ASSESSMENT OF HEALTH FACILITY COMPLIANCE WITH STANDARDS AND PERCEPTION OF ADOLESCENTS TO QUALITY OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN KILINDI, TANGA TANZANIA

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By

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A dissertation submitted in partial fulfillment of the requirements for the degree of Master of Public Health of the Muhimbili University of Health and Allied Sciences.

Muhimbili University of Health and Allied Sciences

November, 2012

CERTIFICATION

The undersigned certify that they have read and hereby recommend for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled Assessment of health facilities compliance with standards and perception of adolescents to quality of sexual and reproductive health services in Kilindi, Tanga Tanzania,in Partial fulfillment of the requirements for the degree of Master of Medicine (Internal Medicine) of Muhimbili University of Health and Allied Sciences.

_____

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DECLARATION

AND

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I, Dr **Godson Maro**, declare that this **dissertation** is my own original work, and that it has not been presented and will not be presented to any other University for similar or any other degree award.

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Abstract

Background

Promoting healthy practices during adolescence and taking steps for better protection of young people from health risks is critical to the future of countries' health. Young people aged 15-24years account for 60% of the new HIV infection in sub Sahara Africa. The risk of dying from pregnancy-related causes is much higher for adolescents than for older women. Quality of Sexual and Reproductive Health (SRH) services is poor in most areas in rural settings leading to low utilization of services. The study aim at assessing health facility compliance with standards and perception of adolescents to quality of sexual and reproductive health services in Kilindi, Tanga Tanzania.

Objectives

Main Objective of this study was to assess health facilities compliance with standards and perception of adolescents to quality of sexual and reproductive health services in Kilindi, Tanga Tanzania with Specific objectives of determining quality of SRH service in relation to MoHSW standard guidelines in Kilindi District, to assess adolescents perception towards quality of SRH services offered in Health facilities in Kilindi District and to assess attitudes of health workers towards adolescents SRH services in Kilindi District

Materials and Methods

A multi-stage sampling strategy was employed to select the study sample in this cross sectional community and facility based study. Three hundred (300) young people were interviewed while 14-health facilities were assessed. Data were generated using structured interviews and standard serviqual questionnaire and analyzed using stata version 12 statistical packages. Serviqual questionnaires were analyzed using standard serviqual analysis stages where the five quality dimensions of tangibility of service, assurance, empathy, responsiveness and reliability gape scores were assessed.

Results

Quality of SRH services was perceived low with average gap score of 4.57 among all five-quality dimensions. Health facilities also showed very low scores of 2.57 out of 4 in terms

of functioning fully following the seven standards for provision of Youth friendly services. Knowledge of SRH was high among young people who had higher education ($p < 0.001$). Young people with advanced age also had higher knowledge of STIs. Health care providers had no enough training on youth friendly SRH services.

Conclusion and recommendations

Quality of SRH services offered by existing health facilities to young people in Kilindi is very low regardless of awareness of young people on key SRH services available at health facilities. It is important for the program and policy makers to ensure standards set for services reflect ability of facilities to offer them

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Abbreviations

AMREF	African Medical and Research Foundation
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Clinic
ASRH	Adolescent Sexual Reproductive Health
DMO	District Medical Officer
FGD	Focus Group Discussion
FP	Family Planning
HCP/HSP	Health care/service Provider
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IUD	Intra-Uterine Device
KAP	Knowledge, Altitude and Practice
MoHSW	Ministry of Health and Social Welfare
NGOs	Non Governmental Organizations
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child Transmission of HIV
RH	Reproductive Health
RCH	Reproductive and Child Health
RCHCO	Reproductive and Child Health Coordinator
RHR	Reproductive Health Rights

SDPs	Service Delivery Points
SERVQUAL	Service quality
SRH	Sexual and Reproductive Health
SRHR	Sexual Reproductive Health Rights
TBA	Traditional Birth Attendant
TDHS	Tanzania Demographic and health Survey
VCT	Voluntary Counseling and Testing
YFS	Youth Friendly Service

Definition of Terms

Adolescent is defined by World Health Organization as a person between 10-19 years of age (WHO 2008).

Young people (male and female) aged 10-24 years (WHO 2008)

Youth is a young people (male and female) aged 15-24 (WHO 2008)

In the MOHSW Tanzania documents the terminologies of youth and adolescents are used interchangeably but they all mean young people.

Adolescent Friendly SRH Services: In this study, it means a wide Health based information and services provided to young people to meet their individual health needs in Sexual and Reproductive health in a manner and environment to attract interest and sustain their motivation to utilize such services.

WHO Define Youth friendly services as; "Services that are accessible, acceptable and appropriate for adolescents. They are in the right place at the right price (free where necessary) and delivered in the right style to be acceptable to young people. They are effective, safe and affordable. They meet the individual needs of young people who return when they need to and recommend these services to friends."

Quality Is the standard of something as measured against other things of a similar kind; the degree of excellence of something: "quality of life".

Quality Health care services emcompases six dimensions to ensure Effective, efficient, accessible, acceptable/patient-centred, safe and equitable, delivering health care, which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status (WHO 2012).

Reproductive Health is a state of complete phyisical, mental and social welbeing and not marely the abscence of disease or infirmity, in all matters relating to the reproductive system and not its functions and processes.

CHAPTER 1

Introduction

This chapter explains the background to the problem. It also states the problem statement, research questions, broad and specific objectives as well as rationale for the study.

1.1 Background information

Young people's health is of great importance as they are in their tender age and hence facing several challenges including making important decision, which may affect their life. Sexual and reproductive health education and information are important to young people as they face most of difficult situation to make decisions and escape some dangers for unwanted early pregnancies, STIs and HIV AIDS and discouraged harmful traditional practices.

In a number of countries worldwide, one quarter or more of both boys and girls become sexually active before 15 birthdays, often involuntary. For girls in many developing countries, early sexual initiation occurs within arranged marriages, where as for boys this is virtually never the case. Whether married or not, young sexually active girls are especially vulnerable to sexually transmitted infections (STIS) HIV/AIDS and unsafe pregnancies. All young people need information and skills to protect themselves from harm and to make free informed and responsible sexual and reproductive decisions. Early and universal access to accurate and comprehensive sexuality education in the schools is rare but essential. Health services rarely recognize or meet the needs of young adolescents before or even after they become sexually active (1)

It has been revealed that 15% of young people aged 15-19years are married while 23% of the young women aged 15-19 years are already mothers. Young people aged 15-24years account for 60% of the new HIV infection (2).

In most of rural settings in Tanzania, existing public health facilities remain as the main service delivery point where it is expect for young people as for all other community members to receive health information and services. Integration of youth friendly services is expected to all facilities.

Youth friendly service delivery is based on provision of services based on a comprehensive understanding of what young people in that particular society or community want, rather than being based only on what providers believe to be good. It also considers understanding, respect and the realities of young people's diverse sexual and reproductive lives. It is about creating a service which young people trust and feel is there for them and their needs.

Quality of Sexual and reproductive health services is very important for the improved access and utilization of sexual and reproductive health services by young people in community. Key aspects of quality care and friendliness of the services are important factors in utilization of service and information given from these facilities.

This study will assess the quality of sexual and reproductive health services offered to adolescents in the existing health facilities and perception of adolescents towards SRHR services in the rural Kilindi district in Tanzania and look into perception of adolescents to these services in the rural settings.

1.2 Problem statement

Most of programs targeting improving services and health to young people focuses their efforts to young people in the urban settings and forget about young people in the hard to reach rural areas where there is scarcity of infrastructures for provision of quality friendly SRHR services.

Formation and generalization of the adolescent friendly sexual and reproductive health guidelines by the ministry of health faces challenges in its implementation in resource scarcity environments hence approaches that are more creative are needed to ensure implementation of quality of care and accessibility of the services and information by adolescents.

Issues of the shortage of trained health care workers to work in the rural settings may be a big challenge especially to the hard to reach communities where also access to quality

reproductive health services is of equally importance. This may need further exploration to come up with possible suggestion for improvement of adolescent reproductive health services in rural settings.

Young people need need to be aware of the sexual and reproductive health services available for them and their importance so that they will search for the services. Studies also show that the implementation of the friendly Sexual and reproductive health services is only 30% in the country, which create gap in the coverage of quality services to young people. Mosty of Health care providers are not oriented on the adolescent friendly services, which also cause pooe quality of care to the young people in general.

Problem analysis table

The problem analysis table below tries to identify some factors and gaps for provision of quality SRH services to adolescent in Kilindi district using the conceptual framework of quality of care (8).

Key factors influencing the quality of Youth friendly SRH servives are grouped as structural factors, youth characteristics, Process factors and health system characteristics.

Structural factors	**Population/youth characteristics (Outcome factors)**	**Process factors**	**Health system characteristics**
• Poor staffing at the health facilities • Lack of knowledge by health workers on youth SRHR services • Policy implementation challenges	Low knowledge of their SRH rights	Lack of some SRH services	Distance to the health facility
	Lack of confidence to health workers	Low quality of service	Health facility not appropriately located

understanding of existing SRH policies and guidelines • Low understanding of existing policies in support of youth SRHR • Lack of privacy and supportive environment • Lack of materials and supplies for SRH services • No Special time for youth services	Lack of information of SRHR services	Lack of counseling and information on SRH	Lack of transport to the health facility
	Low use of health facility for preventive services	Negative Attitude of some health service providers to adolescents	High cost of transport to the health facility
	Affordability (some services are charged)	Timing of services while open	

Structural factors consider the environments in which these services are provided including existence of supportive policy, recruitment of skilled personnel presence of important infrastructures, materials, supplies and time allocated for services to young people. Population characteristics included the low knowledge of the young people on the SRHR, poor access to information and other factors including low utilization of preventive services and inability to pay for the services. Process factors is considered to include low quality services, inability of health providers to offer some services, lack of counseling services and poor allocation of proper time for youth to access services they need. Health system characteristics factors include location of health facilities, affordability of the key population to reach the services, lack of transport to the health facility or high cost of transport to the health facility and distant to the health facility.

1.3 Conceptual framework

Many studies has Described the quality of care and the study in Tanzania also conceptualize quality of care in Tanzania to include five important components of quality of care which includes structure, processes and outcome also linked with health system,

and population characteristics that must be well supported with resource development and economical support (8)

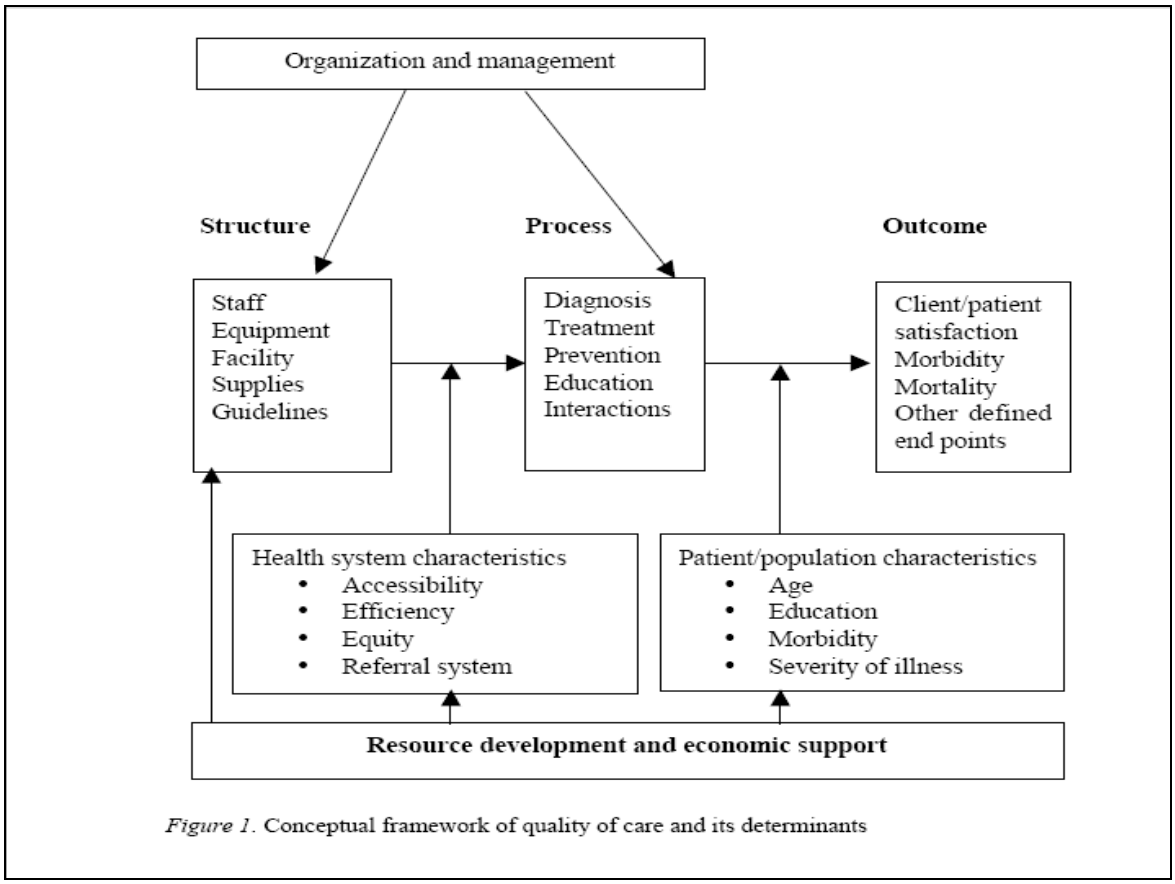


Figure 1. Quality aspects of maternal care in Tanzania (8)

This study therefore tried to assess the quality of adolescent sexual and reproductive health services and perception of quality services by young people in rural Tanzania looking into concepts of the quality of care and explored some factors for improvement of health services to adolescents in the rural settings.

