

Adolescents and Young People's Perception of Care in Health Services in El Salvador

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Percepción de los adolescentes y jóvenes sobre la atención en servicios de salud de El Salvador

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Abstract

Introduction. Friendly Health Services are spaces of comprehensive and differential care for adolescents and young people, which start from their biological, social and emotional. **Objective.** Evaluate the perceptions of youth about the quality of care they received and their experience in the Community Family Health Units. **Methodology.** A mixed study was carried out that collected the perceptions of the participants in two successive stages. First with a questionnaire that evaluated the quality of care and experience of users, then through group and individual interviews that estimated the level of satisfaction. **Results.** Youth consult health establishments, although 68.2 % are unaware of the exclusive programs for them (Friendly Health Services). The most used service was general medicine (76.6 %). Regarding the care received, the respect, trust and privacy provided by health professionals was rated as excellent or very good (76 %). 39.7 % reported that the waiting time was 30 to 60 minutes, 17.6 % reported waiting more than two hours. **Conclusion.** Currently, there is a need to improve access to services for adolescents and young people by socializing the offer to encourage their use, increase attention in preventive areas and implement their evaluation with methods different from current ones.

Keywords

Adolescent Health Services, Quality of Health Care, Comprehensive Health Care, Evaluation of Health Services.

Resumen

Introducción. Los Servicios de Salud Amigables son espacios de atención integral y diferencial para personas adolescentes y jóvenes, que parten de sus necesidades biológicas, sociales y afectivas. **Objetivo.** Evaluar las percepciones de las juventudes sobre la calidad de atención que recibieron y su experiencia en las Unidades de Salud. **Metodología.** Se realizó un estudio mixto que recogió las percepciones de los participantes en dos etapas sucesivas. Primero, con un cuestionario se evaluó la calidad de atención y experiencia de los usuarios; luego, mediante entrevistas grupales e individuales se estimó el nivel de satisfacción. **Resultados.** El 68,2 % de los jóvenes y adolescentes desconocen los programas exclusivos para ellos. El servicio más utilizado es el de medicina general (76,6 %). En cuanto a la atención recibida, el respeto, la confianza y la privacidad brindada por los profesionales de salud fue calificada como excelente o muy buena (76 %). El 39,7 % reportó que el tiempo de espera fue de 30 a 60 minutos; el 17,6 % refirió esperar más de dos horas. **Conclusión.** Aunque la percepción de las unidades de salud por parte de los adolescentes y jóvenes en general es buena, los Servicios de Salud Amigables cuentan con barreras que interfieren en el acceso, oportunidad y aceptabilidad.

Palabras clave

Servicios de Salud del Adolescente, Calidad de la Atención, Atención Integral de Salud, Evaluación de Servicios de Salud.

Introduction

Friendly Health Services (FHS) are spaces for comprehensive and differential care for adolescents (10 to 19 years)ⁱ and young

people (20 to 24 years)¹ based on their biological, social, and affective needs,ⁱⁱ since the social environment determines the appearance of risk behaviors that represent an important public health problem.ⁱⁱⁱ

Data from the World Health Organization (WHO) reported that worldwide, more than 1.1 million people between ten and 19 years of age died due to injuries, trauma (including those caused by traffic), violence, self-injurious behavior, infectious diseases (such as respiratory infections), and childbearing. Also, during this period, 42 out of every 1000 adolescents aged 15 to 19 gave birth.^{iv}

In El Salvador, from January to September 2021, injuries affecting multiple regions of the body were reported as the main causes of death in 10 to 19-year-old males (31%), and females (26 %).^v Moreover, in 2022, 133 853 adolescent pregnancies occurred; of these, 6130 were in children aged under 14 years.^{vi}

Therefore, based on international recommendations, the National Integrated Health System of El Salvador (SNIS) has implemented since 2018 the FHS model, located in primary care centers and hospitals in the central, paracentral, and western areas of the country, which offer preventive and curative care related to teenage pregnancy, mental health, violence, addictions, sexual health education, nutrition. This study has as its central axis the constant evaluation of the quality of care by adolescents and young people as social comptrollers.^{vii} This motivated the realization of this study, which evaluated the perceptions of the quality of care of young people and adolescents in the health units to have inputs to update human resources and generate empirical evidence for health managers and implementers.^{viii}

Methodology

Study design

Study with a mixed approach in successive stages. The quantitative phase was conducted with a descriptive cross-sectional design and the qualitative phase through a phenomenological design, in the period from June to September 2020, with data resulting from a consultancy process implemented by Doctors of the World Spain (Figure 1).

