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Teenagers' Perceptions, Utilization, and Expectations of Sexual and Reproductive Health Services in Ekurhuleni Township, South Africa: Making Services Responsive

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Abstract: Programs such as the Friendly Clinic Initiative (NAFCI) accredited youth-friendly services (YFS) in South Africa have addressed issues such as HIV prevalence, sexual activity, and condom use, but they appear to have failed to significantly to reduce the incidence of pregnancy among learners who are still at school. This research sought to explore perceptions and experiences on the responsiveness of YFS in preventing unintended teenage pregnancy, from the viewpoints of teenage girls and boys in the township of Ekurhuleni (South Africa). This mixed-methods study included narratives with fifteen pregnant or teenage mothers, six focus groups, and a survey of 233 teenage boys and girls. Qualitative and quantitative data were assessed separately with thematic and descriptive analyses, respectively, and the outcomes were compared, combined, and discussed, where applicable. The findings of the study indicate that teenagers do not use the health services for prevention of unintended pregnancy and other consequences. They use the services only reactively and seem to perceive rather than experience barriers to attending any healthcare services. The study further highlights teenagers' aspirations of the services that will address their daily struggles and impact their reproductive health status. They suggest several possible non-conventional approaches that could be implemented to improve the provision of sexual and reproductive health. During the COVID-19 pandemic, there was some evidence to demonstrate that there is a place for non-conventional service provision for young people. This paper concludes that sexual reproductive health services be positioned as services that support the well-being of young people by looking at their health needs comprehensively.

Keywords: *Teenager, Learners, Sexual and Reproductive Health Services, Acceptability, Ekurhuleni*

Introduction

The delivery of healthcare services directed at young people has become a topic of increasing interest, especially in the context of sexual and reproductive health (SRH). SRH is linked to sustainable development thus leading to meeting the needs of the present without compromising the ability of future generations to meet their own needs. According to the World Health Organization (2012), for any services to be accessible and meet the needs of the young people they must be approachable. The International Planned Parenthood Federation (IPPF) defines these as services that attract young people, respond to their needs, and retain young clients for continuity of care (IPPF 2008).

There have been studies that show that young people require services that are directed to them only, such as a study that was conducted in sub-Saharan Africa by Ninsiima, Chiumia,

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and Ndejjo (2021). This study revealed that the environment at healthcare facilities were not welcoming as there was no separate youth clinics and that makes it difficult for young people to utilize the services from the facility (Ninsiima, Chiumia and Ndejjo 2021). Songtaweesin et al. (2020) reported similar findings—that young people in Thailand received motivation from service providers working in youth-friendly health facilities, which as a result encouraged them to utilize healthcare services. Sweden has demonstrated sustained success in terms of access to services for young people and the existence of YFS for over forty years (Thomée et al. 2016).

In a middle-income country with a well-developed system of primary health care, it stands to reason that South African teenagers would be able to access sexual and reproductive health services. The National Adolescent Friendly Clinic Initiative (NAFCI), which is the standard of measurement and accreditation of youth-friendly services (YFS) in South Africa, based its development and implementation on the fact that offering services through the public sector was the most accessible and sustainable approach.

However, the current status of sexual and reproductive health outcomes, which are mainly negative, points to some gaps in sexual and reproductive health services access, delivery, and the availability of these services. It is imperative to have conversations and understanding of the drivers of the persistence of high negative sexual and reproductive health outcomes as it is vital in order to shift behaviour and improve the services. In response to the identified gaps, programs such as Friendly Clinic Initiative (NAFCI), which are accredited youth-friendly services (YFS) in South Africa, were set up to provide services to young people. These services demonstrated having addressed issues such as HIV prevalence, sexual activity, and condom use, but appear to have failed to significantly reduce the incidence of pregnancy among learners who are still at school.

This research sought to explore perceptions and experiences on the responsiveness of YFS in preventing unintended teenage pregnancy, from the viewpoints of teenage girls and boys in the township of Ekurhuleni (South Africa) using the lens of the creative development framework. The objectives of the research were:

1. To examine factors that have an influence in shaping a teenager's ability to prevent pregnancy.
2. To explore the study population's knowledge, perceptions, and experiences with YFS.
3. To explore responses to unintended pregnancy as experienced by teenage girls.
4. To examine the factors that have an influence in shaping sexual reproductive health services and YFS.

