

Youth Led Research [Zambia YMCA]

Neglected Health Issues

Final Report

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23rd October, 2012

Contents

Contents	2
Executive Summary	3
Research Aims	7
Scope	7
Aims	7
Key Questions	9
Youth participation	10
Methodology	11
Sampling	11
Data collection tools	13
Data analysis process	13
Key Findings and Analysis	14
Key learning and challenges	33
Conclusions and Recommendations	34
Conclusions	34
Recommendations	35
Annexes	37
Research team members	37
Key informants	37
Data collection tools	38
Workplan	49
Additional Statistical / Contextual data	50

Executive Summary

The Research Aims

The purpose of the youth led research included;

- (a) To understand the status of 'neglected' health issues disproportionately affecting young people, including 'hard to reach' groups;
- (b) To understand the status of youth friendly health care service provision for specific 'hard to reach' target groups identified in each country.

The Research Process

In sampling the young people for the study, the simple random sample was used. Simple random sample is one of the probability sampling technique in which each member of the population has an equal chance of being selected as a subject. The entire process of sampling is done in a single step with each subject selected independently of the other members of the population. A total number of 312 respondents were sampled. The respondents were drawn from high densely populated areas.

In collecting the data, a five pronged approach was used. The first approach involved interviews with key informants with government officials and organizations focusing on young people and health issues. The second approach involved conducting interviews with young people. The third approach involved conducting focus group discussions with young people. The fourth approach involved direct observations through site visits to target communities. The fifth approach involved reviewing relevant documents.

Since the youth led research gathered a wealth of both qualitative and quantitative data, a combination of data analysis methods were used to analyze the data. Statistical Package for Social Sciences (SPSS) was used in analyzing quantitative data. A combination of tabulations, summary statistics and graphs were used to highlight the key findings from quantitative data. Qualitative data were analyzed manually. Triangulation of perceptions and views expressed by various respondents was strictly followed.

Main Research Findings

a. Young People and Health

The finding of the research indicate that 43.6% of the respondents were aged 17 to 21, 23.1% were aged 22 to 26, 17.3% were aged 12 to 16, 11.9% were aged 27 to 31, 2.9% were aged 32 to 36, 0.3% were aged 37 to 41 while 1% of the respondents did not respond to the question of age. Results from the survey among the Young people show highest education level was 5.1% had never attended school, 49.4% were

graders 1-9, 36.2% were graders in 10,11 or 12 and lastly 6.7% respondents highest education level were higher learning, while 8% respondents did not indicate anything about their education level.

According to the study findings, it has been established there are four major health issues which are neglected in the project sites. These neglected health issues include: HIV/AIDS, STIs, Malaria and teenage pregnancies. HIV/AIDS, STIs and teenage pregnancies are linked to the failure by some families to talk to their children on reproductive health issues. Malaria is affecting the neglected groups due to the hard to reach groups not sleeping under the treated mosquito nets. For example in Lusaka, the street kids who are part of the hard to reach groups have been greatly affected by this.

b. Knowledge, Attitudes and Practices

Among the services that are provided range from drop in centers, health centers/clinics, hospitals, peer educators, community health associations to mobile health services. Of these services, the health centers or clinics are the most common in the three project sites. Through the focus group discussions, it has been established that most of the health centers are not up to date with needed resources. For example, some health centers are congested and non user friendly.

With regards to the infections that a person can get through sexual intercourse, HIV/AIDS, STIs, cervical cancer and early pregnancies were identified. Furthermore, the study has established that there have been health practices that the participants have talked with others in the last six months. Prominent among the healthy practices include: using contraceptives, abstinence, going for VCT, sleeping in a mosquito net and drinking boiled or chlorinated water.

In terms of harmful practices, the study found that 69.2% of the respondents said that there are harmful practices in their community while 22.1% of the respondents said there are harmful practices in their community. Furthermore, 7.4% said they don't know and 1.3% did not respond to the question as to whether there are harmful practices in their community.

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c. Access to Health Services

With regards to access to health care services, the research findings show that 41% of the respondents said that they have visited health care services while 52.6% said they have not visited health care services in the last six months, 5.8% said they don't know while 0.6% did respond to the question as to whether they visited any of the health services.

The findings indicate that 35.3% felt comfortable, 6.4% did not feel comfortable using the health services while 58.3% was not applicable. Being easy to access was the

major factor that was cited as to why the people feel comfortable in using the health services.

d. Some Organizations in the Project Sites

Through the youth led research, it has been established that there are a number of organizations in the project sites are working in addressing the health issues affecting the young people. This provides an opportunity for YMCA to collaborate with these organizations in advocating for health issues affecting young people. In Lusaka, Zambia YMCA may consider working with organizations such as PPAZ and Council of churches. For instance by working with PPAZ, the challenges of the unmet needs in reproductive health such as high fertility rates among women, low contraceptive use, high incidence of HIV/AIDS, low use of condoms for HIV prevention, teenage pregnancies, unsafe abortions and inadequate access to services by the underprivileged and underserved communities may be adequately addressed.

Most of the organizations that provided the research team information are involved in addressing neglected health issues. For example PPAZ promotes access to adolescent/ youth sexual reproductive health services. CHEP provides vital information to youths and empowers them to develop skills of dealing with health issues such as STIs. These organizations face a number of challenges ranging from absence of proper linkages with public health institutions, funding, traditional beliefs, values, high turnovers for peer educators to lack of partnerships. These challenges can be addressed to a larger extent through improving networking (partnerships) and scaling up resource mobilization.

e. Policy and Practice

There are a number of policies that are currently in place that are aimed at promoting the youth friendly services but what is lacking is the effective implementation of these policies. According to the Reproductive Health Policy (2000), the policy indicates the need to empower adolescents/youth by equipping them with life skills, including assertiveness, self esteem, value clarification and decision making in order to achieve a positive life attitude. However, the family is not targeted in achieving this. For example, it is considered a taboo in our culture for parents to talk to their children on reproductive health issues.

These policies can help solve the neglected health issues for young people and hard to reach youths by making them youth user friendly so that young people can easily understand them. Hence, there is there need to avoid technicalities so that they don't become irrelevant to many young people. Furthermore, by the policies creating linkages for collaborating with grass root organizations that directly deal

with the youth, neglected health issues for young people and hard to reach youths can also be addressed.

Recommendations

i. Recommendations for Zambia YMCA

- Zambia YMCA should advocate for the creation of more youth friendly corners in the three project sites.
- Anti stigma actions should be prioritised in order to break the vicious cycle that stigma creates.
- Ensure that strategies developed are youth focused and friendly to avoid reinforcing stigma.
- Zambia YMCA should consider collaborating with grass root organizations in the three project sites in educating young people on health issues.

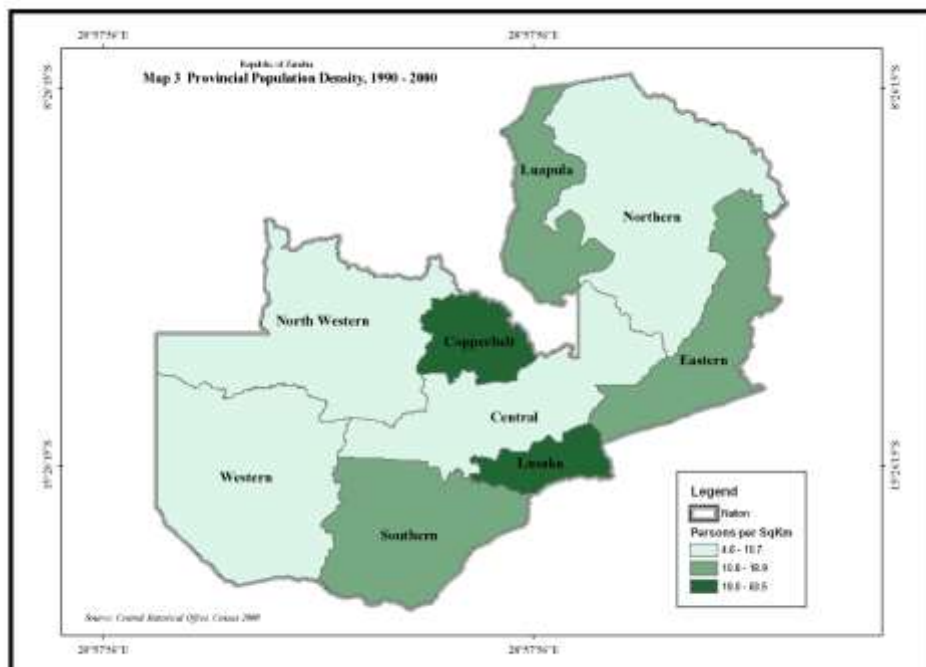
ii. Recommendations for the Government

- The Ministry of Health should consider empowering Non Governmental Organizations focusing on youth issues to start providing youth friendly health care services.
- The government should also consider making the policies user friendly so that the young people can easily understand them. Furthermore, there is need for young people to access policy documents.
- Ensure that every personnel involved in the system lab technicians, counsellors, nurses at the entry points at the health facilities are responsive.

Research Aims

Scope

The youth-led research on neglected health issues facing young people, and the status of youth-friendly health care services for hard-to-reach young people was conducted in Chibombo (Central Province), Lusaka (Lusaka Province) and Kitwe (Copperbelt Province). The study targeted the young people from Lusaka, Chibombo and Kitwe Districts.



Aims

Multi-country health initiative is implemented across six countries in Africa with the aim of raising awareness of neglected health issues affecting young people, increase the capacity of young people to advocate for youth friendly health care services and increase young people's access to youth friendly health care services. The project is being implemented by the AAYMCA, Liberia YMCA, Madagascar YMCA, Senegal YMCA, Togo YMCA, Zambia YMCA, Zambia YWCA and Zimbabwe YMCA, with technical support being provided by the AAYMCA, Sweden YWCA-YMCA, and YCI.

The overall goal of the programme is for 'relevant, quality health information and services that respond to the specific needs of vulnerable and marginalised groups of young people in 6 sub-Saharan countries'. The programme has 3 Outcomes, namely:

1. At least 30,000 young people in 6 African countries will have an increased awareness of neglected health issues such as STDs (e.g. gonorrhoea, syphilis, etc.) and are committed to addressing them with their peer groups
2. Increased capacity of young people to advocate for youth-friendly health care services
3. 3,000 hard-to-reach young people will have improved health status through improved access to youth-friendly health care services

Link between the Research and the Programme

From the findings in the research, it has been established that HIV/AIDS, STIs and malaria are the major health issues facing many young people in the three project sites. This is linked to the programme whose objective among others is to at least increase awareness of 30,000 young people in 6 African Countries regarding the neglected health issues. Hence it will be paramount for Zambia YMCA to advocate on these health issues. The second outcome of the programme is to increase capacity of young people to advocate for youth-friendly health care services. This outcome is linked to the research findings in that it has been established from the research that the health services being offered in project sites are not very friendly. Zambia YMCA can therefore train young people in the project sites to begin to advocate for the youth friendly health care services.

Furthermore, Zambia YMCA can involve the young people to advocate revising the policy documents that are not adequately addressing the neglected health issues affecting the young people in the project sites. When this is done, the young people will in the end have improved health status as access to youth-friendly health care services will be improved. The findings of the research will be used to inform the advocacy strategy and media campaign, as well as to establish clear indicators (benchmarks) that will be used to monitor progress against Outcomes 1 and 2 of the programme.

The purpose of the youth led research included;

- (c) To understand the status of 'neglected' health issues disproportionately affecting young people, including 'hard to reach' groups;
- (d) To understand the status of youth friendly health care service provision for specific 'hard to reach' target groups identified in each country.

Key Questions**a. Young people and health:**

- What are the current health issues (both physical and mental) most affecting young women and young men in the target areas, with a focus on the most vulnerable groups?
- Of these health issues identified, which are the most neglected by existing health care service provision?

b. Knowledge, Attitudes, Practices and Behaviours:

- Identify levels of understanding and awareness of certain health issues, possible risk taking behaviours amongst young people, as well as other factors such as stigma, discrimination and peer attitudes that may prevent access to health services

c. Access to health care services:

- Identify what, if any, forms of youth friendly health care services currently exist in the target areas (e.g. local health centres, hospitals, youth centres); where are these located; and to what extent are young people able to access them.
- What are the most significant barriers to young people – and in particular, marginalised groups of young people – accessing these health care services?

d. Other organisations:

- Identify other organisations and/or agencies working in the target communities and assess their capacity in addressing the identified health needs of young people.
- Where do the gaps and/or weaknesses lie?
- Where are the opportunities for collaboration?

e. Policy and practice:

- Identify relevant policy and practice guiding and/or affecting young people's access to youth friendly health care information and services in target communities and more widely (i.e. nationally)

Youth participation

Prior to participating in the research, young people underwent a two days orientation. During the training, the young people were enlightened on a number of issues such as introduction to social research, research methodology and monitoring and evaluation. The young people were also taught on how to conduct interviews and focus group discussions. The young people found the training quite useful as this was evident during the practical sessions after the training. Furthermore, the training the young people received improved their research skills. The young people that collected data were volunteers for Zambia YMCA and they were selected based on their qualifications and experience in research. Due to the complexity of the data collection tool, data entry was done by graduates who are not affiliated to Zambia YMCA.

