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SCHOOL OF PUBLIC HEALTH

COLLEGE OF HEALTH SCIENCES

UNIVERSITY OF GHANA

ADOLESCENTS' PERCEPTIONS OF YOUTH FRIENDLY CENTERS IN THE ADENTAN MUNICIPAL HEALTH DIRECTORATE

BY

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DECLARATION

I, Vivian Hodgson declare that with the exception of references to other people's work which have been duly acknowledged, this work is my own work conducted under supervision and that this has not been submitted neither in part nor whole anywhere for any degree.

………………………………… ……………………………………

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DEDICATION

This research work is dedicated to my dear husband Dr. Abraham Hodgson for his support and encouragement.

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Finally, I am grateful to all who contributed to my education in diverse ways. Thank you and God richly bless you all.

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ABSTRACT

Introduction: Adolescence has been described as a transitional period between childhood and adulthood and falls within the ages of 10 to 19 years. It is a critical stage of life characterized by rapid biological, emotional and social development. Youth friendly centers were created to offer adolescent/youth friendly services globally. These centers are to be accessible, acceptable, equitable and effective to ensure full patronage by adolescents. This study was to determine adolescents' perceptions of Youth friendly centers in the Adentan Municipality.

Methods: The study adopted a descriptive and qualitative data collection approach. Eight focus group discussions were held with adolescents and four in-depth interviews conducted with peer educators as well as three in-depth interviews with service providers in the municipality. The results were analyzed using the NVIVO software.

Results: Adolescents were found to have little knowledge of Adolescent Friendly Centers/Services. They were aware of some common adolescent health problems like teenage pregnancy, sexually transmitted diseases and drug abuse. They patronized both government and private health facilities and pharmacies/drug stores for health care as well as use of herbal preparations.

The study also found that adolescents did not find the cost of the services at the health facilities a challenge because these costs were borne by their parents and teachers. Cost of family planning products was also found to be affordable. Adolescents were also satisfied with waiting time and attitude of service providers. Some adolescents wanted the services located near them so they can have easy access whilst others wanted the location further away so that they would not be seen accessing the services.

Conclusion: Although adolescents had little knowledge of Youth Friendly Centers/Services, service providers were providing services which the adolescents found to be beneficial. There is the need to establish youth friendly corners in all the sub-municipals and create awareness of their existence.

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LIST OF ACRONYMS

ADHD	Adolescent Health and Development Program
ADMA	Adentan Municipal Assembly
AFHS	Adolescent Friendly Health Services
ASRH	Adolescent Sexual and Reproductive Health
CHPS	Community-based Health Planning and Services
CRC	Convention on the Right of the Child
ERC	Ethics Review Committee
FGD	Focus Group Discussion
FHD	Family Health Division
GDHS	Ghana Demographic and Health Survey
GHS	Ghana Health Service
IDI	In-Depth interview
JHS	Junior High School
MDGs	Millennium Development Goals
NGO	Non Governmental Organization
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TMA	Tema Municipal Assembly
WHO	World Health Organization
YFC	Youth Friendly Centers

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DEFINITION OF TERMS

Adolescent – Young people within the ages of 10 – 19 years

Adolescent Friendly Health Services – Services that are accessible, equitable, acceptable and effective to the adolescent

Youth Friendly Centers – Any health facility that provides adolescent friendly services

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CHAPTER ONE

INTRODUCTION

1.1 Background

The World Health Organization (WHO) identifies adolescence as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to19 years (WHO, 2014). It represents one of the significant transitions in time and is characterized by a remarkable pace in development and change that occur after infancy. Natural processes drive many aspects of this development, with the onset of puberty marking the passage from childhood to adolescence. The biological determinants of adolescence are fairly universal; however, the duration and defining characteristics of this period may vary across time, cultures, and socioeconomic situations. This period has seen lots of changes over the past century that is the earlier onset of puberty, subsequent age of marriage, urbanization, global communication, and changing sexual attitudes and behaviors.

The 2014 Ghana Demographic and Health Survey (GDHS) showed 11% of women and 5% of men aged 25-49 years had their first sex by age 15 years and 44% of women and 27% of men had their first intercourse by age 18 years. One fifth of Ghanaian women aged 25 to 49 years (20%) had given birth before reaching age 18 whilst 39% had given birth by age 20. Overall 14% of women aged 15 to 19 years had begun child bearing either having had a life birth (11%) or having become pregnant with their first child (3%) (GSS, 2014).

The GDHS and the Ghana Health Service (GHS) Institutional data together with results of pockets of studies disclose the extent of sexual and reproductive health problems young people face (WHO, 2012). These challenges range from insufficient

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understanding to the outcome of their negative effects on the maturity of young people, families and society as a whole.

The adolescent health and development program in Ghana targets the following age grouping for the reason of comprehensiveness in programming; pre-adolescents (5-9 years), younger adolescents (10-14 years), older adolescents (15-19 years), youth (15-24 years), and young adults (20-24 years). Despite the fact that adolescence span from 10 – 19 years, pre-adolescents and young people have been included because the former have to be prepared to enter into adolescence while the later need to be supported to enter into adulthood. Within adolescents, there is a distinction between younger and older adolescents because of their peculiar needs (E A, 2014).

Over the past decade, the agenda of adolescent friendly health care has been used to enhance health services to the needs of young people. Primarily described by the WHO and largely focused on primary care in low-income countries, there is increasing approval of the frameworks potential in promoting quality health care to adolescents in high-income countries within specialist health services. Professional organizations from across the world including United States, United Kingdom and Australia are more and more applying the principles of adolescents friendly practice surrounded by position papers and service direction about delivering quality health care to young people (Ambresin et al., 2013).

There is the need to assess these services especially in developing countries to recognize bottlenecks and institute appropriate interventions.

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1.2 Problem Statement

Adolescent health is a growing Public Health concern all over the world since adolescents form 20% of a country's population (WHO, 2014). Globally, about 2.6 million young people die every year from preventable causes including HIV, tuberculosis and maternal death. Young women aged 15 – 19 years are twice as likely as adult women to die in childbirth. In 2011, young people formed 40% out of 2. 5 million new infections of HIV (EA, 2014).

Many health compromising behavior that begin during adolescence have profound consequences for health and development and also long term well being effect for example use of tobacco, alcohol and other psychoactive substances (WHO, 2012).

The health needs of adolescents as a group have largely been ignored by existing health services. The response of societies to reproductive health needs of adolescences should be based on information that helps them attain a level of maturity required to make responsible decisions (Massad et al., 2014).

To help address unmet needs of adolescents, the Ministry of Health/Ghana Health Services in 1996 set up a desk for Adolescent Health and Development Program (ADHD) in the Reproductive and Child Health Unit of the Public Health Division (WHO, 2012).

According to the Adentan Municipal profile (2014), the population of Adolescents was 19,796 representing 22.45% of the total population in the Municipality. 1.1% reported for family planning services, 0.3% for Antenatal care, 0.3% for Post natal care and 0.04% came to deliver. Teenage pregnancies are also prevalent as a result of lack of parental control (AdMA, 2014). There are therefore a lot of adolescents who are not receiving any form of health care services since patronage to the youth

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friendly centers and the other clinics are low. There is a need to find the reasons behind the low utilization of the services.

This research sought to find adolescents' perceptions of youth friendly centers in the Adentan Municipal Health Directorate.

1.3 Conceptual Framework

Perceptions of adolescents on Youth friendly centers may vary based on a number of factors. The conceptual framework below describes some of the factors that may influence adolescents' perceptions of youth friendly centers.

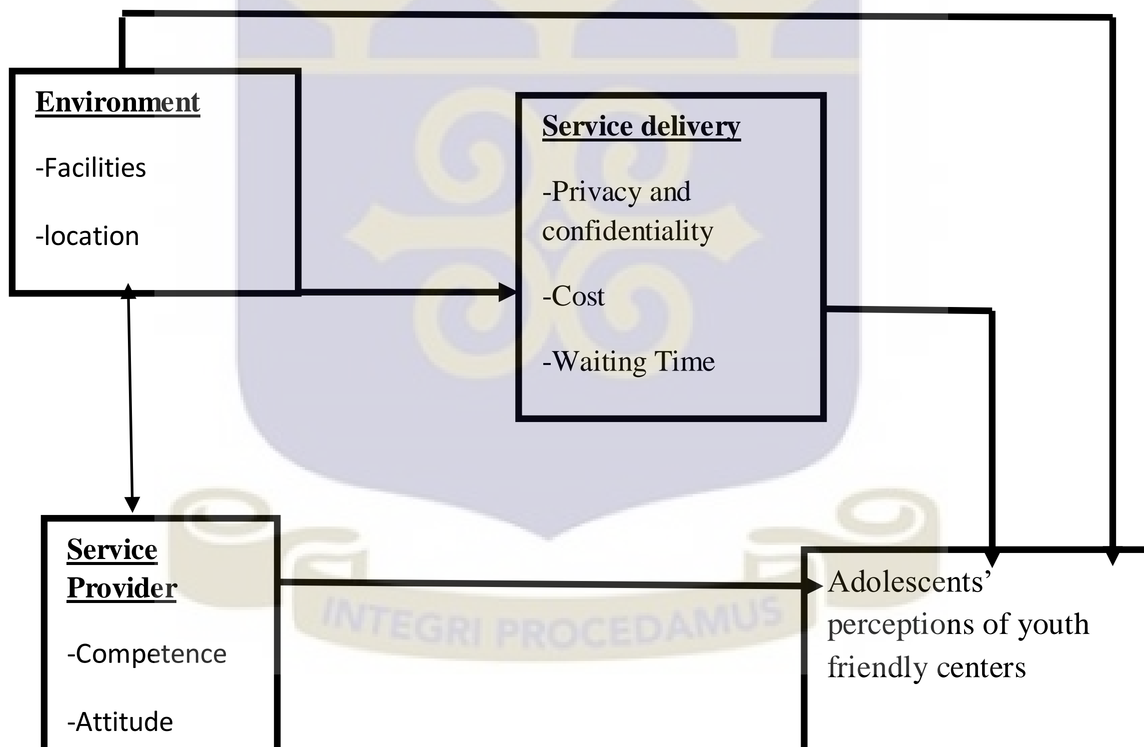

Figure 1: Conceptual Framework of adolescents' perception of Youth friendly centers in the Adentan Municipality

Source: Constructed by Researcher.

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Factors likely to influence adolescents' perceptions of youth friendly centers are staff competence and attitude, facility, location, confidentiality, privacy, waiting time and cost.

1.3.1 Service Providers' Attitude

Staff attitude can influence adolescents' perception of youth friendly services. Unfriendly staff attitudes may negatively affect adolescent perceptions and vice versa. Additionally, when service providers are judgmental towards adolescents who seek services at the various youth friendly centers they may feel reluctant to go back due to shyness (EA, 2014).

1.3.2 Service Providers' competence

As part of the characteristics of youth friendly services there should be technically competent staff that would be able to carry out counseling, health promotion/education, physical examination and individualized care to adolescents. Moreover, they should be able to recognize and refer cases which are beyond them to the next level. However, very few service providers have training in adolescent health (IYA, 2005).