Brief Literature Review on Youth Friendly Services

Various terms are used for these services, but usually they are referred to as adolescent services. They are also referred to as adolescent sexual and reproductive health services and are

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"services that are accessible, acceptable, equitable and appropriate to meet SRH needs of young people" (WHO 2002a). Youth-friendly services were put in place to try to address the unique problems of young people who are in their teenage years. The International Planned Parenthood Federation (2008) and WHO (2002a) outlined elements essential for providing YFS: youth-friendly policies; youth-friendly healthcare providers; and youth-friendly mechanisms of delivering services such as privacy, convenient hours, and provision of comprehensive services by a facility.

YFS comprises a program aimed at improving the SRH of young men and women (Dickson-Tettteh, Pettifor, and Moleko 2001). Provision of YFS includes testing, diagnosing, and treating sexually transmitted infections; providing information, education, and communication; HIV prevention and management activities; social support, care, and referral; and providing information on early pregnancy and contraception (Kempers, Ketting, and Lesco 2014). Information on pregnancy would include counseling on types of contraceptives, contraceptive distribution, pregnancy testing, antenatal care, information, and access to termination of pregnancy, and social support. For the purposes of this study, responsiveness to unintended teenage pregnancy means the ability of YFS to counsel teenagers on how to prevent pregnancy and to provide the means for preventing teenage pregnancy from occurring.

Conceptual Framework

This study applied social constructionism as a theoretical approach, as sex and sexuality are not only biological constructs but are socially determined. The teenage years are universally characterized by human development. However, the meanings ascribed to youth, childhood, pregnancy, and sexuality differ between different societies, depending on commonly held values and historical contexts.

Methodology

The study employed a mixed-methods approach (Hesse-Biber 2010) by incorporating quantitative and qualitative methods. The quantitative method involved conducting a survey and provided a description of the demographics. The qualitative method sought to enhance the understanding of the lived experiences of teenagers regarding unintended teenage pregnancy and their views and experiences about the existing health service in the community (Hesse-Biber 2010). The complementary factor allows for a fuller understanding of the research problem and clarifying of research findings, and the development factor uses results from another method to help develop or inform the other method (Hesse-Biber 2010). One of the advantages of a mixed-methods research approach is that it allows the researcher to gather rich data that either one of the approaches (quantitative and qualitative) cannot obtain when applied independently (Almeida 2018). This mixed method is demonstrated in Figure 1.

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The study employed three non-probability sampling techniques in the selection of study participants: purposive, convenience, and snowball sampling. In selecting the participants, the researcher relies on his/her own judgment (Saunders, Lewis, and Thornhill 2012). Non-probability sampling involved approaching a particular sub-group: boys and girls aged 13–19 who agreed to participate.

This study was conducted in a township, east of Johannesburg, which has thirteen locations with varying characteristics in terms of socioeconomic status. The participants were recruited from public areas in the community such as clubs and sports fields, where presentations about the study were conducted. The participants who were interested contacted the recruiter and the researcher on any Friday afternoon or Saturday. The study location was selected because of the relatively small urban population and the presence of a NAFCI-accredited YFS clinic in this setting. The study comprised of the sample size of 299 participants.

The study was explained to the participants and written informed consent was obtained prior to the start of the interviews. Informed consent was obtained from parents of girls younger than 18 years (the age of majority in South Africa) (The South African Children's Act 38 of 2005). The participants who were younger than 18 provided assent while participants older than 18 provided consent. To maintain confidentiality, the participants were assigned code numbers instead of using their names. They were assured of anonymity and were informed that their names would not be referred to in reporting the findings or in any form of data sharing such as conference presentations. The University of the Witwatersrand Human Research Ethics Committee (Medical) approved the study (protocol clearance number M140945).

