

**Factors associated with utilization of Adolescent Sexual and Reproductive Health services
offered at Harare Youth Friendly Corner by the youths in Harare Urban District, 2013**

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Dissertation Submitted in Partial Fulfillment of
Master in Public Health Degree
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August 2013

Declaration

I certify that this dissertation is my original work and submitted for the Master in Public Health Programme. It has not been submitted in part or in full to any university and/or any publication.

Student:

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Martin Joseph Mapfurira

I having supervised and read this dissertation. I am satisfied that this is the original work of the author in whose name it is being presented. I confirm that the work has been completed satisfactorily for presentation in the examination.

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ABSTRACT

Factors associated with utilization of Adolescent Sexual and Reproductive Health services offered at Harare Youth Friendly Corner by the youths in Harare Urban District, 2013

Introduction:

Youth Friendly Corners were developed in Zimbabwe as a strategy to address Adolescent Sexual and Reproductive Health issues. Harare Youth Friendly Corner provides HIV/STI counseling and testing, pregnancy testing, contraception, post rape services, health education, and other serves to youths in Harare. There was a declining trend in utilization of services at Harare Youth Friendly Corner by youths in Harare from 0.15% in 2010, 0.25% in 2011 and 0.14% in 2012. The current rate of utilization of services of 0.2% is far below the expected 30% that was targeted when the YFC was set up. We therefore set out to find out the factors associated with utilization of the services at the Youth Friendly Corner.

Methods:

An analytic cross-sectional study was conducted at Harare Central Hospital in Harare, were 340 youths were randomly selected and interviewed using an interviewer administered questionnaire and focus group discussion guide.

Results:

Associated with utilization of the services were: Awareness of the Youth Friendly Corner [OR=6.2; 95%CI(2.41-16.18)], being employed [OR=5.72; CI(2.21-14.83)], staying alone [OR=3.51; CI(1.78-6.92)], and awareness of other places providing HIV/STI counseling and

testing, pregnancy testing, contraception, post rape services, health education, and other serves services similar to Harare Youth Friendly Corner [OR=3.5; CI(1.59-7.71)].

Conclusion:

Youths who were employed, stayed alone, aware of Harare Youth Friendly Corner and places offering similar services were more likely to utilize services offered at Harare Youth Friendly Corner compared to those who were not.

Key words: Harare, Youth, Friendly, Corner.

DEDICATION

I would like to dedicate this dissertation to my wife for her love and support

ACKNOWLEDGMENTS

I would like to express my sincere appreciation to my supervisors Professor S Rusakaniko and Mr N T Gombe Department of Community Medicine University of Zimbabwe for their guidance and patience throughout the course of this study. Their work will always be remembered.

Special thanks go to Ms M Nyandoro and officers in Reproductive Health Unit Ministry of Health and Child Welfare for their valuable support throughout the course of this study.

My thanks also go to the adolescents who participated in this study for sparing their precious time to respond to the questions.

My heartfelt gratitude goes to my wife and children for their endless psychological support.

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ABBREVIATIONS

ASRH – Adolescent Sexual and Reproductive Health

MOHCH – Ministry Of Health and Child Welfare

YFC – Youth Friendly Corner

STI – Sexually Transmitted Disease

HIV – Human Immune-deficiency Virus

SBCC – Sexual and Behavioral Change Communication

VCT – Voluntary Counseling and Testing

ZDHS – Zimbabwe Demographic Health Survey

PMTCT – Prevention of Mother To Child Transmission

PITC – Provider Initiated Testing and Counseling

UNFPA – United Nations Population Fund

HCH – Harare Central Hospital

JREC – Joint Parirenyatwa Hospital and College of Health Sciences Research Ethics Committee

MRCZ – Medical Research Council of Zimbabwe

DEFINITION OF TERMS

Adolescent/Youth/Young person (Working definition for ASRH programming in Zimbabwe)

Any person aged between 10 and 24 years regardless of their marital status.

Adolescent Sexual and Reproductive Health (ASRH)

Covers education on health issues that pertain to adolescents, and provision of services such as HIV testing and counseling, STI testing and screening, contraception, pregnancy testing, and comprehensive post rape care

Youth Friendly Corner (YFC)

A place established within a health facility and offers ASRH services in a fashion that is integrated with other services provided at the health facility

Prevention of Mother To Child Transmission (PMTCT)

Program where pregnant mothers are screened for HIV with the aim of taking measures to prevent transmission of the virus to the newborn baby

Provider Initiated Testing and Counseling (PITC)

Service where health workers invite clients for screening for HIV

Sexual and Behavioral Change Communication (SBCC)

Health education given to young people aimed at influencing their choices on sexual matters and their behavioral patterns in a positive way

CHAPTER 1: INTRODUCTION

1.1 Background Information

The International Conference on Population Development (1994, Cairo), declared that adolescents have a right to age-appropriate sexual and reproductive health information, education and services that enable them to deal positively and responsibly with their sexuality. Most countries in the world have since then put in place various strategies and programs to address the issue of adolescent sexual and reproductive health (ASRH). The approaches, however, may differ from country to country, depending on availability of resources and other factors. In the region, most programs aimed at addressing ASRH issues have a segmented approach.

To affirm its commitment to the Cairo declaration, the government of Zimbabwe, through MOHCW and partners, developed ASRH strategy (2010-2015) in order to secure ASRH rights for the youths in line with the Millennium Development Goals. The strategies involved three different approaches; community based, school based and integrated health facility approach². The program to implement these strategies in the whole country is at various levels of implementation in the provinces.

As envisaged by the World Health Organization (WHO), ASRH services are defined: “Services that are accessible and appropriate for adolescents. They are in the right place, at the right price (free where necessary) and 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”¹.

Adolescent Sexual and Reproductive Health strategies

The commitment by the government resulted in the adoption of three approaches, namely, community based, school based and integrated health facility approach².

Community based approach: In this approach services are strictly designed and planned for young people, largely through community youth centers. The approach also includes the private pharmacies, SRH drop-in centers or clubs and institutions.

School based approach: The approach is largely through provision of life skills education and counseling for young people by both teachers/lecturers and peer educators in schools (both public and private) and tertiary or vocational institutions.

Integrated health facility approach: In this approach Youth Friendly Corners (YFCs) were established within health facilities from 2010. Currently there are 34 YFCs established in 34 districts in 9 provinces, of which Harare YFC, located at Harare Central Hospital (HCH) is one. The strategy seeks to adopt a preventive, promotive, curative and counseling service approach for young people (10 to 24 years) in line with relevant national policies and strategies.

Minimum conditions for a Youth Friendly Corner

There are minimum conditions that YFCs must meet for efficient ASRH service delivery. These are affordability, accessibility, privacy and confidentiality, quality and consistency, reliability, sustainability, and provider competence. The services should be safe and comprehensive (one-stop shop), and of as wide a variety as possible to meet the different ASHR needs of youths of different age groups. There should be meaningful involvement of the youths and parents/guardians in ASHR programming in order to promote program ownership and sustainability. Strategies to get feedback from beneficiaries should be put in place, while monitoring and evaluation should also be conducted regularly².

Objectives of Youth Friendly Corners

The overall purpose of the ASRH strategy (2010-2015), of which YFCs is part, is to improve the sexual and reproductive health status of young people (10-24 years) in Zimbabwe. The objectives of the YFCs strategy are to promote adoption of safer sexual and reproductive health practices among the youths, increase availability, access and utilization of friendly SRH services by the youths, create a safe and supportive environment for addressing SRH issues for young people, and to strengthen coordination and partnerships for evidence based ASRH programming².

Minimum package for a Youth Friendly Corner

There is a minimum package (activities) for ASRH services offered by a YFC to youths of appropriate ages from 10 to 24 years. It includes education and counseling services (e.g. on: sexuality and growing up, contraception, STIs/HIV, abstinence, consequences of abortion), provision of information and education on ASRH, provision of life and livelihood skills,

provision of sexual and behavioral change communication (SBCC) and audio/visual materials, provision of contraceptives, provision of emergency contraception, pregnancy testing, STIs testing and screening, comprehensive post rape care, voluntary counseling and testing (VCT) and PMTCT, abortion care services, outreach SBCC services, and referral where necessary².

Harare YFC is located within the out-patient building complex at Harare Central Hospital, having been established in January 2010. A quick survey shows that the center meets the minimum conditions required for efficient service delivery and also offers the minimum package, as stipulated in the ASRH strategy above. However, recipients of services, the youths, may be better judges for efficiency of service delivery at the center. The poor utilization by the youths of services provided may be evidence that the center is falling short of meeting the objectives of the YFCs strategy.

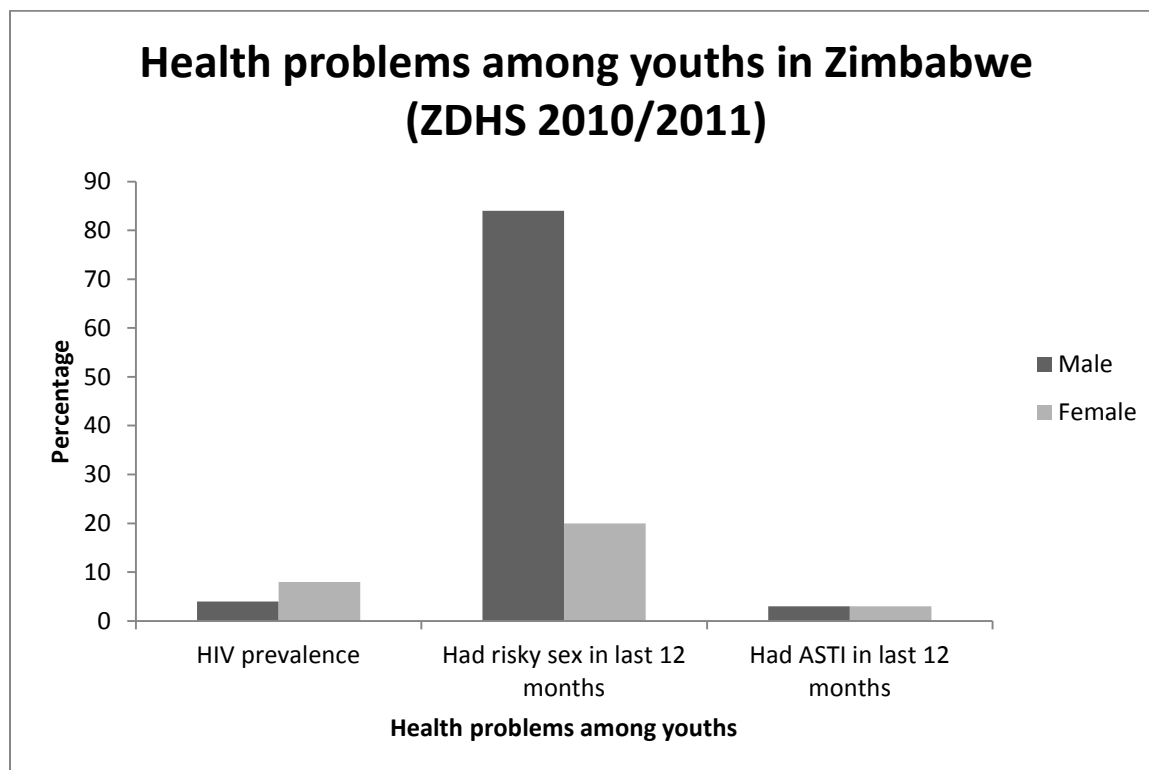
1.2 Statement of the problem

Data from the ZDHS 2010/2011 show that there are a number of health problems prevalent among the youths. Data from HCH YFC also show a declining trend in the utilization of ASRH services provided at the YFC.