1.4 Research questions were

1. What is the status of adolescent sexual and reproductive health services in rural Kilindi District considering set standards?
2. What are the adolescents perceptions of SRH services provided in the Health facilities in Kilindi District?
3. What are the attitudes of Health care providers towards provision of SRH services to the adolescents?

1.5 Research Objectives

1.5.1. Broad objective

To assess health facilities compliance with standards and perception of adolescents to quality of sexual and reproductive health services in Kilindi, Tanga Tanzania

1.5.2 Specific Objectives

1. To determine quality of SRH service in relation to MoHSW standard guidelines in Kilindi District
2. To assess adolescents perception towards quality of SRH services offered in Health facilities in Kilindi District
3. To assess attitudes of health workers towards adolescents SRH services in Kilindi District

1.6 Study Hypothesis

Quality of adolescent sexual and reproductive health in health facilities in rural Kilindi district is poor if compared with ministry of health standards for provision of ASRH services due to poor implementatyion of set standards. Utilization of SRH by young people is low due to perceived low quality of services

1.7 Significance of the study

Due to heterogeneity of adolescents and their needs for health information, education and well being quality of sexual and reproductive health services is of great importance for them to access and increase utilization of the services offered.

This study will provide information on the status of SRH services provision to the young people in Kilindi and provide information on the key areas where the services need to me improved to comply with the set standards by the Ministry of Health and social welfare in Tanzania.

Findings of the study will lead to better understanding of the quality of adolescent's sexual and reproductive health in the rural settings with reference to Kilindi district for proper

actions to improve health of young people and proper preventive measures to reduce maternal morbidities and mortalities.

Furthermore, information obtained from this study will revile the service provision practice in Kilindi as well as giving empirical information on how adolescents perceive the services offered in health facilities in Kilindi which in turn will inform programmers, policy and decision makers towards improving physical, psychological and social well being of the young people. In addition, findings of this study provide information to the clinician and nurses providing services to the young people in health facilities on the perceived quality of care to improve the services to meet the demand and standards of care.

CHAPTER 2

Literature Review

2.1.1 Adolescents Health

Adolescents (aged 10 to 19 years) have specific health and development needs, and many face challenges that hinder their well being, including poverty, a lack of access to health information and services, and unsafe environments. Interventions that address their needs can save lives and foster a new generation of productive adults who can help their communities' progress (3).

Nearly two thirds of premature deaths and one third of the total disease burden in adults are associated with conditions or behaviors that began in youth, including tobacco use, a lack of physical activity, unprotected sex or exposure to violence. Promoting healthy practices during adolescence and efforts that had better protect this age group from risks will ensure longer, more productive lives for many (3).

About 16 million girls aged 15 to 19 give birth every year - roughly 11% of all births worldwide. The vast majority of births to adolescents occur in developing countries. The risk of dying from pregnancy-related causes is much higher for adolescents than for older women. Laws and community actions that support a minimum age for marriage, as well as better access to contraception, can decrease too-early pregnancies (3).

In Tanzania, more than half of women under age 19 are pregnant or already mothers and only 12% of women age 15-24 use modern methods of family planning. Studies has shown that although most of young pregnant women receive antenatal care only half of young women birth in a health facility with assistance of health professional (2)

2.1.2 Quality of Sexual and reproductive health

The World Health Organization defines sexual and Reproductive health beyond physical health to include mental and social well being. Therefore, implies that people are able to have a responsible, satisfying and safe sex life, and that they have the capability to reproduce and the freedom to decide, when and how often to do so. Sexual and reproductive health encompasses human rights that are recognized in national laws,

international human rights documents and other consensus documents. These rights rest on the basic right of men and women to have access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chances of having a healthy infant (5).

Quality of Care" was conceptualized at the International Conference on Population and Development (ICPD) in 1994 as a means to assist couples in achieving their fertility intentions but recently WHO has reviewed the quality of care and adapted Bruce–Jain model approach and included six components of quality of care as choice (availability and variability of services), information given to the client, technical competence, interpersonal relationship, mechanism to encourage continuity and appropriate constellation services (6).

Studies have shown that for the improvement of maternal health care services a combination of interventions may help in resource-limited environments like rural settings. It has been evident through the study on systematic review of the packages, impacts and factors for change of maternal health interventions in resource-limited countries that no single intervention may bring significant reduction of maternal mortality but rather a combination of interventions (7)

Having skilled and technical health care providers is one among the key components in provision of quality reproductive health services. Study conducted in Rufiji Tanzania examining quality of care of maternal health services using antenatal management of anaemia and hypertension and emergency obstetric care as focal point shows that improvement of health facilities, equipments and short course trainings ware viewed as key issues towards improvement of quality of care of pregnant mothers by health care workers. In addition, this study founds the inadequate equipments and drugs, structural weaknesses, inadequate staff knowledge and lack of staff motivation contributed to poor quality of services (8).

Adolescent Health care services are of great importance as it contributes to the improved health and development of young people. Ideally adolescent clinic services encompasses prevention, diagnosis and treatment of STIs and HIV, care during pregnancy and childbirth. Services should also be accessible, acceptable and appropriate for adolescents (9).

2.1.3 Determinants of quality of care

The definitions of quality also reflect the object of assessment and the measurable attributes of health care associated with good quality, and these vary with the level of assessment (10&11). One study gave suggestion of six major categories of quality of care determinants for programme development, which is in a holistic approach to reduce maternal and neonatal morbidity and mortality, and they are linked to the outcomes (i.e. to improve the health of women throughout their life cycle). These determinants are political environment, financing, socio-cultural factors, health systems, training/education, interaction/collaboration (12).

At a general level one can look at health care systems as a whole in which resources, activities, management and outcome of health care are all implicated. In this approach, quality becomes the value of distinction of the system in all its aspects (7).

Explaining the determinants of, and methods to assess, quality of care about 32 years ago, it was suggested that an approach with three components (structure, process, outcome) that has gained widespread acceptance probably due to its simplicity and persuasiveness. In this approach the structure refers to the conditions under which care is provided, which include *firstly*, human resources such as the number, variety and qualification of professional and support personnel, s*econdly*, material resources, such as facilities and equipment, and *thirdly*, organizational characteristics such as the organization of medical and nursing staff, the presence of teaching and research functions, kinds of supervision and performance review, methods of paying for care, etc (13).

The *process* means the activities that constitute health care – including diagnosis, treatment, rehabilitation, prevention, and patient education that are usually carried out by professional personnel, but also including the contribution of patients and their families. The *outcome* means changes (desirable or undesirable) in individuals and population that can be attributed to health care, which also include: *firstly*, changes in health status, *secondly*, changes in knowledge acquired by patients and family members that may influence future care, *thirdly*, changes in behaviour of patients or family that may influence

future health, *and fourthly*, satisfaction of patients and their family members with the care received and its outcomes (14).

Quality of care for provision of youth friendly services is guided with seven standards according to the ministry of Health and Social Welfare in Tanzania (19).

Information and advice; All adolescents are able to obtain sexual and reproductive health information and advice relevant to their needs, circumstances & stage of development.

SRH services; All adolescents are able to obtain sexual and reproductive health services that include preventive, promotive, rehabilitative and curative services that are appropriate to their needs.

Information on ARH rights; All adolescents are informed of their rights on sexual and reproductive health information and services whereby these rights are observed by all service providers and significant others

Provider competence; Service providers in all delivery points have the required knowledge, skills and positive attitudes to provide sexual and reproductive health services to adolescents effectively and in a friendly manner.

Policies and Management systems; Policies and management systems are in place in all service delivery points in order to support the provision of adolescent friendly sexual and reproductive health services.

Organization of SDPs; All service delivery points are organized for the provision of adolescent friendly reproductive health services as perceived by adolescents themselves.

Community and Parental Support; Mechanisms to enhance community & parental support are in place to ensure adolescents have access to sexual & reproductive health services.

It is also well stated that for the quality youth friendly sexual and reproductive health facilities should be organised and able to provide quality services by considering the following factors (19);

1. Training of service providers on YFS

2. Privacy during service provision
3. Proper / friendly opening hours
4. SRH services accessible to all adolescents irrespective of their marital status
5. SRH services accessible to all adolescents irrespective of their ability to pay
6. Precence of functioning Referral system and
7. Community and parental support

2.1.4 Assessment of quality of health care

Standards of care

The Standards of quality care need to be monitored through out to ensure its existence and through this monitoring and evaluation as an important aspect in quality of care. The standards have been described as explicit statements that stipulate the desired and/or achievable level of performance against which actual performance is compared, whereas criteria are variables selected as indicators to determine whether the established standards have been met (15). For now there are good numbers of literatures in the area of reproductive health on how to assess some components of quality of care. In family planning particularly, quality of care assessment has been extensively described (22). On issues of antenatal care in rural Tanzania a number of studies also have been conducted to assess the situation (8, 16, and 17).

Standard of care for adolescent friendly SRH services has been described full in the Tanzania MoHSW standards manual and include seven standards for provision of adolescent SRH services and it included provision of information and advice related to their needs, adolescents been able to obtain SRH services that include preventive, promotive, rehabilitative and curative services, Health care providers have required knowledge and skills and positive attitude to adolescents, policy and management system in place to provide support, provision of service according to adolescents perception and mechanism to enhance parental and community support must be in place(19).

CHAPTER 3

Methodology

3.1 Study Design

This was a cross sectional community and health facility-based study. The study was conducted for six months.

3.2 Study area

The study was conducted in Kilindi District involving fourteen health facilities and the surrounding communities.

The main reason for selecting this district is that it fits the criteria of been rural settings and presence of different ethnic groups with different cultural backgrounds. The researcher also has good knowledge of the environment around the study area and this helped logistics and the whole process of data collection.

3.3 Study population

The study population involved health care providers in the selected study health facilities and adolescents (young people aged 10-19 years) residing in the selected wards, in kilindi community.

3.4 Sample size

Fourteen Health facilities (approximately 50% of functioning health facilities in Kilindi) were chosen from the existing twenty-eight functional health facilities in Kilindi District. This was in line with the recommended proportion of health facilities that should be included in the assessment of quality of care when covering certain geographical area (23) All health care providers in these health facilities during study visit were interviewed and assessment of the quality of services offered to adolescents was conducted through health facility check list.

Quantitative data collection: The minimum sample size n for young people (10-19year) was obtained using the formula developed by W.G Cochran (18) to be used in populations

that are large: Proxy SRH service like proportion of adolescents who use contraceptives was used in the formula below to calculate study sample size;

$$n = \frac{Z^2P(100-P)}{\varepsilon^2}$$

Where:

P = Proportion of adolescents women (aged 15-19 years) who reported to use any contraception method is 10.7% (18).

E= margin of error set at 5%

Z= standard normal deviate set at 1.96 for 95% confidence level

$n = \frac{1.96^2 \times 10.7(100-10.7)}{5^2}$ = 147 One hundred forty seven yong people

For comparing variables where enough sample size was needed, OpenEpi Version 2 was used with design effect of 2 to estimate the sample size;

- Population size(for finite population correction factor or fpc)(*N*): 50,000 (population of young people in Kilindi) Hypothesized % frequency of outcome factor in the population (*p*): 10.7%+/-5 Confidence limits as % of 100(absolute +/- %)(*d*): 5%
- Design effect (for cluster surveys-*DEFF*): 2
- Sample Size(*n*) for 95% Confidence Levels was 293

The sample size was then approximated to 300 young people, male and females aged 10-24 years

3.5 Sampling procedures

Eight health facilities were randomly selected from existing 28 functional health facilities and were included in the study.

A multistage sampling technique was used to select study sample (adolescents) from the community. Three hundred young people aged 10-24 years were involved in the study, and included both male and female.

Kilindi District was selected purposively and the reasons for selection ware mentioned in the study area section above due to the different ethnicity representations including nomadic life style and its rural settings. Then selection went to Division level, followed by Ward level up to household level. Number of divisions and wards was obtained from district administrative secretary.