1.3.3 Cost of adolescent friendly health services

Cost can be a barrier to access to services and can thus influence use and perceptions of the youth friendly services. Most adolescents are either still in school or are unemployed and as such may still be dependent on their parents or guardians for their upkeep (Kefford et al., 2005). Costs of services should be affordable to adolescents since majority of them don't work and have no access to family income (Kennedy et al., 2013).

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1.3.4 Location of adolescent friendly health centers

Location may influence perception either positively or negatively. Some adolescents may find location to the health facility a problem due to high transportation cost. However others may prefer a place further away from their localities in order to conceal their identities (Kennedy et al., 2013). Location of a place may be a long distance from where they live, study or work or health service may be expensive and beyond the reach of adolescents making health service not accessible (WHO, 2012)

1.3.5 Facilities of adolescent friendly health centers

Adolescent friendly facilities should have the building in good shape with required equipments present and in good working order. The facility should also be clean and comfortable to increase patronage of the services. This might however not be the case since the Family Health Division (FHD) of the Ghana Health Service (GHS) had acknowledged the existence of challenges such as lack of infrastructure, logistics and staff (GHS, 2014).

1.3.6 Privacy and Confidentiality

In the Youth Friendly Centers (YFC), service providers are to ensure both visual and auditory privacy during history taking, counseling and physical examination. In a study conducted in Tanzania, many adolescents were afraid that people would find out they had attended Sexual and Reproductive Health (SRH) services. They were especially apprehensive of the fact that their parents would get to know of their activities and also could not stand being teased or talked about by their friends (Kennedy et al., 2013). Another factor worth noting is separate rooms for youth in facilities offering multiple services to older men and women. This would encourage the youth to seek for the services of health providers without shyness (UNFPA & FHI, 2008).

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1.3.7 Waiting Time

Time spent in the clinic is very important to adolescents as they preferred spending less time while seeking for services. However, time spent attending to them was of great concern to them. In a study conducted in India young people complained about health workers spending very little time interacting with them during service provision (Prakash, 2014). A study conducted in Vanuatu shows that two thirds of all visit by mystery clients had consulted the health care provider without any delay or within ten minutes of reaching facility (Kalo, 2006).

1.4 Justification

An estimated 1.7 million young people die each year mainly from accidents, violence, pregnancy related problems or illnesses that are either preventable or treatable. A lot more adolescents develop chronic illnesses that damage their chances of personal fulfillment. Furthermore, harmful habits such as smoking, alcohol, substance and drug abuse are acquired during adolescence and have long devastating effects (MOH, 2005).

It is believed that health is a fundamental basic right and in view of that the Convention on the Right of the Child (CRC) gives young people the right to preventable health care and calls for specific protection for those in exceptionally difficult situation.

In the Adentan Municipal the second group of vulnerable people identified are adolescent girls likely to become single mothers and again adolescent girls because they are among the commercial sex workers who are classified as the third vulnerable group (AdMA, 2014).

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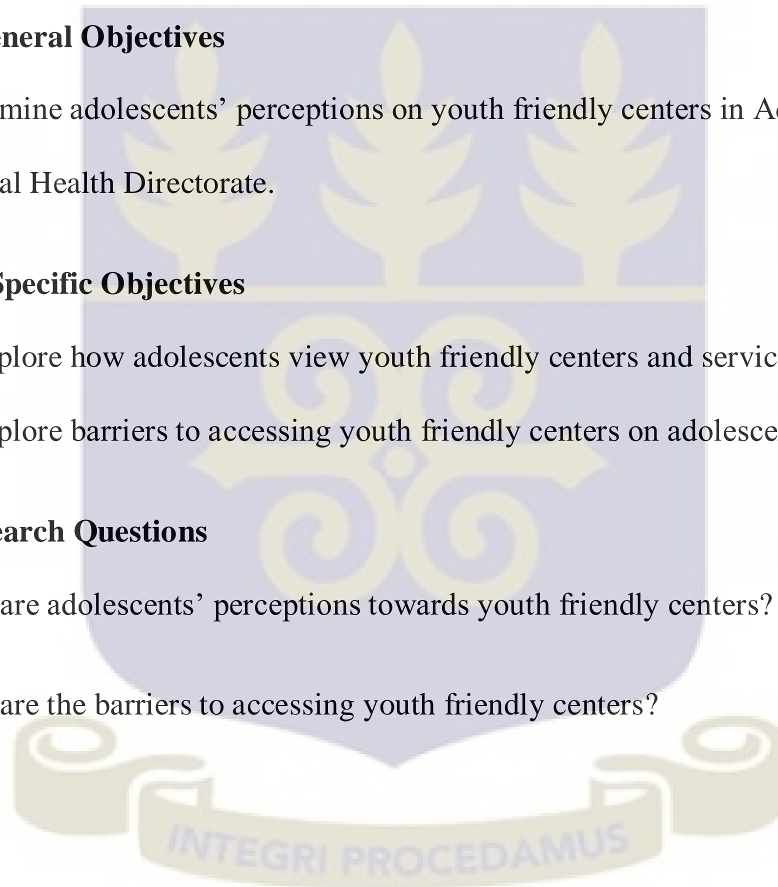
The provision of adolescent friendly services in the youth friendly centers is very crucial. This study which is to explore adolescents' perceptions of youth friendly centers in Adentan will provide useful information to inform policy decisions on adolescent friendly centers and services which will help improve upon the health of adolescents.

1.5 Study Objectives

1.5.1 General Objectives



To determine adolescents' perceptions on youth friendly centers in Adentan Municipal Health Directorate.

1.5.2 Specific Objectives

1. To explore how adolescents view youth friendly centers and services.

2. To explore barriers to accessing youth friendly centers on adolescents' perceptions.

1.6 Research Questions

1. What are adolescents' perceptions towards youth friendly centers?

2. What are the barriers to accessing youth friendly centers?

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CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviewed existing literature on the research topic adolescents' perception of Youth Friendly Centers, how adolescents view the Youth Friendly Centers, what services are carried out at the youth friendly center and the barriers that influence adolescent perceptions of the youth friendly centers.

2.2 Challenges of adolescence

The WHO defines adolescence as a transitional period between childhood and adulthood and ranges from ages 10 -19 years (WHO, 2014). Adolescents form 20% of a countries population and in Ghana they represent 21.9% of the total population and are a positive force for society now and in the future.

The period of adolescence involves changes in the whole structure of the body – physically, socially, emotionally, intellectually and sexually (WHO, 2012).

There are a lot of factors influencing adolescent development amongst them are peer influence, parental/family influence, influence of school and media influence. Since they belong to the same sex, share similar experiences, have a common language, understand and trust each other, peers can influence behavior for good or bad. This is as a result of the desire to belong and fit in with a peer group. These groupings can put pressure on adolescents to make choices which may be positive or negative to them (MOH, 2005).

Moreover, adolescents need freedom to experiment and explore which means that they need to be independent from family in their judgment and action. They at the

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same time need emotional support from their families so there should be as balance (WHO, 2012).

School is also an important place for the adolescent to have powers of reasoning without which the potential for abstract thinking may not be realized. Besides, there is the need to form close relationship with teachers as they begin to form identity beyond the family. However, it is sad to note that some drop out of school in Ghana due to poverty, pregnancy, poor academic performance and parents' desire for adolescents to drop out of school to help at home or on the farm (WHO, 2014).

In recent time the influence of media on adolescents cannot be overlooked since it is through media that they are informed, educated and entertained. For instance print and electronic media can be used to educate adolescents on the availability of reproductive health services (Speizer et al., 2003). Many adolescents learn what is happening in other countries through the media which broadens their outlook. However, research has shown that adolescents also learn aggressive and violent behavior from the media. It is therefore important for parents and guardians to discuss with adolescents what television program to watch and avoid as well as internet site to visit.

2.3 Youth Friendly Centers/ services

In order to mitigate some of these challenges in adolescents, government and the international community have made clear commitments to adolescent health. Study shows that helpful health outcomes for adolescents need interventions not only from health but other sectors including education and labor force. Youth Friendly Centers were formed for this purpose. A youth friendly Center is any facility which offer adolescent friendly services and have the distinctiveness of adolescent friendly services (WHO, 2012).

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Adolescent friendly centers should have the following characteristics:

A) Community support – community members are well-versed about the existence of the center and the nature of the health and other services it provides. They recognize its value and are supportive of its work.

B) Youth participation – adolescent are well conversant about the nature of the health and other services it provides and about how and when to use them. Young people take part in the activities of the centre.

C) Youth friendly policies – guarantees confidentiality of its clients records and the information they contain, does not withhold the provision of drugs (such as chemical contraceptives) and health related products (such as condoms) based on age and marital status considerations.

D) Youth friendly environment – no stigma linked with visiting and use of services provided at the centre (both within the community as a whole and among young people); relaxed and appealing setting, good facilities (building in good condition, essential equipment available and in good working order, constant and sufficient stock of drugs and other supplies; convenient location (getting to and from the centre is not difficult, time consuming or expensive); informational and educational materials available; conscious of the consequence of privacy in the consultation and examination/treatment room, in the waiting area and also in the entrance/exit to the centre.

E) Youth Friendly procedures – does not have a burdensome and time consuming case registration and case retrieval procedures; mindful of the need to keep waiting time as short as possible.

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F) Youth friendly staff – technically competent, involved and concerned, thoughtful and considerate, easy to communicate to and trust worthy (WHO, 2012).

2.4 Service Provider's Attitude

Certain characteristics of the service provider are key in provision of adolescent friendly services. These are technical competence, understanding and considerate, dedicated to duty, non-judgmental and trustworthy. These create good rapport and relationship between them. However, service provider's attitude could be a barrier to Youth Friendly Centers. In a study conducted in Ethiopia to explore health workers attitude towards sexual and reproductive health services for unmarried adolescents, findings indicated that there is a positive attitude by majority of health care workers towards provision of reproductive health services to unmarried adolescents. About 13% agreed to setting up penal rules and regulations for adolescents that practice premarital sex. On the other hand 30.7% or respondents had negative attitudes towards providing reproductive health services to unmarried adolescents. Close to half (46.6%) of respondents had unfavorable responses towards providing family planning services to unmarried adolescents. About a third (30.5%) of the respondents had either negative or neutral attitude towards health education activities to create awareness about safe sex (Tilahun et al., 2012). In another study adolescents feared being scolded by health workers and asking them difficult questions. All these make them uncomfortable and make them avoid going to health facilities for services (WHO, 2012). In a related study conducted in Australia, young people preferred staff that is knowledgeable and competent enough to offer holistic services to them. Additionally, they also would like to be attended to by respectful, supportive, honest, trustworthy and friendly service providers (Ambresin et al., 2013).

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2.5 Privacy and Confidentiality

Adolescents are often extremely anxious about revealing their feelings, thoughts and acts which they have kept secret for a while. They may feel ashamed, guilty, embarrassed or simply confused. A service provider requires skills to help adolescents talk about such things. Privacy is key in provision of youth friendly services. Clients should be able to patronize clinics without being noticed by many people. In a study conducted in Vanuatu, many adolescents and providers described adolescents fear of finding out they have attended SRH services. They were also afraid of their parents and concerned about their partners thinking they had a Sexually Transmitted Infection (STI) or had been unfaithful if they knew they had attended SRH services (Kennedy et al., 2013). A similar study conducted in Nicaragua and Kenya found that young people liked to have confidential reproductive health services (Senderowitz, 1999). Another study carried out in Tanzania showed adolescents just approaching maturity keep so many things as secrets and like people to keep information about them secret and are upset when this does not happen (Omotoso & Olukunle, 2007). In a related study conducted on accessing adolescent friendly health in India seven out of fifteen clients felt that other people could hear their conversation with the Medical Officer and other staff. Moreover, four out of nine clients who had physical examination complained that they felt they could have been seen by others while undergoing physical examination by the Medical Officer (Prakash, 2014).