Health problems among the youths

Risky sex was the most prevalent adolescent sexual and reproductive health problem among youths in the country. Figure 1.

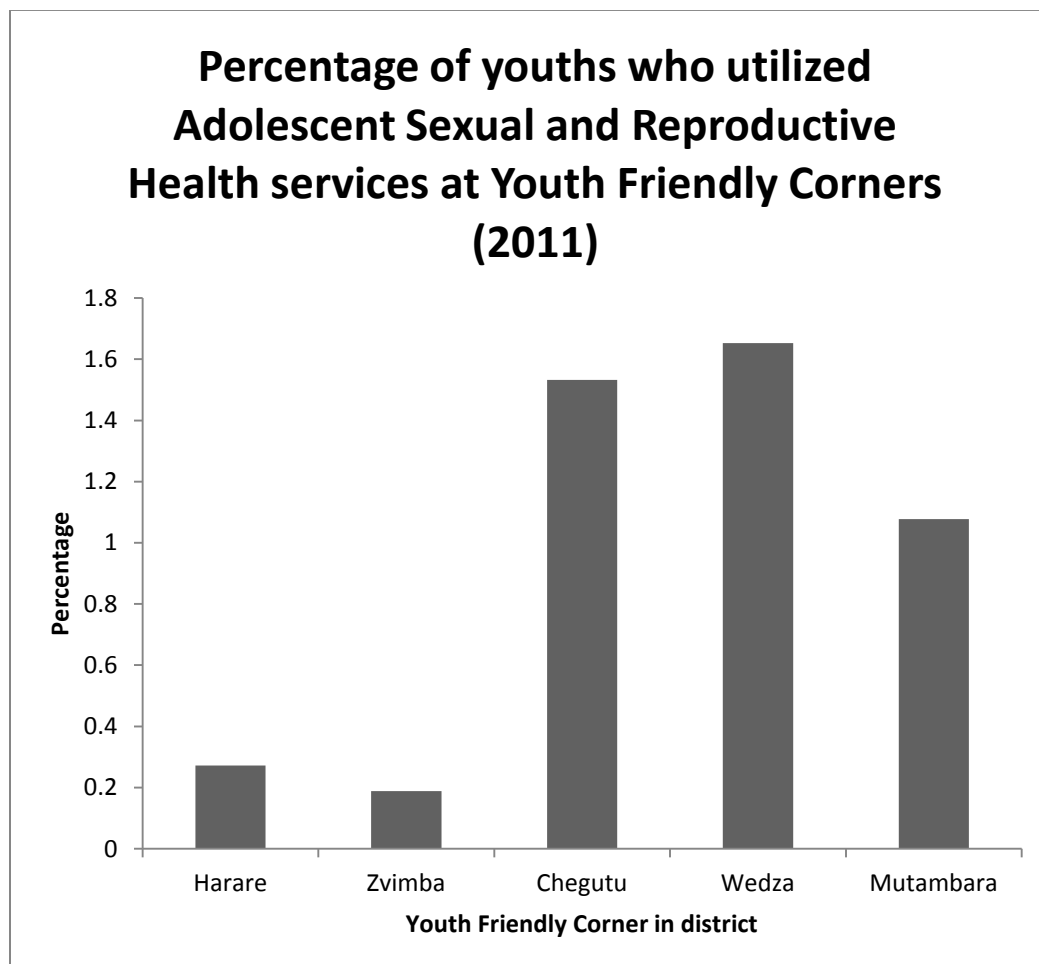
Figure 1: Health Problems among the Youth (10-24 years) (ZDHS 2010/2011)



Level of utilization of Youth Friendly Corner Services in districts

Of the targeted 508533 youths in Harare, only 0.9% utilized ASRH services, a proportion far below the expected 30% and above. There is evidence of gross under-utilization of ASRH services offered at YFCs in the districts by the youths. Figure 2.

Figure 2: Percentage of Youth (10-24 years) who utilized Adolescent Sexual and Reproductive Health services at Youth Friendly Corners in the districts in Zimbabwe 2011

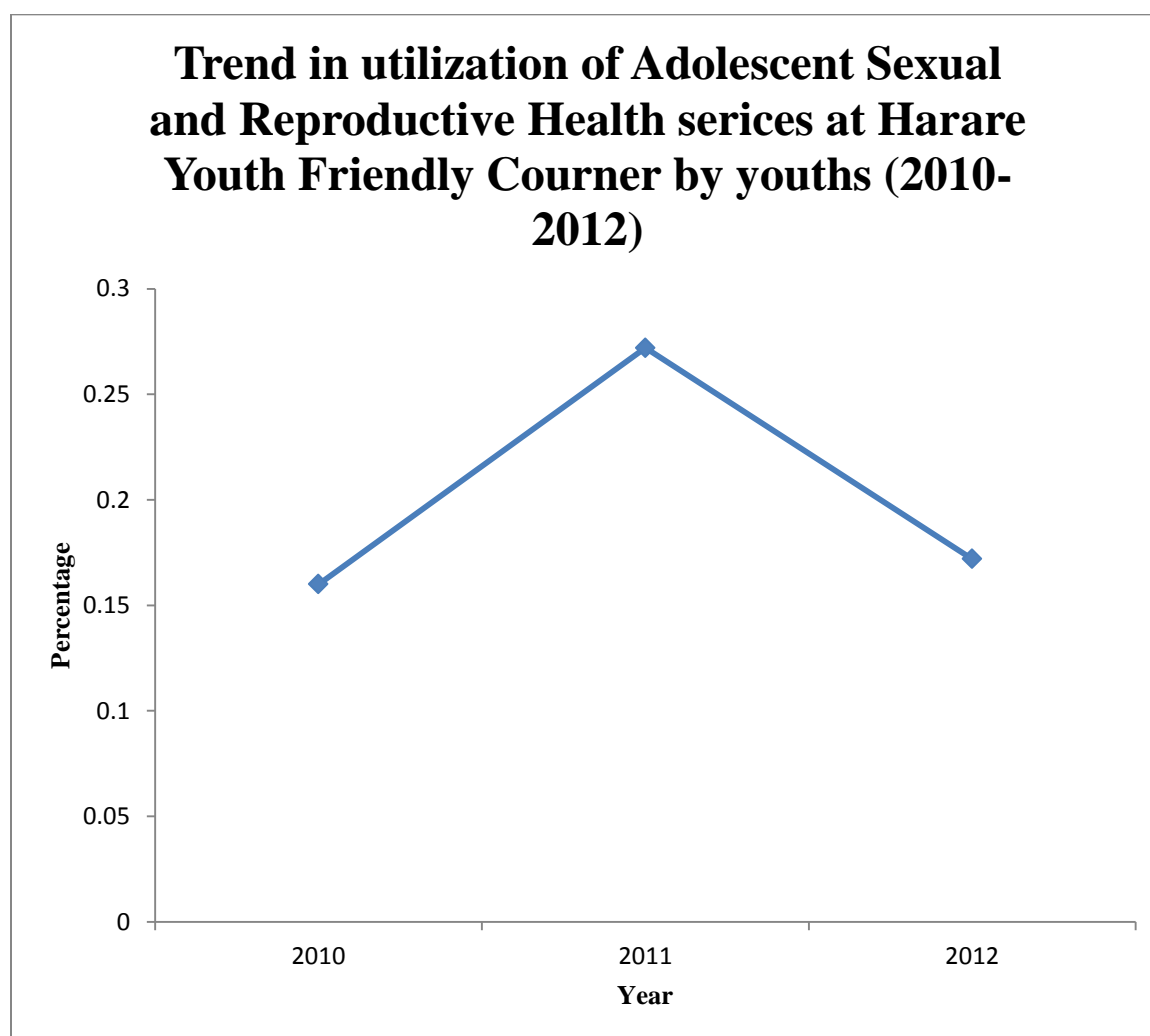


Trend in the utilization of Adolescent Sexual and Reproductive Health services at Harare Youth Friendly Courner

The average number of youths who utilized ASRH services at HCH YFC between 2010 and 2012 was 1 079 (0.2%) in a year, which is way below the expected 152 560 (30%) or above.

Figure 3.

Figure 3: Trends in utilization of ASRH services at Harare YFC



The study therefore sought to identify the factors that are associated with the utilization of Adolescent Sexual and Reproductive Health services offered at Harare YFC by the youths.

CHAPTER 2: LITERATURE REVIEW

2.1 Public health significance

Sexual and reproductive health problems encountered by the youth in the developing countries are tremendous. National governments with partners have formulated various intervention strategies in order to mitigate these problems^{1,5,6,7,8,9}. Governments may invest lots of resources in putting in place these strategies, but there is no guarantee of utilization of the resources by the intended beneficiaries, the youth^{10,11,12,13,14}.

According to a UNFPA Zimbabwe 2011 publication, young people in Zimbabwe face unprecedented challenges, among them STIs including HIV, high level of teenage pregnancies (21%), unsafe abortions and limited access to sexual and reproductive health rights. HIV prevalence is almost three times higher among women aged 15 to 24 (11%) than among men of the same age (4.2%) and is fueled by intergenerational sex¹. The same challenges have been noted in other studies^{7,8,10,15,16}.

2.2 Service Related Factors

Studies done in Zimbabwe, Kenya and Uganda showed that barriers to adolescents seeking sexual and reproductive health services were quite many. They included issues of confidentiality, the testing process, accuracy of test results, cost of test, privacy, quality of service, staff who do not understand youth issues, staff who are judgmental if they test positive, and staff who are not kind. A good number of youths preferred being attended to by staff that is young, who are able to identify with sexual and reproductive health problems faced by the youths^{16,17,18,19}. The studies recommended models of ASRH

services that involve participation by the youths at programming level. This would enable the youths to articulate their preferences in terms of what the ASRH services should cover, where, when, how and who should deliver the services to them. These findings are collaborated by a study on ‘Youth reproductive health services’ done in Bulawayo City in 2002¹⁷. Further support for the findings comes from many other studies done^{21,22,23,24,25,26}, where barriers to youths seeking sexual and reproductive health services were identified and categorized as personal, family support, and health service barriers. Among the health service barriers, youths preferred being attended to by a health worker who was young and thus able to identify with reproductive health challenges of that age group⁹. Further collaboration of these findings came from a study done in Mdantsane Township, in South Africa²⁷. The youths studied in that area expressed general dissatisfaction with the sexual and reproductive health services delivery at the township clinic. The factors cited in the study included cost of services, long queues, service limitations, and health workers attitude. The study recommended a model of ASRH program where government and partners subsidize the services to make them affordable or free for the youths. In the model, health staff working at these ASRH service centers should have received training in counseling in order to better equip them to handle adolescents’ sexual and reproductive health issues.

In their study on adolescent health in Indonesia, Tylee and colleagues identified barriers to provision and use of adolescent sexual and reproductive health services and broadly categorized them as availability, accessibility, acceptability, and equity of health service provision²⁸.

