



DATE

- TRACK

Unequal power relations between healthcare providers and young clients: barriers to accessing Sexual and Reproductive Health Services in Ebony State, southeast Nigeria



EKO 2023
Achieving 2030 Targets:
Driving Innovation for
Adolescent and Youth Health



SOCIETY FOR ADOLESCENT
AND YOUNG PEOPLE'S
HEALTH IN NIGERIA



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OUTLINE

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Introduction

- **Background**
 - The interactions between healthcare providers and young people are complex and often result in an intricate interplay of power
 - This can significantly influence service delivery and young people's experiences of accessing sexual and reproductive health services
- **Study objective**
 - The study explored the expressions of power between healthcare providers and young people and examined the implications for sexual and reproductive health (SRH) service delivery



Methods

- Qualitative research methods were used:
 - Focus group discussions
 - In-depth interviews
 - Eleven sex- and age-disaggregated FGDs were conducted among young people aged 15 to 24
 - Twenty in-depth interviews conducted among health workers
 - The interview transcripts were coded in NVivo using a pre-defined coding framework
- The themes that represent expressions of power and the impact on SRH service delivery were identified inductively and deductively



Results

- Health workers have enormous power
- They express their power through:
 - enforcing adherence to medication
 - disregarding the SRH rights of young people,
 - limited provision or denial of services, as well as
 - verbal abuse and
 - reporting young people to their parents or school authorities
- The expressions of power by providers were often influenced by such social markers as age, gender, socioeconomic status, etc



Results contd

Young people

- Young people have limited power, which they express by
 - asserting their rights,
 - challenging power dynamics, and
 - refusing to be attended by judgmental providers.



- The misuse of power by health workers had adverse consequences for young people, such as
 - feelings humiliation, embarrassment and shame
 - scared to visit health facilities for SRH services
 - Young people will not open up the reason for seeking care
 - Discourages young people from seeking care
 - Delay in seeking care
 - Encourages self-medication



Conclusion

- Unequal power relations exist between healthcare providers and young people accessing SRH in the PHCs, and these constitute barriers in accessing SRH in the PHCs
- However, this can be addressed through targeted interventions and the establishment of supportive policies that prioritize the protection of young people's rights to SRH services
- These will contribute to improved SRH outcomes, which are critical to achieving universal access to sexual and reproductive health care