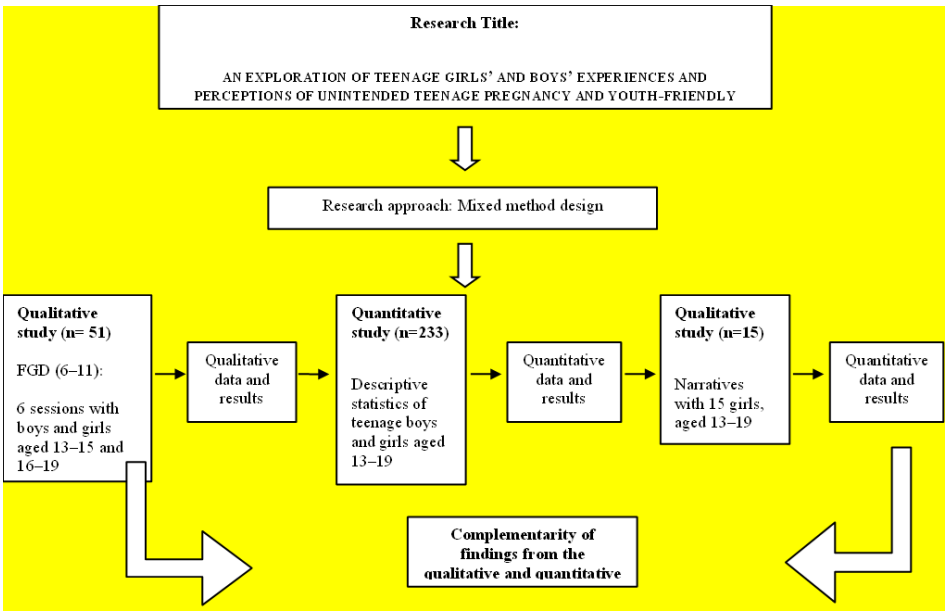

Figure 1. The Research Design

Source: Adapted from Hesse-Biber (2010)

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Results

Quantitative data from the survey were referred to demonstrate participants' demographics and the contrast or convergence of qualitative data where applicable. Responsiveness in this study is defined as a healthcare systems approach that considers the specific needs of the population it serves (Darby et al. 2000). In this paper, three themes emerge from the study findings regarding the perceptions and experiences of the responsiveness of YFS in preventing unintended teenage pregnancy. The results draw on the importance of honoring young people's lived experiences, the importance of multidisciplinary efforts in supporting young people's access and sustainability to services that promote their well-being and collective action in tackling their issues.

Participants' Demographic Data

Overall, 233 teenagers completed the survey questionnaire. Because of incomplete responses on some questions after cleaning the data, only 198 responses were analyzed. From a total of 198 completing the survey, 78 (39%) were boys and 120 (61%) were girls. The ninety-two younger teenagers (13–15 years) comprised a larger number of girls (66; 72%) than boys (26; 28%), whereas the 106 older teenagers were almost equal with fifty-four (51%) girls and fifty-two (49%) boys. Fifty-one (51) teenagers participated in the focus group discussions (FGDs). They comprised twenty-five(49%) boys and twenty-six (51%) girls in six FGDs, with six to eleven participants per group. Fifteen teenagers participated in narratives, with two pregnant at the time of the study and thirteen having been pregnant. All fifteen narrative participants were enrolled in school; thirteen attended the same schools they had attended before pregnancy, and two had changed schools after falling pregnant.

Table 1. Demographic Characteristics Of Survey Participants

Variable	Overall (N=198)	Boys (N=78)	Girls (N=120)
Age group (years)			
13-15	92 (46%)	26 (28%)	66 (72%)
16-19	106 (54%)	52 (49%)	54 (51%)
Currently enrolled in school			
Yes	160 (81%)	60 (38%)	100 (62%)
No	37 (19%)	18 (49%)	19 (51%)
Did not answer	1		
Current Grade			
12	16 (10%)	10 (17%)	6 (6%)
11	20 (13%)	10 (17%)	10 (10%)
10	37 (23%)	12 (20%)	24 (24%)
9	22 (14%)	9 (15%)	13 (13%)
8	31 (19%)	8 (13%)	23 (23%)
7	19 (12%)	5 (8%)	14 (14%)
6	15 (9%)	6 (10%)	10 (10%)

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Teenagers' Experience with Healthcare Services

The theme describes data on participants' experiences in using healthcare services, how and when they used the healthcare services, and the types of services they used. The experiences presented were both negative and positive, including interaction with healthcare providers and the outcome of the interactions. The study participants in the FGD reported not having used YFS but having used general healthcare services, illustrated by their experiences. The experiences were drawn from their use of general health care services and highlighted their perceptions and the meaning they associated with these services.