2.6 Costs of Adolescent Friendly Health Services

Costs of services should be affordable to adolescents since majority of them don't work and have no access to family income. In a study conducted in Vanuatu, financial barrier impacted significantly on adolescents access to services (Kennedy et al., 2013). In a US teen clinic, the most important reasons given by young people for their

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initial attendance were that the clinic was for teens only and that services were free (Omotoso & Olukunle, 2007). Young people have a right to access treatment which would improve their health and wellbeing. However, this is not the case because some people are of the view that treatment would cost too much that they and their family would not be able to afford it (Lanata, 2007). In a study conducted in Vanuatu, most groups in FGDs accepted the fact that cost of services, commodities and transport were barriers for majority of adolescents due to unemployment and little access to family income. Some adolescents also mentioned that they would be too embarrassed to ask for money from their parent to access Sexual and Reproductive Health Services. Additionally, almost all the groups in the FGDs agreed that having to pay for SRH services and commodities would prevent them from seeking care but some adolescents reported they would find the money if it is important (Kennedy et al., 2013).

2.7 Location of Adolescent Friendly Centers

Location of a place may be a long distance from where they live, study or work or health service may be expensive and beyond the reach of adolescents making health service not accessible (WHO, 2012). Large clinics are sometimes located in areas not convenient for youth. A project implemented by the association for RFH in Nigeria addressed that problem by establishing satellite clinics in rooms donated by the community in locations where large proportion of school-going and out-of-school youth are located. In a youth information center established as a pilot project by the planned parenthood Association of South Africa for young people, the most important factors in clinic choice was staff attitude (95%), environment characteristics such as location décor and atmosphere (89%) (Omotoso & Olukunle, 2007).

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2.8 Facility for adolescent services

Adolescent friendly centers should have building in good condition with the available equipment. There should be toilet facilities, electricity, water supply, posters, pamphlet and Information Education and Communication materials on health related issues (Kalo, 2006). In a study conducted, many national and Non Governmental Organizations were offering Adolescent Friendly Health Services and in some places donor-funded to make government facilities adolescent friendly (Chandra-Mouli et al., 2013). Another study conducted on quality assurance of adolescents friendly centers in South Africa, clean and comfortable facility for adolescents as well as appropriate infection prevention practices and procedures were mentioned as quality improvement methodology (Dickson et al., 2007). A study also identified lack of a dedicated space, lack of clean environment and piped water as barriers to adolescent friendly health services (Kennedy et al., 2013).

2.9 Waiting Time

A study conducted in Vanuatu shows that two thirds of all visit by mystery clients had consulted the health care provider without any delay or within ten minutes of reaching facility (16 of 24 visit), while in four instances, the client had to wait between 15 -30 and 45-60 minutes before being attended to. Differences in waiting time to consult the health care provider did not differ by sex or marital status of client. However, state-wise differences were evident. Fewer mystery clients in Jharkhand (three of the eight visits made) than in the other two states reported that they had consulted the provider without delay or within 90 minutes of reaching the facility compared to five of eight visits made by mystery clients in Rajasthan and all of the visits by those in Maharashtra (Kalo, 2006). Time spent in the clinic is very important to adolescents as they preferred spending less time while seeking for services. However, time spent

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attending to them was of great concern to them. In a study conducted in India young people complained about health workers spending very little time interacting with them during service provision (Prakash, 2014).

2.10 Service Provider's competence

Service Provider's competence is very crucial in the delivery of youth friendly service and for that matter YFCs. They need the technical competence to be able to carry out counseling, health education/promotion, physical examination and individualized care to adolescent. Furthermore, they should be able to recognize and refer cases which are beyond them to the next level. However, not many service providers are trained in adolescent friendly health services in Ghana (FHAR, 2014). In a study conducted in South Africa on barriers and facilitators to the provision of a youth- friendly health services programs, healthcare workers mentioned lack of trained staff who understood issues pertaining to adolescents as a barrier to seeking care. The few trained staff were competent in dealing with adolescents regardless of their age and the type of service they required (Geary et al., 2014).

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CHAPTER THREE

METHODS

3.1 Introduction

This chapter describes the methods and procedures that were used for the research. It includes the study area, study design, study participants, sampling procedure, data collection techniques and tools, data processing and analysis and ethical consideration.

3.2 Study Design

The study design was descriptive and qualitative in nature. It involved conducting Focus Group Discussions (FGDs) amongst adolescents and In-Depth Interviews (IDIs) amongst service providers and peer educators.

3.3 Study Area

The study was carried out in the Adentan Municipal Health Directorate. The Municipal was created out of the Tema Municipal Assembly (TMA) in February 2008 by an Act of Parliament (ACT 462, LI 1888). Since the Assembly was initially part of the TMA, their medium term development plan (2006-2009) was used as a basis for its development. The Adentan Assembly lies 10 kilometers to the north-east of Accra and has a land area of about 85 sq km (33 sq miles). It shares boundaries with Tema Metropolitan Assembly (TMA) in the east, Ga East Municipal Assembly in the west, Kpone Katamanso Municipal Assembly in the north, and Madina of La Nkwantanang Municipality in the south. Adentan Municipal Area also serves as a nodal point, where the main Accra/Aburi/Koforidua and Accra/Dodowa truck road passes. Adentan is one of the Municipals in the Greater Accra Region with a population of 88,374 and a growth rate of 2.6%. It has four (4) sub- municipals, three (3) health centers, ten (10) CHPS zones, fourteen (14) private facilities, one trained TBA, two

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hundred and five (205) schools and one hundred and three(103) communities (AdMA, 2014).

The area experiences two types of rainy seasons with the first starting from April to July and the second from September every year. Adentan also has a lot of natural resources prominent among them are the Nugbete River in Nmai Djor and the Ogbojo stream.

The Adentan Municipal Assembly is governed by an Assembly which is made up of 12 elected members from the twelve electoral areas, 6 Government appointees, 1 Member of Parliament for the constituency and a Municipal Chief Executive who is the head of state's representative at the District level. Traditionally the main rulers of Adentan Municipality are the families of La and Teshie who are the custodians of the land. Homowo (Hooting at Hunger) is the festival the people of Adentan celebrate. In terms of religion the people are predominantly Christian and a good number are Muslims with few practicing traditional religion (AdMA , 2014).

The people of Adentan are of diverse ethnic groups such as Akans, Ewes, Hausas, Ga adamgbe and other ethnic groups from across the country. The major urban centers include Adentan housing estate, Ashale Botwe, Ritz Area, Adjiringanor and Trassaco Area, whereas rural settlements are Amrahia, Maledjor and part of Frafraha. Majority of the people are civil/public servants, traders, artisans and a few are unemployed. Their source of water supply is pipe borne and water tanker services. Most People in Adentan engage the services of Zoomlion for refuse disposal and a few practice crude dumping. In terms of negative practices child labor cannot be over emphasized due to single parenthood, neglect, unemployment or under-employment and teenage pregnancies are also prevalent as a result of lack of parental control (AdMA, 2014).

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The Adentan Municipal Health Directorate has four sub-municipals which offer services to adolescents' in the routine Out- patients Department. Apart from the sub–municipals, Amanfrom clinic has a youth friendly centre and a youth club at Amrahia Junior High School with four peer educators established in 2011. They offer services such as family planning, Antenatal care, Post natal care, HIV counseling and testing, Health Promotion/Education and treatment of sexually transmitted diseases.

3.4 Study participants

The study participants were adolescent girls and boys between the ages of 10-19 years who reside in any of the four (4) sub-municipals in Adentan. They were adolescents in school. The other group of people were service providers from the Otano CHPS zone, adolescent health focal person in Adentan and peer educators in Amrahia Junior Secondary school.

3.5 Selection of study participants

Purposive sampling was used for the selection of adolescents to participate in the FGDs and for the service providers as well as peer educators to participate in the IDIs.

3.6 Inclusion criteria

Inclusion criteria for participants of the focus group discussions were adolescent girls and boys aged between 10 -19 years who reside in the four (4) sub- municipals in Adentan and consented to participate in the FGD.

Inclusion criteria for peer educators were peer educators in the Amrahia JHS who consented to participate in the in- depth interviews (IDI), and inclusion criteria for service providers was service providers in Otano CHPS zone and adolescent health focal person in Adentan Municipal, who consented to participate in the IDIs.

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3.7 Sampling procedure

Purposive sampling was used for selection of participants for the FGDs and IDIs. Eight (8) focus group discussions (FGDs) were conducted in Amanfrom and Otano all under the Adentan municipal amongst adolescents in school to determine their perceptions of youth friendly centers.

In Amanfrom and Otano, focus group discussions were conducted amongst young female adolescents aged 10-14years, older female adolescents aged 15-19 years, young male adolescents aged 10-14 years, and older male adolescents aged 15-19 years.

Each FGD was made up of between 8 to 10 participants. Participants were selected from Amrahia community school in Amanfrom and Otano Presby School with the help of the head teachers and teachers.

In-depth interviews were conducted with service providers and the adolescent focal person in the Municipal. They were purposively selected.

In-depth interviews were also conducted with 4 peer educators in Amrahia School at Amanfrom. They were purposively selected with the help of the head teacher, teachers, service providers and the adolescent focal person.

3.8 Data Collection Techniques and Tools

After approval from the GHS ERC, permission was sought from the Municipal Director of Health Services, sub-municipal Heads, Head teachers, teachers, service providers and adolescent focal person before the study was conducted.

Selection of participants for the FGDs was with the help of the Head teachers and teachers in Amrahia community school and Otano Presby School.

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Selected participants were informed about the study and the informed consent read to them. They were encouraged to ask questions and answers were provided to them. Those aged 18 to 19 years who met the inclusion criteria and had no exclusion criteria and agreed to participate in the FGD were made to sign the informed consent forms. Those aged 10 to 17 years who were eligible signed assent forms and their parents signed parental consent forms. A copy of the signed consent form or assent form was given to participants. An FGD guide was used to conduct the FGDs. It was made up of open ended questions and discussion points which allowed respondents to speak freely to questions.

FGDs lasted between 30 to 45minutes. The discussions were tape-recorded and a trained research assistant took notes whilst the interviews went on.

In-depth interviews were conducted with, adolescent focal person at Adentan Municipal and two service providers at Otano CHPS zone. Participants were informed about the study and the informed consent form given to them to go through. They were encouraged to ask questions for clarifications and answers were provided for them. Those who met the inclusion criteria and had no exclusion criteria and agreed to participate in the in-depth interviews (IDIs) were made to sign informed consent forms. A copy of the consent form was given to them. The tools used to collect data from participants were semi-structured interview guide with open ended questions. During the process of the interview, participants were encouraged to express their views freely. Interviews lasted between 30 minutes to 45 minutes. Interviews were tape- recorded and notes were also taken by a trained research assistant.

