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ResultsinBrief

Uptake of SRHR Services: Real-Life Experiences of Indonesian Youth

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Background

Young people (particularly those who are considered 'hard-to-reach' such as LGBTIQ, YPLWH, young adolescents, young people in remote areas and disabled youth) are highly vulnerable to Sexual and Reproductive Health (SRH) problems. The Access Services and Knowledge (ASK) Programme focuses on these groups of under-served youth because they have specific needs for SRH services. The programme aims to increase young people's access to quality SRH commodities (including ARV and contraceptives) and youth-friendly services. The ASK programme has been implemented in Uganda, Ethiopia, Ghana, Senegal, Pakistan and Indonesia, and runs from 2013 to 2015.

In 2015, as part of the ASK programme, ResultsinHealth was asked to conduct an Operational Research (OR) on the opportunities and barriers for increasing the uptake of SRH services among underserved young people in Indonesia. The OR aimed to obtain 'positive examples' of the real-life experiences of young people accessing SRH services. In this research, RiH identified the pathways to SRH services taken by young people in urban, suburban and rural areas in DI Yogyakarta, Indonesia.

Methods

The study was conducted in four areas in DI Yogyakarta: Yogyakarta Municipality, Bantul District, Kulon Progo District and Sleman District. Respondents were recruited using a purposive and snowball-sampling method and data was collected from June to October 2015. The study respondents were: (1) young people aged 10 – 24 years (all with a history of accessing SRH services in the study area), and (2) SRH service providers from Puskesmas, private clinics and suppliers of health commodities (e.g. pharmacies). The methods for data collection used were Semi-Structured Interviews (SSI) and Focus Group Discussion (FGD) (see Figure 1).

Theoretical Framework

This study employed the PRECEDE-PROCEED Health Promotion Planning Model developed by Green and colleagues (1980). The use of this model allowed for the identification of the positive and negative components of three groups of factors that precede the desired outcome: predisposing, enabling and reinforcing factors. The model was modified slightly to suit the context and purpose of the Operational Research.

Figure 1. Factors Influencing Young People's SRH Uptake

Predisposing Factors
- Strongest influence: Experiencing a SRH problem;
- Having SRH knowledge;
- Having knowledge of SRH services.

Reinforcing Factors

Strongest influence: Actors and Companionship Particularly the availability of peer educators (with personal experience with SRH issues) to provide SRH information and act as companions when young people access SRH services.

Enabling Factors
- Strongest influence: Availability of youth-friendly SRH services;
- Availability of private SRH service;
- The role of midwives and Puskesmas as SRH services providers for young people;
- Availability of a supportive law and /or regulation for the provision of youth-friendly SRH.

Findings

Following the theoretical framework of this OR, predisposing, enabling and reinforcing factors were assumed to equally influence the utilization of SRH services (see Figure 1). However, the findings of this study showed other dynamics. Predisposing factors (characteristics and situation of young people) seem to have a direct influence on the youths' decision to use SRH services, whereas enabling factors (available SRH services) and reinforcing factors (which serve to strengthen the motivation for particular behaviour) had an in-direct influence on their service uptake.

A further analysis of the factors that influenced the utilization of SRH services among young people in DI Yogyakarta showed patterns of SRH trajectories. The trajectories describe the steps that the young people take in their "pathway" towards the uptake of available formal SRH services and can be divided into short and long pathways. The short pathway (see Figure 2) was frequently taken in cases of unwanted pregnancy, since the sense of urgency (in terms of time) determined the youth's decision to access SRH services. In most cases, the type of SRH service that was utilized was the one expected to provide an immediate "solution" to an unwanted pregnancy (e.g. abortion). Another group that followed this short pathway were young MSM with STI symptoms. STI symptoms were usually obvious to young males and they often went directly to formal SRH services instead of seeking alternative solutions.