The results from the survey indicate that of the thirty-four respondents seeking health care in the past twelve months, 15% (10) were boys and 22% (24) were girls, whereas more boys than girls in the FGDs reported having had a recent visit to a health care facility. The participants who responded by saying "Yes" to seeking health care in the past twelve months were the same individuals who reported minor ailments such as influenza, allergies, and sickness. More responses were given when participants were asked why they sought health care services, e.g., twenty-eight participants sought services that were SRH-related (11 males and 17 females).

The participants stated that when they had minor ailments and health problems, the clinic was the first point of contact, followed by private doctors, and then the hospital. This was the same as the response received from the survey. All the girls in the narratives had visited an ante-natal clinic or hospital for delivery of the baby and some had considered or attempted to access termination of pregnancy services.

The participants in the narratives sought health care only when they were pregnant and were attending antenatal clinics. Antenatal care may be said to be both a preventive service to ensure the delivery of a healthy baby with no birth complications and a curative in response to a condition (pregnancy). Some participants contacted health care services because of other problems, only to discover that they were pregnant as illustrated by this participant:

> Oh, okay. I, like I did not know that I was pregnant. I was at school then I had a stomachache, I went to the clinic. The doctor told me that I was pregnant. It was already seven months when I discovered that I was pregnant. (Narrative PPT 5)

Obstacles to Using Healthcare Services

The study participants mentioned several problems that they experienced; among these were access to information, attention to minor ailments, elective and voluntary services such as circumcision, and preventive screening programs. They confirmed using other healthcare services and not the YFS; this provided this research with an opportunity to draw on their experiences with healthcare services. The obstacles to using any healthcare services are those factors or conditions that make it impossible or unwelcoming for young people to make use of the services. Few participants from the FGDs spoke from experience, and most stated that

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they usually did not have a need for healthcare services, and when the need arose, they feared hostile nurses and were embarrassed to go to the clinic for pregnancy prevention products or any preventative measures. Issues raised by the participants in the FGDs demonstrate that the experiences were always negative or unwelcoming. The following excerpts are from the younger boys regarding SRH services:

> And they [service providers] know what you are going to do with them [condoms]; they ask you; they want you to say in your own words [all laughing]. (FGD, boys, 13–15, PPT 1)

> Mine was bad, because ai! this last year's circumcision, no it was bad. When asking questions, this person who was asking questions, it's like she was harsh. She will ask a question and when answering if I ever say "Maybe" she said, "Don't come and tell me 'Maybe'; say the correct answer". So, I just said whatever. …. This person is frowning at you, he just does not want to laugh with you [laughter but from few, others were very attentive] (FGD, boys, 16–19, PPT 4).

The participants who reported not having utilized healthcare services felt uncomfortable seeking services from the facilities based on the negative reports that they had heard and perceptions about the services:

> They (meaning service users/clients) have come for service but all these negative thoughts of theirs, like they highlight all the wrong things then they whisper right ones [a lot of echoing]. You know they are good at this this. [mimicking and whispering]. But when it's something wrong they say it loud, you see. It is something like that, there are these people who, like, are not appreciating. Ja [Yes]. (FGD, boys, 16–19, PPT 5)

Negative rumors or feedback are more audible than positive feedback. Being exposed to public services has the potential of evoking feelings of embarrassment for young people; hence the sentiment shared by this participant:

> Maybe at the clinic they must make a special place so that people are not embarrassed. (FGD, boys, 13–15, PPT 2)

The views seemed to be based more on their perceptions than their experiences with the YFS or general healthcare services. These perceptions, which were influenced by the stories they heard about incidences at these facilities, were sufficient to discourage them from contacting services for assistance, although the participants thought it was good to have community resources available to them so they could get help without feeling ashamed. They then engaged in discussions regarding what they considered to be an acceptable YFS or health service, which is discussed in the next section.

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Teenagers' Expectations of the Responsiveness of Health Services to Their Needs

The findings from the survey and FGDs indicate that the participants had ideas and aspirations on the kind of services they needed and wanted. Responding to a survey question that asked "Why do you think teenagers may use YFS?" their responses were that the service should be closer, offer services required by teenagers, is convenient, is the only service we know, confidentiality is ensured, and staff is friendly. The majority (both boys and girls) wanted services that were closer.