By and large, the young people were involved in the following areas:

- a. Developing data collection tool
- b. Training
- c. Collecting data from the field
- d. Entering data

Methodology

Sampling

In sampling the young people for the study, the simple random sample was used. Simple random sample is one of the probability sampling technique in which each member of the population has an equal chance of being selected as a subject. The entire process of sampling is done in a single step with each subject selected independently of the other members of the population. A total number of 312 respondents were sampled. The respondents were drawn from high densely populated areas.

• Data collection methods

In collecting the data, a five pronged approach was used. The first approach involved interviews with key informants with government officials and organizations focusing on young people and health issues. The second approach involved conducting interviews with young people. The third approach involved conducting focus group discussions with young people. The fourth approach involved direct observations through site visits to target communities. The fifth approach involved reviewing relevant documents.

a. Key Informants interviews

Among the key informants that were interviewed included government officials from the ministry of health. In Lusaka, District Health Management Team was approached but clearance to speak to health personal was not granted. They could not release or share information without the Ministry of Health authorizing that. The government officials that participated in the research included the service providers namely the health personnel from Chibombo District. The research team also faced challenges in talking to senior government officials. In Kitwe district, the research team could not interview any government official. The Civil Society Organizations that the provided the research team with information included: Planned Parenthood Association of Zambia (PPAZ), Council of Churches in Zambia, Society for Family Health, National Council of Zambia YMCA, Chibombo YMCA, Kitwe YMCA, Copperbelt Health Education Project (CHEP), Youth Skills for Development and Youth Anti- AIDS Network (YAN).

b. Interviews with young people

A total number of 312 young people were interviewed for this research. The young people were drawn from densely populated areas. 100 respondents came from

Lusaka (32%), 110 respondents were from Kitwe (35%) and 102 respondents were from Chibombo (33%).

c. Focus Group Discussions

To further improve the reliability of the data, Focus Group Discussions were used in collecting data. The number of participants for focus group discussions varied from one FGD to another. In Kitwe, the first FGD had 10 participants while the second FGD had 8 participants. In Lusaka, the first FGD had 19 participants while the second FGD had 9 participants. In Chibombo District, the first FGD had 13 participants while the second FGD had 14 participants. Two focus group discussions were conducted in each project site. Hence, a total of 6 focus group discussions were conducted for the research. The participants for the FGD were selected using random selection criteria. The FGDs were conducted in the local language to ensure that the community members fully understand and as such were able to follow the discussion and actively contribute. The data so collected from the FGD was immediately transcribed and/or translated into English soon after the FGD to ensure that the information remained as accurate as possible. In terms of the age of the key informants that took part in the research, the data collection that was used did not have a variable of age. Hence, it was difficult to capture their age of key informants.

d. Direct Observations

Direct observations were conducted in Lusaka, Kitwe and Chibombo. Among the things that were observed were the knowledge and behaviour of young people to reproductive health issues. This was observed during the focus group discussions. Health service providers (such as nurses and clinical officers) were observed on their attitudes towards young people accessing services. The direct observations were documented by taking down key points from these observations. The key points were then analyzed manually.

From the observations, it came to light that most of the young people were knowledgeable about reproductive health issues in all the project sites. However, there is little that the young people are doing to protect their lives from HIV/AIDS and sexually transmitted infections. In terms of the attitudes of health personnel towards young people, it was observed that the health personnel had a positive attitude. What is lacking however is a very good relationship between the health workers and the young people. Similar findings were observed from the interviews with the young people.

e. Review of Relevant Documents

The review of relevant data was done by the technical expert. Among the documents that were reviewed included social/economic studies, media reports, government strategy papers and reports, policy documents, field reports from other NGOs and research papers.

Data collection tools

In collecting primary data, the questionnaires and focus group discussion guide were used.¹ However, secondary data was collected by reviewing a number of documents such as reports, government strategy papers and policy documents.

Data analysis process

Since the youth led research gathered a wealth of both qualitative and quantitative data, a combination of data analysis methods were used to analyze the data. Statistical Package for Social Sciences (SPSS) was used in analyzing quantitative data. A combination of tabulations, summary statistics and graphs were used to highlight the key findings from quantitative data. Qualitative data were analyzed manually. Triangulation of perceptions and views expressed by various respondents was strictly followed.

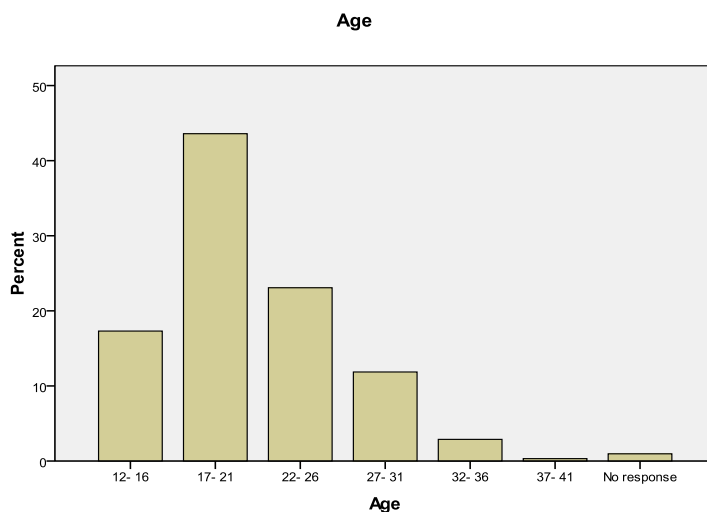
¹ The questionnaires and the focus group discussions guide are on the appendix

Key Findings and Analysis

a. Young people and health

According to the findings of the study, 44.9% of the respondents were males while female respondents were 50.6%. However, 4.5% of the respondents did not respond to the question of their gender. This could be due to research assistants forgetting to ask the respondents the question of gender. In terms of the age of respondents, 43.6% of the respondents were aged 17 to 21, 23.1% were aged 22 to 26, 17.3% were aged 12 to 16, 11.9% were aged 27 to 31, 2.9% were aged 32 to 36, 0.3% were aged 37 to 41 while 1% of the respondents did not respond to the question of age. This is shown in figure 1 below.

Figure 1: Age of Respondents



When it came to comparing results according to the regions, Kitwe had the highest rate of participation at 35.26% followed by 32.69% Chibombo and lastly Lusaka with 32.05%. This is shown table 2 below.

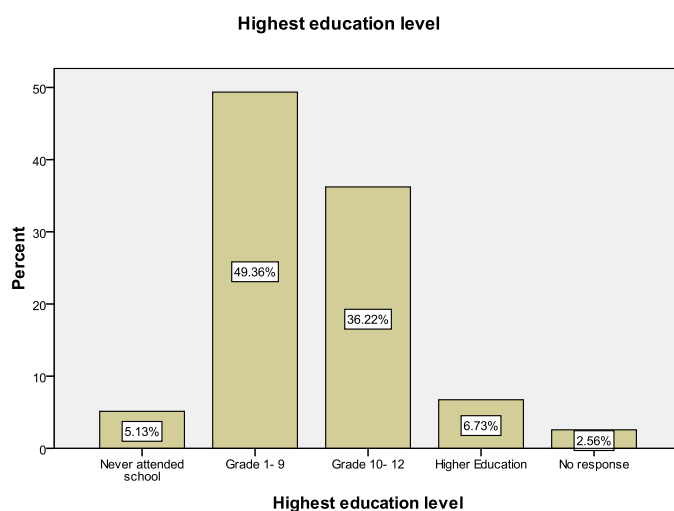
Table 1: Region

Region	Frequency	Percent
Lusaka	100	32.1
Kitwe	110	35.3
Chibombo	102	32.7
Total	312	100

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Figure 2 below shows the highest educational level of the respondents. 5.13% have never attended school, 49.36% have reached Grade 1- 9, 36.22% have reached Grade 10- 12, 6.73% have reached higher education while 2.56% did not respond to the question of highest education level.

Figure 2: Highest education level

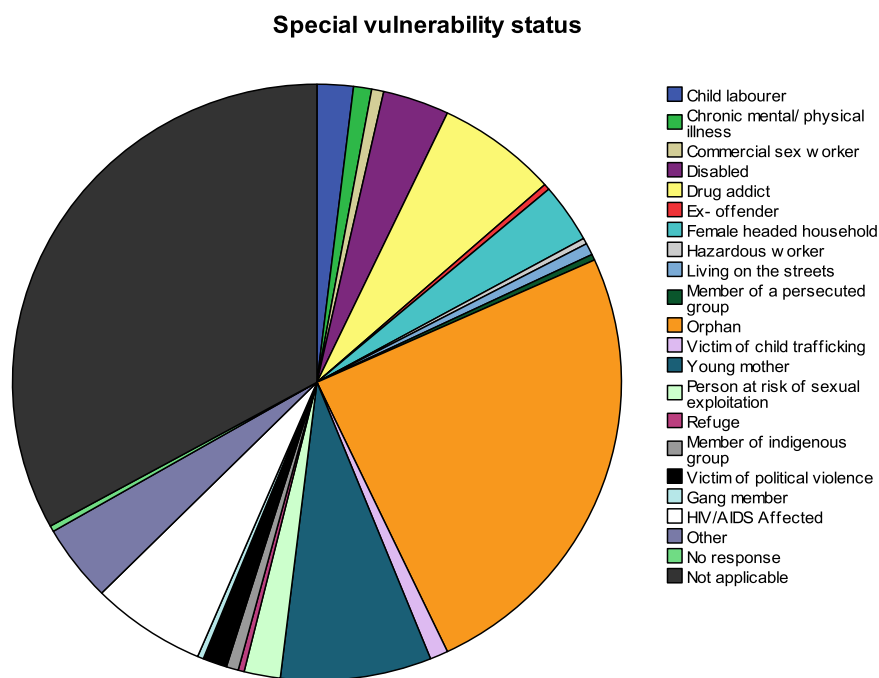


Furthermore, the research findings indicate most of the respondents do not have special vulnerability status. Among the special vulnerability statuses that are quite common among the respondents include; orphans, young mothers, HIV/AIDS affected and drug addict. However, ex- offenders, hazardous workers, members of persecuted group, refugees and gang members were the least common special vulnerability status among the respondents. This is shown in figure 3 below.

When it came to special vulnerability status, the study found that 24.7 percent of the respondents in the study were orphans. Other common vulnerabilities were young mothers at 8 percent. Although the study could not establish the root causes or the factors contributing to early motherhood compared to their male folks. In addition, drug addicts and respondents affected by HIV/AIDS were made up the third common vulnerability status. For example Lusaka, the study found that young people living on the streets were more likely to abuse drugs. Despite disability and female headed household not being among the three most common vulnerability status, it is

important to keep in mind how for instance how female headed household could lead to early motherhood. Figure 3 below shows the special vulnerability status.

Figure 3: Special Vulnerability Status



The research study was commissioned to look at neglected health issues among the young people. According to the study findings, it has been established there are four major health issues which are neglected in the project sites. These neglected health issues include: HIV/AIDS, STIS, Malaria and teenage pregnancies. HIV/AIDS, STIs and teenage pregnancies are linked to the failure by some families to talk to their children on reproductive health issues. Malaria is affecting the neglected groups due to the hard to reach groups not sleeping under the treated mosquito nets. For example in Lusaka, the street kids who are part of the hard to reach groups have been greatly affected by this. There is therefore need for more effort to engage young people in addressing these neglected health issues which are affecting them greatly.

b. Knowledge, Attitudes and Practices

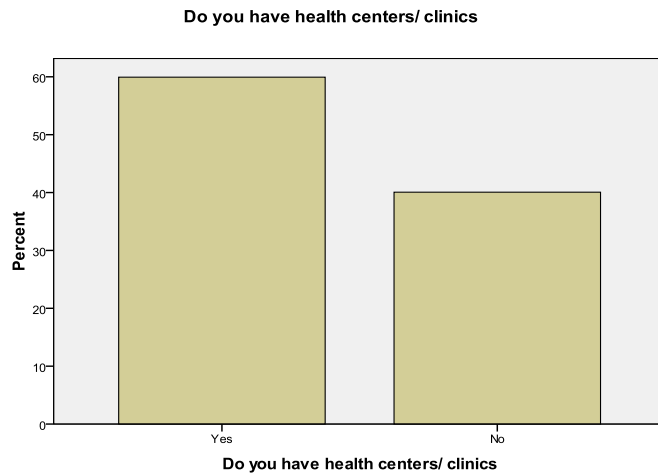
i. Knowledge of Health Services and Issues

67.3% of the respondents said that there are health services provided in their community while 27.6% said that there are no health services in their community. This is shown in table 4 below. Several assumptions could be derived from these findings. It either information about service availabilities has not been made known to the young people or young people themselves are not informed about the provision of such services in their communities.

Table 2: Are there any health services provided in your community?

	Region			Total
	Lusaka	Kitwe	Chibombo	
Are there any health services provided in your community?	64 64.0%	71 64.5%	75 73.5%	210 67.3%
No	30 30.0%	30 27.3%	26 25.5%	86 27.6%
I dont know of any	6 6.0%	8 7.3%	1 1.0%	15 4.8%
No response	0 .0%	1 .9%	0 .0%	1 .3%
Total	100 100.0%	110 100.0%	102 100.0%	312 100.0%

Among the services that are provided range from drop in centers, health centers/ clinics, hospitals, peer educators, community health associations to mobile health services. Of these services, the health centers or clinics are the most common in the three project sites. Figure 4 below shows the frequency of health centers/ clinics while other health services are shown in table 3 to table 7 below.