In-depth interviews were conducted with peer educators from Amrahia community school in Amanfrom. Selected participants were informed about the study and the

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informed consent read to them. They were encouraged to ask questions and answers were provided to them. Those who met the inclusion criteria and had no exclusion criteria and agreed to participate in the FGD were made to sign or thumbprint informed consent forms. A copy of the consent form was given to them. The tools used to collect data from participants were semi-structured interview guide with open ended questions. During the process of the interview, participants were encouraged to express their views freely. Interviews lasted between 30 minutes to 45 minutes.

Interviews were tape-recorded and notes were also be taken by a trained research assistant.

The dates, time and venue for the FGDs and IDIs were decided upon by participants, teachers, service providers and adolescent health focal person at their convenience. The chosen venue was safe, secure and conducive which allowed respondents to interact freely.

Areas explored in the FGDs and IDIs were adolescent perceptions of youth friendly centers/services, how adolescents view the centers/services, barriers to the centers/services – environment, service delivery, service provider.

3.9 Quality Control

In order to ensure quality of work, an interview guide was created based on the objectives of the study and was reviewed by the Supervisor. Measures were put in place to ensure that the results obtained were not compromised. The chosen venue was safe, secure and conducive which allowed respondents to interact freely.

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3.10 Data Processing and Analysis

Interviews were recorded digitally and the audio files labelled appropriately for easy retrieval. Each recording was transcribed into English. The researcher validated the transcripts by listening to a sample of the tapes to check accuracy of content and translation quality.

The transcripts were analysed using qualitative data analysis software (NVIVO 11). The software is good for data organization and retrieval and allows easy and efficient retrieval of data. The transcriptions were coded using identified themes from the interview guide and themes that emerged from the data.

3.11 Data storage

Electronic data and hard copy were kept safe in locked file cabinets accessible only to the Principal Investigator and the Research Supervisor. Data on computers were pass word protected. Tapes would be destroyed after 5 years.

3.12 Training of Research Assistants

One day training was carried out for the research assistants to equip them with the requisite knowledge and skills for the research. They were taken through the proposal and the data collection tools.

3.13 Ethical Consideration

Ethical clearance was obtained from Ghana Health Service Ethics Review Committee.

Permission was sought from the Adentan Municipal Health Director, Public Health Nurse in Charge of Adolescent Health Services in Adentan and Head teachers and teachers of the schools where pupils were recruited. Adolescents between the ages of 18 and 19 years were given a consent form to sign and those between 10 – 17 years

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were given an assent form to sign and their parents were given a parental consent form to sign. Health personnel and peer educators who were interviewed also signed consent forms prior to the interviews.

Participants were assured that all information provided during the discussions would not be disclosed to anyone. Information will only be assessed by the Principal Investigator and Research Supervisor. All recordings and collected would be stored in locked cabinets and would be destroyed after five years. Participants were also assured that the study was for only academic purposes and the researcher had no conflict of interest.

There was no compensation to participants. However, their efforts and time spent was appreciated.

The process of the focus group discussion and in-depth interviews were explained to respective participants. They were informed that they are free to either participate or not. They are also free to quit at any time without having to give any reasons even if they had originally given consent. They were also assured that they would not be denied any services or victimized if they opt not to participate in the study or they quit after originally agreeing to participate.

The study did not result in any form of discomfort to participants since it was non-invasive. Participants were informed that information obtained would be used by policy makers to improve upon youth friendly centers and adolescent health services in Adentan Municipality for the benefit of the community.

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3.14 Pilot Study

The study instruments were piloted in Madina Municipal which has similar characteristics as the Adentan Municipal. The purpose of the pretest was to find the suitability of the questions, time needed to conduct the FGDs and IDIs, and to determine how valid and reliable the questions were. After the pre-test, the tools were finalized.

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CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter presents results of the study on Adolescents' perceptions of youth friendly centers in the Adentan Municipal Health Directorate. Specific objectives spelt out were to explore how adolescents viewed youth friendly centers in the Municipal and to explore barriers to accessing youth friendly centers on adolescent's perceptions in the Adentan Municipal Health Directorate. The study employed the use of qualitative approach in the form of focus group discussions and in-depth interviews.

4.2 Demographic characteristics of participants

The adolescents who participated in the FGDs were aged between 10 to 19 years and were both boys and girls. They were adolescents in school in Primary 4, Junior High School 1, 2 and 3 numbering up to 73. The selected participants were residents of Adentan Municipality and were pupils of Amrahia community school at Amanfrom and Otano Presby School at Otano. They were selected with the help of the teachers and all consented to participate in the FGD.

A total of 8 FGDs were carried out in Amrahia Community School at Amanfrom and Otano Presby schools at Otano.

Four FGDs were carried out at Amrahia Community School at Amanfrom. The participants were grouped according to their age and sex. Nine Young male adolescents between the ages of 10 and14 years and 10 older male adolescents between the ages of 15 and 19years participated in separate focus group discussions. Furthermore, a total of 10 young female adolescents between the ages of 10 and 14 years and 11 older female adolescents between the ages of 15 and 19 years also

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participated in the Focus Group Discussions. Thus a total number of 40 adolescents from Amrahia Community School at Amanfrom participated in FGDs.

4 FGDs were carried out at Otano Presby School in Otano. The participants were grouped according to their age and sex. A total of 8 Young male adolescents between the ages of 10 and 14 years and 8 older male adolescents between the ages of 15 and 19 years participated in separate focus group discussions. Additionally, 9 young female adolescents between the ages of 10 and 14 years and 8 older female adolescents between the ages of 15 and 19 years also participated in the Focus Group Discussions. Thus a total number of 33 adolescents from Otano Presby School at Otano participated in FGDs.

Four peer educators participated in the IDIs. They were all females between the ages of 16 to 18 years. They were all adolescents from Amrahia Community School at Amanfrom and in Junior High School 1, 2, and 3.

Service providers who participated in the IDIs were all nurses working in the Adentan Municipal. They were all females aged between 28 to 55years. The nurses were all married with children and have been working between 5 to 35 years as nurses.

4.3 Common problems amongst adolescents

Service Providers interviewed mentioned that adolescents in the Adentan municipality face many different problems some of which are teenage pregnancy, drug abuse, peer pressure, lack of education, forced marriage; some also go into sex trade, school drop-out and lack of parental care among others. Adolescents in FDGs mentioned peer pressure, bad media influence, bad influence from friends and bad mentorship, teenage pregnancy lack of parental care as some of the common problems among adolescents. Teenage pregnancy was stated by the adolescent respondents and also the health workers interviewed as the major cause of school dropout. Other problems

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stated by some of the peer educators interviewed is the fact that some girls do not know how to wear the sanitary pads during their menstrual cycle, there are also instances where girls are also not provided with sanitary pads or towels by their parents and so come to the peer educators in school when they have need for one. The stage of adolescence is also characterized by shyness, some of which stems from past experiences. The following quotes represent some reflections indicated by study participants.

> *"Some of the problems adolescents face in the Municipal are Teenage pregnancy, drug abuse, streetism, school dropout, financial problems, lack of parental care, drug abuse" (Female Adolescent FGD, Amanfrom)*
>
> *"Adolescents in the Municipal have problem with Teenage pregnancy, that is why we always talk to them about how to prevent teenage pregnancy but some still drop out of school sometimes at the age of 16, 17 and 15" (Enrolled nurse, Otano)*
>
> *"...because of financial problems some do not have money to buy pads when they are menstruating so they come to me to give them pads" (Peer educator, Amanfrom)*
>
> *"Well you see that they are always shy ....We had a case of one who was raped when she was six years and ... we had to cater for her until she completed her basic education...So generally they have challenges ranging from poverty and sexually transmitted infections" (Adolescent health focal person, Adentan municipality)*

Some of the causes of these problems include lack of parental care and modeling, bad influence from peers, the media and people of high repute, some respondents stated the fact that adolescents are not provided with their basic needs at home which make them resort to sex trade or start an early relationship with someone who can provide them with what they need. The following illustrated quotes support these views by respondents.

> *"Lack of education, peer pressure, bad leadership/mentorship, bad media influence, bad influence from friends" (Female Adolescent FGD, Otano)*

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"… most of the mothers push them into it and some too the mothers don't talk to them at all, some too feel happy giving birth at 15 because their colleagues too are doing it" (Community Health nurse, Otano CHPS)

"…I spoke to a student who said her parents give her Ghc1 till evening, before they cook at home for everyone to eat. And I asked her what she does with the money and said she buys rice without meat/fish, so such a person will accept a proposal from a man who can give her even Ghc5 a day" (Enrolled nurse, Otano CHPS)

According to them some of the ways to solve these problems include educating both the adolescents and their parents. The adolescents should be educated to say no to bad friends and peer pressure, they are also to be given sex education, they should also say no to all sexual activities. The respondents also stated that the parents should be educated to be good role models for their children as illustrated:

"…not listening to bad friends when they are putting pressure on you…saying no to all sexual activities…sexual education…parental care" (Male Adolescent FGD, Otano)

"…educating adolescents and even those who are yet to become an adolescent. Elderly people will also need to be educated to set good examples for adolescents" (Male adolescent FGD, Otano)

4.4 Health seeking behavior of adolescents

The participants mentioned that they are given herbal preparations by their parents at home when they are sick. Some also said they visit drugs stores and Pharmacy shops when they are sick. According to the participants they are sometimes taken to the clinic by their parents or their teachers when they are sick. The quote below is an example of the views of some participants.

"Sometimes our parents prepare herbal preparations for us when we are sick or get some medicines from the drug store or pharmacy shops or send us to the clinic. When we fall sick in school our teachers send us to the clinic" (Female adolescent FGD, Amanfrom)

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4.5 Location of health facilities

Most of the adolescents go to health facilities within the Adentan municipality. Some of these facilities are Mother Love Hospital, Amanfrom Health Center, Tree of Life clinic and Twumasiwaa clinic. According to a few of the participants, they live in close proximity to the clinic or health facility so they didn't have problems with accessibility in terms of distance to the facility. However, not everyone found it easy getting to the nearest health facility.

> *"I live close to the clinic so I usually walk when my condition is not serious but in cases where the illness is severe I pick a car from my house" (Female adolescent FGD, Amanfrom)*

> *"It wasn't easy, because I walked from my house to the junction to board a vehicle to the hospital" (Female adolescent FGD, Amanfrom)*

> *"It's not easy for us to get there because when you are going, you pick a vehicle and after alighting at the junction you walk for a long distance before you get to the clinic" (Female adolescent FGD, Otano)*

Thus, in terms of preference of location of health facility with respect to distance to place of abode, majority of the adolescents during the FGDs stated that they would want to go to a facility closer to them in case of emergency. Some also stated that if the facility closer has all the required materials to save lives and staff who treat patients well then they would not have to go far away to seek health care, however, a few said they wouldn't want to go to a facility closer to them because they want to avoid other people who know their parents to report them, the same was reiterated through an IDI with a community health nurse. Below are some quotes from the FGDs.