Sample

Quantitative phase

The sample was calculated from a population of 11 167, using the finite population formula, taking into account a prevalence of 50 % and a confidence interval of 95 %, obtaining a sample of 372 participants. The 10 % of non-response was added to this number, obtaining a sample of 409 participants. However, at the time of data collec-

tion, a larger population was captured, so the final sample studied was 478.

Qualitative phase

Thirteen participants from the quantitative phase who met the following inclusion criteria were considered for the qualitative phase.

Inclusion criteria

Quantitative phase

Users who consulted any healthcare area of the health units in the municipalities of Colón, Izalco, Jiquilisco, San Martín, San Martín, San Miguel, Soyapango, and Usulután, aged between 10 and 24 years, of male, female, and non-binary gender were required for their selection.

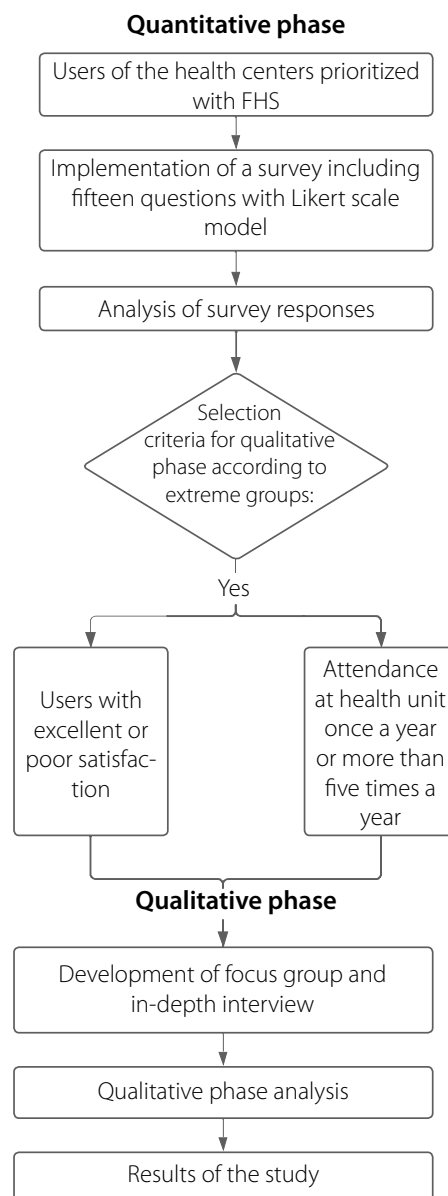


Figure 1. Flowchart describing data collection process

Qualitative phase

Participants who stated that they visited health centers one or more than five times a year and that their degree of satisfaction with health services was "excellent" or "bad".

Variables

1. Quality of care, i.e., ensuring that each adolescent and young person receives optimal healthcare, taking into account all factors and knowledge of the user and the healthcare professional to achieve maximum satisfaction with the process. (Table 1)^{viii}

2. User experience, i.e. the interaction of adolescents and young people with the healthcare system. (Table 1)^{viii}

Data Collection

Quantitative phase

It was carried out using a virtual questionnaire on the Google Forms platform adapted from the SERVQUAL model^{ix,x} and the Colombian Friendly Health Services for Adolescents and Young People survey,^{xi} which assessed the quality of care and user experience. The questionnaire was distributed through a link

Table 1. Study variables and dimensions in the quantitative and qualitative phase of the study