Figure 4: Do you have the health centers/ clinics?**Table 3: Do you have drop-in Centers?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	43	13.8	13.8	13.8
	No	269	86.2	86.2	100.0
	Total	312	100.0	100.0	

Table 4: Do you have hospitals?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	103	33.0	33.0	33.0
	No	209	67.0	67.0	100.0
	Total	312	100.0	100.0	

Table 5: Do you have peer educators?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	74	23.7	23.7	23.7
	No	237	76.0	76.0	99.7
	Dont know	1	.3	.3	100.0
	Total	312	100.0	100.0	

Table 6: Are there community health associations?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	104	33.3	33.3	33.3
	No	208	66.7	66.7	100.0
	Total	312	100.0	100.0	

Table 7: Do you have mobile health services?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	26	8.3	8.3	8.3
	No	286	91.7	91.7	100.0
	Total	312	100.0	100.0	

Through the focus group discussions, it has been established that most of the health centers are not up to date with needed resources. For example, some health centers are congested and non user friendly. Some young people, said some medical professionals like nurse had poor interpersonal relationships with them making it difficult to openly share the problems, some reported lack of specific people assigned to deal with youth related problems, lack of confidentiality. "Many young people fear to tell the medical people opening because they can be stigmatized-especially with STIs", one participant in Chibombo FGD explained.

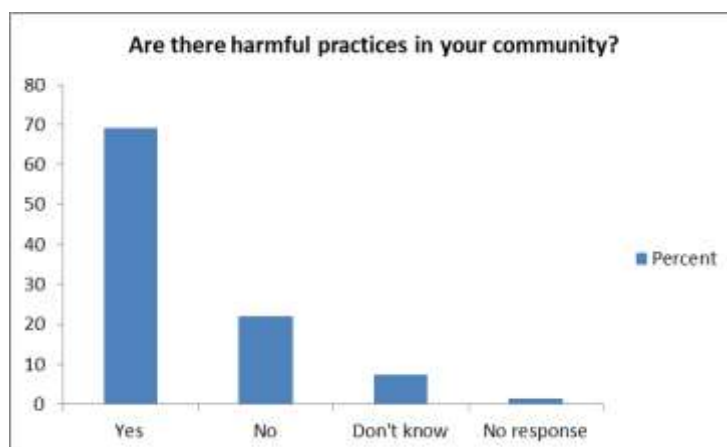
With regards to the infections that a person can get through sexual intercourse, HIV/AIDS, STIs, cervical cancer and early pregnancies were identified. The study found that participants in both the face to face interviews and FGDs had knowledge on transmission such as how one can get sexually Transmitted Infection and also how one can avoid it. Using condoms every time when having sex and staying faithful to partner were some of the important steps that were identified if a person is to avoid an STI. This clearly indicates that people in the project sites are knowledgeable about HIV/AIDS and STIs. However, much needs to be done in order to reduce the levels of such diseases. This is so in that there are still some people who practice harmful practices in the project sites.

ii. Practices in the Project Sites

According to the face to face interviews with the young people, it has been established that there have been health practices that the participants have talked with others in the last six months. Prominent among the healthy practices include: using contraceptives, abstinence, going for VCT, sleeping in a mosquito net and drinking boiled or chlorinated water.

In terms of harmful practices, the study found that 69.2% of the respondents said that there are harmful practices in their community while 22.1% of the respondents said there are no harmful practices in their community. Furthermore, 7.4% said they don't know and 1.3% did not respond to the question as to whether there are harmful practices in their community. This is shown in figure 5 below.

Figure 5: Are there harmful practices in your community?



Among the harmful practices that are practiced among most of the communities include; early (teenage) pregnancy, leaving school early and not being sent to school. Forced marriages among young females, domestic violence, forced sex, sexual abuse, sexual harassment, sexual exploitation, coming of age rituals are other harmful practices that are practiced though they are practiced among few people. Female genital cutting is the least practised harmful practice among the communities. A critical analysis of the above is that almost all the issues raise relate to sexual reproductive issue. It would be good to conduct a specialised study on sexuality and the girl child to ascertain concrete reasons for this disparity and what should be done to address these practices.

Commented [p3]: I think this is more a consequence of a harmful practice e.g. teenagers are having unprotected sex with regular or multiple partners

According to this study, it has been further established that these harmful practices affect mostly young women as compared to young men. These harmful practices affect the health of young people in that it puts them at the risk of HIV/AIDS and STIs. For example by young being abused sexually, they may end up getting HIV/AIDS and STIs.

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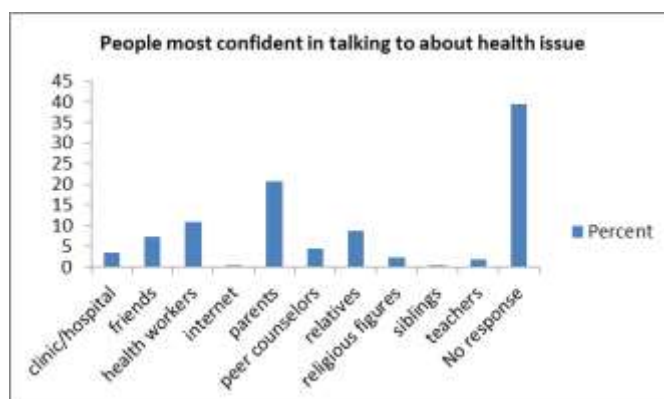
iii.

Attitudes of young people to

Health Issues

According to the study findings, 20.8% of the respondents had confidence in talking to parents, 10.9% had confidence in health workers, 8.7% had confidence in relatives, 7.4% had confidence in friends, 4.5% had confidence in peer counselors, 3.5% had confidence in the clinic/hospital, 2.2% had confidence in religious figures, 1.9% had confidence in teachers, 0.3% had confidence in internet, 0.3% had confidence in siblings while 39.4% did not respond as to who they were confident in talking to about health issues. This is shown in figure 6 below. Similar findings were observed from the focus group discussions.²

Figure 6: People most confident in talking about health issues



² More tables on attitudes are on the annex

Among the reasons that were cited which make people to seek information from the above sources include: knowledge, confidential, helpful, professional, openly and trustworthy. The study has established that friends, parents and relatives are the major influencers when it comes to making a decision that could affect one's health. Since YMCA works with young people and their parents (families), YMCA can use its experience in working with young people of both gender in removing the barriers that exist between the children and their Parents or guardians. Furthermore YMCA can be a great help for orphans and vulnerable young people, for example in child headed households, who do not have someone to share or talk to about the issues. Opening a youth friendly spaces where young people can come and access the information, education, and share their experience as one of breaking the silence and psycho social support or groups therapy.

C. Access to health care services

With regards to access to health care services, the research findings show that 41% of the respondents said that they have visited health care services while 52.6% said they have not visited health care services in the last six months, 5.8% said they don't know while 0.6% did respond to the question as whether they visited any of the health services. This is shown in table 4 below.

Table 4: Of the services you have already mentioned, have you visited any of these services in the last six months?

	Region			Total	
	Lusaka	Kitwe	Chibombo		
Of the services you have already mentioned, have you visited any of these services in the last six months?	Yes	39	35	54	128
		39.0%	31.8%	52.9%	41.0%
	No	53	64	47	164
		53.0%	58.2%	46.1%	52.6%
	Don't know	8	10	0	18
		8.0%	9.1%	.0%	5.8%
	No response	0	1	1	2
		.0%	.9%	1.0%	.6%
Total	100	110	102	312	
	100.0%	100.0%	100.0%	100.0%	

Chibombo had the highest, followed by Lusaka while Kitwe had the least in terms of accessing services in the last six months. Most of the people who visit the health centers usually visit them for medical treatment. Other reasons why people visit the health centres is because of medical service, counselling, checkup and peer education.³

Table 5: Did you feel comfortable using the health service?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	110	35.3	35.3	35.3
No	20	6.4	6.4	41.7
Not applicable	182	58.3	58.3	100.0
Total	312	100.0	100.0	

Table 5 above shows if the respondents felt comfortable using the health services. The findings indicate that 35.3% felt comfortable, 6.4% did not feel comfortable using the health services while 58.3% was not applicable as they had not used the health services. Being easy to access was the major factor that was cited as to why the people feel comfortable in using the health services. Other factors that were cited as to why people felt comfortable in using the health service include: Friendly staff, staff use of simple language, provision of resources and information, because of the range of services and treatment, low cost/ affordable and because of confidentiality. Figure 7 to figure 13 indicate the reasons why the respondents felt comfortable in using the health services. To those that felt uncomfortable in using the health services, noisy and overcrowding in the health centres were among the reasons that were given.

Figure 7: Did you feel comfortable because of friendly staff?

³ The detailed tables are on the appendix

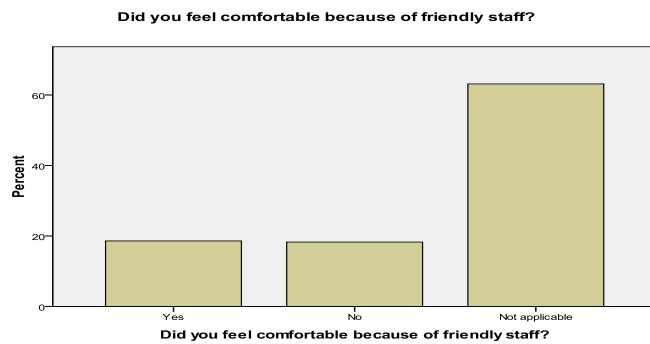


Figure 8: Did you feel comfortable because of staff use simple language?

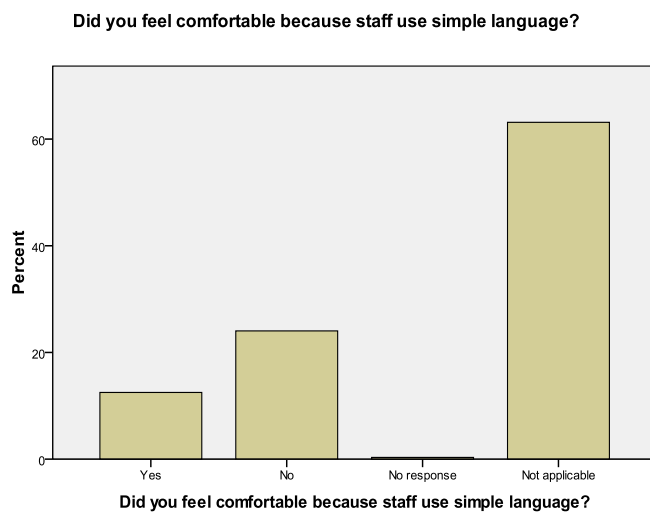


Figure 9: Did you feel comfortable because of the provision of resources and information?

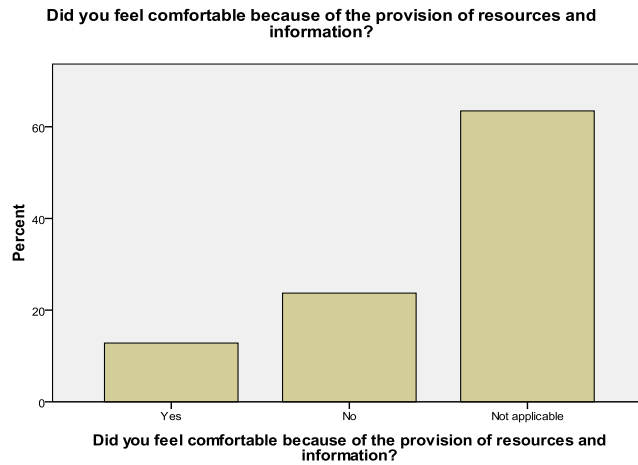


Figure 10: Did you feel comfortable because it is easy to access?

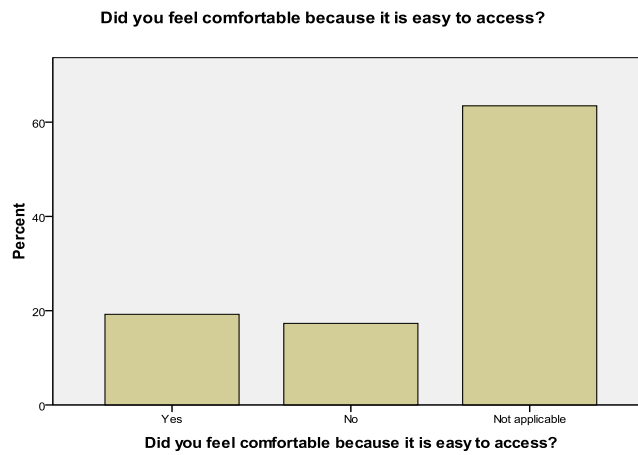


Figure 11: Did you feel comfortable because of the range of services and treatment?

Did you feel comfortable because of the range of services and treatment?