> *"It depends on the services they render maybe the nurses at the one close to you are not friendly and treat you in a manner you don't like and the one that is not near to you they treat you very well so it depends on the services they render" (Female adolescent FGD, Amanfrom)*

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"I will prefer a place closer to me because when I am seriously sick by the time I get to the clinic that is far away it probably would have gotten worse but when the facility is close to me I can easily get there and seek help" (Female adolescent FGD, Amanfrom)

"I will prefer the one that is distant, because when you go there and someone sees you going out of the place they can go and tell your mother what they saw and when you get home your mother will ask you what you went there to do" (Female adolescent FGD, Otano)

"They want to go far because of peer pressure, I met an adolescent here who wanted to do family planning but because she was afraid that someone might see her she didn't" (Community Health Nurse, Otano CHPS)

"If they have the materials to take care of us, I remember my friends' mother was about dying when she got to the clinic the lights were off and so they couldn't give the woman the necessary attention so she died. If she had gone to a hospital with all the needed materials she may have lived" (Male adolescent FGD, Otano)

4.6 Cost of services to adolescents

Generally the cost of the service provided by health workers to the adolescents is not known, according to almost all the adolescents interviewed they didn't pay for services, for those who went with their parents they saw their parents pay but had no idea how much was paid. The adolescent health focal person who is stationed at the Amanfrom health center works closely with staff in one of the schools selected for this study to provide adolescent health services to pupils from the school, said at the point of service the pupils are not charged because the PTA at the school pays the facility, thus, students have no idea how much is charged for such services. Adolescents who patronize family planning services from the Otano CHPS pay an amount of Ghc 0.50. The following quotes buttress these points:

" I didn't pay any money but I don't know whether teacher who sent me to the clinic paid …" (Female adolescent FGD, Amanfrom)

"They pay Ghc 0.50 for the family planning injection" (Enrolled nurse, Otano CHPS)

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4.7 Service Providers' attitude and competence

Staff attitude is a factor that either deters or encourages people to patronize health services at a particular facility. According to majority of the adolescents, nurses at the facilities they went to were welcoming to them and due to that will always want to go there to seek medical care. The quotes below are some reflections of some study participants

> *"Because the nurses here are very good, they are friendly to us any time we get sick"(Female adolescent FGD, Amanfrom)*

> *"They were tolerant because when I was brought in sick from school, they called my father to come" (Male adolescent FGD, Amanfrom)*

> *"They treat us like our parents they advise us more than even our parents" (Female adolescent FGD, Amanfrom)*

In spite of the fact that some of the adolescents during the FGD said the nurses they encountered were generally good, a few had bad encounters with some providers. A few explained the reason as being because some providers are forced into their profession and advocated for a higher body to talk to nurses to behave well towards their patients, including learning how to say please, thank you and you are welcome. These are some quotes expressed by study participants:

> *"I think that some of the nurses are not to be blamed for their attitude, some parents forced their children to go into nursing" (Female adolescent FGD, Otano)*

> *"I want the government to talk to the nurse for them to change their attitude towards patients" (Male adolescent FGD, Otano)*

> *"The nurses should learn how to say please, thank you and you are welcome"(Male adolescent FGD, Otano)*

All the health providers interviewed provide adolescent health services, however a few had adolescent health included in their basic nursing or midwifery. For some of those whose basic nursing didn't include adolescent health, some training was

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provided on adolescent health however, that was not the case for all of them. These are some quotes from service providers who participated in the IDIs

> *"No, my basic nursing didn't include adolescent health but we were trained on adolescent reproductive health in 2012" (Adolescent health focal person, Adentan municipality)*

> *"No, my basic nursing didn't include adolescent health and I haven't attended any adolescent health training" (Enrolled nurse, Otano CHPS)*

> *"Yes, my basic nursing included adolescent health, however, I haven't received any more adolescent health training" (Community Health nurse, Otano CHPS)*

4.8 Privacy and Confidentiality

On the issue of the providers exercising confidentiality, the participants stated that there have been instances where providers have assured them that matters discussed will not be divulged with anyone, even though they have not heard whatever was discussed anywhere else they cannot concretely say that providers actually didn't say it to anyone. Some also stated that providers have sent confidential matters concerning patients to community members i.e. there are instances where community members have even gotten to know the HIV status of people because providers have not been circumspect with what they say to other people about patients who visit the facility. These are some reflections of study participants.

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> *"I didn't hear the problem from any other person and she assured me that she wouldn't tell anyone but I don't know if she did after I left" (Female adolescent FGD, Amanfrom)*

> *"There's a clinic close to my house, so when you go to be treated maybe you have HIV, nobody will know but the nurses and later you hear it outside that this person has HIV/AIDS. So some of the nurses are not confidential" (Female adolescent FGD, Otano)*

> *"...some of them will spread any information you give them so you will go to a place where you know confidential information can be kept" (Female adolescent FGD, Otano)*

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4.9 Waiting time

Waiting time was not identified as a challenge by the FGD participants, according to them they waited only because there was a patient being attended to. They also alluded to the fact that depending on the severity of the condition you take to the health facility you will either receive prompt treatment or otherwise. The following are some of the quotes from study participants.

> *"The nurse didn't take long because I was very ill, so the nurse took her readings and she took me to the sleeping room and put a drip on me so it didn't take long for the nurse to take care of me" (Female adolescent FGD, Amanfrom)*
>
> *"Sometimes when you get here and there are people here, you will have to wait to for a while when they finish with the person before they will take care of you" (Female adolescent FGD, Amanfrom)*

4.10 Facility of adolescent friendly services

Both the internal and external environment of the health facility plays a role in whether patients get well or get sicker after visiting the facility. Some environments make it easy for mosquitoes and houseflies which transmit diseases to breed, thus, negatively affecting patients who visit the facility as illustrated:

> *"When I went their dustbin was full and it was attracting houseflies" (Male adolescent FGD, Otano)*
>
> *"...their mosquito nets are torn so when you are admitted to the place mosquitoes will bite you"(Male adolescent FGD, Otano)*

Adolescents interviewed wanted to see some changes in health facilities that will make it easier to seek healthcare. For them, having a decent looking facility will help them patronize healthcare, some want entire beds and bed sheets to be changed to prevent the proliferation of disease causing organisms. Some also wanted chairs patients sit on whiles waiting for their turn to be taken care of to be replaced with comfortable ones. The following are some of the quotes which express the views of study participants.

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"The environment was very nice, they have a place with air-condition but if you don't like to be in the AC, they have a place where there are plants and green grass with fresh air and they had comfortable chairs. So I really liked the place" (Female adolescent FGD, Otano)

"I didn't like where I went because they only had benches for patients to sit on and so you wouldn't feel comfortable" (Female adolescent FGD, Otano)

"I would want the beds to be changed, because I had diarrhoea at a point and my grandmother brought me here. Someone else had slept on the bed and left rubbish on it, so I want them to change the beds" (Female adolescent FGD, Amanfrom)

"I didn't like the way their bathrooms looked, it was very untidy and smelled very bad and the chairs too were bad. Inside the clinic was dirty, when the people finish eating they dump it on the floor making the place untidy" (Female adolescent FGD, Amanfrom)

4.11 Youth friendly center/services

The term youth friendly center or youth friendly health services are not common to pupils in the Adentan municipality. The following quotes are some reflections of study participants.

"We haven't heard of such a facility but the nurses sometimes come to our school to educate us on things relating to adolescents but I don't know if they have a special place for us to go to" (Female adolescent FGD, Otano)

Health workers interviewed visit schools to provide students with adolescent health and school health services, during such outreach programs the providers encourage students to visit the facility with their problems be it in the form of advice or for treatment.

"Sometimes we go for outreach programs, we go to the schools to talk about STI" (Adolescent health focal person, Adentan municipality)

According to the focal person, health facilities do not have a separate place within the facility to solely attend to issues related to adolescent health however some facilities have logistics and games that provide adolescents who visit the facility with the

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opportunity to learn. The services provided as part of adolescent health services include health education on STIs, HIV/AIDS, adolescent pregnancies, family planning and contraceptive use. There are times when health messages are passed on to adolescents through drama. The quotes below are some reflections of the adolescent focal persons of the municipal.

> *"…you should have a separate room where all services are provided including family planning. But here…we have one room and that is what we use for family planning, antenatal and the adolescent health… but we have a lot, these chairs are for them, we have some logistics, games they always come here to play" (Adolescent health focal person, Adentan municipality)*

> *"We normally do the school health services sometimes we go to the various schools. We sometimes do screening for them and we give them health education on sexuality, abstinence, HIV / AIDs, adolescent pregnancy and its consequences. We have a club here that acts a play before they vacate on a topic that prevails at that particular time…" (Adolescent health focal person, Adentan municipality)*

The health providers interviewed all provide adolescent health services, however, only the adolescent focal person had training on adolescent health services. Here are some of their quotes.

> *"No, my basic nursing didn't include adolescent health but we were trained on adolescent reproductive health in 2012" (Adolescent health focal person, Adentan municipality)*

> *"No, my basic nursing or midwifery didn't include adolescent health and I haven't attended any adolescent health training" (Enrolled nurse, Otano CHPS)*

Health providers have trained students who serve as peer educators in some schools in the municipality. These students work hand-in-hand with nurses to educate their peers on some adolescent health issues. The quotes below are some views expressed by some peer educators.

> *"My duty is to educate my peers on how to prevent themselves from peer pressure, teenage pregnancy and how to keep themselves neat*

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during their menstrual period" (Peer educator, Amrahia Community school)

"As a peer educator, I educate my peers of how to avoid teenage pregnancy and the boys too they should avoid joining bad peers. Like some may join friends who would influence them to smoke and it may led them to drop out of school" (Peer educator, Amrahia Community school)

According to the health providers the Adentan municipality does not have a specially designated adolescent friendly center or any adolescent health corner, but adolescents are attended to at the general health facilities therefore, the provision of a center is much needed. This will help adolescents to freely seek help from health providers. The quote below is a reflection of the adolescent focal person at the Municipal.

"I want a real adolescent health corner for the adolescents fully furnished and I'll be very grateful" (Adolescent health focal person, Adentan municipality)

In a series of IDI interviews with some providers, they outlined some challenges they face in their day to day provision of service and health education to adolescents. Some are driven away by adolescents and their parents and out rightly reject service, others appreciate and accept the needed help from the health providers.

"The most challenge is when people reject our services because they don't see the value of a nurse rendering services…" (Enrolled nurse, Otano CHPS)

"With the youth some are sometimes rude and the mothers too when you visit them they tell you that you come here too many times… I have a client whose granddaughter has given birth to 5 children so we decided to educate the girl on family planning, when we got there the mother tried to pour dirty water on us. Some are friendly and … receive the education very well" (Enrolled nurse, Otano CHPS)

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CHAPTER FIVE

DISCUSSION

This study set out to explore adolescents' perceptions of youth friendly centers in the Adentan Municipality, using focus group discussions and in-depth interviews.

5.1 Common problems amongst adolescents

Observations from the FGDs with adolescents revealed that they were aware of some of the common problems faced by adolescents. When asked to state the common problems adolescents face, responses included experiencing of sexual feelings, teenage pregnancy, drug abuse, some also enter into sexual relationships and sex trade. These views were similar to findings in a report by WHO (2014). According to one of the health providers interviewed, some of the adolescents in the communities have adopted behaviors that is detrimental to their health such as committing illegal abortions due to having unprotected sex, some also drop out of school due to teenage pregnancy, they also encounter teenagers who have several children even though they are young. Adults such as parents or guardians and other family members have the opportunity to positively influence the behavior of adolescents. However, failure to do so has resulted in the negative behavior of some adolescents in the study communities.