2.3 Personal Factors

In intervention studies done locally by Rusakaniko and colleagues²⁹ and also by Cowen and colleagues³⁰, knowledge on sexual and reproductive health was shown to be important to the youths' ability to become aware of their sexual and reproductive health needs.

In Kapeni, Malawi, a study in 2011 by Muntali showed that 38% of adolescents ever accessed Youth Friendly Reproductive Health Services³. A further analysis revealed several factors that affected the up-take of these services. They included sex, culture, lack of dialogue between youths and parents on issues of sexuality, and use of modern contraceptive methods. A similar study done in Kenya showed that 37% male and 44% female youths did not utilize reproductive health services (HIV tests) because they thought that they were not at risk³¹. Of the youths in the study who utilized sexual and reproductive health services in the form of HIV tests, 74% males and 43% females did it on a voluntary basis, while 7% males and 32% females had mandatory tests done.

2.4 Socio-Cultural Related Factors

A study done in Nepal and many others done elsewhere showed an increase in the rates of HIV infection and teenage pregnancy, indicating that youths do not always utilize sexual and reproductive health services at their disposal^{14,32,33,34,35,36,37,38}. The study showed many socio-economic, cultural and physical norms that imposed barriers to accessing information on sexual and reproductive and other relevant services. The study recommended establishment of youth-friendly service centers in convenient places in order to encourage the youths to utilize sexual and reproductive health services for their benefit.

2.5 Justification

From the ZDHS 2010/2011, high prevalence of HIV, risky sexual behavior, contraction of STIs, and teenage pregnancies are some of the preventable health problems affecting the youths. The disease prevalence would be expected to drop to below 10% if utilization of YFC services by the youths was above 30%^{3,4}. The intervention put in place in the form of YFC does not seem to be yielding the desired results in Harare urban from statistics in figure: 2 above, where ASRH service up-take is averaging only 0.7%.

A pre-visit to Harare YFC during a pilot study showed that a number of factors cited in other studies cited above may not apply in this situation. Unlike in these other studies, where up-take of youth friendly reproductive health services was generally above 30%, the low up-take of only 0.7% in our situation is a cause for concern. This may be an indication for a corrective action to be taken. We feel this therefore warrants a study to establish which factors are specifically involved in this situation, so that appropriate measures may be taken in order to improve the up-take of ASRH services offered at Harare YFC.

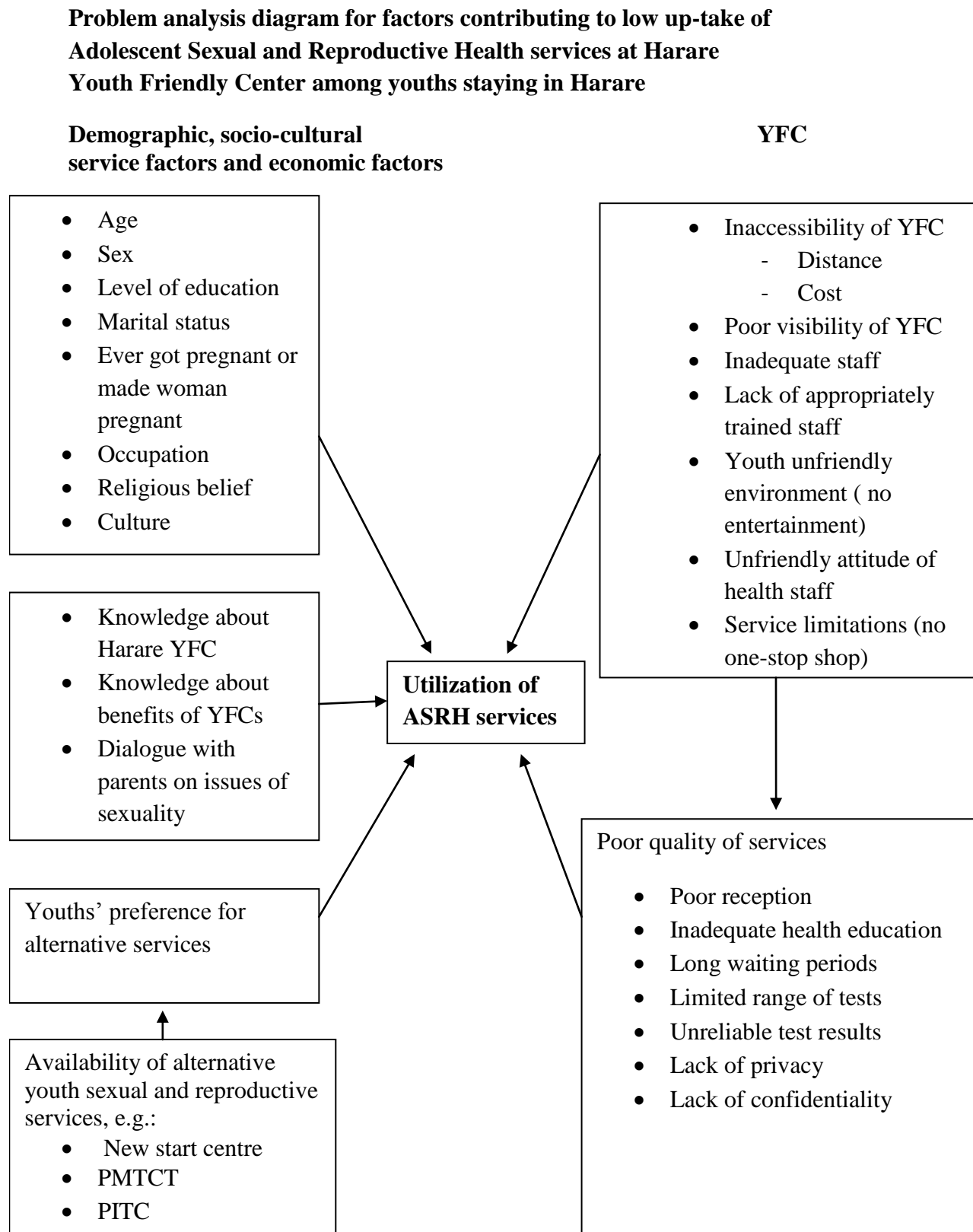
2.6 Research question

What are the factors associated with utilization of Adolescent Sexual and Reproductive Health services offered at Harare YFC by the youths in Harare Urban District?

2.7 Conceptual Framework

The study was guided by the conceptual framework below, which shows that utilization of YFC ASRH services was determined by several interrelated factors. Figure 4.

Figure 4: Conceptual framework



CHAPTER 3: OBJECTIVES AND HYPOTHESES

3.1 Broad Objective

To determine factors associated with utilization of Adolescent Sexual and Reproductive Health services offered at Harare Youth Friendly Corner by the youths in Harare Urban District.

3.2 Specific objectives

- To assess the level of utilization of ASRH services offered at Harare YFC
- To determine ASRH services related factors associated with utilization of ASRH services offered at Harare YFC
- To determine health worker related factors associated with utilization of ASRH services offered at Harare YFC
- To describe trends in the utilization of ASRH services offered at Harare YFC by the youths in Harare Urban District
- To determine level of awareness of ASRH services provided at Harare YFC

3.3 The hypotheses

Null hypothesis:

H_0 : There is no association between awareness of existence of Harare YFC and utilization of ASRH services offered at Harare YFC.

Alternative hypothesis:

H_1 : Awareness is associated with utilization of ASRH services offered at Harare YFC by the youths.

Null hypothesis:

H_0 : There is no association between employment status of the youths and utilization of ASRH services offered at Harare YFC.

Alternative hypothesis:

H_1 : Employment status of the youths is associated with utilization of ASRH services offered at Harare YFC by the youths.

CHAPTER 4: METHODS AND MATERIALS

4.1 Introduction

This chapter will describe the research methods used in this study. It will look at study design, study setting, study population, sample size and sampling plan, the research instruments, study variables, permission to proceed and ethical considerations and data capturing and analysis.

4.2 Study design

An analytical cross-sectional study was carried out. The study design was the most appropriate as literature had shown that many other studies of a similar nature adopted the same design and generated meaningful results. The design was also considered because of the short time of one month that was available to do the study.

4.3 Study setting

Harare Central Hospital was the study setting. This was chosen because that is a place where we were sure to find youths of various backgrounds as they come to seek treatment, escort relatives for treatment, visit relatives admitted, or visit for other reasons. Harare Youth Friendly Corner is also located at Harare Central Hospital.

4.4 Study population

Our study population were male and female youths aged between 10 and 24 years and resident in Harare Urban District

4.5 Study participants

Any youth aged between 10 and 24 years whom we found at Harare Hospital was eligible for the study, and we interviewed all who we found during the study. Participants were categorized as

utilizers and non-utilizers, were a utilizer was defined as a youth who received any of the ASRH services provided at HCH YFC that included HIV/STI testing, pregnancy testing, health education, counseling, contraception, and post rape care, and a non-utilizer being a youth who did not receive any of those services.

4.6 Sample size calculation

In calculating sample size (n), we used a study on ‘Youth Reproductive Health Services in Bulawayo’ in 2001 by Mashamba A et al²⁰ who found prevalence of awareness of Youth Reproductive Health Centers among the youths to be 15%. We assumed prevalence of awareness of the existence of Harare YFC among the youths in Harare (p) to be 15%, an error risk (z) of 1.96, and an absolute precision (Δ) of 5%. Using Dobson’s formula

$$n = \frac{z^2[p(1 - p)]}{\Delta^2}$$

where n is the minimum sample size, z is error risk, Δ is the level of precision and p is prevalence of awareness of existence of Harare YFC among the youths, a minimum sample size of 196 was calculated.

4.7 Data collection tools and techniques

An interviewer administered questionnaire was used for the study participants to collect data on their socio-demographic profiles, ASRH services offered at Harare YFC, the attitude of health workers at Harare YFC, and other variables. Four focus group discussions were conducted with the youths of ages 10-19 males and females separately, and 20-24 males and females separately as well. This arrangement was meant to enable participants to express themselves more freely. A separate person was used to record responses as the discussions were being conduct.

4.8 Study variables

4.8.1 Outcome variable

Utilization of Adolescent Sexual and Reproductive services offered at Harare Youth Friendly Corner, where utilization was defined as receiving any of the ASRH services provided at HCH YFC that included HIV/STI testing, pregnancy testing, health education, counseling, contraception, and post rape care.

4.8.2 Independent variables

Independent variables were collected as shown below. Table 1.

Table 1: Independent Study Variables

Variable	Indicator	Data collection technique	Source of data
Socio-demographic			
Sex	Male	Interview	Study participant
	Female		
Marital status	Married	Interview	Study participant
	Single		
Health worker related			
Attitude of health workers	Excellent	Interview	Study participant
	Good		
	Not so good		
Service related			
Reliability of test results	Reliable	Interview	Study participant
	Not reliable		

4.9 Permission to proceed and ethical considerations

Permission to conduct the study was sought from the Harare Hospital Ethics Committee, Hospital Administrator and Clinical Director at Harare Central Hospital. Approval was obtained from Joint Parirenyatwa Hospital and College of Health Sciences Research Ethics Committee and Medical Research Council of Zimbabwe. The nature and purpose of the study was explained to all the participants before they were asked if they were willing to participate in the study. It was further explained to them that their participation would be voluntary and that they were free to withdraw their participation at any stage of the study. Their identity would be required and all the information that they gave during the study would be treated as confidential and kept safely under lock and key. After that, the participants were then asked to sign an informed consent form, with parents and guardians doing so on behalf of their children under 18 years.