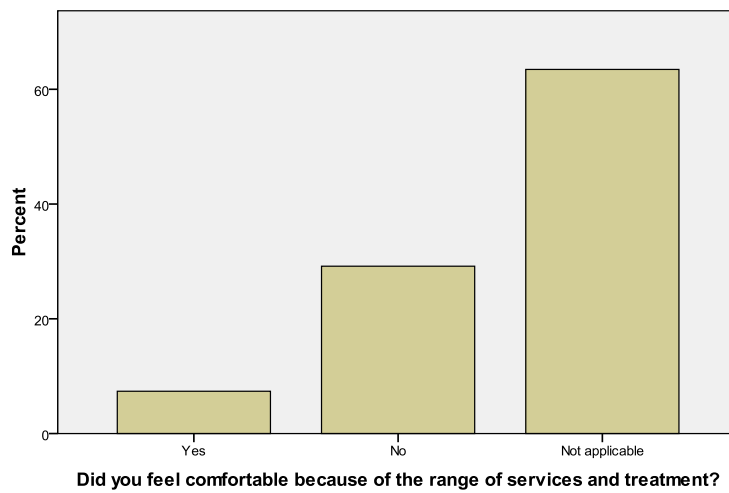


Figure 12: Did you feel comfortable because of low cost/affordable?

Did you feel comfortable because of low cost/ affordable?

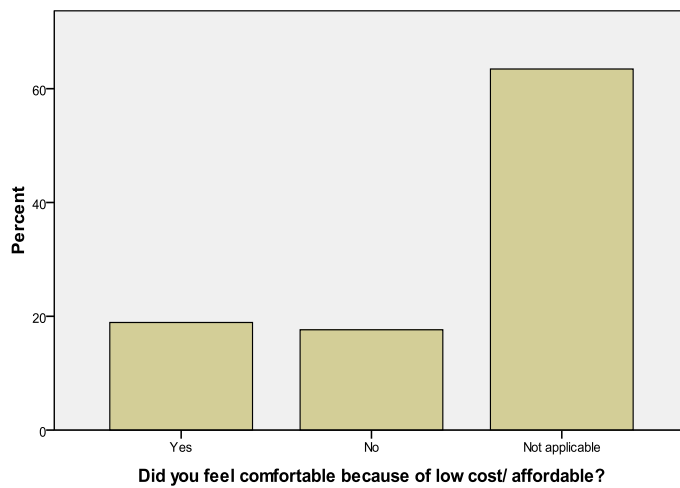


Figure 13: Did you feel comfortable because of confidentiality/ respect privacy?

The major reasons why some respondents did not seek the service in the past six months include: lack of need for the service, long distance to access the service and due to unfriendly staff. The unfriendly staff made the some young people not to access the service.

According to the interviews with young people, it has been established that in the next twelve months that there are a number of major health issues that the young people are at risk of and they include Malaria, HIV/AIDS and STIs. It is therefore paramount for Zambia YMCA and partner organizations to consider prioritizing these health issues.

d. Some Organizations in Project Sites

i. Description of some Organizations in Project Sites

The data presented in this section is based on secondary data. However, the data from key informants was used in the next section following. A number of organizations were identified in the target communities and they include the following:

- **Planned Parenthood Association of Zambia (PPAZ)**

Since its formation, PPAZ has been a leading organisation in Zambia in the area of sexual and reproductive health. PPAZ stands as an organisation that responds to the challenges of the unmet needs in reproductive health such as high fertility rates among women, low contraceptive use, high incidence of HIV/AIDS, low use of condoms for HIV prevention, teenage pregnancies, unsafe abortions and inadequate access to services by the underprivileged and underserved communities. PPAZ has a presence in all the provinces of Zambia through its 38 volunteer branches. The organisation operates three Reproductive Health Clinics in Lusaka, Kitwe and Livingstone, as well as 5 offices in Lusaka, Kitwe, Livingstone, Ndola and Choma, which have outreach to contiguous districts.

- **Copperbelt Health Education Programme (CHEP)**

Over the past years this project has increased both its geographical and programmatic coverage within the province. CHEP is currently covering 10 districts with various TB and HIV interventions and more than 30 community based organisations have been trained and enabled to provide effective TB interventions in their respective communities. Some of the main activities include; training of TB treatment supporters (TS), establishment, support and mentoring of CBOs, various income-generating projects and facilitating close working relationships between the communities and the district health services.

- **Youth Anti-AIDS Network (YAN)**

The Youth Anti-AIDS Network (YAN) is a youth led organisation that is working together with other organisations and individuals in the fight against the fast spread of HIV/AIDS in the Copperbelt in particular and Zambia in general. Youth Anti-AIDS Network has been working with many organisations in carrying out HIV/AIDS prevention activities and has contributed in putting up mitigating factors on the impact of vulnerable groups such as the youths and children. The scope of the organisation is in pre-schools, primary schools, basic schools, secondary schools, community schools, colleges higher learning institution and the society at large on the Copperbelt both in rural and urban areas and Zambia in general.

- **Youth Skills for Development**

The Youth Skills for Development organization is purely a brain child of the youth co-founded by a group of youths in 2006, and officially registered with the registrar of societies of the republic of Zambia in February, 2007. The organization was formed after realization by a group of youths, of the high levels of poverty, unemployment, juvenile delinquency, HIV/AIDS, gender and human rights injustice, and lack of youths' meaningful participation in social and economic development, due to; lack of skills required by most employers; lack of artisan support that would help skilled

youths to become entrepreneurs; lack of meaningful, inclusive information flow on issues affecting their own survival and transition into adulthood; lack of protection; limited participation in community leadership and national development and decision-making; and an absence of youth rights. A social research was conducted after which the organization was formed.

ii. Analysis of the Some Organizations in Project Sites

The data this section came from secondary data and the interviews with key informants. Through the youth led research, it has been established that there are a number of organizations in the project sites are working in addressing the health issues affecting the young people. This provides an opportunity for YMCA to collaborate with these organizations in advocating for health issues affecting young people. In Lusaka, Zambia YMCA may consider working with organizations such as PPAZ and Council of churches. For instance by working with PPAZ, the challenges of the unmet needs in reproductive health such as high fertility rates among women, low contraceptive use, high incidence of HIV/AIDS, low use of condoms for HIV prevention, teenage pregnancies, unsafe abortions and inadequate access to services by the underprivileged and underserved communities may be adequately addressed.

Furthermore, Zambia YMCA may collaborate with a number of organizations. In Chibombo District for instance, Zambia YMCA may collaborate with Liteta Hospital and schools in the area. In Kitwe, there are a number of grassroots organizations such as CHEP, YAN and Youth Skills for Development that are addressing the health issues affecting the people of Kitwe. For instance, CHEP has since 2003 CHEP played a lead role in providing capacity development technical support to Non-Governmental Organisations (NGOs), Community Based Organisations (CBOs) and other community groups working with prevention of HIV and AIDS, TB and other communicable diseases within the Copperbelt Province.

Most of the organizations that provided the research team information are involved in addressing neglected health issues. For example PPAZ promotes access to adolescent/ youth sexual reproductive health services. CHEP provides vital information to youths and empowers them to develop skills of dealing with health issues such as STIs. These organizations face a number of challenges ranging from absence of proper linkages with public health institutions, funding, traditional beliefs, values, high turnovers for peer educators to lack of partnerships. These challenges can be addressed to a larger extent through improving networking (partnerships) and scaling up resource mobilization. This can also be done by using the internet and mobile phones in reproductive health programmes because young people are enthusiastic users of text messages and internet. In terms of

collaboration opportunities between various organizations, the study has established that there are opportunities for collaboration. However, there is need to improve the collaboration by improving communication among various organizations.

e. Policy and Practice

There are a number of policies that guide young people access to youth friendly services in Zambia. Some of these policies include the national youth policy and the reproductive health policy.

The objectives of the national youth policy include:

- (a) to establish a general policy framework which will provide guide lines on all matters related to youth development;
- (b) to reduce youth unemployment through the promotion of self-employment enterprises;
- (c) to approach the problems of youths from a holistic (comprehensive) angle so as to ensure coverage of the most critical elements;
- (d) to mitigate the negative impact of the on-going economic adjustment measures;
- (e) to improve institutional performance capacity and ensure country-wide coverage in the execution of youth programmes;
- (f) to upgrade the quality of life among young Zambians through increased income generating ventures which improve real incomes;
- (g) to improve institutional co-ordination of youth programmes in the country both at the national and the local levels;
- (h) to understand youth problems better and identify sound ways of addressing them to meet the basic needs of the Zambian youth; and
- (i) to draw the private sector, donors, Non-governmental Organisations (NGOs), communities and individuals into the management of youth programmes.⁴

The following strategies have been adopted at national level to achieve the policy objectives outlined above. These have not yet been decentralized though efforts are being made to decentralize them. The role of public sector is to take a leading role in implementing the strategies. Conversely, the role of private sector is to supplement government efforts. These strategies include:

- (a) Re-organisation and re-orientation of existing youth plans and programmes to suit current national needs and aspirations. This will include rehabilitation and restructuring of existing youth skill-training schemes in the country;
- (b) Development of youth enterprise programmes incorporating small-scale business management, basic skills and business training;

⁴ National Youth Policy for Zambia (1994)

- (c) Provision of basic skills training facilities (through consolidation of existing skills training centres), infrastructure, finance, business advisory services and extension services to youth entrepreneurs;
- (d) Incorporation of basic skills and business training in the school curriculum;
- (e) Strengthening institutions dealing with youth development through institutional capacity-building programmes and improvement of networking and co-ordination to reduce portfolio and programme overlappings;
- (f) Formulation and implementation of human resource development programmes for youths and youth workers;
- (g) Undertaking research, surveys, case studies and statistical analysis to generate disaggregated data useful for planning. This will entail the establishment of sound management information system on youth development;
- (h) Improvement of resource allocation to youth programmes through resource mobilisation campaigns;
- (i) Conducting public awareness campaigns to educate the people on youth problems and development to reduce youth discrimination; and
- (j) Introduction of social safety nets in national economic programmes implemented ' under the Structure Adjustment Programme.⁵

In order to address the reproductive health issues affecting the general populace, the government came up with the reproductive health policy. Among the objectives of the reproductive health policy includes:

- a. To ensure that the nutritional status of women, and adolescent girls in particular is improved to prevent health problems.
- b. To empower adolescents/youth by equipping them with life skills, including assertiveness, self esteem, value clarification and decision making in order to achieve a positive life attitude.
- c. To increase accessibility and availability of affordable Youth Friendly Health Services to adolescents/youth at all levels of the health care system.
- d. To strengthen the prevention and effective management of STI/HIV/AIDS.
- e. To reduce the rapid spread of HIV/AIDS.

A number of strategies have been put in place in order to achieve the above objectives. The strategies include the following:

- Support programmes addressing issues contributing to under nutrition.
- Provide public information on women's nutritional needs.
- Advocate for income generating activities especially among women.

⁵ ibid

- Provide family life education and life skills to all the in and out of school adolescent/youth to enable them make responsible decisions concerning their life.
- Incorporate family life education in the curriculum of the Vocational Training Centres for out of school youth.
- Increase the number of service delivery points providing adolescent/youth services as appropriate at each level of the health care system.
- Define the role of the traditional health care system in adolescent/youth reproductive health.
- Encourage more collaboration between traditional and formal health care sector.
- Strengthen inter personal communication and services between young people and peer educators involved in reproductive health services for adolescents/youth.
- Promote research on HIV/AIDS cure.
- Support plans, programme and other initiatives aimed at mitigating the impact of STI/HIV/AIDS on individuals, households, the community national levels through financial and logistical resources.
- Support plans, programmes and other initiatives aimed at reducing spread of HIV/AIDS.
- Advocate for continuous supply of affordable drugs and alternative therapy in HIV/ADS client.

There are a number of policies that are currently in place that are aimed at promoting the youth friendly services but what is lacking is the effective implementation of these policies. According to the Reproductive Health Policy (2000), the policy indicates the need to empower adolescents/youth by equipping them with life skills, including assertiveness, self esteem, value clarification and decision making in order to achieve a positive life attitude. However, the family is not targeted in achieving this.

A representative from Zambia YMCA observed that there is stigma around sexually reproductive health due to the breakdown in the family. The Zambian culture, parents do not openly discuss sexual matters with their children. Discussing sexual matters with biological children is traditionally considered a taboo. These beliefs are widely and strongly held in our communities. It's rare that, parents talk about sexual issues with their adolescents or youths freely instead they would opt to punish them for asking such questions. Only grandparents are encouraged to discuss such issues with adolescents. In the absence of these middlemen, adolescents have no place to go and share their concerns.

Commented [p5]: This has been said repeatedly yet there is only mention of the Youth Policy and the RH policy what are the others?

These culturally, created barriers to accessing information, for example, adolescents cannot open up to their parents/guardian to share their emerging primary sex experiences, even sexual abuse is further reinforced at household level. Some time existing policies fail to be comprehensive enough to address real issues that young people face. For example, new policies are needed to cater for hard to reach groups (children on the streets). One way to do this to conduct policy reviews of the existing one. Youth forums can be way to facilitate policy review involving young people themselves and recommendations drawn can be submitted to policy makers and health policy experts.