Sampling steps was as described below

1. List of 4 division formed the frame work
1. One out of four division was selected randomly
2. Out of number of wards in the selected division, three Wards were selected randomly.
3. Among the villages in the selected three Wards 10 hamlets /villages was selected randomly. All the village/hamlet in the selected wards was listed before doing random selection.
4. Finally, from each village randomly households ware selected where only one adolescent who has ever used health facility in Kilindi was included to meet the sample size of 300. The sampling considered representation of approximately equal number of male and female young people

3.6.0 Data collection and management.

3.6.1 Recruitment training

Ten research assistants experienced with the conduct of maternal health research were recruited. Prior to data collection, research assistants were oriented on purpose of the research, data collection tools and interviewing techniques.

3.6.2 Pre testing

Data collection tool was pre tested in Kwamwande Village, Kilindi District. The area was selected because of its rural settings and proximity to Kilindi District. A total of about

eight adolescents (4male, 4 females) were involved in the pilot test. The purpose of pretest was to verify whether the tools were able to collect desired information as well as assuring consistency of questions. Necessary editing was conducted after pre testing and before data collection.

3.6.3 Data collection

Data was collected with investigator and other research assistance using prepared data collection tools and this was done every day except on Sunday. Supervision was done every day to ensure completeness and accuracy of filling questionnaires.

The study uses questionnaires in collecting information from adolescents and Health care providers and quality checklist for facilities offering SRH services. Two types of data collection tools were used. These tools included: Modified servqual (service quality) questionnaires (20) to adolescents from the community to assess their perception towards SRH services offered in the Health facilities in Kilindi and the facility checklist to assess quality of adolescent SRH services.

All data collection tools were translated into simple Swahili and used during data collection so as participants were able to understand and answer the questionnaires properly.

Structured questionnaires

Study used modified health care servqual questionnaire that was pre-designed to collect information on perception of quality of adolescent SRH services at health facilities in Kilindi. This data collection tool was employed to collect information from adolescents selected from the community who ever used health facilities in Kilindi.

Facility checklist

Checklist was used to record quality of services in the health facilities with reference to seven national standards for provision of adolescent friendly SRH services. In addition, the tool was also used to collect information on the Health service providers at each facilities looking at level of professional trainings and their knowledge and perception towards ASRH

Important Key variables

Social demographic variable included age in year, marital status, education level, professional trainings and ethnicity. Knowledge of health service providers and of adolescents on key SRH service was also measured. Checklist was used to ascertain level of health facility and assess availability of drugs and supplies for SRH, the quality of SRH health services at the facility that include privacy, training of HCP on relevant SRH topics, facility opening hours, accessibility, referral, community and parental support.

3.7 Data Processing and analysis

Data was coded and double entered and analyzed using Epi info Database and statistics software for public health professional's version 6. Descriptive statistics was calculated to give characteristics of variables and cross tabulation to determine association between variables. Chi –square test were used to compare association between proportions and p value of less than 0.05 was considered significant.

Analysis of SERVQUAL questionnaire

The serviqual scores was also computed using its standard procedures and derive servqual response in un-weighted scores and weighted score which includes five service-quality dimensions of reliability, responsiveness, assurance, tangible and empathy.

The following SERVQUAL procedures was used in analysis

1. Compute the 'gap' for each statement pair for each consumer.

   SERVQUAL score = Perceptions Score - Expectations Score

2. Compute the dimensions scores for each respondent by averaging the gap score over the relevant number of statements (either **4** or **5** statements)

3. Derive **SERVQUAL** respondent's scores in the following way:

Unweighted scores Sum dimensions and divide by 5

Weighted scores Tangibles ***** (Tangibles Weight/100) **+**

Reliability ***** (Reliability Weight/100) **+**

Responsiveness * (Responsiveness Weight/100)+

Assurance * (Assurance Weight/100) +

Empathy * (Empathy Weight/100)

4. Derive total **SERVQUAL** scores by totaling the scores and dividing by **N** of Respondents

3.8 Ethical consideration

The research protocol was submitted for ethical clearance to the Muhimbili University of Health and Allied Health sciences Research ethical Committee.

Meeting with Kilindi DMO was made before commencing data collection in the facilities. Also meeting with the local leaders was made before data collections in the community. These meetings was set to request for permission to conduct the study in their facilities and community, and it outlined objectives of the study, obtain detailed information on the population etc, and agree upon the date of the study and how the survey results will be used and disseminated.

Informed consent was obtained from each interviewee before enrolment into the study. Research assistant read the consent form and explain to the study participants so that they understood what the study is all about. For each individual, we asked for his or her verbal assent as well as consent. Individuals who agreed to participate in the study were required to give their verbal consent. Each individual was free to decide either to participate or not with no effect on him or her in relation to the services. Each participant was assured that their information will be handled confidentially and they are free to disagree to participate or to drop out from the study at any time with no cost.

Confidentiality was strictly maintained for study subjects. There were no use of participants names in the study and each participants was assigned study number, which was been used during the study.

CHAPTER 4

RESULTS

Demographic features

A total of 300 young people were interviewed from ten villages in three wards of Kilindi district

Among 300 participants recruited in this study, young people in the age categories of 10-14 were about 31% while 15-19 and 20-24 were about 45% and 24% respectively. Among all young people who participated in the study, 19% had no formal education while 20.8% they were already in the marital relationships.

Table 1: Demographic characteristics of study participants

Demographic characteristic	Ward			
	KIBIRASHI n=90	**KISANGASA n=150**	**MVUNGE n=60**	**Total**
Sex				
Male	39 (43.3)	64 (42.7)	28 (46.7)	131 (43.7)
Female	51 (56.7)	86 (57.3)	32 (53.3)	169 (56.3)
Total	90	150	60	300
Age in years				
10 – 14	27 (30.3)	55 (37.7)	9 (15.0)	91 (30.3)
15 – 19	46 (51.7)	56 (38.4)	31 (51.7)	133 (44.3)
20 – 24	16 (18.0)	35 (24.0)	20 (33.3)	71 (23.7)
Age unknown	1	4	0	5(1.7)
Total	90	150	60	300
Marital status (married)				
Yes	9 (11.0)	31 (21.5)	19 (32.8)	59 (20.8)
No	73 (89.0)	113 (78.5)	39 (67.2)	225 (79.2)
Total	82	144	58	284

Table 1 Continuation from pg..19 Demographic characteristics of study participants				
	KIBIRASHI	**KISANGASA**	**MVUNGE**	
Literacy rate	**n=90**	**n=150**	**n=60**	**Total**
No formal education	18 (20.0)	35 (23.3)	6 (10.0)	59 (19.7)
Attended formal school	72 (80.0)	115 (76.7)	54 (90.0)	241 (80.3)
Total	90	150	60	300
Primary school education				
STD I	6 (9.8)	4 (4.3)	0 (0.0)	10 (5.2)
STD II	9 (14.8)	6 (6.5)	5 (12.8)	20 (10.4)
STD III	6 (9.8)	13 (14.0)	8 (20.5)	27 (14.0)
STD IV	16 (26.2)	20 (21.5)	9 (23.1)	45 (23.3)
STD V	2 (3.3)	12 (12.9)	3 (7.7)	17 (8.8)
STD VI	8 (13.1)	13 (14.0)	5 (12.8)	26 (13.5)
STD VII	14 (23.0)	25 (26.9)	9 (23.1)	48 (24.9)
Total	61	93	39	193
Secondary school education				
F I	2 (50.0)	9 (40.9)	2 (20.0)	13 (36.1)
F II	1 (25.0)	6 (27.3)	3 (30.0)	10 (27.8)
F III	0 (0.0)	3 (13.6)	0 (0.0)	3 (8.3)
F IV	1 (25.0)	4 (18.2)	4 (40.0)	9 (25.0)
F V	0 (0.0)	0 (0.0)	1 (10.0)	1 (2.8)
Total	4	22	10	36

In the study population, about 21% of young people are already married while nealy 20% have no formal education. For those who were in primary school majority of respondants were standard seven while majority of those who had secondary school education were at Form one level.

Table 2: Awareness on SRH services by sex, age and education level

Variable	Ever heard of SRH services		Total	χ^2 (p-value)
	Yes	No		
All respondents	210 (70.0)	90 (30.0)	300	
Sex				
Male	89 (67.9)	42 (32.1)	131	0.47 (0.49)
Female	121 (71.6)	48 (28.4)	169	
Age in years				
10 – 14	58 (63.7)	33 (36.3)	91	
15 – 19	96 (72.2)	37 (27)	133	3.85 (0.15)
20 – 24	55 (77.5)	16 (22.5)	71	
Education level				
Never attended school	31 (52.5)	28 (47.5)	59	
STD I – IV	69 (67.7)	33 (32.4)	102	16.5 (0.001)
STD V – VII	73 (80.2)	18 (19.8)	91	
Secondary school	30 (83.3)	6 (16.7)	36	

Young people with higher level (secondary school) education significantly were aware of Sexual Reproductive Health services than those who never attended the school.

Table 3: Importance of SRH services

Variable	Are SRH services importent?		Total	χ^2 (p-value)
	Yes	No		
All respondents	263 (87.7)	37 (12.3)	300	
Sex				
Male	116 (88.6)	15 (11.5)	131	0.17 (0.68)
Female	147 (87.0)	22 (13.0)	169	
Age in years				
10 - 14	74 (81.3)	17 (18.7)	91	
15 - 19	118 (88.7)	15 (11.3)	133	5.28 (0.07)
20 - 24	66 (93.0)	5 (7.0)	71	
Education level				
Never attended school	48 (81.4)	11 (18.6)	59	
STD I - IV	87 (85.3)	15 (14.7)	102	4.12 (0.11)
STD V - VII	84 (92.3)	7 (7.7)	91	
Secondary school	34 (94.4)	2 (5.6)	36	
Married?				
Yes	42 (71.2)	17 (28.8)	59	0.08 (0.78)
No	156 (69.3)	69 (30.7)	225	

Majority of young people (87.7%) showed that SRH services are important to adolescents

Where do young people get SRH services?

Most young people (85.7%) expect to get sexual and reproductive health services from dispensaries while few (3.3%) obtain them from ordinary shops

Table 4: Knowledge on Adolescent SRH services offered at all Health Facilities

Appropriate ASRH services to be offered at Health Facilities	Frequency	Percent
Testing and treatment of HIV/AIDS including PMTCT services	215	71.7
Information and Counseling services on Reproductive Health, sexuality and safe sex	193	64.3
Contraception's including emergency contraception	179	59.7
Maternal health services (include antenatal, natal, post natal and post abortal care)	139	46.3
Testing and Treatment of STIs	134	44.7
Referral services	44	14.7

Most of the young people knew at least some appropriate ASRH services offered at the Health facilities. HIV testing and treatments was mostly known to be appropriate service while referral services was least.

Table 5: Knowledge of Sexually Transimitted Infections

Variable	Do you know any infection(s) transmitted through sexual intercourse?		Total	χ^2 (p-value)
	Yes	No		
All respondents	253 (84.3)	47 (15.7)	300	
Sex				
Male	106 (80.9)	25 (19.1)	131	2.06 (0.15)
Female	147 (87.0)	22 (13.0)	169	
Age in years				
10 – 14	66 (72.5)	25 (27.5)	91	17.85 (<0.001)
15 – 19	120 (90.2)	13 (9.8)	133	
20 – 24	66 (93.0)	5 (7.0)	71	
Education level				
Never attended school	39 (66.1)	20 (33.9)	59	
STD I – IV	81 (79.4)	21 (20.6)	102	31.85
STD V – VII	88 (96.7)	3 (3.3)	91	(<0.001)
Secondary school	35 (97.2)	1 (2.8)	36	

Respondents who were older 20-24 years were more knowledgeable of sexually transmitted infections compared to the younger ones (10-14). Also young people had secondary education were more knowledgeable than those who has never attended school ($p<001$)

Table 6: Adolescents with knowledge of symptoms and signs of STIs

Knowledge of Symptoms and Signs of STIs	Frequency	Percent
Abnormal vaginal/penile discharge	140	46.7
Itching/burning sensation in your penile/vagina	136	45.3
Weight loss	112	37.3
Ulcers in the perineum	101	33.7
Painful micturiation (pain during urination)	93	31.0
Low abdominal pain	73	24.3
Abnormal Menses in women or urine with blood in men	47	15.7
Swellings in perineum	10	3.3

Among the symptoms of sexually transmitted infections, abnormal vaginal /penile discharge was listed more frequently than others while swelling in the perineum was least known

Table 7: Knowledge of places to get STI services

Knowledge of where STI services are found	Frequency	Percent
Health Facility	254	84.7
Drug store	32	10.7
Traditional Healer	17	5.7
Other places	8	1.5

Most (84.7%) participants regard health facility as a place to get STI services

Table 8: Adolescents awareness on HIV/AIDS

Variable	Ever heard of HIV/AIDS		Total	χ^2 (p-value)
	Yes	No		
All respondents	282 (94.0)	18 (6.0)	300	
Sex				
Male	122 (93.1)	9 (6.9)	131	0.31 (0.58)
Female	160 (94.7)	9 (5.3)	169	
Age in years				
10 – 14	82 (90.1)	9 (9.9)	91	
15 – 19	126 (94.7)	7 (5.3)	133	5.4 (0.07)
20 – 24	70 (98.6)	1 (1.4)	71	
Education level				
Never attended school	52 (88.1)	7 (11.9)	59	
STD I – IV	94 (92.2)	8 (7.8)	102	8.88 (0.03)
STD V – VII	90 (98.9)	1 (1.1)	91	
Secondary school	35 (97.2)	1 (2.8)	36	