4.10 Data Capturing and Analysis

Quantitative data was summarized and analyzed using Epi Info version 3.1.5 to generate frequencies and means of variables, calculate measures of association (Prevalence odds ratios), perform stratified analysis to assess for possible confounding and effect modification, perform logistic regression analysis to control for confounding if present. Content analysis of qualitative data was done.

CHAPTER 5: RESULTS

5.1 Socio-demographic characteristics

We interviewed 340 adolescents. Majority of the youths interviewed (70%) were female youths with a median age of 22 and a minimum of 12 years, and were employed. Table 2.

Table 2: Socio-demographic characteristics of respondents

Variable	Utilizers % (n=52)	Non-tilizers % (n=288)	p-value (0.05)
Sex			
Male	16 (30.8)	87 (30.2)	0.935
Female	36 (69.2)	201 (69.8))	
Age			
10 – 19 years	4(7.7)	100(34.7)	<0.001
20 – 24 years	48(92.3)	188(65.3)	
Marital status			
Married	18 (34.6)	96 (33.3)	0.857
Single	34 (65.4)	192 (66.7)	
Level of education			
Tertiary	25 (48.1)	93 (32.3)	0.033
Secondary	27 (51.9)	179 (62.2)	
Primary	0	16 (5.6)	
Employment status			
Employed	47(90.4)	179(62.2)	< 0.001
Unemployed	5(9.6)	109(37.8)	
Staying with			
Alone	17(32.7)	35(12.2)	< 0.001
Someone	35(67.3)	253(87.8)	

5.2 Factors associated with utilization of adolescent sexual and reproductive health services

Being employed and staying alone were associated with utilization of ASRH services offered at HCH YFC. Table 3.

Table 3: Personal factors associated with utilization of adolescent sexual and reproductive services offered at Harare Central Hospital Youth Friendly Corner

Variable		Utilizers % (n=52)	Non-utilizers % (n=288)	OR	95% CI	p-value (0.05)
Employment status						
Employed	Yes	47 (90.4)	179 (62.2)	5.72	2.21-14.83	< 0.001
	No	5 (9.6)	109 (37.8)	1		
Living conditions						
Stay alone	Yes	17 (32.7)	35 (12.2)	3.51	1.78-6.92	< 0.001
	No	35 (67.3)	253 (87.8)	1		
Area of residence						
High density		33(63.5)	218(75.5)	0.56	0.30-1.04	0.065
Low density		19(36.5)	70(24.3)	1		

Awareness of HCH YFC and awareness of other places where similar services were being offered were associated with utilization of ASRH services offered at HCH YFC. Table 4.

Table 4: Other factors associated with utilization of adolescent sexual and reproductive services offered at Harare Central Hospital Youth Friendly Corner

Variable		Utilizers (N=52) n(%)	Non-utilizers (N=288) n(%)	OR	95% CI	p-value (0.05)
Awareness						
Aware of Harare Youth Friendly Corner	Yes	47 (90.4)	173 (60.1)	6.2	2.41-16.18	< 0.001
	No	5 (9.6)	115 (39.9)	1		
Aware of other places offering similar services	Yes	44 (84.6)	176 (61.1)	3.5	1.59-7.71	0.001
	No	8 (15.4)	112 (38.9)	1		

5.3 Stratified analysis

We performed stratified analysis of the association between Awareness of HCH YFC and Utilization of services provided at the youth corner by Area of residence. Table 5.

Table 5: Association between Awareness of Harare Youth Friendly Corner and Utilization of services stratified by Area of residence

Variable		Utilizers	Non- utilizers	OR	95% OR	p-value (0.05)
Area of residence=High density suburb						
Aware of HCH YFC	Yes	29(87.9)	120(55.0)	5.92	2.01-17.42	< 0.001
	No	4(12.1)	98(45.0)	1		
Area of residence=Low density suburb						
Aware of HCH YFC	Yes	18(94.7)	53(75.7)	5.77	0.72-46.52	0.067
	No	1(5.3)	17(24.3)	1		
Crude OR (Cross product) = 6.25						
Adjusted OR (MH) = 5.89						

The association between awareness of Harare Youth Friendly Corner and utilization of services at the youth corner was confounded by area of residence, with youths residing in the high density suburbs more likely to utilize the services (OR=5.95, 95%CI: 2.01-17.42) than those residing in the low density suburbs (OR=5.77, 95%CI: 0.72-46.52).

Another stratified analysis was done of the association between Awareness of HCH YFC and Utilization of services provided at the youth corner by Area of residence. Table 6.

Table 6: Association between Awareness of Harare Youth Friendly Corner and Utilization of services stratified by Sex

Variable		Utilizers	Non-utilizers	OR	95% OR	p-value (0.05)
Sex=Female						
Aware of HCH YFC	Yes	32(88.9)	133(66.2)	4.09	1.39-12.04	0.006
	No	4(11.1)	68(33.8)	1		
Sex=Male						
Aware of HCH YFC	Yes	15(93.8)	40(46.0)	17.63	2.23-139.36	0.001
	No	1(6.3)	47(54.0)	1		
Crude OR (Cross product) = 6.25						
Adjusted OR (MH) = 6.09						
Chi-square for differing OR by stratum (Interaction) = 1.51 (p=0.22)						

The association between awareness of Harare Youth Friendly Corner and utilization of services at the youth corner was modified by sex, with male youths more likely to utilize the services (OR=17.63, 95%CI: 2.23-139.36) than female youths (OR=4.09, 95%CI: 1.39-12.04), though the association was not statistically significant.

5.4 Logistic regression

We performed multivariate analysis (step wise logistic regression analysis) in order to estimate the measures of association while simultaneously controlling for a number of confounding variables. All variables that were significant at the 0.25 level (p-value of 0.25 or less) in the bivariate analysis were included in the logistic regression model. The model was started off simple with a single variable then variables were added one by one, variables which were not significant at the 0.05 level (95% CI) were eliminated until all the possible variables had been added to the model and significant factors determined. Adjusted prevalence odds ratios and 95% confidence intervals from the final model are presented in Table 7 below.

Table 7: Regression of Utilized YFC = Area of residence + Awareness of HCH YFC + Aware of place offering similar services + Employment status + Staying with

Variable	OR	95% CI	p-value
Aware of HCH YFC	0.24	0.09-0.64	0.005
Aware of places offering similar services	0.40	0.18-0.92	0.032
Staying alone	0.47	0.23-0.98	0.043

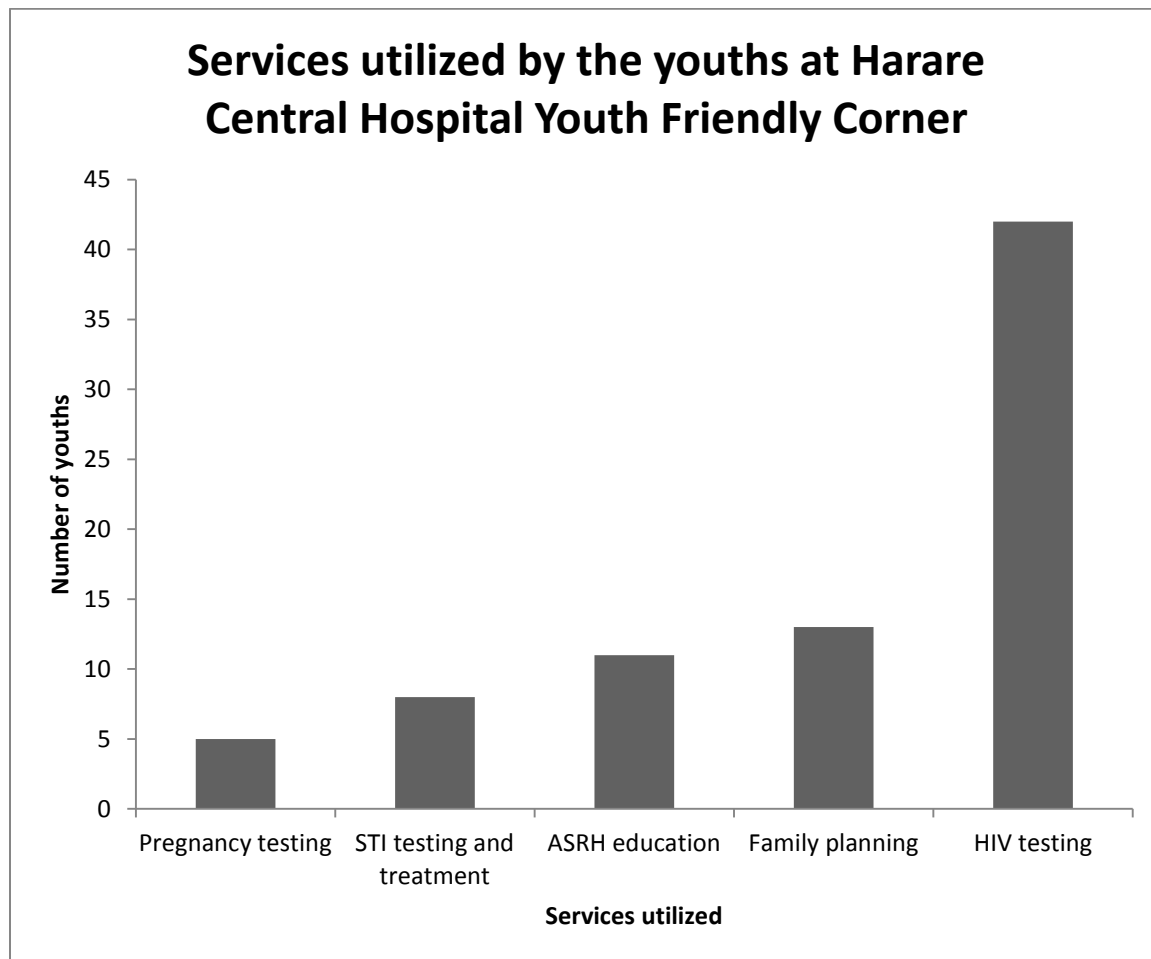
5.5 Other Factors

5.5.1 Services utilized at Harare Central Hospital Youth Friendly Courner

HIV testing and Family planning were the services most utilized at HCH YFC by the youths.

Figure 5.