Key learning and challenges

The challenges faced in conducting this research included:

- The complexity of data collection tool. The data collection tool which was used in collecting the data from the young people was difficult to administer. The questions which were in form of tables were difficult to understand by the research assistants. This resulted in the technical expert orienting the research assistants before they could start collecting data. This is because the data collection tool which was used during the training was different from what used in collecting data from the field.
- The research could not start on the scheduled time. This was mainly due to delay in getting comments on the data collection tools from partner organizations. This somehow affected the morale of some research team members.
- The bureaucracies in most organizations affected the timely feedback from key informants. For example, most of the government officials were difficult to interview. We made efforts to get views from government officials though most of them did not respond positively. Hence, there is need for more time in collecting data from key informants such as government officials.

Conclusions and Recommendations

Conclusions

The research study was commissioned to look at neglected health issues among the young people. According to the study findings, it has been established there are four major health issues which are neglected in the project sites. These neglected health issues include: HIV/AIDS, STIs, Malaria and teenage pregnancies. HIV/AIDS, STIs and teenage pregnancies are linked to the failure by some families to talk to their children on reproductive health issues. Malaria is affecting the neglected groups due to the hard to reach groups not sleeping under the treated mosquito nets. For example in Lusaka, the street kids who are part of the hard to reach groups have been greatly affected by this.

Among the services that are provided range from drop in centers, health centers/clinics, hospitals, peer educators, community health associations to mobile health services. Through the focus group discussions, it has been established that most of the health centers are not up to date with needed resources. For example, some health centers are congested and non user friendly. Some young people, said some medical professionals like nurse had poor interpersonal relationships with them making it difficult to openly share the problems, some reported lack of specific people assigned to deal with youth related problems, lack of confidentiality.

Chibombo had the highest followed by Lusaka while Kitwe had the least in terms of accessing services in the last six months. Most of the people who visit the health centers usually visit them for medical treatment. Other reasons why people visit the health centres is because of medical service, counselling, checkup and peer education.

It has been established that there are a number of organizations in the project sites that are working in addressing the health issues affecting the young people. This provides an opportunity for YMCA to collaborate with these organizations in advocating for health issues affecting young people. In Lusaka, Zambia YMCA may consider working with organizations such as PPAZ and Council of churches. For instance by working with PPAZ, the challenges of the unmet needs in reproductive health such as low contraceptive use, high incidence of HIV/AIDS and inadequate access to services by the underprivileged and underserved communities may be adequately addressed.

There barriers to accessing information, for example, adolescents cannot open up to their parents/guardian to share their emerging primary sex experiences, even sexual abuse is further reinforced at household level. Moreover, sometimes existing policies fail to be comprehensive enough to address real issues that young people face. For example, new policies are needed to cater for hard to reach groups (children on the streets). One way to do this is to conduct policy reviews of the existing one. Youth

forums can be one way to facilitate policy review involving young people themselves and recommendations drawn can be submitted to policy makers and health policy experts. There is therefore need for more effort to engage young people in addressing these neglected health issues which are affecting them greatly.

Considering that there is stigma in the project sites, Zambia YMCA can consider undertaking another study to establish the factors that are triggering stigma. This so in that stigma may lead to unlikeliness to disclose, or seek medical attention. There is also need for more time in undertaking such tasks in future considering the bureaucracies in some organizations such as government. Unless the neglected health issues affecting the vulnerable groups are addressed, the major health issues such as HIV/AIDS, STIs and Malaria will continue to affect many young groups in Zambia.

Recommendations

iii. Recommendations for Zambia YMCA

- Establishment of Youth friendly Spaces: Zambia YMCA should consider setting up new youth friendly corners in their local Associations or take the lead in creating or reviving existing youth friendly corners in government clinic this can be through advocacy/lobby activities aimed at development agencies and government for the creation of more youth friendly corners in the three project sites.
- Training of professional – In order to improve provision of services in government line ministries, YMCA should facilitate training of health professionals including lay staff such Volunteer Care Givers, traditional birth attendants, Community Health Workers
- Anti stigma actions should be prioritised in order to break the vicious cycle that stigma creates. Ensure that strategies developed are youth focused and friendly to avoid reinforcing stigma. One such approach is involving young people themselves in the development of strategies in education and awareness among themselves.
- Zambia YMCA should consider collaborating with grass root organizations in the three project sites in educating young people on health issues. The starting point could be to find out if these organizations are willing to collaborate with Zambia YMCA. However, this was not studied in the youth led research. The organizations that Zambia YMCA should consider working with are shown below:
 - a. Lusaka District: PPAZ, Society for Family Health, Churches Health Association of Zambia, Council Churches of Zambia, Lusaka City Council and the Lusaka District Health Management Board.

- b. Chibombo District: Liteta Hospital, Health Centres, Schools and Churches.
- c. Kitwe District: CHEP, Youth Skills for Development, YAN, District AIDS Task Force, Kitwe City Council and PPAZ.

iv. Recommendations for the Government

- The Ministry of Health should consider empowering Non Governmental Organizations focusing on youth issues to start providing youth friendly health care services.
- The government should also consider making the policies user friendly so that the young people can easily understand them. Furthermore, there is need for young people to access policy documents.
- Ensure that everyone personnel involved in the system lab technicians, counsellors, nurses at the entry points at the health facilities are responsive.
- Train service providers in how to engage youth people in their service delivery.
- Professionals such as health workers should be friendly and flexible when dealing with young people.
- Increase the number of health centres. This can help in improving the access of the services by the young people.
- There is need for the government to ensure that there is adequate medication in the health centres.

Annexes

Research team members

Name	Role Played
1. Thomas Chirwa	Technical Expert
2. Bryan Malambo	Advocacy Coordinator
3. Peter Simukanzye	Research Assistant
4. LorianneChilufya	Research Assistant
5. Andrew Matabishi	Research Assistant
6. MusapaPambwe	Research Assistant
7. Regina Kabwe	Research Assistant
8. Sandra Mukabila	Research Assistant
9. Lucy Singini	Research Assistant
10. Peter Bwalya	Research Assistant
11. Nelly Namonje	Research Assistant
12. RabeccaTembo	Research Assistant
13. Sichamba Kenneth	Research Assistant
14. Nelson Mwale	Data Entry Clerk
15. Bright Chola	Data Entry Clerk
16. Alfred Chitalu	Data Entry Clerk

Key informants

Who participated in the research?(E.g. stakeholders, interviewees)

1. Society for Family Health
2. Planned Parenthood Association of Zambia
3. Council of Churches in Zambia
4. Copperbelt Health Educational Programme
5. Youth Skills for Development
6. Youth Anti-AIDS Network

7. Zambia YMCA
8. Chibombo YMCA
9. Kitwe YMCA

Data collection tools

A. PERSONAL DETAILS

My name is from the research team of the YMCA. We are conducting a baseline survey on relevant and quality health information and services that respond to the specific needs of vulnerable and marginalised groups of young people (specify the groups of hard-to-reach young people your YMCA or YWCA is targeting through this project). I am visiting you to understand your knowledge on available health services for young people, accessibility to these services, unmet health needs and what should be done to effectively meet the needs for young people and findings will be used to demand improvements from Government and other actors in health. Kindly be informed that all you say is kept confidential so feel free to share your experiences.

Date of Interview

Name of interviewer

A. PERSONAL DETAILS

1. Reference No. or Name:

2. Sex: 1. M ☐ ☐ 2. F ☐
 3. Date of Birth/ Or Age: 4. Contact tel. number:

5. Name of village/town:

6. County/Region: 1. Lusaka ☐ 2. Kitwe ☐ 3. Chibombo ☐

7. Is where you live: 1. Rural ☐ age 2. ☐ ral Town ☐ 3. Capital City ☐
 Regional/Provincial City

8. Highest educational level achieved:

1. Never attended scho ☐ 2. Grade 1-9 (Elemen ☐ ry) 3. Grade 10-12 (Secd ☐ dary)

4. Higher Education (University/College) ☐

5. Other (please specify)

9. Special Vulnerability status: *(Please tick all applicable. Please ascertain through observation, prior knowledge or if necessary gentle probing about their situation)*

99. NA ☐

1. Child Labourer ☐
worker ☐

2. Chronic mental/physical illness ☐

3. Commercial sex ☐

4. Disabled ☐

5. Drug Addict ☐

6. Ex-combatant ☐

7. Ex-offender ☐

8. Female headed household ☐

9. Hazardous Worker ☐

10. Living on the Streets ☐

11. Member of a persecuted Group ☐

12. Orphan ☐

13. PLWHA ☐

14. Victim of child trafficking ☐

15. Victim of gender ☐

based 16. violence

17. Young Mother ☐

18. Person at risk of sexual exploitation ☐

19. Refugee ☐

20. Member of an indigenous group ☐
Person

21. Victim of natural disaster ☐

22. Internally Displaced ☐

23. Victim of political violence ☐
Affected

24. Gang Member ☐

25. HIV/AIDS ☐

26. Other ☐ _____

Knowledge

1. What three health issues most commonly affect young people in your community? *(Ask the question only. Allow the young person to decide which is most common without providing the following list. Tick any that they select or provide detail of those that may not be on the list. Use the list as a prompt only when the young person struggles to answer)*

- | | | | |
|--|--|--|---|
| 1. STIs <input type="checkbox"/> | 2. HIV/AIDS <input type="checkbox"/> | 3. Physical Disability <input type="checkbox"/> | 4. Drug related Problems <input type="checkbox"/> |
| 5. Victim of Violence <input type="checkbox"/> | 6. Malnutrition <input type="checkbox"/> | 7. Alcohol Abuse Problems <input type="checkbox"/> | 8. Obesity <input type="checkbox"/> |
| 9. Diabetes <input type="checkbox"/> | 10. Malaria <input type="checkbox"/> | 11. Stress <input type="checkbox"/> | 12. Teenage pregnancy <input type="checkbox"/> |
| 13. Depression <input type="checkbox"/> | 14. Mental Disability <input type="checkbox"/> | 15. Sexual Abuse Related Problems <input type="checkbox"/> | 16. Tuberculosis (T.B.) <input type="checkbox"/> |
| 17. Other (please state): | | | |

2. Which health issues affecting young people are heavily stigmatized and can be difficult to discuss with family, friends or others in the community? *(Same comments as above)*

- | | | | |
|--|--|--|---|
| 1. STIs <input type="checkbox"/> | 2. HIV/AIDS <input type="checkbox"/> | 3. Physical Disability <input type="checkbox"/> | 4. Drug related Problems <input type="checkbox"/> |
| 5. Victim of Violence <input type="checkbox"/> | 6. Malnutrition <input type="checkbox"/> | 7. Alcohol Abuse Problems <input type="checkbox"/> | 8. Obesity <input type="checkbox"/> |
| 9. Diabetes <input type="checkbox"/> | 10. Malaria <input type="checkbox"/> | 11. Stress <input type="checkbox"/> | 12. Teenage pregnancy <input type="checkbox"/> |
| 13. Depression <input type="checkbox"/> | 14. Mental Disability <input type="checkbox"/> | 15. Sexual Abuse Related Problems <input type="checkbox"/> | 16. Tuberculosis (T.B.) <input type="checkbox"/> |
| 17. Other (please state): | | | |

3. Are there any health services provided in your community? *(If the young person does not understand, provide them with some details about what health services may constitute e.g. drop in centers, government or private clinics/health centers, hospitals, peer educators or community groups?)*

- | | | |
|---------------------------------|--|---|
| 1. Yes <input type="checkbox"/> | 2. No (skip to Q.5) <input type="checkbox"/> | 3. I Don't Know of any (skip to Q.5) <input type="checkbox"/> |
|---------------------------------|--|---|

4. If yes, please identify with a yes/no/don't know whether these services are: *(go through each of the following lines and ask for a response for each type of health service identified)*

Type of health service	Open at Suitable Times	Low-cost/ Free	Have Friendly and Understanding	Easy to Travel to	Provide Easy to Understand	Provide Privacy and Confidentiality
------------------------	------------------------	----------------	---------------------------------	-------------------	----------------------------	-------------------------------------

			Staff		Information	
Drop-in Centers						
Health Centers / Clinics						
Hospitals						
Peer Educators						
Community health volunteers/ associations						
Mobile Health Services						
Other (please name):						
Other (please name):						

Attitudes

5. If you have a question about a health issue where would you go to find out more information and why? Who would be the person you were most confident in talking to? (Allow them to list. Please tick all that apply. Indicate who they feel most confident with by a *)

	Won't judge me	Helpful	Professional	Knowledgeable	Confidential	Can openly discuss with them	Close relationship with them	Will Provide a Morally Correct Answer

Parent								
Relative								
Friend								
Teacher								
Internet								
Clinic/ Hospital								
Health worker								
Peer counselor								
Media								
Religious figure								
Don't know								
Other (please state who and why):								

6. How would you, your parents and friends feel about you doing the following? Please answer Approve (1), Disapprove (2), Neither Approve nor Disapprove (3), Don't Know (4) for all of the below scenarios and groups:

(Read aloud the statement to the young person and then ask them how each set of people would respond to it. Enter the appropriate numerical code into the box)

	You	Parents	Friends
Joining clubs or organizations			
Drinking beer and other alcoholic beverages			
Using drugs			
Smoking			
Having a boyfriend/girlfriend			

Openly discussing personal relationships			
Living with someone of the opposite sex			
Premarital sex with partner			
Casual sex			
Using contraceptives			
Contracting an STI			

7. Who are the biggest influences on you when you are making a decision that could affect your health?
 (Ask the young person the question and then read the potential influences and ask them to pick their three biggest influences. Ask them to rank their selection. Indicate the order of influence using 1,2,3 from largest to smallest influence)

Parent		Clinic/Hospital	
Sibling		Other Relative	
Friend		Health worker	
Religious Leader		Peer counselor	
Teacher		Media	
Don't Know		Other (please state):	

Practices

8. Have you talked with anyone in the last 6 months about any of the following:

(Read out the statement e.g. 'Puberty' and then ask them whether they had discussed this, and if so, who was it with e.g. parent. Next, ask them how well the discussions went using the following code: Very Well (1); Well (2); Neutral (3); Badly (4); Very Badly (5))

Issue discussed	No	Yes	If yes, with who?	How well did it go? (see coding below)
Where to access health care				
Personal health matters				
Relationships				
Puberty				

Sexual Urges				
How pregnancy occurs				
Contraceptives				
How to say no to sex and avoiding sexual abuse				
HIV/AIDS				
Sexually transmitted infections (STIs)				
Very Well (1); Well (2); Neutral (3); Badly (4); Very Badly (5)				

Accessing Health Care

10. Of the health services in your community that you have already mentioned, have you visited any of these services in the last 6 months?