INTEGRI PROCEDAMUS

5.2 Perceptions on Youth Friendly Centers/Services

Generally the findings of the study indicated that knowledge of the term 'Youth Friendly Centre/Service is not common to youth in the study areas, however, because of the school health services health providers offer in schools, they have the opportunity to educate youth on adolescent health including family planning and contraceptive use.

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Adolescents face a variety of challenges in accessing clinic-based reproductive health services. According to the health providers interviewed, in spite of the fact that youth visit the facility sometimes to access reproductive health services, they are usually shy and would loiter around the facility until they catch a nurses' attention. The nurses then stealthily go to them to find out what their problem is and attend to them accordingly. These facilities don't have adolescent corners where adolescents can go without being noticed to seek reproductive health services.

One of the major setbacks from the health providers interviewed is the non-availability of an adolescent corner; some providers did not even have a permanent place to work in, in some communities, thus, they move from house to house to render services. This is rather limiting as adolescents do not like to be seen talking to the provider.

Findings from a study conducted by (Mmari & Magnani, 2003) revealed that, certain factors restrict adolescents in their access to services and information, these include negative community attitudes/perceptions toward providing reproductive services for unmarried youth, service provider bias, youth embarrassment at being seen at facilities, and fear of their privacy and confidentiality not being kept, lack of transportation and high service costs. Some of the results from this study go in line with what Mmari and Magnani observed.

5.3 Providers' Attitude and Competence

Research conducted by (Geary et al., 2014) showed that staff attitude and competence have proven to be the most common barrier to the provision of health services to young people. The study identified shortages of trained staff as a barrier to providing youth friendly services. In terms of staff competence, one of the key

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findings in this study is the amount of training staff interviewed during the IDIs have had, according to most of them training was either at the basic level or was done on the job. Others had not had any form of training even though they were providing adolescent health services.

During the FGDs, adolescents stated the fact that generally staff was good towards them; most of them echoed the fact that some of the staff they encountered treated them like their parents would treat them. A few lamented about the negative experiences they had with some health providers. A study by Steele (2014) focused on the topic of interpersonal relationships with youth and health workers and stated that poor relationships served as a deterrent and adequate training was needed to overcome communication problems between health workers and their clients.

A study by Senderwitz, (Senderowitz, 1999), found that many of the barriers adolescents face in accessing youth-friendly services can be addressed by developing programs that will serve young people better. Some recommendations made by the author include the selection, training, and supervision of staff members to work with adolescents, with a major emphasis on attitude, respect for young people, and the development of interpersonal skills to promote good provider-client communication. In addition, health providers should put an emphasis on privacy and confidentiality, the allowance of adequate time for discussion, and the availability of trained peers as a counseling option.

5.4 Cost of services

Cost of service provision was another indicator that was tested in this study. Cost however was not seen as an inhibitory factor because adolescents did not pay to access services and for those who pay, they only pay a token for family planning

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services; the amount they pay is at its barest minimum. Some however were not aware of what their parents paid. In a study conducted in Vanuatu, financial barrier impacted significantly on adolescents access to services (Kennedy et al., 2013). In a US teen clinic, the most important reasons given by young people for their initial attendance were that the clinic was for teens only and that services were free (Omotoso & Olukunle, 2007). In the Vanuatu study, most groups in FGDs accepted the fact that cost of services, commodities and transport were barriers for majority of adolescents due to unemployment and little access to family income. Some adolescents also mentioned that they would be too embarrassed to ask for money from their parent to access Sexual and Reproductive Health Services. Additionally, almost all the groups in the FGDs agreed that having to pay for SRH services and commodities would prevent them from seeking care but some adolescents reported they would find the money if it is important (Kennedy et al., 2013). In our study however cost borne by the adolescents themselves was not an issue as the cost was borne by the parents and in one case the school and also cost of family planning products were minimal.

5.5 Waiting time

In addition to the cost, waiting time was also not seen to be a factor that will prevent adolescents from accessing reproductive health services in this study. Adolescents in the FGDs mentioned that they were immediately attended to by service providers anytime they visited the health facilities. The few times that they had to wait were because service providers were busy attending to other clients. This is in line with what (WHO, 2012) stated in their training manual about the characteristics of youth friendly procedures that they should not have cumbersome and time consuming case registration and the need to keep waiting time as short as possible. Our finding is similar to findings from a study conducted in Vanuatu which shows that two thirds of

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all visit by mystery clients had consulted the health care provider without any delay or within ten minutes of reaching facility (Kalo, 2006).

5.6 Facility

An ideal youth-friendly center/service is one that should attract young people, address their needs and also be able to help them continually access services. Adolescents interviewed felt very comfortable with staff in one of the selected facilities in the Adentan municipality. According to them, they treat them like their parents including giving them advice on adolescent reproductive health. The same facility has provided games that adolescents play thus facilitating their learning process. Findings of this study is in line with some of the characteristics mentioned in the WHO, 2012 adolescents training manual which has stated the characteristics of youth friendly centers as a place that has youth friendly environment; comfortable and appealing milieu, good facilities (building in good condition, required equipment available and in good working order, uninterrupted and adequate stock of drugs and other supplies (WHO, 2012).

5.7 Location of services

Location of a place may be a long distance from where they live, study or work or health service may be expensive and beyond the reach of adolescents making health service not accessible (WHO, 2012). Adolescents in our study did not seem to have a problem with location of services. Some liked to have it nearby for easy access. Others felt the availability of the logistics was a more important factor. Others were however of the view that if they visited a nearby facility they were likely to be seen by familiar people who could later inform their parents. In a youth information center established as a pilot project by the planned parenthood Association of South Africa for young people, the most important factors in clinic choice was staff attitude (95%),

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environment characteristics such as location décor and atmosphere (89%) (Omotoso & Olukunle, 2007).

5.8 Limitations

This study was limited to adolescents in school due to time constraints. However, as majority of the adolescents are in school, their views are a fair representation of adolescents in the Municipal. Future studies should consider conducting a study with out of school adolescents and groups within the Municipal.

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CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

Adolescents who participated in the FGDs have no idea of what exactly the term 'Youth Friendly Centre/Services' is, however, they all spoke of the kind of services that the health providers provide. They mentioned health education on how to keep themselves clean; they are also educated on how to prevent or avoid peer pressure. The health providers who go to the schools to give talks encourage these students to come to them with any problem they have.

Generally, adolescents live close to health facilities; however, going to a particular health facility is dictated by their parents or guardians except for instances when they fall sick in school. With respect to the cost of services, adolescents do not bear the cost of health service however; they don't pay for services at a particular health facility close to one of the schools selected for this study. The cost of health service is passed onto the parents who pay through the school's parent teacher association; aside the school, adolescents pay a minimal amount for family planning services. According to most of the these adolescents, waiting time in addition to cost is not an issue because they don't wait for long to access health services at a facility.

The attitude of service providers was also encouraging as most of the adolescents through the FGDs were pleased about how they were treated by the staff. With regards to the health facilities, some felt the facilities did not have the needed items like comfortable chairs to sit on whilst waiting and some washrooms were not very clean.

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The health providers interviewed make conscious efforts on a daily basis to help youth in their catchment areas by providing adolescent health services. However not all the service providers have had training in adolescent friendly health services; they have created the rapport between them and the youth so that the adolescents can approach easily for help. In spite of all that, the availability of a fully equipped youth friendly center or corner is non-existent in the municipality. One facility however has benches and games where adolescents patronize after school.

Health providers in the municipality provide school health services, where they go to schools to educate adolescents; they also provide family planning services to help prevent the rate at which some adolescents patronize abortion services and help them prevent pregnancy in general or other sexually transmitted infections. These health providers are well known in their communities, therefore some adolescents find it easy to approach them with whatever problem they have. One school in the municipality has peer educators who augment the services of the health workers in the schools.

6.2 Recommendations

Based on the findings of this study, the following recommendations are made to:

The Adentan Municipal Health Directorate and service providers

1. There should be the creation of Youth Friendly Corners/services in each sub-municipal with the needed equipment and logistics to render adolescent friendly health services.

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2. Service providers rendering adolescent friendly health services should be given training with the necessary knowledge and skills to help them provide the services comprehensively and appropriately.

3. There should be awareness creation of youth friendly centers/services in the communities through community durbars and use of volunteers and talks in the schools.

4. Adolescent clubs should be scaled up in all schools in the municipal.

Chiefs, Opinion leaders, Adolescents and Community members

1. Adolescents should be encouraged to patronize the Centers when they are created.

2. Adolescents should also be encouraged to join the adolescent clubs when they are formed.

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APPENDICES

Appendix A: Focus Group Discussion Guide for Adolescents

SCHOOL OF PUBLIC HEALTH

COLLEGE OF HEALTH SCIENCES

UNIVERSITY OF GHANA, LEGON

I am Vivian Hodgson, a Masters of Public Health student of the University of Ghana, School of Public Health. I am conducting a research on the topic **Adolescents' perceptions of youth friendly centers in Adentan Municipal Health Directorate**. We are conducting focus group discussions with adolescents to find out the perceptions of adolescents on Youth Friendly Canters in the municipality in a view to inform policy on the services.

You have been selected to be in a Focus Group Discussion and we would be grateful on your opinion on the subject. There are no right or wrong answers. To help me remember all that you say, I would, with your permission, tape record the interview. I also have an assistant with me to take notes as the discussions are going on. All that you say would be kept confidential and nothing you say would be traced back to you.

Code of Respondent……………………………

Date of Interview……………………………………..

Municipal…………………………………………………

Sub municipal……………………………………………………

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Problems of Adolescents

What are some of the problems of Adolescents in this area? Probe for specific problems, causes, and ways to resolve.

Youth Friendly Services

Have you heard of Youth Friendly Services? Probe for names of services known, where services can be received and who provides services.

Do you know where to go when you have health problem? Probe for name of place, distance, ease of accessibility, and cost of service.

Have you ever visited a health facility that look after young people? Probe for name of facility and reason for visit.

Youth Friendly Centers/Adolescent Friendly Services

Have you heard of Youth Friendly Centers/Adolescent Friendly Centers?

Are there some in this area?

Has anyone visited any?

What sorts of services are offered there?

What were your experiences like when you visited?

Were there things you liked about the Center?

Were there things you did not like?

How did you find the environment – facility, location?

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Staff Attitude

How did you find the attitude of the staff?

Were they friendly?

Waiting time

How did you find the waiting time?

Confidentiality

How did you find the confidentiality?

Location of services

Would you prefer the Centers to be near where you stay or far away?

Any reasons for your answer?

Cost of Services

How did you find the costs of the services?

Future visits and suggestions

Would you like to visit the Center again?

If No, why?

If yes why?

What changes would you like to see in the Center?

Thank you.