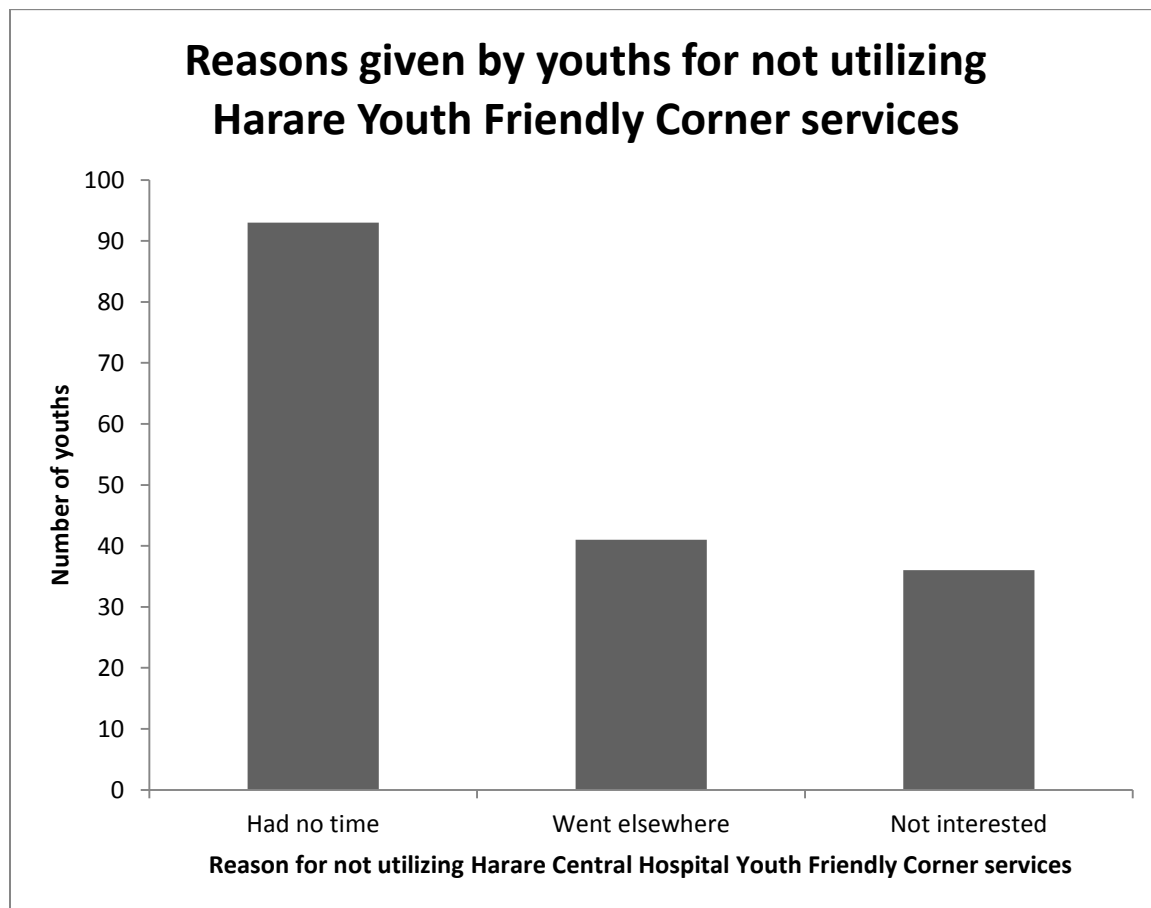
Figure 5: Services utilized by youths at Harare Central Hospital Youth Friendly Corner



5.5.2 Reasons given for not utilizing services at Harare Youth Friendly Corner

Majority of the youth who were aware of HCH YFC did not utilize the services there because they had no time to do that. Figure 6.

Figure 6: Reasons given by youths for not utilizing Harare Youth Friendly Corner services



5.5.3 Reasons for visiting Harare Hospital Youth Friendly Corner

Majority of the youths 33(63.5%) who utilized services at the youth corner had visited the corner specifically to get the services, while the rest had gone there because they had other business to do in the neighborhood of the youth corner.

5.5.4 Attitude of health workers

Majority of the youths 49(94.2%) described the attitude of the health workers at the YFC as good. They said that their attitude was good in that the nurses were friendly, listened with interest and were not judgmental.

5.5.5 Cost of services

All the youths who utilized HCH YFC services interviewed 52(100%) admitted that they paid no money for the services they utilized at the youth corner.

5.5.6 Privacy and confidentiality

Majority of the youths 49(94.2%) reported that privacy and confidentiality of information was adequate. A minority were not satisfied with confidentiality of information. They reported that no codes for test results were being used in the register and that the register with results is sometimes left unattended.

5.5.7 Reliability of HIV test results

Majority of the youths 49(94.2%) reported that results of HIV tests done at the youth corner were reliable. A minority, however, were not satisfied with test result at the youth corner. They reported that one test instead of two was done for HIV and that tests were repeated with the nurses taking long to advise of results.

5.5.8 Time spent at the Youth Friendly Corner

Majority of the youths 48(92.3%) reported that the time they spent being served at the YFC was reasonably long.

5.5.9 Availability of entertainment

Majority of the youths interviewed 44(86.6%) were of the opinion that entertainment provided at the youth corner was adequate.

5.5.10 Return visits

Majority of the youths 46(88.5%) reported that they would return for more services and would recommend HCH YFC to friends. A minority, however, said that they would not return for more services nor would they recommend the youth corner to friends. Their reasons were that results were not reliable, confidentiality of information was not adequate, the health workers were not friendly and judgmental, and the environment there was not relaxing.

5.5.11 Measures to improve utilization of services

Outreach health promotion campaigns and advertising through posters and pamphlets were reported as the most important measures that can be taken to improve utilization of services at HCH YFC by the youths. Table 8.

Table 8: Measures to improve utilization of Harare Youth Friendly Corner services by the youths in Harare

Variable	Utilizers (N=52) n(%)	Non-utilizers (N=288) n(%)	Totals (N=340) n(%)
Measures that can be taken to make more youths utilize services at the YFC			
Outreach health promotion campaigns	47 (90.4)	277(96.2)	324 (95.3)
Advertise through posters and pamphlets	19 (36.5)	151 (52.4)	170 (50.0)
Make YFC more conspicuous physically	24 (46.2)	124 (43.1)	148 (43.5)
Advertise through radios, TVs and newspapers	9 (17.3)	113 (39.2)	122 (35.9)
Decentralize the services	9 (17.3)	31 (10.8)	40 (11.8)
Dramas	2 (3.8)	28 (9.7)	30 (8.8)
Avail adequate entertainment	6 (11.5)	16 (5.6)	22 (6.5)
Employ youthful staff	2 (3.8)	11 (3.8)	13 (3.8)
Road shows	1 (1.9)	11 (3.8)	12 (3.5)
Introduce more sporting disciplines	1 (1.9)	7 (2.4)	8 (2.4)
Reduce time spent at YFC	4 (7.7)	2 (0.7)	6 (1.8)
Increase privacy and confidentiality	2 (3.8)	1 (0.3)	3 (0.9)

5.5.12 Focus Group Discussion

From the focus group discussions that we conducted main issue that came out were that many youths did not visit HCH YFC because they were not aware of the youth corner or the services provided there. The services provided at the youth corner were all relevant, adequate and were also being conducted in a professional manner. However, there was need to advertise the youth corner vigorously through the media, conducting of road shows, posters and bill boards. The current location of the youth corner inside the hospital out-patient complex does not make it easy for the youths to find it. There was also need to decentralize the services to the locations nearer to the youths.

CHAPTER 6: DISCUSSION

Of the youths that we interviewed, only 15.3% utilized ASRH services offered at HCH YFC. The proportion is comparable with 15% found by Mashamba A et al²⁰ in a similar study on ‘Youth reproductive health services’ in Bulawayo in 2002. The setting of our study and theirs was both urban and the behaviour of the urban youths is also expected to be similar, and hence the similarity of the level of service utilization by the youths in both studies.

Visiting Harare Central Hospital and the YFC by the youths involve transport, and therefore, youths who were gainfully employed were more likely to visit and utilize services offered at the YFC. Youths who stayed alone without their parents or relatives were less likely to require permission to visit HCH YFC and utilize the services provided there, hence in our study more youths who stayed alone visited HCH YFC.

Awareness of HCH YFC was associated with the utilization of ASRH services offered at the YFC and the association was statistically significant. Those who were aware were also more likely to have some knowledge of the type of services offered at the YFC. Such prior knowledge might have made it easier for the youths to decide to utilize the services, as compared to a youth who was not aware of the YFC and did not have prior knowledge of the services offered at the YFC. A study by Katz K et al⁸ in Dakar, Senegal, had similar findings.

Awareness of other places where similar ASRH services as those offered at HCH YFC were being offered gave youths a choice. Those aware of such places were more likely to be also

interested in services offered there apart from just HCH YFC. That interest was more likely to drive them to utilize the services at HCH YFC, if they had not done so at those other places. They were also more likely to have found the services offered at HCH YFC more preferable as they were free compared to some of the private centers that charged money for the services.

For the youths who were aware of HCH YFC, their main reason for not utilizing the services offered there was lack of time to do so. Other studies in Zimbabwe found a smaller proportion (11%) of youths who said that they were too busy¹⁷. The other reasons were that some went elsewhere for the services, while others were simply not interested in ASRH services offered there or elsewhere. In their study in Lilongwe, Malawi, Botha J et al³² also found youths who were reluctant to utilize ASRH services because they perceived themselves as not vulnerable due to their young age. This may be an indication for the need to step up adolescent sexual and reproductive health education among the youths in order to change their mindset with respect ASRH issues.

Some youths ended up at the YFC by chance because of other business that they had near the youth corner. This may be an indication of lack of adequate advertisement of the YFC both within and outside the hospital setting. Studies in Zimbabwe by Kim YM et al¹² and in Dakar Senegal by Katz et al⁸ showed that advertisement played a major role in making youths aware of various sexual and reproductive health services available for them and where these could be accessed. In another study in Bulawayo Zimbabwe by Mashamba et al²⁰ majority of the youths who accessed and utilized youth sexual and reproductive health services did so in direct response to advertisement that they saw or heard through posters or mass media.

This study has shown that the issues of privacy, confidentiality, reliability of test results, and health staff attitude, sighted in many other studies^{16,17,18,19} as some of the important barriers in utilization of ASRH services by the youths were not so important at HCH YFC. The staff working at HCH YFC received relevant training in ASRH issues compared to those in the other studies. However, the small number of the youths who were not happy with some of the services at HCH TFC such as privacy, time spent at the corner, and nurses' attitude can be explained by different expectations among youths. This minority group could have had higher expectations with respect services offered at the youth corner. Some who complained that HIV test results were not reliable because only one test instead of two was done were not aware of the circumstance where two tests are done, which is a tie breaker. Test results were also being recorded as "pos" for positive or "neg" for negative against the client's name instead of codes as commonly used elsewhere, and the register with clients' names and test results was at times left unattended at the YFC as the nurses go out for tea or other business, thereby compromising confidentiality. Stigma, which has been shown by many studies^{8,10,11,14,28,32,35} as an important barrier in adolescents' health seeking behaviour emanates from such issues as lack of confidentiality as is happening at HCH YFC.

Studies at Zimbabwe National Family Planning Council's Youth Centers by Phiri A et al¹⁸ in 2005 showed bill boards to contribute a significant 7% to awareness of the centers by the youths. The authors also found out that 15.7% of the youths visited the centers for recreation. In our study, no advertisement of HCH YFC was evident in the form of bill boards at hospital approach routes, posters or pamphlets in the hospital, or any other form except net ball and volley ball. Advertising of ASRH services through radio, TV and news papers, dramas, road shows, and

many other sporting disciplines was also shown to improve awareness and utilization of such services among youths in a study in Senegal⁸.