1. Yes (Go to Q.10) ☐ 2.No (Skip to Q.14) ☐ 3.Don't Know (Skip to Q.15) ☐

10. Why did you visit this health service? *(Ask the question only. Allow the young person to state their reason without providing the following list. Tick any that they select or provide detail of those that may not be on the list. Use the list as a prompt only when the young person struggles to answer. Probe by asking, "Any others?" and tick all that apply):*

1. Medical Advice ☐ 2. Medical Treatment ☐ 3. Counseling ☐
 4. Checkup ☐ 5. Peer Education ☐ 6. Other (please state):

11. Did you feel comfortable using this health service?

1. Yes (Go to Q.12) ☐ 2.No (Skip to Q.13) ☐ 3.Don't Know (Skip to Q.15) ☐

12. If yes, why did you feel comfortable? Please share up to three main reasons. *(Ask the question only. Allow the young person to state their reason(s) without providing the following list. Tick up to a maximum of 3 boxes. If their response is not on the list, tick "other" and provide details. Use the list as a prompt only when the young person struggles to answer):*

1. Friendly staff ☐ 2. Staff use simple language ☐
 3. Provide resources and information ☐ 4. Easy to access ☐
 5. Range of services and treatment ☐ 6. Low-cost / Affordable ☐

8. Confidential/Respects privacy ☐

9. Other (please state below):

13. If no, why did you not feel comfortable? Please share up to three main reasons. *(Ask the question only. Allow the young person to state their reason(s) without providing the following list. Tick up to a maximum of 3 boxes. If their response is not on the list, tick "other" and provide details. Use the list as a prompt only when the young person struggles to answer):*

1. Unfriendly staff ☐

2. Staff use complicated language ☐

3. Poor access to resources and information ☐

4. Difficult to access ☐

5. Poor range of services and treatment ☐

6. Expensive ☐

7. Lack of confidentiality/privacy ☐

8. Other (please state below):

14. If you have not visited any health services in the past 6 months, why not? *(Ask the question only. Allow the young person to state their reason without providing the following list. Tick any that they select or provide detail of those that may not be on the list. Use the list as a prompt only when the young person struggles to answer. Probe by asking, "Any others?" and tick all that apply):*

1. Didn't need service ☐

2. Too far away ☐

3. Too expensive ☐

4. Didn't feel comfortable talking about health issues ☐

5. Opening times not suitable ☐

6. Pressure from family/friends/community ☐

7. Unfriendly staff ☐

8. Used another means of treatment e.g. traditional healer ☐

9. No privacy at health service ☐

10. Didn't provide the service I needed ☐

11. Other (please state):

15. What can be done to improve young people's access to health services and medical resources? *(Provide more detail on a separate sheet if necessary)*

.....

16. Do you think there are any practices in your community which can harm the health and development of young women and young men?

1. Yes (Go to Q17) ☐

2. No (Skip to Q.18) ☐

3. Don't Know (Skip to ☐

Q.18)

17. If yes, what are these harmful practices? (Allow the young person to state their ideas and then provide prompts if necessary. Tick all applicable making note whether the young person believes that they affect young women or young men or both)

Harmful practices	Young Women	Young Men	Both Young Women and Men
Early (teenage) marriage			
Forced marriage			
Female genital cutting		N/A	N/A
Domestic violence			
Forced sex			
Sexual abuse			
Sexual harassment			
Sexual exploitation			
Coming of age rituals			
Not being sent to school			
Leaving school early			
Other (please state):			

18. In the next 12 months do you think you will be at risk of any of the following health issues? (Read out options to the young person and tick all applicable):

1. STIs ☐ 2. HIV/AIDS ☐ 3. Physical disability ☐ 4. Drug related Problems ☐
5. Victim of Violence ☐ 6. Malnutrition ☐ 7. Alcohol Abuse Problems ☐ 8. Obesity ☐
9. Diabetes ☐ 10. Malaria ☐ 11. Stress ☐ 12. Teenage pregnancy ☐
13. Depression ☐ 14. Mental disability ☐ 15. Sexual Abuse Related Problems ☐ 16. Tuberculosis (T.B.) ☐

17. Other (please state):

19. Do you have any other comments that you would like to share on young people's health needs in your community?

.....

.....
.....
.....
.....

Focus Group Discussion Guide**Knowledge**

1. What three health issues most commonly affect young people in your community?
2. Which health issues affecting young people are heavily stigmatized and can be difficult to discuss with family, friends or the community?
3. How are the services in your community?

Sexually Transmitted Infections

4. What are the infections a person can get through sexual intercourse?
5. What signs or symptoms suggest that a person has a sexually transmitted infection (STI)?
6. What important steps can a person take to avoid an STI?

Attitudes

7. If you have a question about a health issue where would you go to find out more information?
8. Why would you seek information from these sources?
9. Who are the biggest influencers on you when you are making a decision that could affect your health?

Practices

10. What are some of the health practices that you have talked with anyone in the last 6 months?
11. What are the harmful practices that affect the health of young people in your communities?

Accessing Health Care

12. What can be done to improve young people's access to health centers and medical resources?

Key Informants Interview Guide

1. Other organizations	<ul style="list-style-type: none"> • What is the name of the organization you represent? • What does your organization do? • Does your organization address neglected health issues which affect youths and which ones in particular? If yes How? • Are there any challenges met when working to deliver such services? What are the gaps and weaknesses of the systems in place? • To what extent can these challenges be solved so that the youth's health problems can be solved? • What kind of collaboration opportunities that exist between various organizations?
2. Policy and practice	<ul style="list-style-type: none"> • What are the policies of the Ministry of Health, the City or Town council, Private hospitals with regards to access to youth friendly health care services? • How can these policies help solve the neglected health issues for young people and hard to reach youths?

Workplan

Activity	Dates	Number of Days
Consultation meeting with young people to discuss the data collection tools	11 th June, 2012	1
Preparation of data collection tools	12 th to 14 th June, 2012	3
Training of research team ⁶	28 th to 29 th June, 2012	2
Field work (primary data collection)	10 th to 18 th July, 2012	9
Desk Research	23 rd to 26 th July, 2012	4
Data Entry	30 th July, 2012 to 2 nd August, 2012	4
Data Analysis	3 rd to 5 th August, 2012	3
Feedback and validation of findings	6 th to 7 th August, 2012	2
Writing of first draft report	8 th to 13 th August, 2012	4
Writing of final report	20 th to 21 st August, 2012	2

⁶ Among the topics that were covered during the training included introduction to social research, methodology, monitoring and evaluation. Other topics covered included how to conduct interviews and focus group discussions, and how to analyse the data.

Additional Statistical / Contextual data

Include any data collected/tables/graphs/etc. you believe is relevant and/or useful for the report

Age

			Sex			Total
			male	female	No response	
Age	12- 16	Count	14	34	6	54
		% of Total	4.5%	10.9%	1.9%	17.3%
	17- 21	Count	56	77	3	136
		% of Total	17.9%	24.7%	1.0%	43.6%
	22- 26	Count	40	29	3	72
		% of Total	12.8%	9.3%	1.0%	23.1%
	27- 31	Count	23	14	0	37
		% of Total	7.4%	4.5%	.0%	11.9%
	32- 36	Count	4	4	1	9
		% of Total	1.3%	1.3%	.3%	2.9%
	37- 41	Count	1	0	0	1
		% of Total	.3%	.0%	.0%	.3%
	No response	Count	2	0	1	3
		% of Total	.6%	.0%	.3%	1.0%
Total		Count	140	158	14	312
		% of Total	44.9%	50.6%	4.5%	100.0%

Region

		Sex	
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			male	female	No response	Total
Region	Lusaka	Count	59	38	3	100
		% of Total	18.9%	12.2%	1.0%	32.1%
	Kitwe	Count	47	62	1	110
		% of Total	15.1%	19.9%	.3%	35.3%
	Chibombo	Count	34	58	10	102
		% of Total	10.9%	18.6%	3.2%	32.7%
Total	Count	140	158	14	312	
	% of Total	44.9%	50.6%	4.5%	100.0%	

Highest education level

				Sex			Total
				male	female	No response	
Highest education level	Never attended school	Count	5	11	0	16	
		% of Total	1.6%	3.5%	.0%	5.1%	
	Grade 1- 9	Count	63	83	8	154	
		% of Total	20.2%	26.6%	2.6%	49.4%	
	Grade 10- 12	Count	57	50	6	113	
		% of Total	18.3%	16.0%	1.9%	36.2%	
	Higher Education	Count	12	9	0	21	
		% of Total	3.8%	2.9%	.0%	6.7%	
	No response	Count	3	5	0	8	
		% of Total	1.0%	1.6%	.0%	2.6%	
Total			Count	140	158	14	312
			% of Total	44.9%	50.6%	4.5%	100.0%

Special vulnerability status

				Sex			Total
				male	female	No response	
Special vulnerability status	Child labourer	Count	2	4	0	6	
		% of Total	.6%	1.3%	.0%	1.9%	
	Chronic mental/physical illness	Count	2	1	0	3	
		% of Total	.6%	.3%	.0%	1.0%	
	Commercial sex worker	Count	1	1	0	2	
		% of Total	.3%	.3%	.0%	.6%	
	Disabled	Count	6	5	0	11	
		% of Total	1.9%	1.6%	.0%	3.5%	
	Drug addict	Count	14	5	1	20	
		% of Total	4.5%	1.6%	.3%	6.4%	

	% of Total	4.5%	1.6%	.3%	6.4%
Ex- offender	Count	0	1	0	1
	% of Total	.0%	.3%	.0%	.3%
Female headed household	Count	1	8	1	10
	% of Total	.3%	2.6%	.3%	3.2%
Hazardous worker	Count	1	0	0	1
	% of Total	.3%	.0%	.0%	.3%
Living on the streets	Count	2	0	0	2
	% of Total	.6%	.0%	.0%	.6%
Member of a persecuted group	Count	0	1	0	1
	% of Total	.0%	.3%	.0%	.3%
Orphan	Count	35	41	1	77
	% of Total	11.2%	13.1%	.3%	24.7%
Victim of child trafficking	Count	3	0	0	3
	% of Total	1.0%	.0%	.0%	1.0%
Young mother	Count	0	25	0	25
	% of Total	.0%	8.0%	.0%	8.0%
Person at risk of sexual exploitation	Count	2	3	1	6
	% of Total	.6%	1.0%	.3%	1.9%
Refugee	Count	0	1	0	1
	% of Total	.0%	.3%	.0%	.3%
Member of indigenous group	Count	1	1	0	2
	% of Total	.3%	.3%	.0%	.6%
Victim of political violence	Count	3	1	0	4
	% of Total	1.0%	.3%	.0%	1.3%
Gang member	Count	1	0	0	1
	% of Total	.3%	.0%	.0%	.3%
HIV/AIDS Affected	Count	6	11	2	19
	% of Total	1.9%	3.5%	.6%	6.1%
Other	Count	5	3	5	13
	% of Total	1.6%	1.0%	1.6%	4.2%

	No response	Count	0	0	1	1
		% of Total	.0%	.0%	.3%	.3%
	Not applicable	Count	55	46	2	103
		% of Total	17.6%	14.7%	.6%	33.0%
Total		Count	140	158	14	312
		% of Total	44.9%	50.6%	4.5%	100.0%

Do you ask your parent for more information about a health issue?