Only 6% of all participants have never head of HIV/AIDS and significantly, those with higher education had information on HIV/AIDS

Table 9: Appropriate places for adolescents to get HIV/AIDS services

Appropriate place for HIV tests and related services	Frequency	Percent
Health Facility	284	94.7
Drug store	35	11.7
Traditional Healer	19	6.3
Youth Center	52	17.3
Other	6	2

Health facility was also mentioned (94.7%) as appropriate place for HIV AIDS services while youth center was second (17.3%) listed as appropriate for the service

Table 10: Knowledge on prevention of STIs and HIV

Methods of preventing STIs and HIV	Frequency	Percent
Abstaining from sex	144	48.0
Use of condom	216	72.0
One screened faithful partner	119	39.7
Treatment of both STI infected partners	52	17.3

Most respondants (216) know condom can prevent STIs while few (52) treatment of both STI infected partner as appropriate way to prevent STI transmission

Table 11: Knowledge of adolescents on contraceptive methods

Variable	Knowledge of any method of avoiding pregnancy		Total	χ^2 (p-value)
	Yes	No		
All respondents	221 (73.7)	79 (26.3)	300	
Sex				
Male	92 (70.2)	39 (29.8)	131	1.42 (0.23)
Female	129 (76.3)	40 (23.7)	169	
Age in years				
10 - 14	51 (56.0)	40 (44.0).	91	25.02 (<0.001)
15 - 19	110 (82.7)	23 (17.3)	133	
20 - 24	60 (84.5)	11 (15.5)	71	
Education level				
Never attended school	31 (52.5)	28 (47.5)	59	
STD I - IV	70 (68.6)	32 (31.4)	102	31.46
STD V - VII	79 (86.8)	12 (13.2)	91	(<0.001)
Secondary school	34 (94.4)	2 (5.6)	36	

About 26% of the participants did not know any method of avoiding pregnancy. Fourty four perscent (44%) of the young people aged 10-14 did not any method of avoiding pregnancies

Table 12: Knowledge of types of contraceptive methods

Methods of avoiding pregnancy	Frequency	Percent
Condom	197	65.7
Pills	193	64.3
Injectables / Depo-provera	166	55.3
IUD	92	30.7
Norplant	66	22.0
Withdrawal	44	14.7
Safe days/abstinence	41	13.7
Non penetrative sex	40	13.3
Male sterilization	23	7.7
Traditional Method	20	6.7
Female sterilization	19	6.3
Emergency contraceptives	15	5.0
Contraceptives (unspecified)	8	2.7
Diaphragm/jelly/foam tablets/cream	1	0.3
Don't know	77	25.7

Condom was mostly (65.7%) mentioned as way of avoiding pregnancies while Diaphragm/jelly or form tablets was mentioned by only one participant

Quality of ASRH Service assessment.

Perceived quality of services by young people

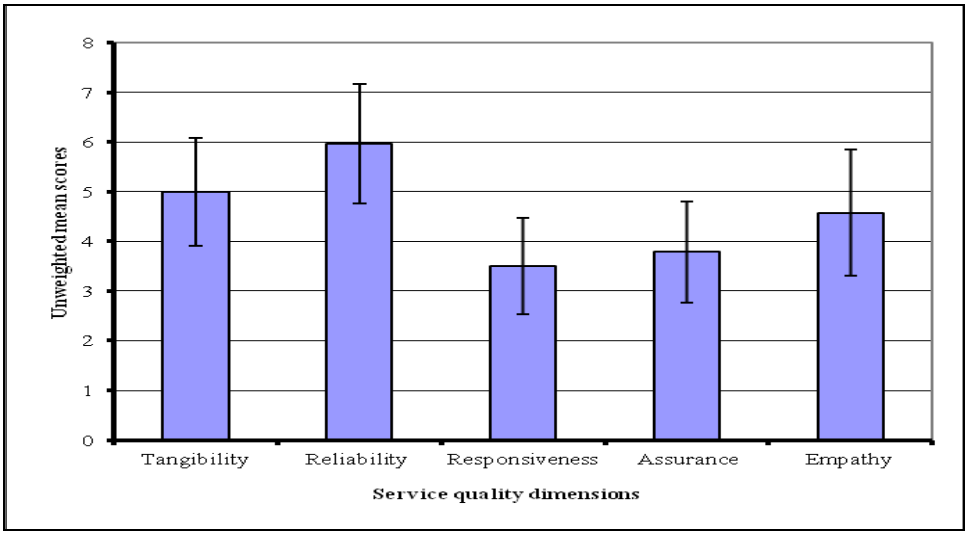
All 300 participants responded to the presented set of twenty two questions used to assess client expectation of the quality sexual and reproductive health services in comparison with the actual service offered at health facilities in Kilindi District.

Under this aspect, analysis was conducted looking into five key dimensions including *Tangibility*, which measures appearance of physical facilities, equipment, personnel and information. *Reliability* was considered as ability to perform the services accurately and dependably while *Responsiveness* considered set of question to measure willingness to help clients and provision of prompt treatment.

The analysis also considered *Assurance* as combination of competence, courtesy, credibility and security in terms of free from danger, risk or doubts. Set of question also were used to measure *Empathy* as combination of approachability and easy to contact, communication and making effort to get to know the young people and their specific needs

From the analysis, the table below shows the results.

Figure 2. Average gap scores according to five quality dimensions



In view of the above finding, the ability of health facilities to perform services accurately and dependably (reliability) had highest gap score with mean score of 5.97 compared to

other dimensions. However, the willingness to help customers and provide prompt services (responsiveness) had a lower gap score with average score of 3.51. The average serviqual gap scores for all quality dimensions for unweighted scale were 4.57. The highest possible gap is 6 and the lowest being zero (meaning the services meet expected standard). This signify that the perceived quality of sexual and reproductive health services in Kilindi health facilities by young people is very low compared to their expected standards, the lowest quality been the provision of accurate and dependable services.

Table 13: Unweighted and weighted service quality scores

SERVQUAL Dimension	**Unweighted score**	**Importance Weight**	**Weighted Score**
Average Tangible SERVQUAL score	4.99	19.96	99.65
Average Reliability SERVQUAL score	5.97	19.87	118.56
Average Responsiveness SERVQUAL score	3.51	19.99	70.09
Average Assurance SERVQUAL score	3.78	19.25	72.82
Average Empathy SERVQUAL score	4.58	17.96	82.20
TOTAL	**22.83**	**97.02**	**443.31**
AVERAGE (= Total / 5) WEIGHTED SERVQUAL SCORE	**4.57**	**19.40**	**88.66**
SERVQUAL Dimension	**Unweighted score**	**Importance Weight**	**Weighted Score**
Average Tangible SERVQUAL score	4.99	0.1996	1.00
Average Reliability SERVQUAL score	5.97	0.1987	1.19
Average Responsiveness SERVQUAL score	3.51	0.1999	0.70
Average Assurance SERVQUAL score	3.78	0.1925	0.73
Average Empathy SERVQUAL score	4.58	0.1796	0.82
TOTAL	**22.83**	**0.97**	**4.43**
AVERAGE (= Total / 5) WEIGHTED SERVQUAL SCORE	**4.57**	**0.19**	**0.89**
TOTAL SERVQUAL Scores 4.43/300			**0.01**

Health facilities assessment

Fourteen health facilities were visited, the health care providers from these facilities ware interviewed, and the facilities ware assessed for quality youth friendly services according to the set seven Ministry of Health and Social Welfare standards and IPPF.

Table 14: Assessment of seven standards for provision of friendly SRH services

Quality factor for adolescent friendly services	Mean score	Std Error	95% C. I.	
			lower	upper
Training of service provider on YFS	1.53	0.22	1.07	2.00
Privacy	1.40	0.13	1.12	1.68
Opening hours	2.33	0.23	1.84	2.83
SRH services accessible to all adolescents irrespective of their marital status	1.93	0.07	1.79	2.08
SRH services accessible to all adolescents irrespective of their ability to pay	3.20	0.17	2.83	3.57
Referral	3.00	0.00	-	-
Community and parental support	1.93	0.27	1.36	2.51
Average mean score	2.19			

In general, all health facilities scored low on the youth friendliness assessment of their services. Facilities had higher scores on the issue of referral and accessibility of services to young people regardless of payment. The lowest score across all health facilities was on privacy and training of the service providers on the provision of youth friendly services. The mean score for all standards in all the health facilities visited was 2.19 out of the highest possible score of 4.

Availability of supplies for SRH services

Assessment of availability of drugs for SRH services ware conducted where the questions were asked to know the frequency of SRH drugs stock out at each facility.

Table 15. Frequency of SRH related drugs stock outs at health facilities

	How often do you experience stock outs?			
Drug	**Never**	**Sometimes**	**Frequently**	**Almost always**
Contraceptives	4 (26.7)	6 (40.0)	5 (33.3)	
HIV test kits	4 (26.7)	7 (46.7)	4 (26.7)	
Antiretroviral drugs (ARV) for CTC	10 (66.7)	5 (33.3)		
Antibiotics	4 (26.7)	4 (26.7)	7 (46.7)	
Pregnancy test	1 (6.7)	9 (60.0)	4 (26.7)	1 (6.7)

Some health facilities sometimes experience stock out of essential drugs for SRH services and frequently stock out of antibiotics. Seven (7) out fifteenteen (14) health facilities had frequent stock out of antibiotics

Professional training of Health service providers

The visited fourteen health facilities has total of 33 health service providers among which 20 are medical attendants who had only one year course training, ten had certificate level professional training and only three with diploma in clinical medicine. Training of health service providers on friendly SRHR services in the assessment of facilities had a very low score of 1.53 (table 14) out of maximum of 4 which indicate that most of health service providers has never been trained on youth friendly SRHR services.

Attitudes of health service providers

Fifteen Health care providers interviewed provided their views toward providing various SRH services to young people. 5 out of 10 health care providers strongly agree that adolescents are special group which require friendly approaches in provision of SRHR services.

Table 16. Attitudes of health service providers on adolescent SRH services

	Strongly agree	**agree**	**Neutral**	**disagree**	**strongly disagree**
Adolescents are special groups which require friendly approaches during provision of SRH services	5 (33.3)	10 (66.7)			
Antenatal, natal and postnatal services are among key services for adolescents to receive at health facilities	4 (33.3)	9 (60.0)		1 (6.7)	
HIV/AIDS VCT, PMTCT, care and treatment services is among important services for adolescent at health facilities	3 (20.0)	12 (66.7)			
Contraceptive services including emergency contraception's are important services included in essential package for adolescents	3 (20.0)	10 (66.7)	1 (6.7)		1 (6.7)

One health care provider strongly disagree that contraceptive services are important services included in the essential package for services to be offered to adolescents.

CHAPTER 5

DISCUSSION

This study assessed perceived quality of care for SRHR services in Kilindi District and it involved 300 young people. The study also did assessment of 14 health facilities for quality SRH service offered to young people which is key and relevant for improved young people's health as also discussed in the WHO publications (1), (2), (3), (4) and (5).

5.1 Knowledge of SRHR services by young people

In this study, Young people with higher education significantly were aware (83.3%, χ^2 16.5, p 0.001) of Sexual Reproductive Health services than those who never attended the school. This was the case similar to the previous studies conducted (24).

Most young people expect to get sexual and reproductive health services from dispensaries while few obtain them from ordinary shops. Health facility being the place most of time regarded as a place to obtain all SRH services it needs to have all required standards for the service to be easily accessible and utilized. In Rural communities of Tanzania it is not easy to find drug stores or accredited drug shops in all wards or villages so the remaining place for services remain to be at the health facilities. Previous studies has shown that Health facilities in most of rural populations are not accessible due to long distance, over crowd, few health workers and limited skills and trainings of health service providers (5, 6). Similar to this study access to youth friendly SRH services is limited due to limited trainings on quality and youth friendly approaches to health service providers. Studies show that lack of trained and skilled personnel to offer quality SRHR services in most of facilities in Tanzania as the one of the contributing factor for poor quality of SRH services (8, 9, and 15).

Looking into appropriate place for Young people to get SRH services, dispensary was most frequently (85.7%) mentioned as a place to get SRH services. While ordinary shop was the least mentioned (3.3%) as a place to obtain SRHR services, respondents also consider Traditional healers (3.3%) as the source for SRH services. These results signify that while programs consider integrating youth friendly SRHR services in the facilities it is also important to be aware of other potential known influencers for provision of the services to

young people. It has been shown that previous experience of use of services has influences or predicts future use as well as behavior related with use (6)

Young people who were older 20-24 years were more knowledgeable (93%, χ^2 17.85, p< 0.001) of sexually transmitted infections compared to the younger ones 10-14year (72%). There was very little difference in knowledge of STIs between male and female young people. In view of this finding, it can be said that the older young people had more exposure and awareness of information on STIs.