CHAPTER 7: CONCLUSIONS AND RECOMMENDATIONS

7.1 Conclusion

Adolescent sexual and reproductive health services offered at HCH YFC were being utilized by 15.3% of the youths who visited Harare Central Hospital. The youths were mainly those who were single, employed, and stayed alone. Personal factors associated with utilization of ASRH services at HCH YFC were being employed and staying alone. Awareness of HCH YFC and of other places offering similar services were also associated with utilization of the services at HCH YFC.

A friendly environment at HCH YFC, good reception and good attitude of nurses working at the YFC were some of the health worker related factors that played a role in utilization of ASRH services at the corner by the youths. Among the service related factors that played a role in utilization of ASRH services at HCH YFC by the youths were adequacy of privacy, confidentiality of information, reliability of test results, and the reasonable time that youths spent receiving services at the corner.

7.2 Study limitations

We could not get a sample of participants large enough to be able to study religious and cultural related factors due to the time to carry out the study that was short. Some youths were reluctant to participate due to various reasons, which included having no time to spare and just not interested to participate.

7.3 Recommendations

Short term

1. Reduce the time youths spend at the corner by dedicating more staff to work at the YFC

(Principal Matron Harare Central Hospital)

2. Improve on privacy and confidentiality by use of codes for HIV results in the register and keeping results register under lock and key when not in use **(In charge Harare Hospital YFC)**

Medium term

3. Conduct outreach awareness campaigns in schools, churches, colleges and townships using dramas and road shows. **(Harare Hospital Health Promotion Officer)**
4. Put up bill boards and posters on all approach routes to the hospital **(Harare Hospital CEO)**
5. Advertise through the TV, radio, newspapers, pamphlets and flyers **(Harare Hospital CEO)**

Long term

6. Increase sporting disciplines by introducing table tennis and loan tennis to complement foot ball, net ball and volley ball currently offered **(In charge Harare Hospital YFC)**

Actions so far taken

Health workers at Harare Youth Friendly Corner have since started using codes for HIV results that we assisted them to come up with.

Proposed further studies

We propose conducting of studies to evaluate the Youth Friendly Corner Program at Harare hospital or nationwide to find out if the program is able to achieve its objectives, and if not, then try to find the reasons why.

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Appendices

Appendix 1: Questionnaire (English)

Factors associated with utilization of Adolescent Sexual and Reproductive Health Services offered at Harare Youth Friendly Corner by the youths in Harare Urban District, 2013

Questionnaire number _____

Good morning/afternoon. My name is **Dr Martin Joseph Mapfurira**. I am MPH Officer carrying out a study on the Youth Friendly Corner at Harare Central Hospital. I would like to ask you to assist me with some information about the subject, if you are willing to participate in the study. I can assure you that the information you provide will be treated as confidential and will be used to make some improvements on the services rendered at the corner. If you feel that you do not want to participate any longer during the interview, you are free to withdraw at any time.

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENT

1. What is your age in completed years? _____

2. Sex? Male [] Female []

3. What is your marital status?

a) Single []

b) Married []

c) Cohabiting []

d) Divorced/Separated []

e) Widowed []

4. What is your level of education?

a. Tertiary []

b. Secondary []

c. Primary []

d. None []

5. What is your occupation? (**SKIP IF AGE BELOW 18 YEARS**) _____

6. What is your religion?

a. Christian (Ortodox) []

b. Pentecost []

c. Apostolic []

d. Muslim []

e. None []

7. What is your area of residence? _____

8. Who do you stay with?

a. Parents []

b. Relatives []

c. Siblings []

d. On your own []

e. Other (Specify) _____

9. What is your source of income?

a. Own employment [☐]

b. Parents/Guardian [☐]

c. Other siblings [☐]

d. Relatives [☐]

e. Nil [☐]

f. Other (Specify) _____

CULTURAL-RELIGIOUS FACTORS

10. Does your religion allow its members to

a. Seek treatment at a health center ? Yes [☐] No [☐]

b. Get tested for HIV? Yes [☐] No [☐]

c. Utilize family planning services offered at the YFC? Yes [☐] No [☐]

d. Receive health education from health workers? Yes [☐] No [☐]

11. Does your culture allow people to

a. Seek treatment at a health center ? Yes [☐] No [☐]

b. Get tested for HIV? Yes [☐] No [☐]

c. Utilize family planning services offered at the YFC? Yes [☐] No [☐]

d. Receive health education from health workers? Yes [☐] No [☐]

KNOWLEDGE OF RESPONDENTS ABOUT YFCs

12. Have you heard anything about YFCs? Yes [☐] No [☐] **(IF NO, GO TO 15)**

13. How did you come to know about that? Through:

- a. Friends [☐]
- b. News papers and radios [☐]
- c. Health workers [☐]
- d. Just bumped into one YFC [☐]
- e. Other (Specify) _____

14. What is done there?

- a. PITC [☐]
- b. HIV testing [☐]
- c. Pregnancy testing [☐]
- d. Sexual and reproductive health education [☐]
- e. Testing and treatment of STIs [☐]
- f. Don't know [☐]
- g. Other (Specify) _____

15. Do you think it is easy for the youths to know about the existence of Harare YFC?

Yes [☐] No [☐]

16. If no, what do you think should be done to make the center more visible to the youths?

- a. Vigorous publicity through radio and news papers [☐]
- b. Outreach health promotion campaigns in the community [☐]
- c. Advertise through posters and pamphlets [☐]
- d. don't know [☐]
- e. Other (Specify) _____

17. Have you utilized any of the services offered at Harare YFC? Yes [] No [] **(IF NO, ANSWER 18 AND GO TO 45)**

18. If not, why?

- a. Was not aware of the existence of the YFC []
- b. Had no money for transport []
- c. Did not have time to do that []
- d. It is too far []
- e. Not interested in that []
- f. Other (Specify) _____

19. Did you visit the YFC voluntarily? Yes [] No []

20. If no, who made you visit the center? _____ 21. Did

you visit specifically for YFC services or had gone there for other business? Had gone specifically for YFC services [] Had gone for other business []

22. Do you know of other places where similar services are offered? Yes [] No []

23. If yes, which are they? _____

HEALTH WORKER RELATED FACTORS

24. How would you describe the general environment at Harare YFC?

Friendly [] Unfriendly []

25. How do you rate your reception at the YFC?

- a. Excellent []
- b. Good []
- c. Not so good []

26. What health education were you given there?

a. PITC []

b. Family planning []

c. HIV and STIs []

d. Other (Specify) _____

27. How was the privacy during service? Adequate [] Not adequate []

28. How do rate the attitude of health workers at the YFC?

a. Excellent []

b. Good []

c. Not so good []

29. If excellent or good, in what ways?

a. They were friendly []

b. They made me feel at home []

c. They also gave me time to talk and they listened with interest []

d. They were not judgmental []

e. Others (Specify) _____

30. If not so good, in what ways?

a. They were not friendly []

b. They made me feel uncomfortable []

c. They did not show interest when serving me []

d. They were judgmental []

e. Others (Specify) _____

YFC SERVICE RELATED FACTORS

31. What do say about the time you took to start getting served? Too long [] Reasonable []

32. What do you say about the range of services/tests offered? Adequate [] Not adequate []

33. If not adequate, what would you want included? _____

34. What do say about the results of tests done? Reliable [] Not reliable []

35. If not reliable, in what sense? _____

36. Is there anything else about the tests done that did not amuse you? _____

37. What do you say about the confidentiality of the information you gave?

Adequate [] Not adequate []

38. If not adequate, in what sense? _____

39. What do you say about the time that you spent from arrival at and departure from the YFC?

Too long [] Reasonable []

40. What do you say about pass-time (e.g. TV, magazines, pamphlets) as you waited to go to the

next stage during the service? Adequate [] Not adequate [] Absent []

41. Did you pay money for any of the services that you received? Yes [] No []

42. If yes, which service did you pay for, and how much did you pay? _____

43. Would you come back for more services in future? Yes [] No []

44. Would you recommend a friend to go to Harare YFC for services? Yes [] No []

45. If yes, why?

- a. The services offered are useful []
- b. The tests done are reliable []
- c. The health workers are friendly []
- d. The environment there is relaxing []
- e. Other (Specify) _____

46. If no, why?

- a. The services offered are not useful []
- b. The tests done are not reliable []
- c. The health workers not friendly []
- d. The environment there is not relaxing []
- e. Other (Specify) _____

47. What in your opinion, needs to be done to make more youths utilize Harare YFC services?

- a. Increase awareness campaigns for the YFC []
- b. Make the corner more conspicuous physically []
- c. Reduce the time youths spend at the center []
- d. Increase/ensure privacy and confidentiality for the services []
- e. Employ youthful staff that the youths can easily identify with []
- f. Avail adequate entertainment (e.g. TV, magazines, pamphlets, videos) []
- g. Decentralize services to suburbs nearer the youths []
- h. Other (Specify) _____

Thank you

Appendix 2: Questionnaire (Shona)

Factors associated with utilization of Adolescent Sexual and Reproductive Health Services offered at Harare Youth Friendly Corner by the youths in Harare Urban District, 2013

Questionnaire number _____

Mangwanani/masikati. Ini ndinonzi **Chiremba Martin Joseph Mapfurira**, uye ndinoita nezveutano weruzhinji. Ndirikuita ongororo nezvenvimbo inobatsirwa vechidiki inonzi Youth Friendly Corner, iyo inowanikwa paHarare Central Hospital. Ndinokumbira kukubvunzaiwo mibvunzo mishomanana inechekuita nezvenzimbo iyi. Ndinokuvimbisai kuti zvose zvamuchataura tichazvikoshesa, uye tichazvichengetedza kuti zvisangozivikanwi nemunhu wese. Tichazvishandisa kugadzirisa nvimbo iyi kuti igofarirwa nevehidiki wakawanda. Kana muchinzwa kuti hamuchadi kuramba muchibatsira muongororo iyi makasununguka paneipi zvayo nguva kurega.