		Region				
		Lusaka	Kitwe	Chibombo		Total
Do you ask your parent for more information about a health issue?	Yes	Count	38	51	67	156
		% of Total	12.2%	16.3%	21.5%	50.0%
	No	Count	58	54	35	147
		% of Total	18.6%	17.3%	11.2%	47.1%
	No response	Count	4	5	0	9
		% of Total	1.3%	1.6%	.0%	2.9%
Total	Count	100	110	102	312	
	% of Total	32.1%	35.3%	32.7%	100.0%	

Did you feel comfortable using the health service? * Region Crosstabulation

			Region			
			Lusaka	Kitwe	Chibombo	Total
Did you feel comfortable using the health service?	Yes	Count	31	26	53	110
		% of Total	9.9%	8.3%	17.0%	35.3%
	No	Count	8	9	3	20

	% of Total	2.6%	2.9%	1.0%	6.4%
Not applicable	Count	61	75	46	182
	% of Total	19.6%	24.0%	14.7%	58.3%
Total	Count	100	110	102	312
	% of Total	32.1%	35.3%	32.7%	100.0%

How would you feel about you joining clubs or organizations?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	285	91.3	91.3	91.3
Disapprove	21	6.7	6.7	98.1
Neither approve nor disapprove	2	.6	.6	98.7
Dont know	2	.6	.6	99.4
No response	2	.6	.6	100.0
Total	312	100.0	100.0	

How would your parents feel about you joining clubs or organizations?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	246	78.8	78.8	78.8
Disapprove	35	11.2	11.2	90.1
Neither approve nor disapprove	22	7.1	7.1	97.1
Dont know	8	2.6	2.6	99.7
No response	1	.3	.3	100.0
Total	312	100.0	100.0	

How would your friends feel about you joining clubs or organizations?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	243	77.9	77.9	77.9
Disapprove	32	10.3	10.3	88.1
Neither approve nor disapprove	27	8.7	8.7	96.8
Dont know	7	2.2	2.2	99.0
No response	3	1.0	1.0	100.0
Total	312	100.0	100.0	

How would you feel about you drinking beer and other alcoholic beverages?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	75	24.0	24.0	24.0
Disapprove	223	71.5	71.5	95.5
Neither approve nor disapprove	12	3.8	3.8	99.4
Dont know	2	.6	.6	100.0
Total	312	100.0	100.0	

How would your parents feel about you drinking beer and other alcoholic beverages?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	9	2.9	2.9	2.9
Disapprove	279	89.4	89.4	92.3

Neither approve nor disapprove	13	4.2	4.2	96.5
Dont know	9	2.9	2.9	99.4
No response	2	.6	.6	100.0
Total	312	100.0	100.0	

How would your friends feel about you drinking beer and other alcoholic beverages?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	71	22.8	22.8	22.8
Disapprove	191	61.2	61.2	84.0
Neither approve nor disapprove	43	13.8	13.8	97.8
Dont know	3	1.0	1.0	98.7
No response	4	1.3	1.3	100.0
Total	312	100.0	100.0	

How would you feel about you using drugs?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	37	11.9	11.9	11.9
Disapprove	261	83.7	83.7	95.5
Neither approve nor disapprove	13	4.2	4.2	99.7
Dont know	1	.3	.3	100.0
Total	312	100.0	100.0	

How would your parents feel about you using drugs?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	4	1.3	1.3	1.3
Disapprove	293	93.9	93.9	95.2
Neither approve nor disapprove	8	2.6	2.6	97.8
Dont know	7	2.2	2.2	100.0
Total	312	100.0	100.0	

How would your friends feel about you using drugs?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	33	10.6	10.6	10.6
Disapprove	224	71.8	71.8	82.4
Neither approve nor disapprove	47	15.1	15.1	97.4
Dont know	6	1.9	1.9	99.4
No response	2	.6	.6	100.0
Total	312	100.0	100.0	

How would you feel about you smoking?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	53	17.0	17.0	17.0
Disapprove	243	77.9	77.9	94.9

Neither approve nor disapprove	12	3.8	3.8	98.7
Dont know	4	1.3	1.3	100.0
Total	312	100.0	100.0	

How would your parents feel about you smoking?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	8	2.6	2.6	2.6
Disapprove	283	90.7	90.7	93.3
Neither approve nor disapprove	17	5.4	5.4	98.7
Dont know	4	1.3	1.3	100.0
Total	312	100.0	100.0	

How would your friends feel about you smoking?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	47	15.1	15.1	15.1
Disapprove	217	69.6	69.6	84.6
Neither approve nor disapprove	39	12.5	12.5	97.1
Dont know	7	2.2	2.2	99.4
No response	2	.6	.6	100.0
Total	312	100.0	100.0	

How would you feel about you having a boyfriend/ girlfriend?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	189	60.6	60.6	60.6
Disapprove	107	34.3	34.3	94.9
Neither approve nor disapprove	15	4.8	4.8	99.7
Dont know	1	.3	.3	100.0
Total	312	100.0	100.0	

How would your parents feel about having a boyfriend/ girlfriend?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	41	13.1	13.1	13.1
Disapprove	224	71.8	71.8	84.9
Neither approve nor disapprove	35	11.2	11.2	96.2
Dont know	12	3.8	3.8	100.0
Total	312	100.0	100.0	

How would your friends feel about you having a boyfriend/ girlfriend?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	168	53.8	53.8	53.8
Disapprove	101	32.4	32.4	86.2
Neither approve nor disapprove	36	11.5	11.5	97.8
Dont know	4	1.3	1.3	99.0

No response	3	1.0	1.0	100.0
Total	312	100.0	100.0	

How would you feel about openly discussing personal relationships?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	201	64.4	64.4	64.4
Disapprove	93	29.8	29.8	94.2
Neither approve nor disapprove	13	4.2	4.2	98.4
Dont know	1	.3	.3	98.7
No response	4	1.3	1.3	100.0
Total	312	100.0	100.0	

How would your parents feel about you openly discussing personal relationships?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	118	37.8	37.8	37.8
Disapprove	144	46.2	46.2	84.0
Neither approve nor disapprove	36	11.5	11.5	95.5
Dont know	8	2.6	2.6	98.1
No response	6	1.9	1.9	100.0
Total	312	100.0	100.0	

How would your friends feel about you openly discussing personal relationships?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	167	53.5	53.5	53.5
Disapprove	92	29.5	29.5	83.0
Neither approve nor disapprove	44	14.1	14.1	97.1
Dont know	2	.6	.6	97.8
No response	7	2.2	2.2	100.0
Total	312	100.0	100.0	

How would you feel about you living with someone of the opposite sex?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	129	41.3	41.3	41.3
Disapprove	167	53.5	53.5	94.9
Neither approve nor disapprove	12	3.8	3.8	98.7
No response	4	1.3	1.3	100.0
Total	312	100.0	100.0	

How would your parents feel about you living with someone of the opposite sex?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	42	13.5	13.5	13.5
Disapprove	234	75.0	75.0	88.5
Neither approve nor disapprove	23	7.4	7.4	95.8

Dont know	8	2.6	2.6	98.4
No response	5	1.6	1.6	100.0
Total	312	100.0	100.0	

How would your friends feel about you living with someone of the opposite sex?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	108	34.6	34.6	34.6
Disapprove	152	48.7	48.7	83.3
Neither approve nor disapprove	41	13.1	13.1	96.5
Dont know	7	2.2	2.2	98.7
No response	4	1.3	1.3	100.0
Total	312	100.0	100.0	

How would you feel about you involved in premarital sex with partner?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	69	22.1	22.1	22.1
Disapprove	224	71.8	71.8	93.9
Neither approve nor disapprove	14	4.5	4.5	98.4
Dont know	1	.3	.3	98.7
No response	4	1.3	1.3	100.0
Total	312	100.0	100.0	

How would your parents feel about you involved in premarital sex with partner?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	12	3.8	3.8	3.8
Disapprove	268	85.9	85.9	89.7
Neither approve nor disapprove	22	7.1	7.1	96.8
Dont know	5	1.6	1.6	98.4
No response	5	1.6	1.6	100.0
Total	312	100.0	100.0	

How would your friends feel about you involved in premarital sex with partner?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	64	20.5	20.5	20.5
Disapprove	194	62.2	62.2	82.7
Neither approve nor disapprove	37	11.9	11.9	94.6
Dont know	11	3.5	3.5	98.1
No response	6	1.9	1.9	100.0
Total	312	100.0	100.0	

How would you feel about you involved in casual sex?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	47	15.1	15.1	15.1
Disapprove	243	77.9	77.9	92.9

Neither approve nor disapprove	12	3.8	3.8	96.8
Dont know	4	1.3	1.3	98.1
No response	6	1.9	1.9	100.0
Total	312	100.0	100.0	

How would your parents feel about you involved in casual sex?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	13	4.2	4.2	4.2
Disapprove	263	84.3	84.3	88.5
Neither approve nor disapprove	21	6.7	6.7	95.2
Dont know	8	2.6	2.6	97.8
No response	7	2.2	2.2	100.0
Total	312	100.0	100.0	

How would your friends feel about you involved in casual sex?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	45	14.4	14.4	14.4
Disapprove	212	67.9	67.9	82.4
Neither approve nor disapprove	40	12.8	12.8	95.2
Dont know	8	2.6	2.6	97.8
No response	7	2.2	2.2	100.0
Total	312	100.0	100.0	

How would you feel about you using contraceptives?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	104	33.3	33.3	33.3
Disapprove	179	57.4	57.4	90.7
Neither approve nor disapprove	12	3.8	3.8	94.6
Dont know	2	.6	.6	95.2
No response	15	4.8	4.8	100.0
Total	312	100.0	100.0	

How would your parents feel about you using contraceptives?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	46	14.7	14.7	14.7
Disapprove	223	71.5	71.5	86.2
Neither approve nor disapprove	15	4.8	4.8	91.0
Dont know	12	3.8	3.8	94.9
No response	16	5.1	5.1	100.0
Total	312	100.0	100.0	

How would your friends feel about you using contraceptives?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	84	26.9	26.9	26.9

Disapprove	160	51.3	51.3	78.2
Neither approve nor disapprove	41	13.1	13.1	91.3
Dont know	10	3.2	3.2	94.6
No response	17	5.4	5.4	100.0
Total	312	100.0	100.0	

How would you feel about you contracting an STI?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	14	4.5	4.5	4.5
Disapprove	284	91.0	91.0	95.5
Neither approve nor disapprove	5	1.6	1.6	97.1
Dont know	5	1.6	1.6	98.7
No response	4	1.3	1.3	100.0
Total	312	100.0	100.0	

How would your parents feel about you contracting an STI?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Approve	7	2.2	2.2	2.2
Disapprove	280	89.7	89.7	92.0
Neither approve nor disapprove	12	3.8	3.8	95.8
Dont know	7	2.2	2.2	98.1
No response	6	1.9	1.9	100.0

How would your parents feel about you contracting an STI?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Approve	7	2.2	2.2	2.2
	Disapprove	280	89.7	89.7	92.0
	Neither approve nor disapprove	12	3.8	3.8	95.8
	Dont know	7	2.2	2.2	98.1
	No response	6	1.9	1.9	100.0
	Total	312	100.0	100.0	

How would your friends feel about you contracting an STI?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Approve	15	4.8	4.8	4.8
	Disapprove	258	82.7	82.7	87.5
	Neither approve nor disapprove	24	7.7	7.7	95.2
	Dont know	10	3.2	3.2	98.4
	No response	5	1.6	1.6	100.0
	Total	312	100.0	100.0	

Do you have drop-in Centers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	43	13.8	13.8	13.8
	No	269	86.2	86.2	100.0

Do you have drop-in Centers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	43	13.8	13.8	13.8
	No	269	86.2	86.2	100.0
	Total	312	100.0	100.0	

Are the drop in centers open at suitable time

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	7.1	7.1	7.1
	No	23	7.4	7.4	14.4
	Not applicable	267	85.6	85.6	100.0
	Total	312	100.0	100.0	

Are the drop in center low cost/ free?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	21	6.7	6.7	6.7
	No	22	7.1	7.1	13.8
	No response	2	.6	.6	14.4
	Not applicable	267	85.6	85.6	100.0
	Total	312	100.0	100.0	

Do the drop in centers have friendly and understanding staff

		Frequency	Percent	Valid Percent	Cumulative Percent
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Valid	Yes	38	12.2	12.2	12.2
	No	7	2.2	2.2	14.4
	Not applicable	267	85.6	85.6	100.0
	Total	312	100.0	100.0	

Are the drop-in centers easy to travel to

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	36	11.5	11.5	11.5
	No	7	2.2	2.2	13.8
	No response	2	.6	.6	14.4
	Not applicable	267	85.6	85.6	100.0
	Total	312	100.0	100.0	

Do the drop-in centers provide easy to understand information

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	31	9.9	9.9	9.9
	No	13	4.2	4.2	14.1
	No response	1	.3	.3	14.4
	Not applicable	267	85.6	85.6	100.0
	Total	312	100.0	100.0	

Do the drop-in centers provide privacy and confidentiality

		Frequency	Percent	Valid Percent	Cumulative Percent
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Valid	Yes	28	9.0	9.0	9.0
	No	14	4.5	4.5	13.5
	Dont know	1	.3	.3	13.8
	No response	2	.6	.6	14.4
	Not applicable	267	85.6	85.6	100.0
	Total	312	100.0	100.0	

Do you have health centers/ clinics

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	187	59.9	59.9	59.9
	No	125	40.1	40.1	100.0
	Total	312	100.0	100.0	

Are the clinics open at suitable times?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	115	36.9	36.9	36.9
	No	57	18.3	18.3	55.1
	Dont know	2	.6	.6	55.8
	No response	14	4.5	4.5	60.3
	Not applicable	124	39.7	39.7	100.0
	Total	312	100.0	100.0	

