THE UTILIZATION OF PRIMARY HEALTH CARE SERVICES AND HEALTH INFORMATION NEEDS AMONG ADOLESCENTS

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Master of Public Health
2009
The Utilization of Primary Health Care Services and Health Information Needs among Adolescents

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A thesis submitted in fulfillment of the requirements for the Masters of Public Health

Faculty of Medicine and Health Sciences
UNIVERSITI MALAYSIA SARAWAK
2009
DECLARATION

No portion of the work referred to in this thesis has been submitted in support of an application for another degree of qualification of this or any other university or institution of higher learning.

Signature: 

Name: SITI KHADIJAH AHMAD TAJUDDIN

Date: June, 3, 2009
DEDICATION

To my mother Hjh Dayang Hadiah and my family for their continuous support and patience
ACKNOWLEDGEMENTS

I am grateful to every individual and organizations who have contribute directly and indirectly towards completing this study. My special thank you to my supervisor, Dr Aye Aye Aung for her support and encouragement. I also thank all my lecturers especially Professor Dr. Nooriah Mohd Salleh, Professor Dr. Mohd. Raili Suhaili, Associate Professor Dr. Kamaruddin Bakar and Associate Professor Dr. Siti Raudzah Ghazali for their guidance and comments throughout the project.

And, many thank you to Professor Tan Sri Datu Dr. Mohammad. Taha b. Arif and Professor Dr. Mohd. Syafiq b. Abdullah for their continuous support. Also, my gratitude to the principals, teachers and students at SMK Bako and SMK Green Road for their assistance and involvement in the project.
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<td>DHO</td>
<td>Divisional Health Office</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>LPPKN</td>
<td><em>Lembaga Pembangunan Penduduk dan Keluarga Negara</em></td>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<td>NHMS</td>
<td>National Health Morbidity Survey</td>
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<td>SES</td>
<td>Socioeconomic Status</td>
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<td>SMK</td>
<td><em>Sekolah Menengah Kerajaan</em></td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual Reproductive Health</td>
</tr>
<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<td>WHO</td>
<td>World Health Organization</td>
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ABSTRACT

The Utilization of Primary Health Care Services and Health Information Needs among Adolescents

Siti Khadijah Ahmad Tajuddin

It was acknowledged from national survey across the general population that adolescents were the lowest users of health care services. Furthermore, adolescents were the most difficult group to be convinced towards improving their health. The main objectives of the study were to identify adolescents' use of existing government primary health care services in urban and rural settings in Kuching, Sarawak and to identify their health information needs. This study has identified the large difference between the utilization of government primary health care service between urban and rural settings. The results also indicate that rural adolescents received less care from health professionals and have more frequent visits to health clinics. Yet, they were more than satisfied with the services that were provided to them. In addition, female respondents in urban areas have more clinic visits than male adolescents. On the contrary, more male respondents in rural areas seemed to have frequent clinic visits than female. However, no significant association was found between gender and frequency of visits to government primary health care service. In terms of health information, issues involving sexual health and high risk behaviour were unfavourable among the adolescents. Mass media was the main source of information and also, a preferred choice of accessing health related issues. These findings would be useful in planning health care services and health promoting programmes targeting the adolescents especially in our primary health care facilities.
ABSTRAK

Penggunaan Perkhidmatan Penjagaan Kesihatan Primer dan Keperluan Maklumat Kesihatan di kalangan Remaja

Siti Khadijah Ahmad Tajuddin

sumber maklumat yang paling utama di kalangan remaja. Hasil kajian ini amat berguna
dalam membuat perancangan berkaitan perkhidmatan kesihatan dan program promosi
kesihatan melibatkan golongan remaja terutama di kemudahan perkhidmatan kesihatan
primer.
CHAPTER 1
INTRODUCTION AND LITERATURE REVIEW

1.1 Introduction:

It was estimated that 20% or 5 million of our populations in Malaysia are aged between 10 – 19 years old and 3 million of them live in urban settings (Statistics Department, Malaysia). The adolescent population is projected to increase to 6 million by 2020. Worldwide, one in every five people is an adolescent, which accounts for about 1.2 billion of the world’s 6.3 billion people. Adolescence is a time of opportunities as well as vulnerabilities to risk-associated behaviours that can have lifelong consequences for health and well-being. Promoting healthy development for adolescents is an important investment as many health problems in adulthood have their roots during adolescence. In order to encourage their healthy behaviour, the provision for developmental needs is important to address (WHO, 1999) and, their health care needs are one of the important aspects for healthy development. Health care needs or need for health care is much more specific as compared to need for health. It is the population’s ability to benefit from health care. Need in health care is the capacity to benefit (Wright, Williams & Wilkinson, 1998). Despite great improvements in the health status and development in the West Pacific Region, the World Health Organization in its report recommends that more efforts still need to be done to protect and promote adolescents’ needs and rights. Health services are identified as an essential intervention concerning individuals as the health sector provides services to monitor growth and development diagnose diseases and provide care, treatment and rehabilitation (WHO, 1999). In Malaysia according to MOH annual
report, 42% of government clinics had conducted adolescent health service in 2004 as compared to 39% in 2003. Although more clinics are running an adolescents friendly health service, health utilization among adolescents are still the lowest among the general population (WHO, 2007; NHMS III, 2008). Hence, they are generally perceived as being in the healthy age group as their morbidity and mortality rates are low compared to other age groups. As healthcare providers, the health practitioners have the unique opportunity to bond with and help adolescents. Adolescents who do not seek healthcare when needed or postpone seeking healthcare indicate existing barrier that need to be identified. Low use of health services will strongly limit the impact of a patient-centered screen-and-treat strategy especially in a low-income population (Pascal et al, 2008).
1.1.1 Purpose of the Study:
To evaluate our existing health service and delivery of health information from adolescents’ point of view with a view to implement an adolescent friendly health service that will help them to stay healthy, support good health, treat the ill and reach out to those at risk.