HIV/AIDS testing and treatment was mostly known(71.7%) to be appropriate SRH service followed by Information and counseling services on reproductive health, sexuality and safe sex (64.3%) while referral services was least(14.7%) mentioned. Considering what young people consider as important service and the low professional capacity building on provision of youth friendly services to health service providers it is obvious that the quality of services that are expected by young people is not yet met. Information sharing and counseling services on sexuality, safe sex and reproductive health is seen as one of the key factor for increase uptake and utilization of quality SRH and HIV services (12, 15, and 25). It is obvious that although young people in this rural setting need a lot of information in health, little is provided due to limited capacity of the existing health facilities in these rural settings.

Among the symptoms of sexually transmitted infections, abnormal vaginal /penile discharge (46.7%) was listed more frequently than other symptoms while swelling in the perineum (3.3%) was least known by young people.

Health facility was also mentioned (94.7%) as appropriate place for HIV/AIDS and related services while youth center was second (17.3%) listed as appropriate place for the service. In view of this finding the health facilities services still need to of quality standards for young people to access. It is also important to note that although there is no youth center that exists in Kilindi district yet youth center was second in the list mentioned as appropriate place for young people to obtain services.

About 26% of the participants did not know any method of avoiding pregnancy. But when stratified by age groups and level of education it was found that young people aged 20-

24years were significantly (84.5%, χ^2 25.02, p <0.001) More knowledgeable on the ways to avoid pregnancy compared to 10-14 young people. Young people with secondary level education had higher knowledge (94.4%, χ^2 31.46, p <0.001) of family planning compared with young people who had never attended school (52.5%). In these findings, we see that Level of education is related with knowledge on method of avoiding pregnancies.

Condom was mostly (65.7%) mentioned as way of avoiding pregnancies while Diaphragm/jelly or form tablets was mentioned by only one participant. Other methods which were commonly known were pills (64.3%), Injectables/Depo-Provera (55.3%) and Intra Uterine Device (30%).

5.2 Quality of SRH services

On the aspect of quality sexual and reproductive health services the study examine two aspects of quality in terms of facility assessment of quality of youth friendly services according to the seven standards adopted by Ministry of Health and social welfare Tanzania and the young people perception of quality of SRH services offered by health facilities in Kilindi (19). All Health facilities surveyed show average lower scores of 2.57 out of 4 scores in all seven standards of provision of youth friendly SRH services.

Facilities do experience frequent stock out of essential drugs for SRH services and this affect quality of services. For example, seven out of fourteen surveyed facilities experience frequent stock out of essential antibiotics for management of STI while five facilities experience frequent stock out of contraceptives. This stock out of the essential supplies affect the quality of services offered as also shown in the previous studies (8, 9, and 14)

Among all health service providers 60% are medical attendants while qualified health service provider with diploma are only 9%. It is also evident in previous studies where quality of SRH services assessed showed that quality of services is affected by lack of important supplies and limited number of skilled health service providers (7, 8, 9,14,16,17 and 21).

5.3 Perceived quality of SRH services by young people

Perceived quality of sexual and reproductive health services offered at health facilities in Kilindi were suggested to be poor according to young people expectation using serviqual assessment tool (20). The quality of care ware assessed and analyzes with results considering five quality dimensions with gap scores in Tangibility (4.99), reliability (5.97), responsiveness (3.51), assurance (3.78) and empathy (4.58). The higher the perceived gap score the lower the quality of service. This results show that the higher the gap score the less the quality of service in that aspect. The biggest average gap score (5.97) in this study was shown in the reliability of services where young people consider SRH services offered in the facilities in Kilindi district not accurate and dependably. The young people also consider SRH services offered in the facilities, which have significant gap in terms of expected physical appearance, equipments, personnel and information (tangibles). It was also noted that the assurance (3.78 Gap score) was low considering gaps in required skills and knowledge, politeness, respect, consideration and friendliness of contact staff, credibility and freedom from risks.

Quality of youth friendly services in rural part of Kilindi is very low considering results obtained from both young people assessment as well as health facility surveys. As also discussed in previous studies several factors lead into poor quality on the service including poor physical appearance of facility, lack of privacy, unfriendly health care providers, and lack of trust from the health service provider due to courtesy, credibility and low approachability (8, 9, 10, 13, 25, and 26).

CHAPTER 6

CONCLUSION AND RECOMENDATIONS

6.1 Conclusion

Considering all dimension of this study we can conclude that Young people in Kilindi District has a moderately higher knowledge and awareness on key issues of Sexual and Reproductive health services and they considering health facilities as appropriate place to obtain Sexual Reproductive health services. Although Health facilities are preferred places for SRH services, Youth center was also an area where young people would like to get SRH services.

Quality of friendly youth SRH services at health facilities in Kilindi is very low considering set seven standards by Ministry of Health and social welfare of Tanzania. Limited number of qualified health service providers and lack of capacity building of the existing health service provider contribute to this state of poor quality.

Low quality of SRH services were also noted in all aspects of physical aspects of facilities, reliability of services, the willingness of health care providers to help customers, competence, courtesy, credibility and security

6.2 Recommendations

1. Quality of SRH services offered by existing health facilities to young people in Kilindi is very low. This trigger urgent need for review of strategies and formulation of evidence based interventions that target new strategies to ensure delivery of quality sexual and reproductive services to the young people especially in rural settings.

2. Perceived low quality of SRH services by young people and the lack of capacity building of health service providers on Friendly SRH services raised important alert in setting a proper plan. There is need for interventions to ensure young people get all-important SRH information timely for them to make proper and informed decisions to prevent related health problems. There is need for health programs at

districts and national level to ensure all service providers are well trained in the area of provision of quality friendly services

3. Young people with lower age of a10-14 years has little awareness of key issues in SRHR services which predispose them to danger of not been able to take proper precautions and access relevant services for their health. There is need for further research to explore at which age group it is important for the SRH interventions to focus so as to give proper information which will help adolescent health

4. The seven set standards of provision of friendly adolescent SRH services is a farfetched reality especially in rural settings. This need a review of the integrated approach of youth Friendly SRH services to reflect the reality of the rural settings. Serious shortage of qualified health service providers in the health facilities in Kilindi district lead into a gap in knowledge and skills in provision of friendly quality services, friendly time for provision of services to young people, and poor access of services by young people.

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APPENDICES

Appendix 1

Health Facilities tool to assess quality of adolescent SRH Services (English Version)

BACKGROUND

This document provides a tool to collect information related to quality of the adolescent SRHR services (in health facilities) and the knowledge of HCPs in the study areas.

Part one

Knowledge and attitude of health care providers on ASRH

1. Sex of HCP 1. Male 2. Female
   [_____]
2. Level of facility: 1. Dispensary 2. Health centre
   [_____]
3. How Many Health care providers are available in this health facility?
   [_____]
4. Level of Professional Trainings;
   1. One year course
   2. Certificate (Nursing, Medicine, Pharmacy, Laboratory)
   3. Diploma (in medicine/ Nursing/dental/pharmacy)
   4. Advanced Diploma (Medicine, Nursing, dental, Pharmacy, Laboratory)
   5. Degree in any of the above qualifications
6. Which SRHR services are important for adolescents at the health facilities? (*mention more than one)*
   1. Testing services; VCT HIV/AIDS, STI and Pregnancy ❒1
   2. Management of STI/STDs, PMTCT+, HIV/AIDS+ ❒2

3. Information and Counselling on Sexuality, reproductive health and safe sex ❒3
4. Contraception including emergency contraception ❒4
5. Post Abortion care ❒5
6. Ante natal care ❒6
7. Post natal care ❒7
8. Referrals ❒8

Respond to the following questions if you; strongly agree, agree, neutral, disagree or strongly disagree"

7. Adolescents are special groups which require friendly approaches during provision of SRH services

   Strongly agree agree neutral disagree strongly disagree

   ---

8. Antenatal, natal and postnatal services are among key services for adolescents to receive at health facilities

   Strongly agree agree neutral disagree strongly disagree

   ---

9. HIV/AIDS VCT, PMTCT, care and treatment services is among important services for adolescent at health facilities

   Strongly agree agree neutral disagree strongly disagree

   ---

10. Contraceptive services including emergency contraception's are important services included in essential package for adolescents

    Strongly agree agree neutral disagree strongly disagree

Part II Facility check list for quality adolescent services

Fill in the scores according to the seven topic listed below according to adolescent SRH standards

Topic		
	Quantitative	Qualitative
	Score 1-4	Remark
1		
2		
3		
4a		
4b		
5		
6		

Suggested topics and their scoring:

1. **Training of service provider.** Are the service providers trained to work competently, sensitively and respectfully with young people on their sexual and reproductive health needs?
    - 1: None of the service providers have ever received training on working with adolescents
    - 2: Some service providers have received some/little training on working with adolescents'
    - 3: Most of the service providers received adequate training on working with adolescents
    - 4: At least one of the service providers has received extensive training on working with adolescents and is able and willing to train other service providers on the job
2. **Privacy.** Is there a private consultation room available where adolescents can speak with the service provider?
    - 1: There is no private consultation room
    - 2: There is a private consultation room, but there are also consultations taking place in a none-private setting

3: Privacy is guaranteed almost all the time

4: Privacy is always guaranteed

3. **Opening hours**. Are the opening hours convenient for adolescents?

1: The opening hours are always very inconvenient (for instance only during school time)

2: The opening hours are very inconvenient on most days

3: The opening hours are convenient

4: There are special opening hours for adolescents

4. Accessibility.

4a. Are the SRH services accessible to all adolescents irrespective of their marital status?

1: The SRH services (family planning, STI screening, contraceptives) are not available for unmarried girls

2: The SRH services (family planning, STI screening, contraceptives) are available for unmarried girls

4b. Are the SRH services accessible to all adolescents irrespective of their ability to pay?

1: If adolescent cannot pay, he/she will not be helped

2: If adolescent comes with an emergency, he/she will be helped and can pay later

3: Preventive SRH services are given to adolescents for free

4: All SRH services are given to adolescents for free

5. Referral. Is there an effective referral system in place for STIs?

1. Absent and don't refer
2. Absent but refer
3. Present but not effective because of lack of transport or far distances
4. Present and effective

6. **Community and parental support:** Do the service providers involve the parents and the community to ensure that adolescents have access to sexual and reproductive health services?

1. Not involved at all

2. Less involved/sometimes
3. Involved but not supportive
4. Actively involved and supportive

Part III – AVAILABILITY OF DRUGS

For the availability of drugs, please ask the service provider:

How often do you experience stock outs?

And circle the answer for each drug in the table below

Drug	**Don't know**	**Never**	**Sometime**	**Frequently**	**(Almost) always**	**Comments**
Contraceptives	1	2	3	4	5	
HIV test kits	1	2	3	4	5	
Antiretroviral drugs (ARV) for CTC	1	2	3	4	5	
Antibiotics	1	2	3	4	5	
Pregnancy test	1	2	3	4	5	

1. Don't know: The service provider available does not know
2. Never: There are never stock outs
3. Sometimes: Stock outs happen approximately once per year
4. Frequently: Stock outs happen more than once per year
5. (Almost) always: These drugs are almost always out of stock (more than 9 months per year)

Appendix II: Quality of service questionnaire For Adolescents (English Version)

Demographic information

1. Number of interviewer |_____|_____|
2. Dates |_____|_____|2011
3. Ward _____
4. Village/street _____
5. How old are you? (Write the age in years) |___|___| (*if unknown write 99)*
6. Are you married?
   - Yes ❒1
   - No ❒2
7. Education level? *(Put tick only in one correct answer)*
   - No formal education ❒1
   - Primary school up to standard_____ ❒2
   - Secondary school up to form _____ ❒3
   - College/University _____ ❒4
   - Still in-school _____ ❒5

Knowledge questions

8. Which SRH services do you think are appropriate for you to receive at Health facility *(you can choose more than one service)(* As above, tell them to mention and score as whether mentioned or not..) Bro, for knowledge, I think these are not enough questions…. Ask questions around HIV. STI's, pregnancy etc you may wish to expand on the number 8 options.

    1. Contraception's including emergency contraception
    2. Information and Counseling services on Reproductive Health, sexuality and safe sex
    3. Testing and Treatment of STIs
    4. Testing and treatment of HIV/AIDS including PMTCT services

5. Maternal health services (include antenatal, natal, post natal and post abortal care)
6. Referral services

9. Are the SRH services important for adolescents? 1. Yes 2.No

Quality of SRH services for adolescents

Based on your experiences as a patient in a hospital/clinic, please think about the kind of health facility that would deliver excellent quality of SRH service. Think about the kind of hospital or clinic in which you would like to receive treatment/services. Please show the extent to which you think such a hospital or clinic would possess the feature described by each statement. If you feel a feature is *not at all essential* for excellent hospitals/clinics such as the one you have in mind, circle the number 1. If you feel a feature is *absolutely essential* for excellent hospitals/clinics, circle 7. If your feelings are less strong, circle one of the numbers in the middle. There are no right or wrong answers - all we are interested in is the number that truly reflects your feelings regarding hospitals/clinics that would deliver excellent quality of SRH service.