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENT

1. Mune makore mangani akazara okuzvarwa? _____
2. Munhu rudzii? Murume [] Mukadzi []
3. Makamira sei pawanano?
 - a. Hamuna kuroorwa / kuroora []
 - b. Makaroora/ makaroora []
 - c. Munogara nemumwe wenyu asi musina kuroorana []
 - d. Makarambana/ makapesana []
 - e. Makafirwa []

4. Makadzidza kusvika papi?

- a. Kupfuura fomu 4 []
- b. Fomu 1-4 []
- c. Giredhi 1-7 []
- d. Hamuna kuenda kuchikoro []

5. Munoshanda basa rei? (**SKIP IF AGE BELOW 18 YEARS**)_____

6. Chitendero chenyu ndechipi?

- a. Cheroma/Ngirande/ Mereka/ Dhachi []
- b. Chependakosita []
- c. Chipositori []
- d. Chemuziremu []
- e. Hapana []

7. Munogara kupi? _____

8. Munogara nani?

- a. Vabereki []
- b. Hama []
- c. Vana vamai venyu []
- d. Mega []
- e. Zvimwe(tsanangurai)_____

9. Munowana kupi mari yokushandisa?

a. Basa ramunoshanda []

b. Kuvabereki/ mutariri []

c. Vamwe vana []

d. Hama []

e. Hapana []

f. Zvimwe (Tsanangurai) _____

SECTION B: CULTURAL-RELIGIOUS FACTORS

10. Chitendero chenyu chinokubvumirai here

a. Kunorapwa kuchipatara ? Hongu [] Kwete []

b. Kutariswa utachiona weshuramatongo? Hongu [] Kwete []

c. Kudzidziswa kuronga mhuri kuzvipatara? Hongu [] Kwete []

d. Kudzidziswa zveutano navakoti? Hongu [] Kwete []

11. Chivanhu chenyu chinokubvumirai here

a. Kurapwa kuzvipatara ? Hongu [] Kwete []

b. Kutariswa utachiwana weshuramatongo? Hongu [] Kwete []

c. Kudzidziswa kuronga mhuri kuzvipatara? Hongu [] Kwete []

SECTION C: KNOWLEDGE OF RESPONDENTS ABOUT YFC'S

12. Makambonzwa here nezvenzvimbo dzevechidiki dzema YFC? Hongu [] Kwete []

13. Makanzwa naani?

- a. Shamwari []
- b. Mapepanhau newairesi []
- c. Vanhu veutano []
- d. Makangodhumanawo nenzvimbo iyi []
- e. Zvimwe (Tsanangurai) _____

14. Ndezvipi zvinoitwa panzvimbo iyi?

- a. PITC []
- b. Kutariswa utachiwona hweshuramatongo []
- c. Kutariswa pamuviri []
- d. Dzidziso yakanangana nezvebonde []
- e. Kutariswa nekurapwa zvirwere zvepabonde []
- f. Hamuzivi []
- g. Zvimwe (Tsanangurai) _____

15. Munofunga kuti nzvimbo yeHarare YFC inozivikanwa nevechidiki here?

Hongu [] Kwete []

16. Kana mati kwete, ndezvipi zvingaite kuti vechidiki vazive nezvenzvimbo iyi?

- a. Kushambadzira nesimba mumapepanhau newairesi []
- b. Kuenda nedzidziso yeutano munzvimbo dzinogara vanhu []
- c. Kushambadzira nemaposita netumapepa []
- d. Hamuzivi []
- e. Zvimwe (Tsanangurai) _____

17. Kune imwe nzvimbo here kunopihwa vechidiki rubatsiro rumwe chete?

Hongu [] Kwete []

18. Kana mati hongu, ndekupa? _____

19. Makambowana rubatsiro here panzimbo yeHarare YFC? Hongu [] Kwete [] **(IF NO,**

ANSWER 18 AND GO TO 47)

20. Kana mati kwete, nekuda kwei?

a. Makange musingazivi nezve YFC yacho? []

b. Makange musina mari yekufambisa []

c. Makashaya nguva yekuenda ikoko []

d. Kure []

e. Hamuzvifariri []

f. Zvimwe (Tsanangurai) _____

21. Makashanyira nzvimbo yeHarare YFC nokuda kwenyu here? Yes [] No []

22. Kana mati kwete, ndiani akaita kuti muishanyire? _____

23. Pamakaishanyira mainga makanangana nezvevechidiki here kana kuti mainge mafambirawo zvimwe kuchipatara? Ndainge ndafambira zvevechidiki [] Ndainge ndafambirawo zvimwe []

SECTION D: HEALTH WORKER RELATED FACTORS

24. Mamiriro enzvimbo yeHarare YFC munoaona sei?

Akanaka [] Haana kunaka []

25. Munoti kidii nekutambirwa kwamakaitwa paHarare YFC?

a. Kwakanakisa []

b. Kwakangonakawo []

c. Hakuna kunaka []

26. Makadzidziswa chii Nezveutano?

- a. PITC []
- b. Kuronga mhuri []
- c. Zvechirwere cheshuramatongo nezvirwere zvepabonde []
- d. Zvimwe (Tsanangurai) _____

27. Kusashambadzika kwemunhu pakubatsirwa makakuona sei?

Kwainge kwakakwana [] Kwainge kusina kukwana []

28. Munoti kudini nehunhu hwevakoti vepaHarare YFC?

- a. Hwakanakisa []
- b. Hwakangonakawo []
- c. Hauna kunaka []

29. Kana mati hwainge hwakanakisa kana kunakawo, nenzira dzipi?

- a. Vaivi neushamwari []
- b. Ndakanzwa kusununguka []
- c. Vakandipawo nguva yekutaura ivo vachiteererawo []
- d. Vaisanditongesa pane zvandaitaura []
- e. Zvimwe (Tsanangura)_____

30. Kana mati hwainge husuna kunaka, nenzira ipi?

- a. Vaive vasina hushamwari []
- b. Handina kunzwa kusununguka []
- c. Vaisaratidza chido pavaindibatsira []
- d. Vainditongesa pane zvandaitaura []
- e. Zvimwe(Tsanangura) _____

SECTION E: YFC SERVICE RELATED FACTORS

31. Makatora nguva yakadini kuti mutange kubatsirwa? Yakarebesa [] Haishoreki []

32. Munoti kudini nehuwandu hwerubatsiro runowanikwa panzvimbo iyi?

Rwakakwana [] Haruna kukwana []

33. Kana rwusina kukwana, chii chamungada kuti chiwedzerwe? _____

34. Munoti kudini nezvinobuda muongororo dzinoitwa? Zvinovimbika [] Hazvivimbike []

35. Kana mati hazvivimbike, nenzira ipi? _____

36. Pane zvimwe here pamusoro peongororo dzinoitwa zvisina kukugutsai?

37. Munoti kudini nekuchengetedzwa kwemashoko amakataura?

Kunogutsa [] Hakugutse []

38. Kana mati hakugutse, nenzira dzipi? _____

39. Munoti kudini pamusoro penguva yose yamakatora kubva pakusvika kudakara musimuke kubva panzvimbo yeHarare YFC?

Yainge yakarebesa [] Yainge yakanaka []

40. Munoti kudini pamusoro pezvekufanoitawo musati matanga kubatsirwa,(somuenzaniso, chivhiti vhiti, zviverengwa zvemapepea)? Zvakakwana [] Hazvina kukwana [] Hapana []

41. Pane mari yamakabhadhara here pakubatsirwa? Hongu [] Kwete []

42. Kana mati hongu, chii chamakabhadharira, uye makabhadhara marii? _____

43. Mungada kudzoka kuzobatsirwa zvakaare here nguva dzinotevera? Hongu [] Kwete []

44. Mungada kukurudzirawo here shamwari kuti ino batsirwawo kuHarare YFC?

Hongu [] Kwete []

45. Kana mati hongu, nokuda kweyi?

a. Rubatsiro runopihwa runobatsira []

b. Ongororo dzinoitwa dzinovimbika []

c. Vakoti vacho vane hushamwari []

d. Munhu anonzwa kusununguka panzvimbo iyi []

e. Zvimwe (Tsanangurai) _____

46. Kana mati kwete, nekuda kwei?

a. Rubatsiro runopihwa harubatsire []

b. Ongororo dzinoitwa hadzivimbike []

c. Vakotivacho Havana ushamwari []

d. Munhu haanzwe kusununguka panzvimbo iyi []

e. Zvimwe (Tsanangura) _____

47. Munofunga chii chingaitwe kuti vechidiki vakawanda vaende kunobatsirwa kuHarare YFC

a.Vawedzere kushambadzira nzvimbo yeHarare YFC []

b. Vaite nzvimbo yeYFC ionekwe zviri nyore navanhu []

c.Vaderedze nguva inotorwa nevechidiki panzvimbo iyi []

d. Vawedzere kusashambadzika kwemunhu ari kubatsirwa, uye kwemashoko anotaurwa []

e. Vatore vashandi vechidiki vanganzwisane nyore nevechidiki []

f. Vawedzere zvinovaraidza (somuenzaniso, zvivhiti vhiti, zviverengwa zvamapepa, mafirimu []

g. Vasvitsewo rubatsiro rwakadai kumisha iri pedyo nevechediki []

h.Zvimwe (Tsanangurai) _____

Mazvita

Appendix 3: Information and Consent Form (English)

INFORMED CONSENT FORM

UNIVERSITY OF ZIMBABWE



Factors affecting up-take of sexual and reproductive health services offered at Harare

Youth Friendly Corner by the youths in Harare Urban District

2013

Principal Investigator: Dr MJ Mapfurira (MPH trainee)

Phone number: 0772 217 707

Initials _____

Introduction: My name is Dr MJ Mapfurira. I am a Public Health student with the University of Zimbabwe attached to the MoHCW Reproductive Health Unit. I am conducting a study on Factors affecting up-take of services offered at Harare Youth Friendly Corner (YFC) by youths resident in Harare Urban District. Before you decide to volunteer for this study, you must understand its purpose, how it may help you, the risks to you and what is expected of you.

Purpose of the study: You are being asked to participate in study of on Factors affecting the up-take of services offered at Harare YFC. The purpose of the study is to establish possible reasons why some youths are not utilizing the services offered at the YFC. The information obtained will be used on designing interventions on how to improve visits to the YFC.

Procedures and Duration: If you decide to participate in this study, you will undergo an interview which may take 15 - 20 minutes to complete. You will be asked various questions that will include questions on sexual and reproductive health. If you have questions about the study, you may ask at any time.

Risks and Discomforts: There are no risks and discomforts associated with this study. However, if you feel annoyed or embarrassed by any question, you are free to decline answering.

Initials _____

Initials _____

Benefits and / or Compensation: There are no direct individual benefits that will come from participating in this study. Findings from the study will be used to improve utilization of YFC services, and thus prevent sexual and reproductive health related problems among the youths.

Alternative Procedure or Treatments: there are no interventions or treatments that will be done in this study.

Confidentiality: If you indicate your willingness to participate in this study, information collected about you and your responses will be treated with confidentiality. The questionnaire to be used during the interview will be identified by a coded number instead of your name. This consent form will be separated from the coded questionnaires and stored in a secure place.

Additional Costs: You will not incur any expenses from participating in this study.

Voluntary Participation: Participation in this study is voluntary. If you decide not to participate in this study, your decision will not affect any services you may wish to seek at Harare YFC in the future.

Additional Elements: Should you decide to withdraw from this study and its procedures, you are free to do so. There will be no penalty for withdrawal.

Initials _____

Initials _____

Offer to Answer Questions: If you have any questions on any aspects that are not clear to you about this study, please feel free to ask me before you sign this form. You are free to take as much time as you can to think about it.

Authorization: By signing this form, it means that you have read and understood the information provided above, had all your questions answered, and decided to participate voluntarily without being coerced and can choose to stop your participation at any time without loss of any benefits entitled to you. You authorize me, field and academic supervisors to access the information that you will have provided. The information you provide will only be used for the purpose of this study.

Initials _____

Signature of Client..... Date.....

Client Name

Signature of Researcher..... Date.....

