



TITLE: Rural youth:Underserved and Unsafe When Seeking Care

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Introduction

In South Africa every hour seven young women and two young men acquire HIV. These young women bear the additional burden of high rates of teenage and unwanted pregnancy. The aim of this community-led monitoring was to identify the challenges/barriers to comprehensive HIV prevention and family planning services at primary health care facilities experienced by young people living in hard-to-reach rural settings in Alfred Ndzo, Eastern Cape

Results

Between September 2022 and February 2023, the Ambassadors conducted interviews with 824 sexually active adolescent and young people in Bizana (194), Matatiele (191), Mount Ayliff (101), Mount Frere (117) and Ntabankulu (221). There were 714 females, 79 males, and 31 undisclosed genders. Sixty-six percent of the young people indicated that they experienced shortages in medication at their primary healthcare facilities within the last two months prior the interview. Specifically, they reported leaving the facility without their HIV treatment (11%), without PrEP (11%), without PEP (6%), without a pregnancy test (45%) and without contraceptives (77%). The contraception options which experienced the highest shortages are the following: implant (39%), injections (46%), oral pill (27%), female condom (26%), male condom (11%), and intrauterine device (8%). Nearly one-third of 805 respondents reported feeling unsafe or very unsafe when traveling to the facility or whilst waiting for the facility to open. Only forty-eight percent reported feeling safe or very safe. Only 13% reported that nurses are always friendly and professional, while 21 percent complained about the attitudes and rudeness of nurses. Out of 680 respondents, 53% reported that they rely on costly public transport, whilst 45% walk to the facility and only 2% of the group rely on a personal vehicle. Out of 807 participants, 79% reported that they either didn't know what a youth zone was or that there isn't one in their facilities

Methodology

This research was conducted by the HIV Prevention Ambassadors by means of one-on-one interviews, using a prescribed questionnaire/survey. The enrolled participants were both males and females between the ages of 15-25 years who are sexually active, living in one of the five sub-districts of Alfred Ndzo. The community-led monitoring was conducted within a period of 5 months from September 2022 to January 2023. The collected surveys were digitized and analysed using Microsoft Excel spreadsheet and pivot tables

Conclusions and Recommendations

There needs to be greater investment in the provision of comprehensive HIV prevention and family planning services tailored to the needs of young women living in hard-to-reach, underserved rural areas. This means expanding service provision to out-of-facility spaces such as community halls, churches and willing residents' homes, for example. Effective inventory management systems to ensure reliable access to essential medicines and supplies is critical to address the high levels of stockouts. Collaborative efforts between the Department of Health, suppliers, policy makers and civil society are imperative to mitigate the underlying causes of shortages and improve access to healthcare services for young people.