	Strongly Disagree						Strongly Agree
1. Excellent hospitals/clinics will have modern looking equipment.	1	2	3	4	5	6	7
2. The physical facilities at excellent hospitals will be visually appealing	1	2	3	4	5	6	7
3. Personnel at excellent hospitals/ clinics will be neat in appearance	1	2	3	4	5	6	7

4. Materials associated with the service (such as pamphlets or statements) will be visually appealing in an excellent hospital/clinic	1	2	3	4	5	6	7
5. When excellent hospitals/clinics promise to do something by a certain time they will do so.	1	2	3	4	5	6	7
6. When a patient has a problem, excellent hospitals/clinics will show a sincere interest in solving it.	1	2	3	4	5	6	7
7. Excellent hospitals/clinics will get things right the first time.	1	2	3	4	5	6	7
8. Excellent hospitals/clinics will provide their services at the time they promise to do so.	1	2	3	4	5	6	7
9. Excellent hospitals/clinics will insist on error-free records.	1	2	3	4	5	6	7
10. Personnel in excellent hospitals/ clinics will tell patients exactly when services will be performed.	1	2	3	4	5	6	7

11. Personnel in excellent hospitals/clinics will give prompt service to patients.	1	2	3	4	5	6	7
12. Personnel in excellent hospitals/clinics will always be willing to help patients.	1	2	3	4	5	6	7
13. Personnel in excellent hospitals/clinics will never be too busy to respond to patients' requests.	1	2	3	4	5	6	7
14. The behaviour of personnel in excellent hospitals/clinics will instill confidence in patients.	1	2	3	4	5	6	7
15. Patients of excellent hospitals/clinics will feel safe in their dealings with the hospital/clinic.	1	2	3	4	5	6	7
16. Personnel in excellent hospitals/clinics will be consistently courteous with patients.	1	2	3	4	5	6	7
17. Personnel in excellent hospitals/clinics will have the knowledge to answer patients' questions.	1	2	3	4	5	6	7
18. Excellent hospitals/clinics will give patients individual attention.	1	2	3	4	5	6	7

19. Excellent hospitals/clinics will have operating hours convenient to all their patients.	1	2	3	4	5	6	7
20. Excellent hospitals/clinics will have staff who give patients personal attention.	1	2	3	4	5	6	7
21. Excellent hospitals/clinics will have the patients' best interests at heart.	1	2	3	4	5	6	7
22. The personnel of excellent hospitals/ clinics will understand the specific needs of their patients.	1	2	3	4	5	6	7

Listed below are five features pertaining to hospitals/clinics and the service they offer. We would like to know how important each of these features is to *you* when you evaluate the service offered by a hospital or clinic. Please allocate a total of 100 points among the five features *according to how important each feature is to you* - the more important a feature is to you, the more points you should allocate to it. Please ensure that the points you allocate to the five features add up to 100.

1. The appearance of the hospital/clinic's physical facilities, equipment, personnel and communication materials. _____ points

2. The hospitals/clinic's ability to perform the promised service dependably and accurately. _____ points

3. The hospital/clinic's willingness to help patients and provide a prompt service. _____ points

4. The knowledge and courtesy of the hospital/clinic personnel and their ability to convey trust and confidence. _____ points

5. The caring, individualised attention the hospital/clinic provides its patients. _____ points

TOTAL points allocated 100 points

Which one feature of the above five is most important to you ? _____

(Please enter the feature's number)

Which feature is second most important to you ? _____

Which feature is least important to you ? _____

The following set of statements relate to your feelings about the hospital/clinic you have attended in Kilindi. For each statement, please show the extent to which you believe the hospital/clinic has the feature described by the statement. Once again, circling a 1. means that you strongly disagree that the hospital/clinic you have attended has this feature and circling a 7. means that you strongly agree. You may circle any of the numbers in the middle that show how strong your feelings are. There are no right or wrong answers - all we are interested in is a number that best shows your perceptions about the hospital/clinic which has treated you.

	Strongly Disagree						Strongly Agree
1. The hospital/clinic has modern-looking equipment.	1	2	3	4	5	6	7
2. The physical facilities in the hospital/clinic are visually appealing.	1	2	3	4	5	6	7
3. Personnel in the hospital/clinic are neat in appearance.	1	2	3	4	5	6	7
4. Materials associated with the service (such as pamphlets or statements) are visually appealing.	1	2	3	4	5	6	7
5. When the hospital/clinic promises to do something by a certain time it does so.	1	2	3	4	5	6	7
6. When you have a problem, the hospitals/clinic shows a sincere							

interest in solving it.	1	2	3	4	5	6	7
7. The hospital/clinic gets things right the first time.	1	2	3	4	5	6	7
8. The hospital/clinic provides its services at the time it promises to do so.	1	2	3	4	5	6	7
9. The hospital/clinic insists on error-free records.	1	2	3	4	5	6	7
10. The personnel in the hospital/clinic tell you exactly when services will be performed.	1	2	3	4	5	6	7
11. Personnel in the hospital/clinic give you prompt service.	1	2	3	4	5	6	7
12. Personnel in the hospital/clinic are always willing to help you.	1	2	3	4	5	6	7
13. Personnel in the hospital/clinic are never be too busy to respond to your requests.	1	2	3	4	5	6	7
14. The behaviour of personnel in the hospital/clinic instils confidence in you	1	2	3	4	5	6	7

	Strongly disagree						strongly agree
15. You feel safe in your dealings with the hospital/clinic.	1	2	3	4	5	6	7
16. Personnel in the hospital/clinic are consistently courteous with you.	1	2	3	4	5	6	7
17. Personnel in the hospital/clinic have the knowledge to answer your questions.	1	2	3	4	5	6	7
18. The hospital/clinic gives you individual attention.	1	2	3	4	5	6	7
19. The hospital/clinic has operating hours convenient to all its patients.	1	2	3	4	5	6	7
20. The hospital/clinic has personnel who give you personal attention.	1	2	3	4	5	6	7
21. The hospital/clinic has your best interests at heart.	1	2	3	4	5	6	7
22. The personnel of the hospital/clinic understand your specific needs	1	2	3	4	5	6	7

Thank you for the time you have spent in completing this questionnaire. The results will help us to provide you with the best possible service in the future.

Appendix : SERVQUAL procedures

Dimensions

Statements	**1-4**	Tangibles
Statements	**5-9**	Reliability
Statements	**10-13**	Responsiveness
Statements	**14-17**	Assurance
Statements	**18-22**	Empathy

Procedures

1. Compute the 'gap' for each statement pair for each consumer.

SERVQUAL score = Perceptions Score - Expectations Score

2. Compute the dimensions scores for each respondent by averaging the gap score over the relevant number of statements (either **4** or **5** statements)

3. Derive **SERVQUAL** respondent's scores in the following way:

Unweighted scores Sum dimensions and divide by 5

Weighted scores Tangibles ***** (Tangibles Weight/100) +

Reliability ***** (Reliability Weight/100) +

Responsiveness ***** (Responsiveness Weight/100) +

Assurance ***** (Assurance Weight/100) +

Empathy ***** (Empathy Weight/100)

4. Derive total **SERVQUAL** scores by totaling the scores and dividing by **N** of Respondents

Appendix III

YOUNG PEOPLE CONSENT FORM (English version)

Consent form for a Study of "Assessment of health facility compliance with standards and perception of adolescents towards ASRH services in Kilindi District, Tanga Tanzania".

Hello, my name is _____

You are invited to participate in a research study looking at health facilities compliance with Ministry of Health standards. For young people to use comfortably sexual and reproductive health services standards of care must be observed and services must be friendly to the young people. Ministry of Health and social welfare set standards for provision of youth friendly sexual and reproductive health services and we are uncertain if the standards have been observed. We would also like to know how the young people in Kilindi perceive the quality of services offered in the health facilities in Kilindi

You have been invited to be in the study because you are youth of 10-24 years. We ask that you read this form and ask any questions you may have before agreeing to participate in the study.

This study is being conducted in selected wards in Kilindi district. Kilindi District Medical Officer is aware of this study. Principal investigator of this study is Dr Godson Maro, student at Muhimbili University of Health and allied sciences.

Study Purpose

The purpose of the study is to assess quality of sexual and reproductive health services

In relation to the set ministry of health standards for provision of youth friendly Sexual and Reproductive Health services. The study will assess also young people perception towards quality of sexual and reproductive health services in health facilities of Kilindi District.

Study Procedures

If you agree to participate in this study, we would ask you to answer some few questions that we think may help us to accomplish the goal of our study.

Risks of Study Participation

The study has minimal risk of enlivening some knowledge and perceptions towards quality of Sexual and reproductive health services in Kilindi.

Benefits of Study Participation

The study may have no direct benefit to individual, but investigators anticipate that the information that will be gathered will be very useful towards improving quality of sexual and reproductive health services especially to young people hence improved health. Also the information may be used to improve services offered by health facilities in Kilindi District

Alternatives to Study Participation

You should only participate if you are comfortable with the purpose of the study and information that will be requested to volunteer. You are under no obligation to participate

Study Costs/Compensation

There is no compensation offered for participating in this study.

Research Related Injury

The investigators don't expect or anticipated the participant to suffer any injury by participating in this study. If you have suffered a research related injury, let the researchers know right away.

Confidentiality

The records and any information gathered from this study will be kept private. In any publications or presentations, we will not include any information that will make it

possible to identify you as a subject. No data that can identify your name will be collected or kept by the investigators. To these extents, confidentiality is ensured.

Voluntary Nature of the Study

Participation in this study is voluntary. Your decision whether or not to participate in this study will not affect your current or future relations with the health facilities or researchers. If you decide to participate, you are free to withdraw from the study at any time without affecting those relationships.

Contacts and Questions

The researcher conducting this study is, Dr. Godson Maro. You may ask any questions you have now, or if you have questions later, **you are encouraged to** contact Dr. Godson Maro

P.O Box 35

Songe, Kilindi Tanga

Tel: +255 713 836869

e-mail: mtengg@yahoo.com

You will be given a copy of this form to keep for your records.

Statement of Consent

I have read or heard the above information read to me. I have asked questions and have received satisfactory answers. I consent to participate/my child/children participate in the study.

Signature _____

Date_____

Appendix IV Quality of service assessment questionaire (Swahili Version)

Dodoso la huduma bora za afya ya uzazi Kwa vijana kwenye kituo cha huduma za afya

Utangulizi

Dodoso hili linalenga kukusanya taarifa za ubora wa huduma katika vituo vya huduma za afya ya uzazi kwa vijana pia zitahusisha wafanyakazi wa afya kwenye vituo hivi.

Sehemu ya Kwanza

Uelewa na mtazamo wa wafanyakazi wa afya kuhusu afya ya uzazi kwa vijana

5. Jinsia ya mfanyakazi 1. M/me 2. M/ke
   [_____]

6. Ngazi ya Kituo cha huduma: 1. Zahanati 2. Kituo cha afya
   [_____]

7. Kuna watoa huduma wangapi wa afya katika kituo hiki?
   [_____]

8. Ngazi ya elimu katika masuala ya afya;

   a) Kozi ya mwaka mmoja

   b) Cheti cha (uuguzi, Tabibu, upharmacia, maabara)

   c) Stashahada (Tabibu/ Uuguzi/Meno/madawa/pharmacy)

   d) Stashahada ya juu (Udaktari, Uuguzi, Meno, Pharmacy, Maabara)

   e) Shahada katika maswala yoyote yaliyotajwa hapo juu

11. Ni huduma zipi za afya ya uzazi ambazo ni muhimu kwa kijana kuzipata katika kituo cha huduma za afya kama Zahanati, kituo cha afya n.k? (*Unaweza kutaja zaidi ya moja*)

    a) Upimaji wa VVU, Magonjwa ya zinaa na ujauzito ❒1

b) Matibabu na huduma za Magonjwa ya Zinaa, Ukimwi, maambukizi ya mama kwenda kwa mtoto etc ❒2

c) Taarifa na ushauri juu ya mambo ya ujinsia, afya ya uzazi na ngono salama ❒3

d) Uzazi wa Mpango pamoja na huduma za dharura za uzazi wa mpango ❒4

e) Huduma za baada ya mimba kuharibika ❒5

f) Huduma za clinic wakati wa ujauzito ❒6

g) Huduma za baada ya Kujifungua ❒7

h) Huduma za rufaa ❒8

12. Je, Ulishawahi kusikia kuhusu haki za afya ya uzazi? 1.Ndiyo 2.Hapana [_____]

    Kama Ndiyo, Orodhesha haki tano unazozifahamu wanazostahili vijana?

