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**Proposed Title:** Enhancing Adolescent Access to Sexual and Reproductive Health Services: Exploring Service Provision Barriers and Facilitators through the YPE4AH Mystery Client Method in Kano and Lagos.

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### Summary

Adolescents often encounter obstacles when seeking SRH services like stigma, lack of confidentiality, and limited youth-friendly services. These impede adolescents' access to information related to their sexual and reproductive health. To address these challenges, the Mystery Client Method; a covert assessment technique was employed to gain insights into the quality-of-service provision toward adolescents. The research investigated the challenges and opportunities in adolescent access to SRH services, utilizing the Mystery Client Method to uncover various underlying barriers and facilitators. Findings reveal a range of barriers, such as judgmental attitudes and inadequate privacy measures, alongside promising facilitators like comprehensive education and non-discriminatory practices. Understanding these dynamics is crucial for developing targeted interventions and policies aimed at improving adolescent access to SRH service provision. This study underscores the importance of prioritizing adolescents' unique needs and rights within the realm of sexual and reproductive health, advocating for inclusive and youth-centered approaches to service delivery.

### Background

Numerous adolescents confront significant hurdles in their physical, social, and economic realms, which may impede their access to essential sexual and reproductive health (SRH) services. The scarce accessibility to comprehensive SRH facilities has been correlated with heightened susceptibility to detrimental sexual behaviors among adolescents, particularly those residing in urban slums and lacking formal education. According to the Nigeria Demographic and Health Survey of 2018, Nigeria, grappling with health complexities, including a notably high fertility rate of 5.3 births per woman, early pregnancies, and a substantial proportion of teenage childbirths (presently constituting 19% of all live births), underscores the pressing need for targeted interventions to address these challenges. Nigeria, with its diverse sociocultural landscape and complex healthcare infrastructure, presents a unique setting to examine the challenges and opportunities in facilitating adolescent access to SRH services. The study however delves into the intricate interplay between service providers and adolescent access to sexual and reproductive health (SRH) services within the context of the Nigerian healthcare system by shedding light on the barriers and facilitators providing valuable insights for policymakers, healthcare administrators, and practitioners aiming to strengthen adolescent-friendly SRH service provision to make informed decisions about their sexual and reproductive health choices and well-being.

### Introduction

This study focuses on the multifaceted landscape of barriers and facilitators impacting adolescent access to SRH services. The study synthesizes insights and contexts to identify common themes and variations in the challenges faced by adolescents seeking SRH services. It underscores the imperative for tailored interventions and policies that address the unique needs and circumstances of adolescents, promoting equitable access to SRH services worldwide with particular emphasis in two Nigerian states – Lagos and Kano. To address these issues, the YPE4AH program used *the Mystery Client Method* — a covert assessment technique that was employed to gather insights into the quality and responsiveness of SRH service providers toward adolescents. The research investigated the challenges and opportunities surrounding adolescent access to sexual and reproductive health (SRH) services, utilizing the mystery client method to uncover underlying barriers and facilitators. By elucidating the barriers and facilitators encountered by service providers within the Nigerian healthcare system, this study provides valuable insights for policymakers, healthcare administrators, and practitioners striving to improve adolescent access to SRH services. The study also advocates evidence-based strategies that empower service providers to deliver high-quality, youth-friendly SRH services, ultimately advancing the sexual and reproductive health and well-being of Nigeria's adolescent population.

## **Intervention**

In 2020, the United States Agency for International Development (USAID) initiated its flagship project for adolescents, named the Youth-Powered Ecosystem to Advance Urban Adolescent Health (YPE4AH). The project aimed to cultivate a supportive environment geared towards enhancing the health and well-being of Out-of-School, married and unmarried urban slum adolescents in Lagos and Kano, aged 15 – 19. By bolstering local organizations, the project seeks to facilitate increased voluntary family planning (FP) uptake and sustained utilization, with a focus on establishing Youth Hubs linked to other multi-cadre service providers (MCPs) as accessible platforms for FP and reproductive health (RH) services and information dissemination. The YPE4AH program was designed with a Hub and Spoke approach to empower adolescents, enabling them to assert control over their RH and overall health and well-being, thereby fostering pathways to sustained productivity and fulfillment aligning with Nigeria's broader health and economic development in contributing to the nation's progress towards those vital objectives.

Adolescents have been faced with a myriad of challenges spanning from the ease of accessing SRHS from service provision points to service providers' attitudes and biases posing as barriers. Thus, findings illuminate a spectrum of barriers hindering effective service provision, including judgmental attitudes from healthcare providers, lack of confidentiality, inadequate infrastructure, and limited availability of youth-friendly services. These barriers often contribute to adolescents' reluctance to seek SRH care and result in missed opportunities for preventive interventions and support. Barriers often hinder the provision of comprehensive and confidential SRH services tailored to adolescents while facilitators trigger an increase in the access to SRH services. This study investigates the intricate realm of service provision dynamics shaping adolescent access to sexual and reproductive health (SRH) services by employing the innovative YPE4AH mystery client method as a lens for understanding the divide that exists. Recognizing adolescents as a vulnerable group, yet a very critical demography in need of comprehensive SRH care, the program YPE4AH mystery client program intervention seeks to unravel the barriers and facilitators encountered within service delivery settings and systems through the perspectives of Adolescent Research Assistants (mystery clients) deployed to the field. In conducting the study, the YPE4AH mystery client method was to assess the service provider's knowledge of SRHS, determine the plausible service provider-related barriers to adolescent access to SRHS, identify the provider-related facilitators of adolescent access to SRHS, and underscore the level of satisfaction by adolescents who receive SRHS from YPE4AH MCPs.