PO Box A178, Avondale, Harare, Zimbabwe

e-mail address: mjmapfurira@yahoo.com

OR

Mr Notion Gombe at:

University of Zimbabwe,

College of Health Sciences

Department of community medicine

PO Box A178, Avondale, Harare, Zimbabwe

e-mail address: gombent@yahoo.com

OR

MRCZ at:

Cnr Josiah Tongogara / Mazowe Street

Harare

Zimbabwe

mrcz@mrcz.org.zw

+263 79 17 92 / 79 11 93

Appendix 4: Information and Consent Form (Shona)

INFORMED CONSENT FORM

UNIVERSITY OF ZIMBABWE



Factors affecting up-take of sexual and reproductive health services offered at Harare

Youth Friendly Corner by the youths in Harare Urban District

2013

Principal Investigator: Dr MJ Mapfurira (MPH trainee)

Phone number: 0772 217 707

Initials _____

Ini ndinonzi **Chiremba Martin Joseph Mapfurira**. Ndinodzidzira zvoutano woruzhinji kuUniversity yeZimbabwe uye ndinoshanda nevanoona nezveutano wekuzvara mubazi routano. Ndiri kuongorora zvinhu zvine chekuita nekuenda kwevechidiki vemuno muHarare kunobatsirwa panzvimbo yevechidiki yeHarare Youth Friendly Corner. Musati masarudza kupinda muongororo iyi, zvinokosha kuti muzive chinangwa cheongororo iyi, ongororo ingakubatsirai nenzira ipi, zvamunokwanisa kusangana nazvo muongororo iyi nezvamunotarisirwa kunge muchiita muongororo iyi.

Chinangwa cheongororo: Munokumbirwa kupinda muchidzidzo chekuongorora zvinhu zvinechekuita nekuenda kwevechidiki vemuno muHarare kundobatsirwa panzvimbo yevechidiki yeHarare Youth Friendly Corner. Zvatichawana kwamuri zvichashandiswa kugadzirisa zvinhu zvichaita kuti vechidiki vakawanda vaende kundobatsirwa kunzvimbo yevechidiki yeHarare Youth Friendly Corner.

Zvichaitwa, uye nguva yacho: Kana mukasarudza kupinda muchidzidzo ichi, muchatarisirwa kupindura mibvunzo kwenguva inokwana maminitisi gumi nemashanu kana makumi maviri. Muchabvunzwa mibvunzo yakasiyana siyana inobatanidza neine chekuita nezveutano wekuzvara. Kana muine mibvunzo pamusoro peongororo iyi pane ipi nguva, munokwanisa kubvunza.

Tsaona uye marwadzo: Hapana zvakaipa zvingaitike kwamuri kubva mukupinda kwenyu muongororo iyi. Makasununguka kurega kana kuramba kupindura mubvunzo

Initials _____

Initials _____

wamunonzwa kusafara nawo.

Zvamuchawana kanakubatsirwa nazvo: Hapana chokubata chamunotarisirwa kuwana kubva mukupinda kwenyu muongororo iyi. Zvichabuda muongororo iyi zvichashandiswa kugadzirisa zvinhu zvichaita kuti vechidiki vakawanda vaende kunowana rubatsiro kuHarare Youth Friendly Corner, zvigobatsira kuderedza zvirwere zvepabonde nezvimwewo mune vechidiki.

Kurapwa nezvimwewo: Hapana kurapa kana zvimwe zvokubatsira vanhu zvichaitwa muchidzidzo ichi.

Kuchengetedzwa kwemashoko: Kana mukasasarudza kupinda muchidzidzo ichi, zvese zvichawanikwa kubva kwamuri zvichachengetedzwa zvisingashambadziwe kumunhu wese wese. Bepa richanyorwa mhinduro dzenyu richazivikanwa nenhamba chete yarichapiwa, kwete zita renyu. Bepa iri rekubvuma kwenyu kupinda muchidzidzo ichi richachengetwa panzvimbo yakachengetedzeka, uye kwete pamwe chete nebepa rine mhinduro dzenyu.

Muropo. Hapana mari yamuno bhadhara kana mukasarudza kupinda muchidzidzo ichi Sarudzo yekupinda muongororo: Kupinda kwenyu muchidzidzo ichi isarudzo yenyu. Kana mukasasarudza kupinda muchidzidzo ichi, sarudzo yenyu haiite kuti muzotadza

Initials _____

Initials _____

kuwana rubatsiro rwupi rwamungade panzvimbo yeHarare YFC.

Zvimwe zvezvinhu: Kana muchida kubuda mune zvechidzidzo ichi, makasununguka, uye hapana muripo wamunobhadhariswa nokusarudza kubuda

Kupindura mibvunzo: Kana paine pamusina kunyatsonzwisisa nezve chidzidzo ichi, makasununguka kundibvunza musati masaina bepa remvumo irori. Mukasununguka kutora nguva yamungade yekufunga nezvazvo.

Kupa mvumo: Kusaina kwenyu gwaro iri zvinoreva kuti maverenga mukanzwisisa zvakanyorwa imomu, mibvunzo yenyu yese yapindurwa, uye masarudza kupinda muchidzidzo nokuda kwenyu pasina kumanikidzwa. Munogona kubuda muchidzidzo ichi pane ipi nguva pasina kurasikirwa nezvamange muchifanira kuwana. Mandipa mvumo pamwechete navakuru vanondibatsira negwara muchidzidzo ichi kuti tikwanise kushandisa zvamuchapindura muchidzidzo ichi. Mhinduro dzamuchapa nezvimwe zvichashandiswa pachidzidzo ichi chete

Pane zvese zvamungade kuziva nezve chidzidzo ichi, makasununguka kubatana neni pa:

University of Zimbabwe,

College of Health Sciences

Department of community medicine

PO Box A178, Avondale, Harare, Zimbabwe

e-mail address: mjmapfurira@yahoo.com

KANA KUTI

Mr Notion Gombe pa:

University of Zimbabwe,

College of Health Sciences

Department of community medicine

PO Box A178, Avondale, Harare, Zimbabwe

e-mail address: gombent@yahoo.com

KANA KUTI

MRCZ pa:

Cnr Josiah Tongogara / Mazowe Street

Harare

Zimbabwe

mrcz@mrcz.org.zw

+263 79 17 92 / 79 11 93

Ndatenda

Appendix 5: Harare Central Hospital Ethics Committee Approval letter

Telephone: 621100-19
Fax: 621157



Reference:

HARARE CENTRAL HOSPITAL
P. O. Box 51 14
SOUTHERTON
Harare

16 May 2012

Dr. M.J. Mapfurira
Reproductive Health Unit
M.O.H.C.W
P.O Box CY 1122.
Causeway
HARARE

Dear Dr. Mapfurira,

REF: FACTORS ASSOCIATED WITH UP-TAKE OF ADOLESCENT AND REPRODUCTIVE HEALTH SERVICES OFFERED AT HARARE YOUTH FRIENDLY CORNER BY YOUTHS AT HARARE.

I am glad to advise you that your application to conduct a study entitled: **Factors Associated with Up-Take of Adolescent and Reproductive Health Services offered at Harare Youth Friendly Corner by Youths at Harare**, has been approved by the Harare Hospital Ethics committee.

You are advised to avail the results of your study whether positive or negative to the hospital through the committee for our information.

Yours sincerely,

HARARE CENTRAL HOSPITAL
DEPARTMENT OF MEDICINE

16 MAY 2012
P.O. BOX 51 14 SOUTHERTON
DR. C. Pasi

Chairman Harare Central Hospital Ethics Committee

Appendix 6: JREC Approval letter



Joint Parirenyatwa Hospital And College of Health Sciences Research Ethics Committee

5th Floor College of Health Sciences Building
Telephone: +263 4 708140 Email: medirural@medsch.uz.ac.zw



University of Zimbabwe
College of Health Sciences

APPROVAL LETTER

Date: 4th June 2013

JREC Ref: 144/13

Name of Researcher: Dr Martin Joseph Mapfurira
Address: University of Zimbabwe, Department of Community Medicine

Re: Factors Affecting Up-Take Of Sexual And Reproductive Health Services Offered At Harare Youth Friendly Corner By The Youths In Harare.

Thank you for your application for ethical review of the above mentioned research to the Joint Research Ethics Committee. Please be advised that the Joint Research Ethics Committee has reviewed and approved your application to conduct the above named study.

- APPROVAL NUMBER: JREC/144/13
- APPROVAL DATE: 4th June 2013
- EXPIRATION DATE: 3rd June 2014
- TYPE OF MEETING: Expedited Review

This approval is based on the review and approval of the following documents that were submitted to the Joint Ethics Committee:

- a) Completed application form
- b) Full Study Protocol Version number:
- c) Informed Consent in English and/or appropriate local language
- d) Data collection tool version:

After this date the study may only continue upon renewal. For purposes of renewal please submit a completed renewal form (obtainable from the JREC office) and the following documents before the expiry date:

- a. A Progress report
- b. A Summary of adverse events.
- c. A DSMB report

- **MODIFICATIONS:**

Prior approval is required before implementing any changes in the protocol including changes in the informed consent.

Appendix 7: MRCZ Approval letter

Telephone: 791792/791193
Telefax: (263) - 4 - 790715
E-mail: mrcz@mrcz.org.zw
Website: <http://www.mrcz.org.zw>



Medical Research Council of Zimbabwe
Josiah Tongogara / Mazoe Street
P. O. Box CY 573
Causeway
Harare

APPROVAL

Ref: MRCZ/B/540

01 August, 2013

Martin Joseph Mapfurira
University of Zimbabwe
Community Medicine
P.O. Box A 178
Avondale
Harare

RE:- Factors affecting utilization of adolescent sexual and reproductive health services offered at Harare Youth Friendly Corner by youths in Harare

Thank you for the above titled proposal that you submitted to the Medical Research Council of Zimbabwe (MRCZ) for review. Please be advised that the Medical Research Council of Zimbabwe has **reviewed** and **approved** your application to conduct the above titled study. This is based on the following documents that were submitted to the MRCZ for review:

- a) Research Protocol
- b) Research Protocol Summary
- c) Informed Consent Form (English and Shona)

• **APPROVAL NUMBER** : MRCZ/B/540


This number should be used on all correspondence, consent forms and documents as appropriate.

- **TYPE OF REVIEW** : Expedited
- **EFFECTIVE APPROVAL DATE** : 01 August 2013
- **EXPIRATION DATE** : 31 July 2014

After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the MRCZ Website should be submitted three months before the expiration date for continuing review.

- **SERIOUS ADVERSE EVENT REPORTING:** All serious problems having to do with subject safety must be reported to the Institutional Ethical Review Committee (IERC) as well as the MRCZ within 3 working days using standard forms obtainable from the MRCZ Website.
- **MODIFICATIONS:** Prior MRCZ and IERC approval using standard forms obtainable from the MRCZ Website is required before implementing any changes in the Protocol (including changes in the consent documents).
- **TERMINATION OF STUDY:** On termination of a study, a report has to be submitted to the MRCZ using standard forms obtainable from the MRCZ Website.
- **QUESTIONS:** Please contact the MRCZ on Telephone No. (04) 791792, 791193 or by e-mail on mrcz@mrcz.org.zw
- **Other**
- Please be reminded to send in copies of your research results for our records as well as for Health Research Database.
- You're also encouraged to submit electronic copies of your publications in peer-reviewed journals that may emanate from this study.

Yours Faithfully


.....

**MRCZ SECRETARIAT
FOR CHAIRPERSON
MEDICAL RESEARCH COUNCIL OF ZIMBABWE**

PROMOTING THE ETHICAL CONDUCT OF HEALTH RESEARCH