the present study, the overall youth clients' satisfaction with the service providers was assessed as perceived by them. It has been found the majority (58.69%) were dissatisfied with the services availed or they reported that their SRH problems and concerns were not improved after visiting the service providers, and only 41.31 percent out of 92 youths were satisfied with the services availed or their SRH problems and concerns were reduced after visiting with the service providers.

Table 9. *Improvement in SRH concerns and problems after visiting the service providers*

Description	Category	Number	Percentage
Improvement	Yes	38	41.31
	No	54	58.69
Total		92	100

It has been found, majority of youths claimed that they were dissatisfied and their SRH problems and concerns were not improved after visiting the service provider. There may be some reasons behind it and one is unfriendly behavior of the service providers.

Discussion

The medical health service providers' behaviours have a considerable influence on adolescent and youth's utilization of YFRHs. It also influences a youth's perception of the service, and thereby decision to utilize and ability to access appropriate and adequate YFRHs. This study has tried to seek to understand these issues in adolescents and youths in study area. Lack of experimental and intensive study in this topic is especially remarkable in the context of Nepal. No study found related to YFRHs providers behavior.

Evidences synthesized from the study shows most of youths/ adolescents were found not utilizing YFRHS and this indicates that the low utilization of YFRHs in youths/ adolescents. This study also identifies the behaviours of YFRHs providers noted by the adolescents/ youths. It is concluded that the service providers did not listen to youth concerns, they have lack of positive thinking toward adolescents, they always present with judgmental behavior and they are not competent and trained. It can be also said, youth fear from unfriendly and judgmental providers, most concerned that they were lectured, scolded and made to feel ashamed for being sexually active and would think that they had STI or pregnant. A survey

of South Africa stated friendless of staffs as reason for attending the care. These experiences meant adolescents were more likely to be satisfied with the service such as higher self esteem. One study found that adolescents experiencing positive behaviours were more likely to decide to return to a facilities than those experiences negative ones (Mannava, Durrant, Fisher, Chersich and Luchters, 2015). They further reviewed 27 studies and reported that the common organizational level factors of unfriendly behavior of the providers such as heavy workload, long working hours, weak supportive supervision, poor relation to coworker, insufficient salaries and lack of equipments and supply are organizational level factors.

Privacy and confidentiality have long been identified as two important elements of high quality, client-centered RH programs (Bruce 1990; Huezo and Diaz 1993; Murphy 2002 as cited in Path, 2004). International conferences have been held to confirm basic rights to privacy in RH services (Path, 2003). One of the tenets of adolescent medical practice is to provide confidential care and privacy to adolescents/ youths that align with their evolving autonomy (Duffy, 2016). In order to provide youth friendly reproductive health (RH) services, including counseling, providers must ask youths a range of sensitive questions about their sexual behavior or that of his or her partner. Adolescents/youths are less likely to reveal accurate information if they fear that personal information will be shared with anyone other than the health provider. Protection of privacy and confidentiality is a priority factor in whether clients access RH information, counseling, and services. When they experience violations in privacy or confidentiality they are also more likely to drop out services. Adolescents are particularly reluctant to seek services when they think that confidentiality may not be maintained (American Academy of Pediatrics 1989, 1996; Allen 1997; Senderowitz 1997; UNFPA 1999 as cited in Path, 2004). In this study, majority (65.22%) reported that health providers were provided service with privacy and confidentiality honored and it has been noted more than one third (34.78%) of them provided services without privacy and confidentiality honored. Lack of privacy is an example of negative behavior and indicates providers' unwillingness and ignorance to provide quality service. Journal of adolescent (2004) stated that to protect the confidentiality of adolescent health information, legal limits apply including need to notify parents, complete medical records, take protective actions etc are maintained. Adolescents often have difficulty obtaining confidential health care.

This demonstrates that young people usually come to the provider with considerable fear, often with worry about privacy and confidentiality, and require strong encouragement to speak freely. It is described that adolescents' fear of others finding out in the area they had attended SRH services. In particular they were afraid of their parents, being teased or talked by friends, and being the victim of community gossip. Youths quoted that if privacy breaks, the family will be blamed and discriminated by other community members and parents, and girl may get bad name in the society. Some participants stated that the privacy of unmarried may get disclosed after seeking the services.