| Quantitative phase | | |
|--|---|--|
| Variables | Dimensions | Indicator |
| Socio-demographic characterization | General data | Sex |
| | | Age |
| | | Current activity |
| | | Educational level |
| Quality of care | Use of health services (Opportunity) | Frequency of visits to the health facility in a year |
| | | Service of the health unit you (the participant) use |
| | Ease of service identification (Accessibility) | Signposting of FHS in health units |
| | | Knows there are FHS in health units |
| | | Perception of the signage in each of the services. |
| | | Perception of health services hours |
| | | Delivery of educational material of your interest |
| | Care received (Acceptability) | Area of the health unit where the best treatment is received |
| | | Perception of how the health professional performs the physical examination |
| | | Perception of the respect, trust and privacy given by the health personnel. |
| | | Perception of the way in which health personnel communicate at the time of consultation care |
| | | Guidance as a complement to the reason for consultation |
| | | Waiting time for medical, nutrition, psychology and dentistry professional care |
| | | Waiting time for attention in the archive, radiology or laboratory |
| You consider that they give you time to answer questions during care | | |
| User experience | Experience in the areas of healthcare services | The indications you receive from the health personnel before or after the consultation are made clear to you |
| | | Perception of the care received in healthcare services |
| | | Counseling on sexual and reproductive health |
| | | Vaccination |
| | | Pregnancy test |
| | | Prenatal checkups and childbirth care |
| | | Contraceptives |
| | | Sexually Transmitted Infection/HIV counseling |
| | | Dentistry |
| | | Psychology |
| | Nutrition | |
| Alcohol or drug care | | |
| Opinion space | Preferred means of expressing opinions or suggestions about the health services you receive | |

Qualitative phase

| Variable | Dimensions |
|-----------------|--|
| User experience | Reasons why friendly services should exist |
| | Programs they consider important for adolescents |
| Quality of care | Attention received |
| | Reasons to not visit healthcare services |
| | Healthcare services expectations |

via WhatsApp and was filled out self-administered or by the researcher via telephone in case of inconvenience.

This form included 28 questions: 15 with closed-ended Likert scale responses and 13 multiple-choice questions. The response options for the Likert scale questions were: 1. poor, 2. fair, 3. good, 4. very good, 5. excellent.

Qualitative phase

The information was collected through group interviews applied in person to 11 participants: six men and five women, between ten and 24 years old, from the urban and rural areas of Usulután and Jiquilisco. Also, individual in-depth interviews were conducted in person with two participants aged 15 and 20 years old, females from Soyapango and Colón, due to problems of access due to violence in other cities.

For this phase, an interview guide was used based on a guideline prepared with 11 open questions concerning the perceptions of young people on the level of satisfaction with the quality of care received and their experience. It ended at theoretical saturation with 13 participants between group and individual interviews (six men and seven women). All interviews were recorded with the consent of the participants.

Data analysis

Quantitative phase

The data were analyzed with descriptive statistics through frequencies and percentages; subsequently, the results of the analysis were represented in tables and figures with the support of the Excel program.

Qualitative phase

The data were transcribed, categorized, and analyzed with the support of the Atlas ti program. For identification purposes, codes of male participant (MP) and female participant (FP) were used followed by age in years, divided by hyphen; for example, male participant aged 21 years (MP-21) and female participant aged 14 years (FP-14). At the conclusion, the data were presented in prose and tables.

Ethical considerations

This study did not use human samples and only collected data verbally from the participants, who did not receive any remuneration and previously completed an informed consent or assent form. This study was reviewed and approved by the National Health Research Ethics Committee. The information provided by the participants was treated confidentially.

Results

Quantitative phase

A total of 478 questionnaires were completed by participants from the cities of Colón, Izalco, Jiquilisco, San Martín, San Miguel, Soyapango, and Usulután.

A. Characterization of adolescents and young people using health services.

The total number of participants consisted of 58.8 % females, 40.4 % males, and 0.8 % non-binary individuals. Regarding the age groups, 17.8 % of the respondents were between the ages of 10 and 14, while 58.8 % were between the ages of 15 and 19. The predominant level of schooling was high school (47.3 %) and junior high school (26.6 %).

B. Frequency of use of health services. The highest percentage of people surveyed from once to twice a year was 48.1 % across all three genders. It is worth mentioning that the female gender, aged 15-19 years, are those who consulted more than five times a year (60 %), and of the three genders, the male gender rarely consults (25.9 %).

Regarding the health services or programs consulted, the most requested was general medicine (76.6 %), with a predominance of males. Prevention services such as nutrition, prenatal checkup, contraception, psychology, sex education, treatment of sexually transmitted infections (STIs), care for violence, as well as alcohol and drug prevention were requested by 5 %.

Likewise, 68 % of the participants reported that they were unaware of the Friendly Health Services or the spaces

exclusively for them. Of these, 60.1 % of the female gender is the least aware.