The participants in the FGDs reported that a range of services should be made available and that easy access for teenagers was necessary. Building on their perceptions and experiences, the study participants identified certain factors that needed to be dealt with to promote access and utilization of the YFS. The following responses emerged, which described their perceptions of a responsive YFS: 1) positioning of the services; 2) the desired services to be provided; and 3) characteristics of a preferred service provider. These, according to the study participants, were a prerequisite for making a service available, accessible, and acceptable, and are discussed further.

This study's results indicate that a service extends beyond access to health services and highlights those teenagers who encountered several struggles in their everyday lives, including anxiety around health. The results suggest several possible non-conventional approaches that the study participants believe could be of help to them. They mentioned that it is essential to have trained social workers, psychologists, and health workers to deliver sexual and reproductive health services in the school context.

> I think we need to be open, even if there are problems that you are facing, be open to someone so that you can be helped and don't end up doing wrong things. Like she said that maybe they (family or friends) say she must go have babies so that they can have grant money. So that she gets support, so she needs to get people like social workers because they are able to help in certain problems, they must say what their problem is at home; the situation is like this and this. Ask for help. (FGD 16–19, mixed, girl PPT)

Discussion

The use of healthcare services occurs only when the teenagers are experiencing symptoms and is indicative of their adoptions of disease-oriented view of health care (Smith and Coombs 2003). This means using services reactively rather than proactively in the case of unintended pregnancy; young people who fall pregnant but do not have any intention of doing so, as demonstrated in the narratives, contact a health care service only when already pregnant.

The findings on healthcare service utilization are like the findings from a survey of adolescents in Soweto, which showed that the proportion of females seeking health care was slightly higher than that of males, although not statistically different (Otwombe et al. 2015).

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A different finding was shown in research from Uganda, Nigeria, and South Africa where there were gender disparities, with females more likely to access health care than males (Nkala et al. 2015). The non-use of services designed specifically for the young people in this context is concerning as these services are meant for preventive and promotion of wellbeing of young people.

The participants provided several reasons for the non-use of YFS, the most notable of which was the lack of knowledge of their existence. Similarly, Ivanova et al. (2019) found that in Uganda young people lacked knowledge on the use of YFS as well as SRH. As illustrated by their experiences, general healthcare services provide care to the public (all age groups) and for all disorders, illnesses, and diseases. The experiences of pregnant or formerly pregnant mothers with antenatal care or SRH-related service is limited and limits its association to access to the prevention of unintended pregnancy. Experiences with antenatal care services offers a valuable perspective of the SRH care provided to young people and valuable lessons can be learned to influence pregnancy prevention care. The current study highlights yet another gap on how to inform young people about services available to them. The question that can be asked is how effective health and well-being promotion messages and activities in this community are.

In their study to assess whether NAFCI improved adolescent services in a clinic setting, Dickson, Ashton, and Smith (2007) alluded to the fact that on the day of assessment, there were not enough adolescents attending the clinic. Looking at the study results and their observation in 2002–2003, this may not have been just that day's occurrence; young people rarely attend clinics. Nkosi et al. (2019) reported similar findings that young people are hesitant in accessing healthcare services. The current study, however, did not point to hesitancy but to the lack of knowledge about the existence and where knowledge exists negative perceptions took precedence.

There is a noted contrast between the problems or issues faced by young people and the services that they utilized. The findings show that research participants wanted to use services for treating diseases or symptoms, but aside from those hurdles, they had internalized the idea that health care was focused on treating disease. Importantly, as noted in this study are the elements informed by their experiences with using the service, or their perceptions, which were informed by what they had heard of other teenagers' experiences. Unwelcoming attitudes from healthcare professionals resulted in scaring the teenagers from accessing healthcare services (Panday et al. 2019). Issues raised by the participants in the FGDs demonstrate that the experiences were always negative or unwelcoming. This also highlights those perceived ideas more than experiences informed the reluctance of young people from attending the healthcare services. Thus, in assessing the use and non-use of the facilities, it is highly recommended that the actual experience should be separated from the perceived experiences.