    1_____

    2_____

    3_____

    4_____

    5_____

Soma sentence zifuatazo na ujibu kama "unakubali kabisa, unakubali, upo katikati, haukubali, haukubali kabisa"

13. Vijana ni kundi linalohitaji mikakati na njia za kirafiki wakati wa utoaji wa huduma za afya ya uzazi

    Nakunali kabisa Nakubali niko kati sikubali sikubali kabisa

14. Huduma za afya wakati wa ujauzito, kujifungua na baada ya kujifungua ni kati ya huduma muhimu kijana kuzipata kwenye vituo vya huduma za afya(zahanati, kituo cha afya, Hospitali)

    Nakunali kabisa Nakubali niko kati sikubali sikubali kabisa

15. Huduma za Ushauri nasaa na Kulima VVU, kuzuia maambukizi ya mama kwa mtoto, huduma na matibabu ya ukimwi ni mojawapo ya huduma amazo vijana wanaruhusiwa kuzipata kwenye vituo vya huduma za afya(zahanati, kituo cha afya, Hospitali)

    Nakunali kabisa Nakubali niko kati sikubali sikubali kabisa

16. Huduma za uzazi wa mpango pamoja na huduma za dharura za kuzuia mimba ni huduma muhimu na zipo kwenye kundi la huduma muhimu kutolewa kwa vijana

    Nakunali kabisa Nakubali niko kati sikubali sikubali kabisa

Sehemu ya Pili: Ubora wa Huduma kwenye vituo vya huduma za afya ya uzazi kwa vijana

Vitu mbalimbali kuhusu ubora wa huduma rafiki za Afya ya uzazi kwa vijana kwa kulingana na viwango vya wizara ya afya Tanzania;

10. **Mafunzo kwa watoa huduma.** Je, watoa huduma wamefundishwa kutoa huduma kwa ufanisi, kwauaangalifu na heshima kwa vijana juu ya yjinsia na afya ya uzazi?
    1: Hakuna mhudumu aliyefundishwa kuhusu jinsi ya kutoa huduma rafiki kwa vijana.
    2: Baadhi ya wahudumu wa afya wamepata mafunzo ya jinsi ya kuwapa huduma vijana.
    3: wahudumu wengi wamepata mafunzo ya kutosha ya jinsi ya kuwapahuduma vijana.
    4: Angalao mtoa huduma mmoja amepata mafunzo mazuri ya kutosha ya jinsi ya kuwahudumia vijana na ana uwezo na yupo tayari kuwafundisha wahudumu wengine.

11. Usiri. Je, kuna chumba kizuri ambacho kijana anaweza kuongea na mtoa huduma bila wasiwasi wa kuonwa au kusikika na mtu mwingine?

1: Hakuna chumba maalumu cha ushauri na maongezi chenye usiri

2: Kuna chumba maalum cha ushauri na maongezi, ila

3: Usiri huwa unahakikishwa upo karibia wakati wowote

4: Usiri upo wakati wote.

12. **Muda wa Utoaji wa huduma**. Je, muda wa utoaji wa huduma ni muafaka kwa vijana?

1: Muda wa utoaji huduma huwa si mzuri (kwa mfano wakati vijana wako shule)

2: Muda wa utoaji huduma si muafaka siku nyingi

3: Muda wa huduma ni muafaka

4: Kuna muda maalumu kwa ajili ya huduma kwa vijana

13. Upatikanaji huduma Accessibility.

4a. Je, Upatikanaji wa huduma za afya ya uzazi ni mrahisi kwa vijana bila kuangalia kama wameoa au kuolewa?

1: Huduma za afya ya uzazi (kama Uzazi wa mpango, kupima magonjwa ya ngono, na kinga za ujauzito) hazipatikani kwa wsichana wasioolewa.

2: Huduma za afya ya uzazi (kama Uzazi wa mpango, kupima magonjwa ya ngono, na kinga za ujauzito) zinapatikana kwa wasichana wasioolewa

4b. Je, Huduma za afya ya uzazi zinapatikana kwa vijana bila kuangalia uwezo wao wa kifedha?

1: Kama kijana hawezi kulipwa hasaidiwi

2: Kama kijana akija kwa dharura atahudumiwa kasha atalipa baadaye

3: Huduma za kinga hutolewa bure kwa vijana

4: Huduma zote za afya ya uzazi hutolewa bure kwa vijana

14. Rufaa. Je, kuna mfumo mzuri wa rufaa?

1. Hakuna na huwa hatutoi rufaa
2. Hakuna ila huwa tunatoa rufaa
3. Upo ila haufanyi kazi vizuri kwa kuwa hatuna usafiri
4. Upon a unafanya kazi vizuri

15. **Mchango wa Jamii na wazazi:** Je, mnawahusisha wazazi na jamii kwa ujumla ili kuhakikisha vijana wanapata huduma bora za ujinsia na afya ya uzazi?
    1. Hatuwahusishi kabisa
    2. Tunawahusisha kidogo wakati mwingine
    3. Tunawahusisha ila hawasaidii
    4. Tunawahusisha na wanasaidia sana

Sehemu ya Tatu – Upatikanaji wa dawa

Kwa dawa zinazopatikana weka alama ya vyema- mwulize muhudumu

Mara ngapi unaishiwa dawa na vifaa vya huduma

Zungushia duara kwa kila namba ambayo ndo jibu

Dawa	**Sijui**	**Haijawahi kutokea**	**Mara chache**	**Mara nyingi**	**Karibia kila mara**	**maoni**
Dawa za uzazi wa mpango	1	2	3	4	5	
Vifaa vya kupima VVU	1	2	3	4	5	
Dawa za kupunguza makali ya ukimwi	1	2	3	4	5	
Antibiotics	1	2	3	4	5	
Vifaa vya kupima ujauzito	1	2	3	4	5	

1. Sijui: Mtoa huduma aliyepo hajui
2. Haijawahi kutokea: Haijawahi kutokea kuishiwa dawa
3. Mara kadhaa: Kuishiwa dawa inatokea kama mara moja kwa mwaka
4. Mara kwa mara: Kuishiwa dawa hutokea zaidi ya mara moja kwa mwaka
5. Karibu kila mara: Dawa hizi huisha karibu kila wakati (zaidi ya miezi tisa)

Appendix V

Quality of Services assessment questionnaire: Swahili version

Dodoso la vijana kwenye jamii juu ya ubora wa huduma za afya ya uzazi (Swahili Version)

1. **Taarifa za awali**

2. Namba ya mhoji |_____|_____|

3. Tarehe |_____|_____|2011

4. Kate _____

5. Kijiji/Mtaa _____

6. Una umri wa miaka mingapi? |____|____| (*if unknown write 99)*

7. Je upo kwenye ndoa?

   Ndiyo ❒1

   Hapana ❒2

8. Je, una kiwango gani cha elimu? *(Weka vema sehemu sahihi)*

   Sijahudhuria shule yoyote ❒1

   Shule ya msingi mpaka darasa la _____ _____ ❒2

   Sekondary hadi kidato cha _____ ❒3

   Elimu ya chuo ❒4

   Bado nipo shule (Elezea darasa/kiwango) _____ ❒5

<u>Uelewa kuhusu Huduma za afya ya Uzazi</u>

9. Je, umewahi kusikia kuhusu huduma za afya ya uzazi? 1. Ndiyo 2.Hapana [_____]

10. Je Unafikiri Huduma za afya ya uzazi ni muhimu kwa vijana? 1.Ndiyo 2.Hapana [_____]

11. Ni wapi huwa unapata huduma za afya ya uzazi?

    1. Zahanati

    2. Kituo cha afya

3. Duka la dawa

4. Maduka ya kawaida

5. Pengine (taja)…….

12. Ni huduma gani za afya ya uzazi kwa mtazamo wako unafikiri ni muhimu kwa vijana kupata kutoka vituo vya huduma za afya (zahanati, Kituo cha afya au hospital)? (*unaweza kutajahuduma zaidi ya moja*)

1. Huduma za kuzuia ujauzito pamoja na huduma za dharura za kuzuia uja uzito
2. Taarifa na ushauri juu ya afya ya uzazi, ujinsia na ngono salama
3. Upimaji na matinbabu ya magonjwa ya zinaa
4. Upimaji na matibabu ya VVU/UKIMWI pamoja na kinga za maambukizi ya mama kwa mtoto
5. Huduma za uzazi (wakati wa uja uzito, kujifungua, baada ya kujifungua na huduma baada ya mimba kutoka)
6. Huduma za Rufaa

13. Je, unajua ugonjwa wowote mtu anaweza kupata kwa kufanya ngono?

1. Ndiyo 2. Hapana [_____]

14. Mtu mwenye ugonjwa wa zinaa ana dalilili gani?

a. Kutokwa uchafu sehemu za siri
b. Kuwashwa sehemu za siri
c. Kutokwa damu kusikokwa kawaida
d. Maumivu ya tumbo kwa wasichana
e. Kupungua uzito
f. Vidonda kwenye uke au uume
g. Maumivu wakati wa kukojoa
h. Kuvimba kwenye nyonga

15. Je unajua ni wapi mtu anaweza kupata huduma za matibabu na ushauri juu ya magonjwa ya ngono? 1. Ndiyo 2. Hapana [_____]

    Kama ndiyo, ni wapi?

    a. Vituo vya huduma za afya (Zahanati, Kituo cha afya, hospitali)

    b. Duka la dawa

    c. Kwa mganga wa kienyeji

    d. Sehemu nyingine (taja)_____

16. Umewahi kusikia VVU au ugonjwa wa UKIMWI? 1.Ndiyo 2.Hapana [_____]

17. Ni wapi unafikiri ni sehemu muhimu kwa vijana kupata huduma za upimaji wa VVU na huduma nyingine zinazohusiana na UKIMWI?

    a. Vituo vya huduma za afya (zahanati, vituo vya afya, hospitali)

    b. Duka la dawa

    c. Mganga wa kienyeji

    d. Vituo vya huduma kwa vijana

    e. Sehemu nyingine (taja)……

18. Ni njia zipi unaweza kuzuia maambukizi ya Magonjwa ya ngono na ukimwi? (Dadisi njia zaidi; *na zungushia jibu sahihi.)*

	Ndiyo	Hapana
Kutokufanya ngono	1	2
Kutumia Kondom	1	2
Kuwa na mpenzi mmoja aliyepima	1	2
Matibabu kwa wote walioambukizwa	1	2

19. Unajua njia yoyote ya kuzuia ujauzito/mimba? 1.Ndiyo 2.Hapana
    [_____]

20. Njia zipi za kuzuia ujauzito/mimba unazizifahamu?

    a. Vidonge 1.Ndyyo 2.Hapana

    b. Kitanzi 1.Ndiyo 2.Hapana

    c. Sindano (dawa za sindano / Depo-provera) 1.Ndiyo2. Hapana

    d. Diaphragm/jelly/foam tablets/cream 1.Ndiyo 2.Hapana

    e. Kondom 1.Ndiyo 2.Hapana

    f. Vipandikizi 1.Ndiyo 2.Hapana

    g. Dawa za kuzuia mimba (bila jina) 1.Ndiyo 2.Hapana

    h. Njia za kienyeji 1.Ndiyo 2.Hapana

    i. Kukojoa nje 1.Ndiyo 2.Hapana

    j. Ukataji mirija ya mbegu kwa mwanaume 1.Ndiyo 2.Hapana

    k. Ukataji mirija ya mayai kwa mwanamke 1.Ndiyo 2.Hapana

    l. Kufuata kalenda/kutokufanya ngono 1.Ndiyo 2.Hapana

    m. Utumiaji dawa za kuzuia mimba za dharura 1.Ndiyo 2.Hapana

    n. Kuchomoa na kumwaga nje 1.Ndiyo 2.Hapana

    o. Sijui 1.Ndiyo 2.Hapana

Ubora wa huduma za afya ya uzazi kwa vijana

Quality of SRH services for adolescents

Kwa uzoefu wako wa kutumia au kujua zahanati, vituo vya afya au hospitali, fikiria hospital/clinikiau zahanati itakayotoa huduma bora kabisa za afya ya uzazi kwa vijana. Fikiria Hospitali au kituo ambacho ungependa kupata huduma. Fikiria jinsi ambavyo hospital/zahanti hiyo ingekuwa na vitu na hali ambayo itaelezewa hapa chini na sentensi. Kama utaona hali au vitu hivyo sio muhimu kwa huduma bora zungushia namba 1. Kama ukiona sentensi inaongelea kitu ambacho ni muhimu kabisa zungushia namba 7. Kama unauna hazina nguvu sana unaweza kuzungushia namba za kati kulingana na unavyoona. Hakuna jibu sahihi au ambalo si sahihi, cha muhimu kwentu ni namba sahihi ambayo wewe kwa mtazamo wako unaonyesha hospitali itakayotoa huduma bora kabisa za afya ya uzazi kwa vijana

	Sikubaliani Kabisa				Nakubali Kabisa		
1. Hospitali nzuri itakuwa na Vifaa vya vinavyoonekana vya kisasa.	1	2	3	4	5	6	7
2. Mwonekano wa mazingira kwenye Hospitali bora lazima ivutie	1	2	3	4	5	6	7
3. Wahuduma katika Hospital Bora Watakuwa na mwonekano mzuri sana	1	2	3	4	5	6	7
4. Vifaa vyote kwenye hospital bora Vinatakiwa kuonekana vizuri	1	2	3	4	5	6	7
5. Hospital bora itakapoahidi kufanya jambo Inafanya hivyo muda iliyosema.	1	2	3	4	5	6	7