## **Methodology/Data Collection**

The mystery client cross-sectional survey is a covert method involving simulated adolescent clients seeking SRH services from MCPs categorized as PHCs, PPMVS, private hospitals or clinics, and maternity nursing homes, offered a unique vantage point to assess the quality, accessibility, and responsiveness of health care service offered to adolescents by multi-cadre providers in the family planning component of the program that is designed to advance the health of underprivileged, out-of-school adolescents in urban slums in Lagos and Kano States. of SRH service provision by the YPE4AH service providers. With a mixed-method approach encompassing qualitative and quantitative research methods, the purpose of this survey was to assess providers' level of comfort in providing contraception information and services to adolescents aged 15 – 19 years old. Participants called Adolescent Research Assistants (ARAs – Mystery Clients) must have benefitted from the program either by participating in an activity at the Youth Hubs or by accessing family planning services from any of the YPE4AH spoke facilities. 6 selected adolescents in Kano and Lagos were trained in research and acted as ARAs. They were onboarded before the commencement of the survey and deployed using a guided survey protocol to gain insight into adolescents' experiences in accessing adolescent sexual and reproductive health services at spoke facilities, barriers they encountered, and their recommendations as facilitators to the study.

A subset of sixty (60) MCPs was selected and targeted across Kano and Lagos states as secondary participants of this survey. A range of MCPs were purposively selected to get a representative sample of respondents. They included MCPs from different tiers such as PPMVs, PHCs, Maternity Homes, and Hospitals. Every Research Assistant (RA) was to visit facilities in the chosen state with an ample cross-mix of different MCPs. During the field visit, if a provider offered ASRH service to the adolescent client starting with FP counseling when it got to the point of picking up an FP method, the adolescent would decline at that moment but inform the provider that he or she would revisit to pick up that FP method after proper considerations on the provided FP counseling service he/she received. Upon their exit from the facility, they will be engaged in a one-on-one interview with a trained interviewer with a mobile data collection tool - DAI Collect containing a questionnaire that will be administered. 30 service providers were visited in each state. Afterward, their feedback would then be used to form units of measurement for data analysis. In the research protocol and consent form, participants were informed during their training that the information provided would remain confidential. The nature of the mystery client survey suggests that the whole process should ensure that the mystery client is not known to the service provider. The mystery clients played out three unique scenarios which were condom request, GBV, and general FP use.

## **Results and Key Findings**

Most providers were female (55%). Patent Medicine Vendors (PPMVs) comprised 52% of the providers while Primary Health Centers (PHCs) constituted 28% of the sample. Hospitals and maternity homes accounted for 20% of the providers. Family Planning Services logos were present in nearly all facilities (93%), and 73% of those facilities were reported to have conducive environments. Adolescents felt comfortable accessing services in 77% of the facilities visited. 30% of facilities made adolescents uncomfortable due to the presence of other unknown persons. PHCs accounted for 41% of these discomfort instances, compared to 23% in PPMVs. 75% of providers were willing to provide information to adolescents. 72% of providers were willing to provide services to adolescents. Providers in Kano were more willing to provide services to adolescents (85%) when compared to Lagos (65%). 80% of providers were reported to have treated mystery clients well. Gender, however, influenced how 20% of providers attended to adolescents. 67% of providers allowed adolescents to ask questions. The majority of those allowed to ask questions felt their questions were answered satisfactorily. The adolescents felt confidentiality in only 70% of facilities. Adolescents felt privacy in 67% of facilities. Both audio (25%) and visual (33%) privacy were affected.

PPMVs provided more confidential services (77%) compared to PHCs (65%) or other facilities (56%). 48% of providers promoted one family planning method over another. Less than 30% of providers discussed STIs or other services including Gender-Based Violence and Mental Health and Substance Abuse. 69% of adolescents felt providers were empathetic towards them for GBV or MH/SA care. Only 13% of providers used tools to screen adolescents. 50% of providers informed those screened about the possibility of making referrals, and only 25% of them were referred.

## **Lessons Learnt**

Health Workers are primarily trained to improve healthcare and service provision. To perform the task efficiently and effectively, they require the requisite knowledge and skills, appropriate tools, non-judgmental disposition, an enabling environment, and motivation. However, providing services for adolescents and young people has its challenges posing as barriers for healthcare workers of which they may be limited by their personal beliefs, traditional values, societal norms, and poor capacity. Majorly, the under-utilization of SRH services has also been attributed to the attitude and behaviour of health workers. Findings illuminate a multitude of challenges faced by healthcare professionals, including inadequate training on adolescent-specific needs, cultural taboos surrounding discussions on sexuality, and resource constraints within healthcare facilities. Various facilitators emerged from the study that could enhance adolescent access to SRH services. These include comprehensive sexuality education, community engagement, accessible and confidential services, peer support networks, and innovative technological solutions. By understanding and addressing these facilitators, stakeholders can create an enabling environment that empowers adolescents to access SRH services and make informed decisions about their sexual and reproductive health and well-being which forms the focus of the YPE4AH project. In conclusion, improved service provision by service providers will eliminate barriers and promote healthy facilitators that will trigger increased adolescent access to SRHS.