1.1.2 Background of the Study Area:
In Malaysia, there are various existing health services for adolescents that are provided by multiple agencies which indicate the recognition of the importance of adolescent health in the country. The Ministry of Health has its own Adolescent Health Unit which was established in 1995 and the National Adolescent Health Policy (NAHP) that was launched in 2001. One of the strategies was to provide an accessible and appropriate healthcare service for adolescents (MOH, 2007). This paper assessed the differences between urban and rural groups of adolescents in health care use. The adolescents defined in the study were between 13 and 17 age group. And, the focus would be on the use of primary health care services. In developing countries, primary health care facilities are frequently the first contact for an adolescent with health professionals for several health problems. Primary care in general serves as an entry point to the complex health care system and provides a link to more specialized care. Therefore, strong primary care systems are associated with a health-enhancing impact.

In Sarawak, the services are provided through polyclinics, outpatient clinics, maternal and child health clinics in the urban areas, and health centres and community clinics in
the rural areas. The village health team and flying doctor service provide the services to more remote areas in the state (Sirajoon & Hematram, 2008). In SMK Bako, the nearest health clinic is located only a few kilometers away. The clinic is situated halfway between the school and Kampung Bako. And, this clinic is only managed by two medical assistants and two nurses. A medical officer only visits the clinic once in a while and not on regular basis. While, SMK Green Road is located in the Kuching town itself with more choices of health care services available. The nearest government health clinic is located at Mosque Road which is less than 10 minutes journey from the school. There are also few private clinics nearby to the school. Therefore, the adolescents have more choices in term of health care services to cater for their health needs.

There are not many studies were done to evaluate the adolescents’ use of our health services particularly in the government primary health care setting. Regarding health information needs, one survey was done in Malaysia to estimate the prevalence among adolescents who received any health information and it was found to be 48-48.7%. Out of these, only 46.1- 47% (among the lowest rate) were actually convinced to take action towards improving their health (NHMS III, 2008). Furthermore, most of this information was structured based on adult’s perception of the adolescent needs.
1.1.3 Significance of the Study:

Only a limited number of studies have been published as regards to the utilization of health services among this age group particularly in Malaysia. This study would enable us to improve our understanding of the adolescents’ views regarding their health needs. By attending to their needs, we hope that these young people will return to our service when they need to and will be able to recommend these services to their friends. This in return can act as a catalyst in order to improve health for everyone. This was also a step to ensure that adolescents are closely involved in program planning and monitoring, to identify needs from the adolescent’s point of view and to increase greater use of health service by reducing barriers and improving knowledge especially among non-users who have more need for the service.
1.2 Literature Review:

1.2.1 Introduction

In recent years, adolescent health has become a growing issue because of their specific morbidities that are resulting from their behaviours and lifestyle which are preventable and treatable. In order to promote health, intervention programs need to focus not only on specific problems or risk factors, but also the needs of the adolescents. In planning and provision of health care services, it is important to differentiate between individual and community needs. Otherwise, the service delivered will tend to be a top-down approach and based on what few people think the population need rather than what they actually are. As adolescents constitute a heterogeneous group and have various intra-group differences, these will affect their health needs. Therefore, the health needs of these young people must be studied in order to meet their specific needs (WHO, 1986). As regards to providing information, WHO defined it as the provision of appropriate information, by whatever means, with the principal aim of increasing adolescents' knowledge and understanding of a particular health issue, and sometimes with the explicit intention to motivate them to adopt healthy behaviour and to prevent health hazards (WHO, 1999). Information is a foundation upon which adolescents gain their knowledge and skills. The activities involved are broadly ranged from interpersonal communication to the use of mass media. The information that adolescents need and entitled to, form part of a safe and supportive environment. Therefore, understanding their needs for information that they want to know more about (as well as information adults willing to provide to them) is vital.
1.2.2 Health Utilization and Health Seeking Behaviour among Adolescents

Even though total attendances at adolescent health service are increasing, health utilization among adolescents is still relatively low as reported in the National Survey done in 2006 especially among those aged 15-19 (38.1%). The prevalence of hospitalization within 5-19 years old was also reported as the lowest as compared to other age groups. One local study done at kafe@TEEN facilities in Kuala Lumpur, Butterworth and Lembah Pantai found that only 10% of adolescents attended the health clinic. Kafe@TEEN is an adolescent-friendly centre set up by LPPKN in 2005 (Hamizah et al, 2008). Furthermore, research suggests that 80–90% of childhood disease is treated at home or outside the formal health care system, a pattern that is likely to continue into adolescence (WHO, 2007). Therefore, if adolescents regard health services as irrelevant to their needs and distrust them, they will tend to avoid these services and only seek help when they are desperate (WHO, 2002). Another aspect that we need to evaluate is the organization and structure of our existing health service. Quality of care is also equally important as it was observed to be associated with higher health status (Peabody et al, 2006).

There are lots of studies done in other countries in relation to the adolescent’s health-seeking behaviour as it contributes to the utilization of formal sources like health clinics as a place to seek help as well as other informal sources. Low uptake of health services may reflect barriers related to the individuals, health personnel, health systems and, more generally, a restricted focus on the specific target group (Skinner et al, 2003, Atuyambe et al, 2005; Agampodi et al, 2008; Fortune et al, 2008; Pascal et al, 2008). Fortune et al