Long pathways (see Figure 3) were often influenced by (perceived) stigma and stereotyping related to the SRH problems that were encountered and the young people's limited knowledge on SRH and SRH services. In cases where the young person's SRH problem was considered taboo, some decided to self-medicate or self-treat or by engaging with informal/ traditional SRH providers. Where there was a lack of correct or appropriate knowledge, information was sought from various sources, which may have supported the decision to self-medicate/self-treat or use informal SRH services. When the outcome of self-medication/self-treatment was unsatisfactory, some young people decided to obtain (more) information or directly access formal SRH services. In the words of one of the female respondents: "If everything failed, the last effort is to go to the Doctor".

Both short and long pathways pose potential risks (in terms of health, finance, etc.) for young people and create a significant burden on them, their family and the health system. This is because the pathways taken by the young people in this research illustrated that their current health-seeking behaviour focused on secondary prevention (only seeking SRH services if and when they experienced an SRH problem). The pathways thus indicate a lack of primary prevention efforts (preventing SRH problems from occurring altogether) on the part of young people.

Figure 2. Example of Short Pathway

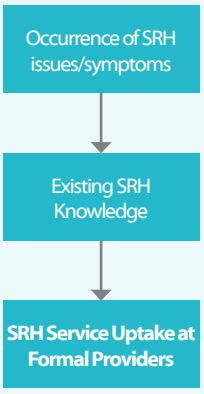
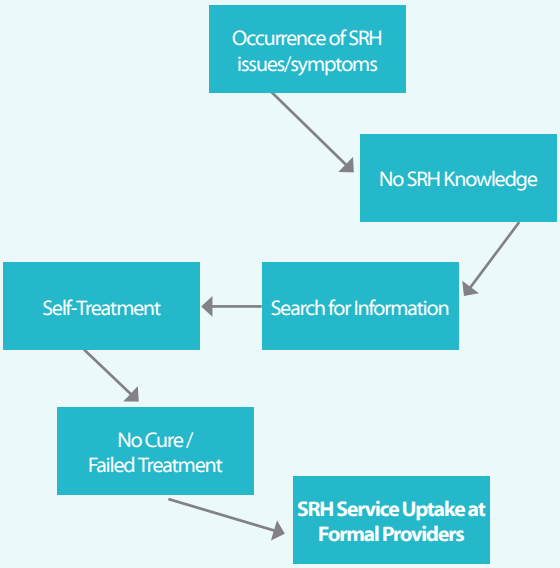


Figure 3. Example of Long Pathway



Conclusion

This study sought to identify factors influencing SRH uptake among young people and effective strategies to increase uptake. Important factors that influenced the SRH uptake among young people in the DI Yogyakarta province, Indonesia were: (perceived) SRH needs, quality of SRH services, the availability of acceptable SRH information and companionship. The type of SRH services the youths accessed was public, private, formal and informal depending on availability and the knowledge of the young person in need. In relation to this, the study showed that the young people generally had limited knowledge of SRH and SRH services. Where knowledge did exist, it was often only knowledge on reproductive health.

For youth-friendly services, the young respondents showed a slight preference for private facilities due to their prioritizing privacy and confidentiality. Health providers noted the importance of supportive laws and regulations to legitimatize the provision of youth-friendly SRH services at health facilities.

Affordability and referral systems were not considered as barriers to SRH uptake. Barriers to services were often related to issues such as guilt, stigma (self-stigmatization or stigmatization by others, and fear of rejection (either by family, friends or health providers). Peer educators (especially those who had experienced SRH problems themselves) were the preferred sources of information and were perceived as great companions for young people when entering the SRH care trajectory.

Young people's trajectories to SRH service uptake were determined by an existing urgency regarding an SRH problem and/or locating the correct knowledge on SRH issues and services. Both short and long pathways to SRH services were illustrative of secondary prevention and that implies that primary prevention efforts are limited among the young people in this study. In order to improve young people's SRH service uptake to prevent and seek care for SRH issues, programmatic strategies should be multi-targeted, sector-wide, comprehensive, and timely and should be developed with and employ methods that foster young people's participation.

Contact information

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