Are the health centers/ clinics low cost/ free

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	140	44.9	44.9	44.9
	No	24	7.7	7.7	52.6
	No response	24	7.7	7.7	60.3
	Not applicable	124	39.7	39.7	100.0
	Total	312	100.0	100.0	

Do the clinics have friendly and understanding staff?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	130	41.7	41.7	41.7
	No	26	8.3	8.3	50.0
	Dont know	1	.3	.3	50.3
	No response	31	9.9	9.9	60.3
	Not applicable	124	39.7	39.7	100.0
	Total	312	100.0	100.0	

Are the health centers/ clinics easy to travel to?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	149	47.8	47.8	47.8
	No	19	6.1	6.1	53.8
	No response	20	6.4	6.4	60.3
	Not applicable	124	39.7	39.7	100.0
	Total	312	100.0	100.0	

Do the health centers provide easy to understand information?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	127	40.7	40.7	40.7
	No	27	8.7	8.7	49.4
	Dont know	1	.3	.3	49.7
	No response	33	10.6	10.6	60.3
	Not applicable	124	39.7	39.7	100.0
	Total	312	100.0	100.0	

Do the clinics provide provide privacy and confidential?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	136	43.6	43.6	43.6
	No	24	7.7	7.7	51.3
	Dont know	3	1.0	1.0	52.2
	No response	26	8.3	8.3	60.6
	Not applicable	123	39.4	39.4	100.0
	Total	312	100.0	100.0	

Do you have hospitals?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	103	33.0	33.0	33.0
	No	209	67.0	67.0	100.0
	Total	312	100.0	100.0	

Are the hospitals open at suitable times?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	95	30.4	30.4	30.4
	No	6	1.9	1.9	32.4
	No response	4	1.3	1.3	33.7
	Not applicable	207	66.3	66.3	100.0
	Total	312	100.0	100.0	

Are the hospitals low cost/ free?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	73	23.4	23.4	23.4
	No	25	8.0	8.0	31.4
	No response	7	2.2	2.2	33.7
	Not applicable	207	66.3	66.3	100.0
	Total	312	100.0	100.0	

Do the hospitals have friendly and understanding staff?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	94	30.1	30.1	30.1
	No	6	1.9	1.9	32.1
	No response	5	1.6	1.6	33.7
	Not applicable	207	66.3	66.3	100.0
	Total	312	100.0	100.0	

Are the hospitals easy to travel to?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	79	25.3	25.3	25.3
No	17	5.4	5.4	30.8
No response	9	2.9	2.9	33.7
Not applicable	207	66.3	66.3	100.0
Total	312	100.0	100.0	

Do the hospitals provide easy to understand information?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	84	26.9	26.9	26.9
No	14	4.5	4.5	31.4
No response	7	2.2	2.2	33.7
Not applicable	207	66.3	66.3	100.0
Total	312	100.0	100.0	

Do the hospitals provide privacy and confidential?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	88	28.2	28.2	28.2
No	13	4.2	4.2	32.4
No response	4	1.3	1.3	33.7
Not applicable	207	66.3	66.3	100.0
Total	312	100.0	100.0	

Do you have peer educators?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	74	23.7	23.7	23.7
	No	237	76.0	76.0	99.7
	Dont know	1	.3	.3	100.0
	Total	312	100.0	100.0	

Are the peer educators there at suitable times?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	36	11.5	11.5	11.5
	No	35	11.2	11.2	22.8
	Dont know	5	1.6	1.6	24.4
	No response	1	.3	.3	24.7
	Not applicable	235	75.3	75.3	100.0
	Total	312	100.0	100.0	

Are the peer educators charging low or free?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	68	21.8	21.8	21.8
	No	6	1.9	1.9	23.7
	No response	2	.6	.6	24.4
	Not applicable	236	75.6	75.6	100.0
	Total	312	100.0	100.0	

Are the peer educators friendly and understanding?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	69	22.1	22.1	22.1
	No	4	1.3	1.3	23.4
	No response	3	1.0	1.0	24.4
	Not applicable	236	75.6	75.6	100.0
	Total	312	100.0	100.0	

Is it easy to reach the peer educators?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	68	21.8	21.8	21.8
	No	6	1.9	1.9	23.7
	No response	2	.6	.6	24.4
	Not applicable	236	75.6	75.6	100.0
	Total	312	100.0	100.0	

Do the peer educators provide easy to understand information?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	70	22.4	22.4	22.4
	No	4	1.3	1.3	23.7
	No response	2	.6	.6	24.4
	Not applicable	236	75.6	75.6	100.0
	Total	312	100.0	100.0	

Do the peer educators provide privacy and confidential services?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	67	21.5	21.5	21.5
	No	5	1.6	1.6	23.1
	Dont know	2	.6	.6	23.7
	No response	2	.6	.6	24.4
	Not applicable	236	75.6	75.6	100.0
	Total	312	100.0	100.0	

Are there community health associations?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	104	33.3	33.3	33.3
	No	208	66.7	66.7	100.0
	Total	312	100.0	100.0	

Are the community health associations open at suitable times?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	62	19.9	19.9	19.9
	No	36	11.5	11.5	31.4
	Dont know	3	1.0	1.0	32.4
	No response	5	1.6	1.6	34.0
	Not applicable	206	66.0	66.0	100.0
	Total	312	100.0	100.0	

Are the community health associations low cost/ free?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	74	23.7	23.7	23.7
	No	26	8.3	8.3	32.1
	Dont know	1	.3	.3	32.4
	No response	5	1.6	1.6	34.0
	Not applicable	206	66.0	66.0	100.0
	Total	312	100.0	100.0	

Do the community health associations have friendly and understanding staff?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	98	31.4	31.4	31.4
	No	4	1.3	1.3	32.7
	No response	4	1.3	1.3	34.0
	Not applicable	206	66.0	66.0	100.0
	Total	312	100.0	100.0	

Do the community health associations provide easy to understand information?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	85	27.2	27.2	27.2
	No	15	4.8	4.8	32.1

Dont know	1	.3	.3	32.4
No response	5	1.6	1.6	34.0
Not applicable	206	66.0	66.0	100.0
Total	312	100.0	100.0	

Do the community health associations provide privacy and confidential?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	87	27.9	27.9	27.9
No	15	4.8	4.8	32.7
No response	4	1.3	1.3	34.0
Not applicable	206	66.0	66.0	100.0
Total	312	100.0	100.0	

Do the community health associations provide privacy and confidentiality?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	87	27.9	27.9	27.9
No	15	4.8	4.8	32.7
Don't know	2	.6	.6	33.3
No response	3	1.0	1.0	34.3
Not applicable	205	65.7	65.7	100.0
Total	312	100.0	100.0	

Do you have mobile health services?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	26	8.3	8.3	8.3
	No	286	91.7	91.7	100.0
	Total	312	100.0	100.0	

Are the mobile health services open at suitable times?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	15	4.8	4.8	4.8
	No	10	3.2	3.2	8.0
	Dont know	1	.3	.3	8.3
	No response	3	1.0	1.0	9.3
	Not applicable	283	90.7	90.7	100.0
	Total	312	100.0	100.0	

Are the mobile health services low cost/ free?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	13	4.2	4.2	4.2
	No	9	2.9	2.9	7.1
	No response	7	2.2	2.2	9.3
	Not applicable	283	90.7	90.7	100.0
	Total	312	100.0	100.0	

Do the mobile health services have friendly and understanding staff?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	17	5.4	5.4	5.4
	No	4	1.3	1.3	6.7
	No response	8	2.6	2.6	9.3
	Not applicable	283	90.7	90.7	100.0
	Total	312	100.0	100.0	

Are the mobile health services easy to travel to?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	18	5.8	5.8	5.8
	No	5	1.6	1.6	7.4
	No response	6	1.9	1.9	9.3
	Not applicable	283	90.7	90.7	100.0
	Total	312	100.0	100.0	

Do the mobile health services provide easy to understand information?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	15	4.8	4.8	4.8
	No	5	1.6	1.6	6.4
	No response	9	2.9	2.9	9.3
	Not applicable	283	90.7	90.7	100.0
	Total	312	100.0	100.0	

Do the mobile health services provide privacy and confidential?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	20	6.4	6.4	6.4
	No	4	1.3	1.3	7.7
	No response	4	1.3	1.3	9.0
	Not applicable	284	91.0	91.0	100.0
	Total	312	100.0	100.0	

Did you visit the health service because of medical service?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	52	16.7	16.7	16.7
	No	77	24.7	24.7	41.3
	Not applicable	183	58.7	58.7	100.0
	Total	312	100.0	100.0	

Did you visit the health service because of medical treatment?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	60	19.2	19.2	19.2
	No	69	22.1	22.1	41.3
	Not applicable	183	58.7	58.7	100.0
	Total	312	100.0	100.0	

Did you visit the health service because of counseling?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	43	13.8	13.8	13.8
No	86	27.6	27.6	41.3
Not applicable	183	58.7	58.7	100.0
Total	312	100.0	100.0	

Did you visit the health service because of checkup?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	40	12.8	12.8	12.8
No	89	28.5	28.5	41.3
Not applicable	183	58.7	58.7	100.0
Total	312	100.0	100.0	

Did you visit the health service because of peer education?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	22	7.1	7.1	7.1
No	107	34.3	34.3	41.3
Not applicable	183	58.7	58.7	100.0
Total	312	100.0	100.0	

Did you feel comfortable using the health service?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	110	35.3	35.3	35.3

No	20	6.4	6.4	41.7
Not applicable	182	58.3	58.3	100.0
Total	312	100.0	100.0	

Did you feel comfortable because of friendly staff?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	58	18.6	18.6	18.6
No	57	18.3	18.3	36.9
Not applicable	197	63.1	63.1	100.0
Total	312	100.0	100.0	

Did you feel comfortable because staff use simple language?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	39	12.5	12.5	12.5
No	75	24.0	24.0	36.5
No response	1	.3	.3	36.9
Not applicable	197	63.1	63.1	100.0
Total	312	100.0	100.0	

Did you feel comfortable because of the provision of resources and information?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	40	12.8	12.8	12.8
No	74	23.7	23.7	36.5

Not applicable	198	63.5	63.5	100.0
Total	312	100.0	100.0	

Did you feel comfortable because it is easy to access?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	60	19.2	19.2	19.2
	No	54	17.3	17.3	36.5
	Not applicable	198	63.5	63.5	100.0
	Total	312	100.0	100.0	

Did you feel comfortable because of the range of services and treatment?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	23	7.4	7.4	7.4
	No	91	29.2	29.2	36.5
	Not applicable	198	63.5	63.5	100.0
	Total	312	100.0	100.0	

Did you feel comfortable because of low cost/ affordable?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	59	18.9	18.9	18.9
	No	55	17.6	17.6	36.5
	Not applicable	198	63.5	63.5	100.0
	Total	312	100.0	100.0	

Did you feel comfortable because of confidentiality/ respect privacy

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	59	18.9	18.9	18.9
No	54	17.3	17.3	36.2
No response	2	.6	.6	36.9
Not applicable	197	63.1	63.1	100.0
Total	312	100.0	100.0	

Did you feel not comfortable because of unfriendly staff?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	9	2.9	2.9	2.9
No	10	3.2	3.2	6.1
Not applicable	293	93.9	93.9	100.0
Total	312	100.0	100.0	

Did you feel uncomfortable because staff use of complicated language?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	2	.6	.6	.6
No	17	5.4	5.4	6.1
Not applicable	293	93.9	93.9	100.0
Total	312	100.0	100.0	

Did you feel uncomfortable because of poor access to resources and information?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	1.6	1.6	1.6
	No	14	4.5	4.5	6.1
	Not applicable	293	93.9	93.9	100.0
	Total	312	100.0	100.0	

Did you feel uncomfortable because of difficult to access?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	1.6	1.6	1.6
	No	14	4.5	4.5	6.1
	Not applicable	293	93.9	93.9	100.0
	Total	312	100.0	100.0	

Did you feel uncomfortable because of poor range of services and treatment?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	2.2	2.2	2.2
	No	12	3.8	3.8	6.1
	Not applicable	293	93.9	93.9	100.0
	Total	312	100.0	100.0	

Did you feel uncomfortable because it is expensive?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	1.0	1.0	1.0
	No	16	5.1	5.1	6.1
	Not applicable	293	93.9	93.9	100.0
	Total	312	100.0	100.0	

Did you feel uncomfortable because of lack of confidentiality/ privacy?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	1.3	1.3	1.3
	No	14	4.5	4.5	5.8
	Not applicable	294	94.2	94.2	100.0
	Total	312	100.0	100.0	

Other reason why felt uncomfortable?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No response	7	2.2	2.2	2.2
	Not applicable	120	38.5	38.5	40.7
	Because of many people	1	.3	.3	41.0
	doctors did not understand previous illness very well	1	.3	.3	41.3

none response	8	2.6	2.6	43.9
not aplicable	1	.3	.3	44.2
not applicible	1	.3	.3	44.6
not applicable	168	53.8	53.8	98.4
not application	1	.3	.3	98.7
nurse are very rude to people	1	.3	.3	99.0
nurses are not professionals	1	.3	.3	99.4
place is too noisy and over crowded	1	.3	.3	99.7
The counselor was rushy	1	.3	.3	100.0
Total	312	100.0	100.0	