

Barriers to Utilization of Health Services: Perception of Postsecondary School Malaysian Urban Youth

Mahin Ghafari^{1,2}, Khadijah Shamsuddin¹, Masoud Amiri²

¹Department of Community Health, Universiti Kebangsaan, Malaysia Medical Centre, Kuala Lumpur, Malaysia, ²Social Health Determinants Research Center, Shahrekord University of Medical Sciences, Shahrekord, Iran

Correspondence to:

Dr. Masoud Amiri,
Social Health Determinants Research
Center, Shahrekord University of Medical
Sciences, Shahrekord, Iran.
E-mail: masoud.amiri@yahoo.com

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Previous research has indicated that adolescents and young people trying to get access to accessible, affordable and acceptable health services which may face many barriers such as psychosocial barriers; for instance, they prefer to provide contraceptive products from drugstores located in other neighborhoods rather than ones located nearby.^[1] In addition, different researchers have found various barriers of accessibility of young people to health services. For example, Scheppers and colleagues^[2] classified potential barriers into three levels including patient, provider and system levels. Demographic and structural variables, health beliefs and attitudes, personal enabling resources, community enabling resources, perceived illness and personal health practices could be classified as patient level items while provider level may consist of provider characteristics such as provider's skills and attitudes. System characteristics like the organization of the health care system could also be classified as barriers of system level. Moreover, while provider's attitude, practices and behaviors could be classified as health care provider barriers, they could also act as related barriers to the providers' ability to take care of adolescents and young people.^[2]

Various factors such as inadequate time, flexibility, skills, and confidence in working

with young people, and poor linkages with other relevant services can also be considered as major barriers to service provision among medical and community health center staff.^[3] In addition, one of the most important barriers to get access to reproductive health services is the fear of being recognized by parents or people who may be familiar with them which has been shown in the study by Berhane and colleagues.^[4] Another influencing factor may be the gender of health care provider because the young adults could have some problems in explaining genital issues to a provider of the opposite gender.^[5] In fact, lack of confidentiality, youth friendliness and accessibility of available services could be main barriers which has been shown in the study conducted by Agampodi and colleagues.^[6] Financial barriers are other significant factors which may affect health care of adolescents.^[1] Uncomfortable health care service which may lead to a negative experience could also be considered as a barrier of seeking health care services.^[7] Inadequate knowledge is another barrier which might hinder utilization of family planning services by adolescents and young people.^[8] Finally, inconvenient working hours might prevent adolescents' access to health care facilities and their proper use of the offered services.^[9]

As part of a larger study on youth risky behaviors and lifestyle in Kuala Lumpur, Malaysia, we studied the main barriers of utilization of health services among post-secondary school Malaysian urban youths between the ages of 18 and 24 who are students in government and private colleges and universities. Using self-administered pre-tested anonymous questionnaire, data were collected from 973 students between August 2010 and February 2011. The key barriers to utilization of health services identified were time constraint/ unsuitable service schedule (few clinics open evenings and weekends for working young adults, inconvenient office hours), long waiting time, work or study commitments, transportation problems, lack of information/ lack of awareness on adolescent friendly health services, financial constraints, negative attitude of health care providers, and long distance needed to travel to adolescent friendly health service points. Other barriers identified by these youths were limited referral services, lack of privacy, uncomfortable waiting place/ area, fear of family knowing their health problems and lack of clear guiding signs on directions to services locations.

We found that adolescents and young adults faced many barriers which prevent their use of health services. These barriers could influence adolescents and young people's present and future health status since they in fact need a wide range of health services. In addition, adolescents and young adults insist on their own privacy and confidentiality. They would prefer access to youth-friendly health facilities that carry no stigma, are situated at a convenient location, offer convenient hours of operation, afford privacy, and provide information and educational materials. They would also like youth-friendly support staff to treat them with respect, and not prejudice them. Most of these barriers might be addressed by current programs serving adolescents and youth; however, the most important action which can be implemented by the Ministry of Health for young people and adolescents, is the selection, training, and supervision of health care providers to work with youths, with a major emphasis on attitude (non-judgmental attitude), respect for young people, and the development of communication

skills to improve appropriate provider-clients communication. Access and utilization of Adolescents and Youth Friendly Health Services by young people is a significant issue that should be taken into account by policy makers, program planners and health service providers when providing services to this group.

REFERENCES

1. Belmonte LR, Gutierrez EZ, Magnani R, Lipovsek V. Barriers to Adolescents' Use of Reproductive Health Services in Three Bolivian Cities. Washington SC: FOCUS on Young Adults/Pathfinder International; 2000.
2. Scheppers E, van Dongen E, Dekker J, Geertzen J, Dekker J. Potential barriers to the use of health services among ethnic minorities: A review. *Fam Pract* 2006;23:325-48.
3. Kang M, Bernard D, Booth M, Quine S, Alperstein G, Usherwood T, *et al.* Access to primary health care for Australian young people: Service provider perspectives. *Br J Gen Pract* 2003;53:947-52.
4. Berhane F, Berhane Y, Fantahun M. Adolescents' health service utilization pattern and preferences: Consultation for reproductive health problems and mental stress are less likely. *Ethiop J Health Dev* 2005;19:29-36.
5. Munthali A, Zakeyo B. Do They Match? Adolescents' Realities and Needs Relating to Sexuality and Youth Friendly Service Provision in Dowa District, Central Malawi; 2011.
6. Agampodi SB, Agampodi TC, Ukd P. Adolescents perception of reproductive health care services in Sri Lanka. *BMC Health Serv Res* 2008;8:98.
7. Fox HB, Philliber SG, McManus MA, Yurkiewicz SM. Adolescents' Experiences and Views on Health Care. Washington, DC: The National Alliance to Advance Adolescent Health; 2010.
8. Williamson LM, Parkes A, Wight D, Petticrew M, Hart GJ. Limits to modern contraceptive use among young women in developing countries: A systematic review of qualitative research. *Reprod Health* 2009;6:3.
9. Booth ML, Bernard D, Quine S, Kang MS, Usherwood T, Alperstein G, *et al.* Access to health care among Australian adolescents young people's perspectives and their sociodemographic distribution. *J Adolesc Health* 2004;34:97-103.

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