Majority of the youth participants (54.35%) claimed that reproductive health services, working hours, day and operating time were inconvenient. This data indicates that operating time/ day/ hours were not appropriate for all youth's especially secondary level youths because young people of secondary level cannot conveniently attend. The opening time of school and health organization is same while young people need urgent care, those may be willing to leave class for the prevention.

Respect is one of the most important rights of youth/adolescents in YFRHS. Often youths/ adolescents come into the providers with low self-esteem and sometimes little respect for themselves. A service provider should show respect for a youth clients by paying good attention to them, acknowledging and respecting their essence and supporting them with positivity to be better toward healing. Providers should respect a youths during service providing time giving their full and complete compassionate attention. A provider must show respect for adolescents by recognizing that all are capable and perfect human beings. In this study, about 60 youths (58.70%) claimed that the service providers did not respect to youths during visit. It indicates that the service provider were not respectful to youths. It seems that reasons behind it may be providers feel superior; maintain their higher class and social status and educated identity. The truth is that if the service providers do not know to respect the youth clients, they don't want to take service from those service providers. Mannava, Durrant, Fisher, Chersich and Luchters (2015) reached similar conclusion on reviews of 40 study reports stating that working settings held prejudices towards clients attributes such as socio economic status, educational level, ethnicity, etc. This leads towards rude behavior to poorer, less educated and rural youth and adolescents clients. This study concluded that provider- patient relationship and providers' belief are another reasons of unfriendly behavior. These are individual level factors of unfriendly behavior.

The amount of time a patient waits to be seen is one factor which affects utilization of healthcare services. Patients perceive long waiting times as barrier to actually obtaining services and keeping patients waiting unnecessarily can be a cause of stress for both patient and doctor (Ohe and Adamu, 2013). Data revealed in this study that 15.22 percent out of 96 youths stated that they waited for less than 10 minutes and 10 -20 minutes. Whereby, more than two third of respondents (69.57%) stated that they waited for more than 20 minutes to meet the service providers. As regards the responses of the youths waiting to meet the provider, majority (52.18%) stated that waiting time to meet the providers was too long. This data show that the waiting time of youths to meet the providers seems too long and truth is that youths have to be in queue to take the service. Ohe and Adamu (2013) reached the similar conclusion in their study reporting sixty-one percent of the respondents waited for 90-180 min in the clinic, whereas 36.1% of the patients spent less than 5 min with the doctor in the consulting room. The commonest reason for the long waiting time was the large number of patients with few healthcare workers.

It is further mentioned that to improve the utilization of youth friendly reproductive services to adolescents, adequate space is needed to assure that counseling and examinations can take place out of sight and hearing of other people. This need requires separate rooms with doors and policies that support minimal interruptions and intrusions. This study showed that about one third (30.44%) of the sessions were interrupted by other staff members or other people were also presented during the consultation with the providers. It has been found, majority of youths claimed that they were dissatisfied and their SRH problems and concerns were not improved after visiting the service provider. There may be some reasons behind it and one is unfriendly behavior of the service providers. In the present study, the overall youth clients' satisfaction with the service providers was assessed as perceived by them. It has been found that the majority (58.69%) were dissatisfied with the services availed or they reported that their SRH problems and concerns

were not improved after visiting the service providers.

Conclusion

It is concluded that the service providers did not listen to their youth concerns. They always presented with judgmental behavior and moreover, they were incompetent and untrained. Findings indicated that the privacy and confidentiality is under maintained by the service providers. It can be also said that youths fear from unfriendly and judgmental providers. Most concerned that they would be lectured and scolded. Findings of this study have important implications for clearly increased attention to this issue. Negative behaviours of the service providers constitute key deterrents to care seeking. Positive behaviours among the service providers will not only contribute to improved ARH outcomes, may also help to reduce youths' morbidity, mortality , burden of SRH problems, increase the youth's utilization, satisfaction and participation toward the service. Addressing the service provider behaviours is therefore critical and significant to ensure the adolescents' health and saving their lives in low- and middle-income communities.

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