

# Healthcare workers' behaviours and personal determinants affecting sexual and reproductive healthcare service provision to adolescents in South Africa

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## Summary

The studies reported in this dissertation provide more insight into the behaviours of healthcare workers affecting adequate provision of sexual and reproductive healthcare (SRH) services to adolescents in South Africa (SA). Insights into the behaviours of healthcare workers are important in identifying areas needing improvement, so as to enhance quality of SRH services and ultimately improve access to and utilization of SRH services by young people at large.

Globally, access to and utilization of SRH services by adolescents is poor. Hence, the WHO, UNPFA, UNICEF, and the GSWCAH of 2016-2030 have highlighted the need to maximize the efforts to increase adolescents' access to and utilization of SRH services in order to improve their health outcomes.

Healthcare workers' behaviours towards adolescents seeking SRH services are crucial in realizing these global efforts. However, if behaviours of healthcare workers are negative towards adolescents seeking SRH services, access to and utilization of SRH services by adolescents is likely to be negatively affected. Thus, the ultimate goal of the studies reported in this dissertation was to identify the negative behaviours of healthcare workers in order to inform future development of specific interventions to change the behaviours and subsequently improve provision of quality SRH services as well as access to and utilization of SRH services by adolescents in SA.

**Chapter 2** reports an epidemiological overview of adolescents' needs for SRH services from three national surveys (YRBS), representative of a total of 31 816 school going adolescents in SA. The overall prevalence of having ever been pregnant among the combined 3-survey sample was self-reported to be 11.0%. The odds for ever been pregnant were higher for girls who had 2 or more sexual partners (OR: 1.250, 95% CI: 1.039 – 1.503), girls who ever used alcohol before sex (OR: 1.373, 95% CI: 1.004 – 1.878), and girls who used mandrax (OR: 1.968, 95% CI: 1,243 – 3.117). Girls continue to become pregnant at unacceptably high rates in SA therefore, there is a need to address adolescents' sexual and reproductive health needs, and several health risk behaviours, including substance use, that are associated with teenage pregnancy in SA.

**Chapter 3** describes healthcare workers' behaviours that affect the utilization of SRH services, and quality of care they provide in sub-Saharan Africa (SSA). A systematic review of literature was conducted to identify studies focusing on healthcare workers' behaviors and personal determinants associated with providing adequate SRH services in SSA (January 1990 - October 2015). A total of 35 studies met all the inclusion criteria. Negative behaviours and attitudes of healthcare workers, as well as other personal determinants, such as poor knowledge and skills of SRH services, and related factors, like availability of essential drugs and equipment are associated with provision of inadequate SRH services. Healthcare workers' negative behaviours and attitudes can discourage women in general to access and utilize SRH services, and especially young women. Knowledge of SRH services, including basic emergency obstetric care (EmOC) is insufficient among healthcare workers in SSA.

**Chapter 4** describes the predictors of intentions to provide SRH services to adolescents in SA. A total of 190 healthcare workers completed a cross-sectional survey on knowledge of maternal and child healthcare (MCH) and family planning (FP) services, attitude towards family planning services, subjective norms regarding MCH and FP services, self-efficacy with MCH and FP services, and intentions to provide MCH and FP services to adolescents. Self-efficacy to conduct MCH services ( $\beta = .55, p < 0.01$ ) and years of experience as a nurse/midwife ( $\beta = .14, p < 0.05$ ) were associated with stronger intentions to provide the services. Self-efficacy to provide FP services ( $\beta = .30, p < 0.01$ ) was associated with stronger intentions to provide FP services. Self-efficacy has a strong and positive association with the intentions to provide both MCH and FP services. There is a need to improve and strengthen nurses' and midwives' self-efficacy in conducting both MCH and FP services in order to improve the quality and utilization of the services by adolescents in South Africa.

**Chapter 5** describes the beliefs, behaviours and motivations of healthcare workers affecting adequate provision of SRH to adolescents in Cape Town, SA. Twenty-four healthcare workers in public SRH services participated in this qualitative study through focus group discussions (FGDs). SRH nurses indicated that they are still experiencing challenges with termination of pregnancy (TOP) due to their opposing beliefs and values. Some nurses felt that they had insufficient SRH skills, which hinder their provision of adequate SRH services to adolescents. Healthcare workers are faced with numerous challenges when providing SRH services to adolescents. Providing SRH training and refresher courses to improve the nurses' skills in SRH services are required.

**Chapter 6** describes healthcare workers' perceptions of adolescents seeking and or utilizing SRH services in Cape Town. Twenty-four healthcare workers in public SRH services participated in this qualitative study through FGDs. SRH nurses are generally supportive of adolescents who ask for and use contraceptives. The nurses perceived non-compliance to FP regimens and repeated requests of TOPs as irresponsible behaviours; which particularly frustrated them. The subsequent nurse-adolescent interactions compromised by these perceived irresponsible behaviours of adolescents sometimes appeared to hinder access to and utilization of SRH services by adolescents. A good adolescent-nurse relationship may help prevent adolescents' risky behaviours, and facilitate adolescents' access to and utilization of SRH services. Nurses' counseling and communication skills should be improved in order to effectively interact with their adolescent clients, and help improve adolescent' access to and utilization of SRH services.

**Chapter 7** summarizes the main findings from the different studies described above, as well as discusses methodological considerations and implications for future research and practical applications. From the main findings of these studies, it can be concluded that healthcare workers have negative behaviours towards providing SRH services, especially TOP services. Furthermore, the findings of these studies show that healthcare workers in SRH services are battling with their own personal views and beliefs with regards to some SRH services that they have to provide to adolescents. The findings of these studies provide more insights into underlying reasons for healthcare workers negative behaviours towards adolescents seeking SRH services. Additionally, it can also be concluded that healthcare workers' behaviours and personal determinants are influenced by a number of other factors inside and outside of the healthcare systems and all these factors need to be taken into consideration when developing interventions which aim to improve adolescents' access to and utilization of SRH services. Healthcare workers' negative behaviours and attitudes towards adolescents seeking SRH services have potential to act as barrier to services and therefore should be addressed.