The quotes from the younger teenagers who attended the general healthcare services illustrated the hostile nature of providers at the healthcare facility. The expectation was that these young people would be treated with dignity, receive prompt attention, and be provided

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with a relevant service. The study can also conclude that some of the service providers were trapped in the discourse of shamefulness of young people's sexuality, and their attitude was such that these young people would be unlikely to seek pregnancy prevention services. Pandey et al (2019) reported similar findings that adolescents were less likely to utilize health services due to unprofessional attitudes from healthcare service providers.

As a health promotion strategy, these young people present an opportunity for service providers to provide them with relevant information and embrace the fact that they (young people) are acknowledging that they are sexually active but would like to prevent impregnating someone or falling pregnant. Their sexual and reproductive needs encompass an opportunity to make an informed choice whereby they delayed or avoided pregnancy until they were ready, in line with their reproductive health right to reproduce (UNHR 2018). This then illustrates that they need proper health guidance before they can reproduce (Handayani et al. 2019). This is a missed opportunity in preventive health care. In an endeavor to conceptualize access, Levesque, Harris, and Russell (2013) made a valid contribution in stating that access could not be limited to the point where a service user arrives at the service provision facility but should include the realisation of the intended outcome.

The study notes with concern that some of the teenagers' views seemed to be based more on their perceptions than their experiences with the YFS or general services. These perceptions, which were influenced by the stories they heard about incidences at these facilities, were sufficient to deter them from seeking services. In support of these perceptions, research shows that healthcare workers' negative attitudes toward the service users discourage them from seeking health services and thus, as a result, influences others who have not yet accessed the services negatively (Ninsiima, Chiumia, and Ndejjo, 2021). A similar finding to provider attitude and behavior as a barrier to healthcare utilization was reported in a study conducted in Soweto, where healthcare providers stated that they limited contraception provision to 18-year-olds and above (Holt et al. 2012). They did this even though in South Africa a person can legally access contraception from 12 years of age (Children's Act 2005).

The same finding was made by Essack, Toohey, and Strode (2016) in their study of social workers in Durban. They demonstrated that in providing services to young people, social workers failed to interpret legislation and imposed their own value judgments when providing services, in that they believed sex should only take place within the bounds of a marriage relationship. Additionally, a study that was conducted in Uganda revealed that although most teenagers lacked knowledge on sexual reproductive health services, they feared to be judged at the clinics (Ivanova et al. 2019). Similarly, it was found that some healthcare service providers in Ethiopia imposed their judgements on unmarried sexually active young girls and refused to give them contraceptives, which can result in an increased risk of unwanted pregnancies (Sidamo et al. 2021). Wahl et al. (2020) also suggest that adolescents or teenagers should be provided with the services that meet or respond to their needs. The aspiration by our study participants corresponds to a USA finding that reported that stigma

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around the use of contraceptives prevented young people from seeking such services at healthcare facilities (Garney et al. 2021).

The findings on the utilization of YFS were rather different from the findings on a female YFS study in Egypt, which indicated that there had been increased accessibility and quality, although effectiveness and efficiency remained low (Nouman et al. 2009). While Sweden has different socio-economic conditions to those of the countries in the sub-Saharan Africa, there are lessons to be learned from its strategy, which has allowed the country to boast forty years of existence and sustainability of youth friendly services (Thomée et al. 2016). It is our belief that there are lessons that can be learned from other countries to improve access to YFS. Confirming the experiences and perceptions of this study was a systemic review of qualitative studies from different parts of the world conducted by Chandra-Mouli et al. (2014), which noted that in many places, young people were unwilling to visit healthcare facilities because they viewed them as hostile. Such services failed to provide the type of service required by young people, making them unsuitable.

The participants were able to describe and conceptualize YFS; this points to their ideas and aspirations on the kind of services they need and want. The proximity of the service, the availability of services required by teenagers, and convenience ranked high in their list; while knowledge of the service existence, confidentiality, and friendly staff ranked low. In support of this finding, literature often stipulates that young people seek health services where confidentiality is maintained and the facility is closer to them (Pandey et al, 2019). The majority (both boys and girls) wanted services that were closer. These results indicate spatial positioning of a service as a crucial component of service delivery. Services to help teenagers prevent pregnancy do not necessarily have to be provided by a healthcare service for them to be accessible and responsive to the needs of young people.