6. Wakati mtu akiwa na tatizo, hospitali Bora itaonyesha moyo safi kumsaidia	1	2	3	4	5	6	7
7. Hospitali bora itafanya vitu sahihi Mara moja kukusaidia.	1	2	3	4	5	6	7
8. Hospitali bora watatoa huduma Wanapoahidi kufanya hivyo.	1	2	3	4	5	6	7
9. Hospitali bora itasisitiza kuwa na Kumbukumbu sahihi zisizo na makosa.	1	2	3	4	5	6	7
10. watoa huduma wa hospitali bora Watawaambia wateja muda sahihi wa Kutoa huduma fulani.	1	2	3	4	5	6	7
11. Watoa huduma wa hospitali bora Watatoa huduma haraka kwa wateja.	1	2	3	4	5	6	7
12. Wotoa huduma wa hospitali bora Watakuwa tayari kila mara kusaidia wateja/wagonjwa.	1	2	3	4	5	6	7
13. Watoa huduma kwenye hospitali bora Hawatakuwa na kazi nyingi kupita kiasi Na kushindwa kuwasaidia wateja/wagonjwa.	1	2	3	4	5	6	7

	Sikubali Kabisa				Nakubali Kabisa		
14. Tabia za wahudumu katika hospitali bora Itahimiza uhakika(confidence).	1	2	3	4	5	6	7
15. Wagonjwa kwenye hospitali bora Watajihisi salama wanapopata huduma Kutoka hospitali.	1	2	3	4	5	6	7
16. Watoa huduma wa Hospitali bora Watakuwa wapole kwa wagonjwa Kila mara.	1	2	3	4	5	6	7
17. Watoa huduma wa hospitali bora Watakuwa na ujuzi wa kujibu maswali Kutoka kwa wateja/wagonjwa.	1	2	3	4	5	6	7
18. Hospitali bora itamsikiliza kwa umakini Mkubwa kila mteja/mgonjwa.	1	2	3	4	5	6	7
19. Hospitali bora itakuwa inafanya kazi Muda wote ambao wateja/wagonjwa Mbalimbali watahitaji huduma.	1	2	3	4	5	6	7
20. Hospitali bora itakuwa na watoa huduma Wanaojali wateja/wagonjwa.	1	2	3	4	5	6	7
21. Hospitali bora itapenda kutoa huduma Bora wanazohitaji wateja na Itaziweka huduma moyoni .	1	2	3	4	5	6	7
22. Watoa huduma wa Hospitali bora watajua mahitaji maalumu ya wateja wao.	1	2	3	4	5	6	7

Iliyoorodheshwa hapa chini ni hali za hospitali na huduma wanazotoa. Tunataku kujua hali hizi zina umuhimu gani kwako kutokana na huduma wanazotoa hosptalini. Toa maksi 100 kwa kila vitu vitano kulingana na jinsi vitu hivyo ni muhimu kwako – vitu ambavyo ni muhimu zaidi unavipa maksi kubwa zaidi. Tafadhali hakikisha maksi zote za vitu vitano jumla yake ni 100.

1. Monekano wa mazingira ya hosipitali, vifaa na mawasiliano/machapisho.

pointi_____

2. Uwezo wa hosipitali zenyewe kutoa huduma ilizoahidi/ zinazotakiwa

Kwa umakini mkubwa. Pointi _____

3. Hosipitali ziko tayari kusaidia wagonjwa/wateja kutoa huduma kwa wakati.

Point_____

4. Ufahamu na urevu wa watoa huduma wa hosipitali pamoja na uwezo kuwapa imani na uhakika wateja/wagonjwa. Point_____

5. Ukaribu na huduma nzuri hospitali zinatoa kwa mtu mmojammoja kwa mteja/mgonjwa.

Pointi_____

Jumala ya pointi ulizotoa ni 100

Je kati ya vitu vitano hapo juu ni kipi ambacho ni muhimu zaidi kwako? _____

(andika tu namba ya kitu muhimu hapo juu)

Kipi ambacho ni cha pili kwa umuhimu kwako _____

Kipi kitu ambacho unakipa umuhimu kidogo kwako _____

Sentensi zifuatazo zinahusiana na hisia zako juu ya hospitali (vituo vya afya/zahanati) za wilayani Kilindi. Kwa sentesi zitakazofuata elezea hisia zako jinsi unavyoamini hospitali hizi kuwa na huduma bora zilizoelezewa kwa kila sentensi. Kama mwanzoni, zungushia namba 1 kama *haukubaliani kabisa* na sentensi inayounyesha ubora wa huduma za hosipitali za Kilindi. Zungushia nama 7 kama *unakubaliana kabisa* na sentensi juu ya hospitali za Kilindi. Unaweza kuzungushia namba zozote katikati ili kwa kuzingatia ubora unaouhisi. Hakuna Jibu sahihi au ambalo si sahihi – tunachohitaji kujua ni namba unayoisikiri itaelezea vizuri ubora unaouhisi upo katika hospitali za Kilindi.

	Sikubaliani Kabisa				Nakubali Kabisaisa		
1. Hospitali za Kilindi zina Vifaa vinavyoonekana vya kisasa.	1	2	3	4	5	6	7
2. Hospitali za Kilindi zina Mwonekano mzuri wa kuvutia.	1	2	3	4	5	6	7
3. Wahudumu katika Hospital za kilindi Wana mwonekano mzuri sana.	1	2	3	4	5	6	7
4. Vifaa vyote vyenye uhusiano na huduma Vina mwonekana mzuri.	1	2	3	4	5	6	7
5. Hospitali inakapoahidi kufanya jambo Inafanya hivyo muda iliyosema	1	2	3	4	5	6	7
6. Wakati mtu akiwa na tatizo, hospitali Za Kilindi zinaonyesha moyo sana Wa kutatua shida yako.	1	2	3	4	5	6	7
7. Hospitali inafanya vitu sahihi							

Mara moja kukusaidia punde ukifika.	1	2	3	4	5	6	7
8. Hospitali wanatoa huduma mara Wanapoahidi kufanya hivyo.	1	2	3	4	5	6	7
9. Hospitali za Kilindi zinasisitiza kuweka Kumbukumbu zisizo na makosa.	1	2	3	4	5	6	7
10. Watoa huduma wa hospitali za kilindi Wanawaambia wateja muda sahihi wa Kutoa huduma fulani.	1	2	3	4	5	6	7
11. Watoa huduma wa hospitali hutoa huduma haraka kwa wateja.	1	2	3	4	5	6	7
12. Wotoa huduma wa hospitali za kilindi Wapo tayari mara zote kusaidia wateja/wagonjwa.	1	2	3	4	5	6	7
13. Watoa huduma kwenye hospitali hawawi na kazi nyingi na wanakuwa na wa kutosha kuwasaidia wateja/wagonjwa.	1	2	3	4	5	6	7
14. Tabia za wahudumu hospitali za Kilinndi Zinakupa uhakika na usalama	1	2	3	4	5	6	7
15. Unajisikia salama unapohudhuria hospitali Za kilindi.	1	2	3	4	5	6	7

16. Watoa huduma wa Hospitali za Kilindi huwa ni wapole kwa wagonjwa Kila mara. 1 2 3 4 5 6 7

17. Watoa huduma wa hospitali za kilindi Wana ufaham wa kujibu maswali yako. 1 2 3 4 5 6 7

18. Hospitali za Kilindi kukupa umakini mkubwa Unapohudhuria cliniki. 1 2 3 4 5 6 7

19. Hospitali za Kilindi zinatoa huduma muda mzuri kwa wateja/wagonjwa wote. 1 2 3 4 5 6 7

20. Hosipitali zina watoa huduma Wanaokujali wewe. 1 2 3 4 5 6 7

21. Hospitali zinatoa kwa moyo huduma Ambazo Unazihitaji. 1 2 3 4 5 6 7

22. Watoa huduma wanaelewa vizuri mahitaji Yako muhimu 1 2 3 4 5 6 7

Tunashukuru sana kwa muda uliotupa kujazi hili dodoso. Majibu yako yatatusaidia kujua ubora uliopo kwa ajili ya maboresho zaidi.

APPENDIX VI

FORM YA RIDHAA KWA VIJANA (Swahili Version)

Form ya ridhaa ya kukubali kushiriki katika utafiti wa “ubora wa huduma za afya ya uzazi kwa vijana na mawazo ya vijana juu ya ubora wa huduma za afya ya uzazi kwenye sehemu za huduma za afya katika wilaya ya kilindi Mkoa wa Tanga Tanzania.

Habari, Jina langu ni----------.

Umealikwa kushiriki katika utafiti unaoangalia Ubora wa huduma za afya ya uzazi hususan kwa vijana katika wilaya ya kilindi. Tunajua kwamba ili vijana waweze kutumia huduma za afya ya uzazi bila wasiwasi ni vizuri huduma hizi zitolewe kwa ubora unaotakiwa. Kwa vile wizara ya afya imeweka kanuni za utoaji wa huduma hizi zenye ubora hatujajua kama kwa upande wa Kilindi huduma hizi zinatolewa kwa ubora huo na kuzingatia kanuni za ubora zilizopo. Umekaribishwa kushiriki kwenye utafiti huu kwasababu wewe ni kijana mwenye umri wa miaka 10-24. Tunaomba usome fomu hii na uliza maswali yoyote uliyonayo kabla ya kukubali kushiriki katika utafiti huu. Utafiti huu utaendeshwa katika kata chache zitakazochaguliwa katika wilaya ya Kilindi na utahusisha pia zahanati na vituo vya afya vilivyopo Kilindi. Mganga mkuu wa wilaya pia anajua kuhusu utafiti huu.

Mtafiti mkuu katika utafiti huu ni Dr Godson Maro ambaye ni Mwanafunzi wa chuo cha afya na tiba Cha muhimbili.

Lengo la utafiti

Lengo la utafiti ni kuangalia ubora wa huduma za afya ya uzazi zinazotolewa kwa vijana kwa kuangalia vigezo vinavyotumika kama vinaendana na kanuzi za wizara ya Afya. Pia utafiti utachunguza vijana wanamaono gani juu ya ubora wa huzuma za afya ya uzazi zinazotolewakatika zahanati na vituo mbalimbali vya afya wilayani Kilindi.

Taratibu za utafiti

Kama umekubali kushiriki katika utafiti huu tunakuomba ujibu maswali machache ambayo yatasaidia kufikia lengo la utafiti huu.

Madhara ya kushiriki katika utafiti

Utafiti huu hauna madhara kwani utakuwa unataka tuu kujua ufahamu wa mambo ya ubora wa huduma na mtazamo wa vijana kuhusu ubora huo.

Faida za kushiriki katika utafiti

Utafiti utakusanya taarifa ambazo zitatumika katika kuboresha shughuli na mikakati mbalimbali ya kuboresha huduma rafiki za afya ya uzazi kwa vijana. Pia taarifa hizi zitasaidia kuboresha utekelezaji wa huduma za afya ya uzazi kwa vijana katika jamii wilayani Kilindi na Tanzania.

Gharama/fidia za utafiti

Hakuna gharama yoyote utakayoingia kwa kushiriki katika utafiti huu.

Madhara yatokanayo na utafiti

Watafiti hawatazamii washiriki kupata madhara yoyote katika kushiki utafiti huu, kama utakuwa umepata madhara wakati wa utafiti, watafiti watatakiwa kufahamu.

Usiri

Kumbukumbu na kila taarifa ambazo zitakusanywa katika utafiti zitatunzwa kwa usiri, katika uwasilishaji hatutakusanya taarifa ambazo zitaweza kumtambulisha mhusika moja kwa moja. Hakuna kumbukumbu ambayo itataja jina lako mojakwamoja, kumbukumbu zote zitahifadhiwa na watafiti.Katika hali hiyo usiri utakuwa umezingatiwa.

Kujitolea kushiriki

Ushiriki wa utafiti ni wa kujitolea. Kushiriki kwako au kutokushiriki kwako hakuwezi kuathiri uhusiano wako baadae na mtafiti au watoa huduma. Kama umeamua kutoshiriki, uko huru kujitoa kwenye utafiti muda wowote bila kuathiri mahusiano hayo.

Mawasilisiano na maswali

Mtafiti atakayeendesha utafiti huu ni Dr. Godson Maro, Unaweza kuuliza swali lolote ulilonalo sasa au baadaye kwa mawasiliano zaidi unaombwa kuwasiliana na Dr. Godson Maro,

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Makubaliano

Nimesoma nakusikia taarifa hapo juu uliyonisomea. Nimeuliza maswali na kupokea majibu yakuridhisha. Nimekubali kushiriki(sha)/mtoto wangu/watoto wangu kwenye utafiti.

Saini/kidole gumba…….

Tarehe…….....……..