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Appendix B: In-depth Interview Guide for Service Providers

SCHOOL OF PUBLIC HEALTH

COLLEGE OF HEALTH SCIENCES

UNIVERSITY OF GHANA, LEGON

I am Vivian Hodgson, a Masters of Public Health student of the University of Ghana, School of Public Health. I am conducting a research on the topic **Adolescents' perceptions of youth friendly centers in Adentan Municipal Health Directorate**. We are conducting focus group discussions with adolescents and interviewing selected service providers and peer educators in the municipality to find out the perceptions of adolescents on Youth Friendly centers in the municipality in a view to inform policy on the services.

You have been selected to be interviewed and we would be grateful on your opinion on the subject. There are no right or wrong answers. To help me remember all that you say, I would, with your permission, tape record the interview.

Code of Respondent..............................

Profession..

Position...

Gender...

Date of Interview...

Municipal...

Sub municipal...

Name of Health facility..

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Service provider characteristics

How long have you been working in this clinic?

Did your basic nursing/midwifery include adolescent health?

Have you attended any adolescent health training?

Are you comfortable integrating ASRH services for young people in this clinic? Probe for reasons

How do you feel about providing ASRH services to people below age 20years?

Problems of Adolescents

What are some of the problems of Adolescents in this area?

Type of Facility

What type of facility do you work in? Probe for ownership (Government, Private), rural/urban, services offered.

Youth Friendly Services

Do you provide Youth Friendly Services in this sub-municipality?

What services do you provide?

Youth Friendly Centers

Do you have a Youth Friendly Center/Adolescent Friendly Centre in the sub-municipality?

If yes, what services are offered there?

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What services do you provide for clients in then age group 10-19 years?

How many people visit the Center in a day/week/month/year?

Would you say the services/centers are well patronized?

What are your experiences with youth who visit the Center?

Are there things you like about the center?

Are there things you do not like?

What are some of your challenges?

What can be done to improve services at the Center?

Adolescent perceptions

What do you think are the perceptions of adolescents of the services/centre?

What comments have they passed on waiting time, costs, location etc?

Do you think the adolescents prefer the Centers to be near or far from where they stay?

Any reason for your answer?

Do you feel that young people have needs for RH services and yet are not coming to clinic? Probe for reasons.

Recommendations

What changes would you like to see in the Center?

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How can we make or encourage adolescents to visit the clinic if they need to discuss RH matters with you?

Thank you.

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Appendix C: In-Depth Interviews Guide for Peer Educators

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UNIVERSITY OF GHANA, LEGON

I am Vivian Hodgson, a Masters of Public Health student of the University of Ghana, School of Public Health. I am conducting a research on the topic **Adolescents' perceptions of youth friendly centers in Adentan Municipal Health Directorate**. We are conducting focus group discussions with adolescents and interviewing selected service providers and peer educators in the municipality to find out the perceptions of adolescents on Youth Friendly centers in the municipality in a view to inform policy on the services.

You have been selected to be interviewed and we would be grateful on your opinion on the subject. There are no right or wrong answers. To help me remember all that you say, I would, with your permission, tape record the interview.

Code of Respondent……………………………

Date of Interview…………………………………..

Municipal…………………………………………………

Sub municipal……………………………………………………

Role as Peer Educator

What is your role as a peer educator?

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Problems of Adolescents

What are some of the problems of Adolescents in this area?

Youth Friendly Services

Have you heard of Youth Friendly Services?

What are they?

Youth Friendly/Adolescent Friendly Center

Have you heard of Youth Friendly Centers/Adolescent Friendly Centers?

Are there some in this area?

Have you visited any?

What sorts of services are offered there?

What were your experiences like when you visited?

Were there things you liked about the Center?

Were there things you did not like?

How did you find the environment – facility, location?

Staff Attitude

How did you find the attitude of the staff?

Were they friendly?

Waiting Time

How did you find the waiting time? Probe

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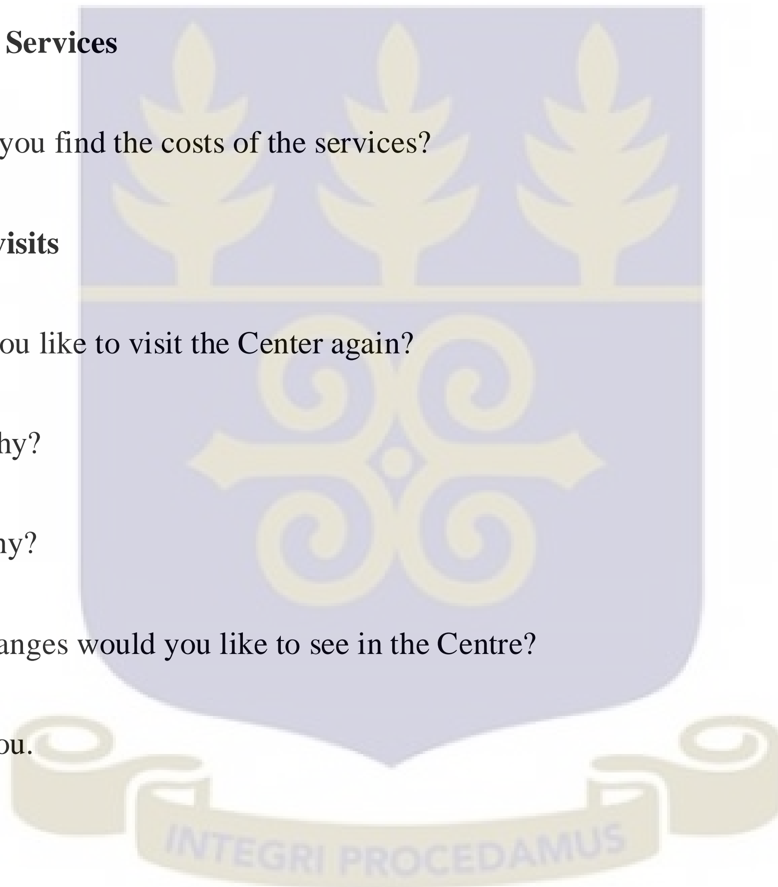
Confidentiality

How did you find the confidentiality? Probe

Preference for Center location

Would you prefer the Centers to be near where adolescents stay or far away?

Any reasons for your answer?



Costs of Services

How do you find the costs of the services?

Future visits

Would you like to visit the Center again?

If No, why?

If yes why?

What changes would you like to see in the Centre?

Thank you.

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Appendix D: Informed Consent Form for Adolescents aged 18 and 19 years

Project Title

Adolescents' perceptions of youth friendly centers in Adentan Municipal Health Directorate

Institutional Affiliation

Department of Social and Behavioural Science, School of Public Health, College of Health Sciences, University of Ghana, Legon

Background

I am Vivian Hodgson, a Masters of Public Health student of the University of Ghana, School of Public Health. I am conducting a research on the topic **Adolescents' perceptions of youth friendly centers in Adentan Municipal Health Directorate** in a view to inform policy on the services.

Procedure

We will be conducting focus group discussions with adolescents to find out their perceptions of Youth Friendly centers in the municipality as well as interview some service providers and peer educators in the municipality.

You have been selected to be in a Focus Group Discussion and we would be grateful on your opinion on the subject. There are no right or wrong answers. Your assistance in providing responses to the questions will help us better understand the perceptions of adolescents on Youth Friendly Services in the Municipality. To help me remember all that you say, I would, with your permission, tape record the interview. I also have an assistant with me to take notes as the discussions are going on. All that you say

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would be kept confidential and nothing you say would be traced back to you. The interview will last between one and one and a half hours. You are free to opt out at any stage of the discussion without any consequences to you.

Risks and Benefits

You will not suffer any harm by participating in this study. If you suffer any emotional pain from answering any of the questions, we will refer you to a psychologist for counseling. You will not benefit directly from this study, but the answers you provide will be used to inform policy for the improvement in adolescent health services.

Anonymity and Confidentiality

Whatever you say would be treated as strictly confidential and would be used only for the purpose of the research. Your name would not be used in any publication and no one would be able to trace back to you whatever you said. All information collected will be stared in locked cabinets and would be destroyed after 5 years.

Compensation

There would be no compensation for participation in the study. However, a cake of soap will be given for time spent.

Dissemination of Results

The final report of the study would be disseminated to the Adentan Health Directorate and the communities that were involved in the study.

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This research has been reviewed and approved by the Ghana Health Service Ethics Review Committee (GHSERC). For further questions concerning this research you may contact Ms Hannah Frimpong, GHS ERC Administrator on +233 243 235221 or +233 057 041223 and Vivian Hodgson, SPH, UG on +233 244 488848.

Volunteer Agreement Form

I

……………………………………………………………………………………………
….

declare that the purpose, procedures and the risks and benefits of the study have been explained to me in English/Ga/Twi and I clearly understand. I have had opportunity to ask questions and these have been explained to me. I freely consent to participate in the study.

Signature/ Thumb print of respondent……………………………………………….

Date…………………………………………………..

Interviewer's statement

I, the undersigned, have explained the consent form to the subject and he/she has understood the purpose of the study, procedures and risks and benefits. The subject has freely agreed to participate in the study.

Signature of Researcher……………………………………………….

Name of Researcher……………………………………………………

Date…………………………………………………..

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Appendix E: Assent form for Adolescents Aged 10 to 17 years

Project Title

Adolescents' perceptions of youth friendly centers in Adentan Municipal Health Directorate

Institutional Affiliation

Department of Social and Behavioral Science, School of Public Health, College of Health Sciences, University of Ghana, Legon

Background

I am Vivian Hodgson, a Masters of Public Health student of the University of Ghana, School of Public Health. I am conducting a research on the topic **Adolescents' perceptions of youth friendly centers in the Adentan Municipal Health Directorate** in a view to inform policy on the services.

Procedure

We will be conducting focus group discussions with adolescents to find out their perceptions on Youth Friendly centers in the municipality as well as interview some service providers and peer educators in the municipality.

You have been selected to be in a Focus Group Discussion and we would be grateful on your opinion on the subject. There are no right or wrong answers. Your assistance in providing responses to the questions will help us better understand the perceptions of adolescents on Youth Friendly Services in the Municipality. To help me remember all that you say, I would, with your permission, tape record the interview. I also have an assistant with me to take notes as the discussions are going on. All that you say

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would be kept confidential and nothing you say would be traced back to you. The interview will last between one and one and a half hours. You are free to opt out at any stage of the discussion without any consequences to you.

Risks and Benefits

You will not suffer any harm by participating in this study. If you suffer any emotional pain from answering any of the questions, we will refer you to a psychologist for counseling. You will not benefit directly from this study, but the answers you provide will be used to inform policy for the improvement in adolescent health services.

Anonymity and Confidentiality

Whatever you say would be treated as strictly confidential and would be used only for the purpose of the research. Your name would not be used in any publication and no one would be able to trace back to you whatever you said. All information collected will be stared in locked cabinets and would be destroyed after 5 years.

Compensation

There would be no compensation for participation in the study. However a cake of soap will be given for time spent.

Dissemination of Results

The final report of the study would be disseminated to the Adentan Health Directorate and the communities that were involved in the study.

This research has been reviewed and approved by the Ghana Health Service Ethics Review Committee (GHSERC). For further questions concerning this research you

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may contact Ms Hannah Frimpong, GHS ERC Administrator on +233 243 235221 or +233 057 041223 and Vivian Hodgson, SPH, UG on +233 244 488848.