The study participants indicated a preference for services to be brought to schools or closer to where they were. This quest for services being brought to young people was observed in the findings from a stand-alone youth center in Soweto. It documented success in reaching young people with services and information through its outreach program, in which services were taken to schools and community centres (Nkala et al. 2015). The same finding was made in a CAPRISA-school-based SRH model that provided mobile services to schools and was able to attract young people to its services (Montague et al. 2014). In support of the above findings, Thomée et al. (2016) postulate that SRH services that are brought or promoted at schools alert young people to the existence of such services, and this encourages them to make use of them.

The participants in this study mentioned information and education, pregnancy prevention to include condoms, and contraceptives, counseling, pregnancy assistance and information about abortion. In the process, they identified that the services required should link to the preferred service provider who, according to them, would be well positioned to deal with the issue or problem at hand. Wahl et al. (2020) also suggest that adolescents or teenagers should be provided with the services that meet or respond to their needs. Not being

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able to get assistance at the clinic also contravenes the aims of National Health Insurance of South Africa, as it states that all citizens should have access to good quality health services (Harris et al. 2011).

The findings also compare with the study on African Americans where participants advocated for non-traditional services, which provided a service beyond medical services in a healthcare setting (Ravenell, Whitaker, and Johnson 2008). A study in Wales by Reeves et al. (2006) suggested a similar accessibility option, where participants preferred to have youth centers placed near their homes to provide easy access to services. Similar findings were made in Sri Lanka and Nepal, where accessibility to health information and clinics was desired (Agampodi, Agampodi and Piyaseeli 2008; Regmi et al. 2012). Additionally, Chiwire et al. (2022) reported similar findings that healthcare service users preferred the health facilities to be near them, so it becomes easier to access them.

Comparable findings on the preference of having a range of services were presented in a study conducted by Mulaudzi et al. (2018), in which service providers in Soweto found that SRH could be a point of entry to services other than those directly related to SRH, such as referral to poverty alleviating programs. The same finding was made in the Statistics South Africa report, which found that young people in South Africa are challenged by many problems, including teenage pregnancy, alcohol, sexually transmitted diseases, as well as tobacco use (StatsSA 2022). Similar findings were made by Thomée et al. (2016) that young people used youth clinics as an entry to access other services such as counseling. The stand-alone program in Soweto also found that adolescents were accessing their voluntary counseling and testing service as a point of entry for other services such as access to school (Nkala et al. 2015).

Conclusion

A program that is responsive to young people's needs can provide substantial benefits to the well-being of teenagers. Where programs are well designed and help prevent unintended pregnancy and other unintended health outcomes, they will not only benefit the individual young man and woman but will benefit society and future generations. The gap that still exists between perceptions and experiences points to the need for access to youth friendly services Physical existence of healthcare services does not translate to availability and accessibility. As per the young people, the issues and problems they face do not match the services provided for by the healthcare services. These services are mainly utilized as disease or symptom-related care. The young people have internalized health care as disease-oriented.

There are various obstacles mentioned by the study participants that create barriers to access, the main being the misinformation or negative rumors they hear about the services.

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Recommendations

There is a need to demystify healthcare service and position them as health and well-being services. Lessons can be learned from programs aimed at HIV and AIDS and the response to Coronavirus, which focused on both the preventive and restorative aspect of health and well-being. Taking lessons from the response of societies to COVID-19, it can be said that there was lot of collaboration among different social welfare programs. The information on prevention and management of Coronavirus was delivered to where people are using various forms of information delivery systems and tools. If the same efforts and strategies can be employed for young people's sexual reproductive health services, many lives can be saved and quality of life of young people be improved. This approach will help reach the aspirations of having the services delivered to the young people as they indicated. Young people are looking for service delivery that responds to their unmet needs, such as receiving psycho-social support (e.g., being able to talk to someone and being listened to), care and information (being able to reach services such as contraceptives without too much effort), and being assisted in dealing with structural factors such as poverty.

Based on recommendations made by these teenagers, a development approach to service delivery, which encompasses finding positive roles for teenagers in education and sport, finding alternative sources of income for their families, and widening the approach to care beyond medicalization of sex is proposed. The developmental approach recognizes human beings as a resource that can be utilized and focuses on interrelationships due to their influence on social roles. These young people recommended cross-sectoral service provision in which they could also take part in problem solving.

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