Volunteer Agreement Form

I ……………………………………………………………………., declare that the purpose, procedures and the risks and benefits of the study have been explained to me in English/Ga/Twi and I clearly understand. I have had opportunity to ask questions and these have been explained to me. I freely consent to participate in the study.

Signature/ Thumb print of respondent………………………………………………

Date……………………………………………………..

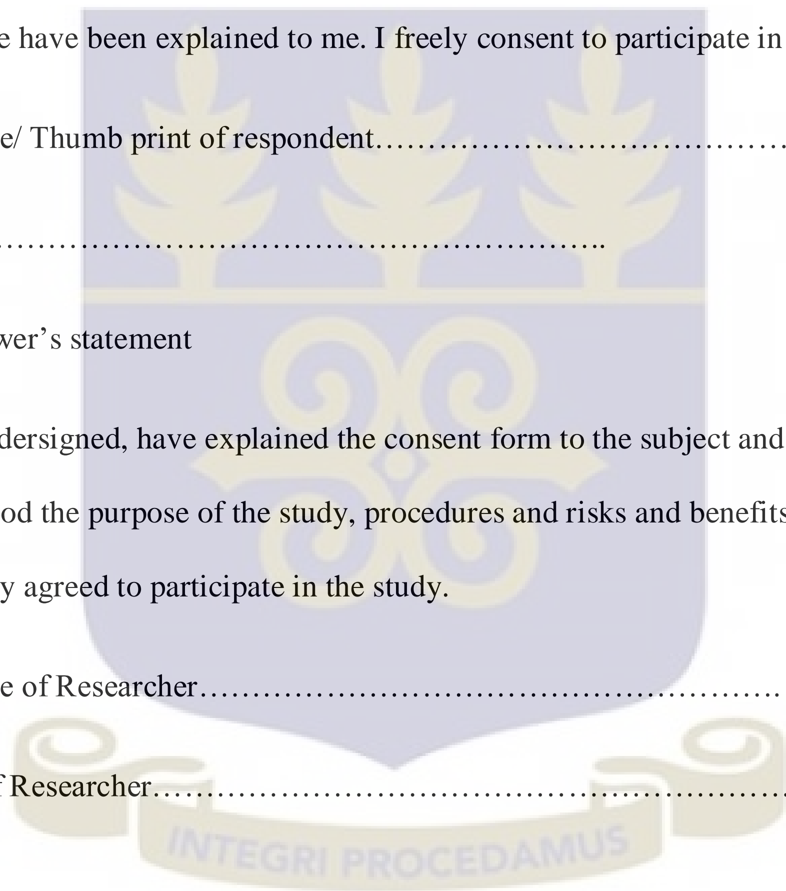
Interviewer's statement

I, the undersigned, have explained the consent form to the subject and he/she has understood the purpose of the study, procedures and risks and benefits. The subject has freely agreed to participate in the study.

Signature of Researcher………………………………………………

Name of Researcher……………………………………………………

Date……………………………………………………..



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Appendix F: Parental Consent for Parents of Adolescents Aged 10 to 17 years

Project Title

Adolescents' perceptions of youth friendly centers in Adentan Municipal Health Directorate

Institutional Affiliation

Department of Social and Behavioral Science, School of Public Health, College of Health Sciences, University of Ghana, Legon

Background

I am Vivian Hodgson, a Masters of Public Health student of the University of Ghana, School of Public Health. I am conducting a research on the topic **Adolescents' perceptions of youth friendly centers in Adentan Municipal Health Directorate** in a view to inform policy on the services.

Procedure

We will be conducting focus group discussions with adolescents to find out their perceptions on Youth Friendly centers in the municipality as well as interview peer educators and some service providers in the municipality.

Your child has been selected to be in a Focus Group Discussion and we would be grateful on his/her opinion on the subject. There is no right or wrong answers. Your child's assistance in providing responses to the questions will help us better understand the perceptions of adolescents on Youth Friendly Services in the Municipality. To help us remember all that they say, I would, with your permission, tape record the interview. I also have an assistant with me to take notes as the

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discussions are going on. All that your child says would be kept confidential and nothing he/she says would be traced back to him/her. The interview will last between one and a half hours. Your child is to opt out at any stage of the discussion without any consequences to him/her.

Risks and Benefits

Your child would not suffer any harm by participating in this study. If he/she has any emotional pain from answering any of the questions, we will refer him/her to a psychologist for counseling. Your child will not benefit directly from this study, but the answers he/she provides will be used to inform policy for the improvement in adolescent health services.

Anonymity and Confidentiality

Whatever your child says would be treated as strictly confidential and would be used only for the purpose of the research. His/her name would not be used in any publication and no one would be able to trace back to your child whatever he/she said. All information collected will be stared in locked cabinets and would be destroyed after 5 years.

Compensation

There would be no compensation for participation in the study. However a cake of soap will be given for time spent.

Dissemination of Results

The final report of the study would be disseminated to the Adentan Health Directorate and the communities that were involved in the study.

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This research has been reviewed and approved by the Ghana Health Service Ethics Review Board (GHSERC). For further questions concerning this research you may contact Ms Hannah Frimpong, GHS ERC Administrator on +233 243 235221 or +233 057 041223 and Vivian Hodgson, SPH, UG on +233 244 488848.

Volunteer Agreement Form

I……………………………………………………………………, declare that the purpose, procedures and the risks and benefits of the study have been explained to me in English/Ga/Twi and I clearly understand. I have had opportunity to ask questions and these have been explained to me. I freely consent to for my child to participate in the study.

Signature/ Thumb print of parent……………………………………………….

Date……………………………………………………..

Interviewer's statement

I, the undersigned, have explained the consent form to the subject's parent and he/she has understood the purpose of the study, procedures and risks and benefits. The parent has freely agreed for his/her child to participate in the study.

Signature of Researcher……………………………………………….

Name of Researcher…………………………………………………….

Date……………………………………………………..

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Appendix G: Informed Consent for Service Providers

Project Title

Adolescents' perceptions of youth friendly centers in Adentan Municipal Health Directorate

Institutional Affiliation

Department of Social and Behavioral Science, School of Public Health, College of Health Sciences, University of Ghana, Legon

Background

I am Vivian Hodgson, a Masters of Public Health student of the University of Ghana, School of Public Health. I am conducting a research on the topic **Adolescents' perceptions of youth friendly centers in Adentan Municipal Health Directorate** in a view to inform policy on the services.

Procedure

We will be conducting focus group discussions with adolescents to find out their perceptions on Youth Friendly Services in the municipality as well as interview peer educators and some service providers in the municipality.

You have been selected to be interviewed and we would be grateful on your opinion on the subject. There are no right or wrong answers. Your assistance in providing responses to the questions will help us better understand the perceptions of adolescents on Youth Friendly Services in the Municipality. To help me remember all that you say, I would, with your permission, tape record the interview. I also have an assistant with me to take notes as the discussions are going on. All that you say would

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be kept confidential and nothing you say would be traced back to you. The interview will last between one and 45 minutes to one hour. You are free to opt out at any stage of the discussion without any consequences to you.

Risks and Benefits

You will not suffer any harm by participating in this study. If you suffer any emotional pain from answering any of the questions, we will refer you to a psychologist for counseling. You will not benefit directly from this study, but the answers you provide will be used to inform policy for the improvement in adolescent health services.

Anonymity and Confidentiality

Whatever you say would be treated as strictly confidential and would be used only for the purpose of the research. Your name would not be used in any publication and no one would be able to trace back to you whatever you said. All information collected will be stared in locked cabinets and would be destroyed after 5 years.

Compensation

There would be no compensation for participation in the study. However a cake of soap will be given for time spent.

Dissemination of Results

The final report of the study would be disseminated to the Adentan Health Directorate and the communities that were involved in the study.

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This research has been reviewed and approved by the Ghana Health Service Ethics Review Board (GHSERC). For further questions concerning this research you may contact Ms Hannah Frimpong, GHS ERC Administrator on +233 243 235221 or +233 057 041223 and Vivian Hodgson, SPH, UG on +233 244 488848.

Volunteer Agreement Form

I ……………………………………………………………………, declare that the purpose, procedures and the risks and benefits of the study have been explained to me in English and I clearly understand. I have had opportunity to ask questions and these have been explained to me. I freely consent to participate in the study.

Signature……………………………………………………….

Date………………………………………………………..

Interviewer's statement

I, the undersigned, have explained the consent form to the subject and he/she has understood the purpose of the study, procedures and risks and benefits. The subject has freely agreed to participate in the study.

Signature of Researcher…………………………………………………….

Name of Researcher…………………………………………………………

Date………………………………………………………..

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Appendix H: Informed Consent for Peer Educators

Project Title

Adolescents' perceptions of youth friendly centers in Adentan Municipal Health Directorate

Institutional Affiliation

Department of Social and Behavioral Science, School of Public Health, College of Health Sciences, University of Ghana, Legon

Background

I am Vivian Hodgson, a Masters of Public Health student of the University of Ghana, School of Public Health. I am conducting a research on the topic **Adolescents' perceptions of youth friendly centers in Adentan Municipal Health Directorate** in a view to inform policy on the services.

Procedure

We will be conducting focus group discussions with adolescents to find out their perceptions on Youth Friendly Services in the municipality as well as interview some service providers and peer educators in the municipality.

You have been selected to be interviewed and we would be grateful on your opinion on the subject. There are no right or wrong answers. Your assistance in providing responses to the questions will help us better understand the perceptions of adolescents on Youth Friendly Services in the Municipality. To help me remember all that you say, I would, with your permission, tape record the interview. I also have an assistant with me to take notes as the discussions are going on. All that you say would

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be kept confidential and nothing you say would be traced back to you. The interview will last between 45 minutes to one hour. You are free to opt out at any stage of the discussion without any consequences to you.

Risks and Benefits

You will not suffer any harm by participating in this study. If you suffer any emotional pain from answering any of the questions, we will refer you to a psychologist for counseling. You will not benefit directly from this study, but the answers you provide will be used to inform policy for the improvement in adolescent health services.

Anonymity and Confidentiality

Whatever you say would be treated as strictly confidential and would be used only for the purpose of the research. Your name would not be used in any publication and no one would be able to trace back to you whatever you said. All information collected will be stared in locked cabinets and would be destroyed after 5 years.

Compensation

There would be no compensation for participation in the study. However a cake of soap will be given for time spent.

Dissemination of Results

The final report of the study would be disseminated to the Adentan Health Directorate and the communities that were involved in the study.

This research has been reviewed and approved by the Ghana Health Service Ethics Review Board (GHSERC). For further questions concerning this research you may

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contact Ms Hannah Frimpong, GHS ERC Administrator on +233 243 235221 or +233 057 041223 and Vivian Hodgson, SPH, UG on +233 244 488848.

Volunteer Agreement Form

I ………………………………………………………………………, declare that the purpose, procedures and the risks and benefits of the study have been explained to me in English and I clearly understand. I have had opportunity to ask questions and these have been explained to me. I freely consent to participate in the study.

Signature……………………………………………….

Date…………………………………………………….

Interviewer's statement

I, the undersigned, have explained the consent form to the subject and he/she has understood the purpose of the study, procedures and risks and benefits. The subject has freely agreed to participate in the study.

Signature of Researcher……………………………………………….

Name of Researcher………………………………………………………

Date…………………………………………………….