C. Care provided by the health personnel in the health unit's services. The perception of the experience of accessibility to the services/programs evaluated was mostly categorized as "excellent" or "very good" with a predominance of respect, trust, and privacy with which the health professional attends. However, at least five instances rated them as "bad" particularly concerning the signage of the services. (Figure 2)

When asked which areas they liked the most, 38.1 % said they were treated well in all areas. The professionals who gave care were the best evaluated, with 32.4 %. Using the same criteria, 11.9 % said they didn't like how they were treated in any area, especially when giving data for the file (25.5 %).

Regarding the duration of waiting for consultation with a medical, dental, nutrition, or psychology professional, 39.7 % of respondents reported that the wait was between 30 and 60 minutes, while 17.6 % reported that the wait was longer than two hours. For care in support areas, such as file preparation, laboratory, or radiology, 48.7 % of respondents reported a waiting time of 30 to 60 minutes, while 6.3 % reported a waiting time exceeding two hours.

Figure 3 describes the perception of the young people about their experience in the areas of care. It was observed that the vaccination area is the most requested. Vaccination, dentistry, sexual and reproductive health, nutrition, psychology, and prenatal checkup services were evaluated in the highest percentage as "good" and STI/HIV, contraceptives, pregnancy tests, and alcohol drugs as "regular."

Qualitative phase

Participants were interviewed: six men and seven women (one of them at ten weeks' gestation). (Table 2)

Among the participants, nine are studying and four are seeking employment (neither studying nor working), who stated that they know that there is a referent person from the adolescent and youth program. However, they are not aware of the programs that are exclusive to them, nor under the term Friendly Health Services.

Discussion

This study revealed that the perceptions of adolescents and young people about the quality of care and their experience at the health unit were generally good, although the aspects perceived as bad became barriers to accessing health services.

It was evident that adolescents and young people perceive health services/programs with a curative vision, since the majority requested care with general medicine, dentistry or nutrition, and preventive services such as sexual and reproductive health care, alcohol and drug prevention, violence, STI/HIV treatment and contraception, to a lesser extent.

Brochado *et al.* attribute this finding to the fact that they use these programs as access to contraceptive methods and not to receive sexual health support, although they point out that a large percentage of this population does not even use these methods.^{xiii} Other studies attribute this to the environment and the restrictions that the adult world imposes on the mobility of

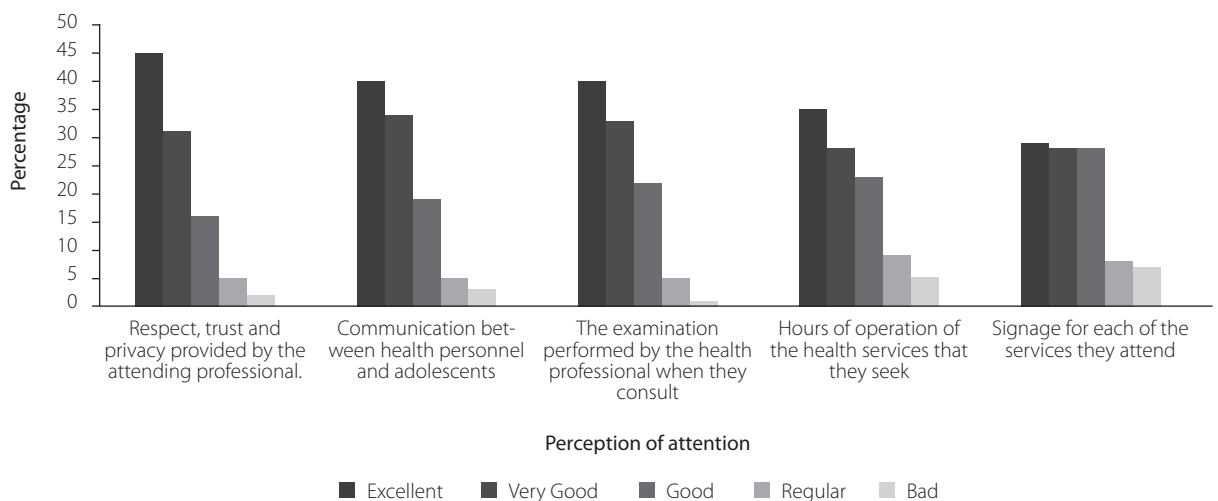


Figura 2. Youth evaluation of user experience according to the accessibility of services/programs in the health unit, 2020

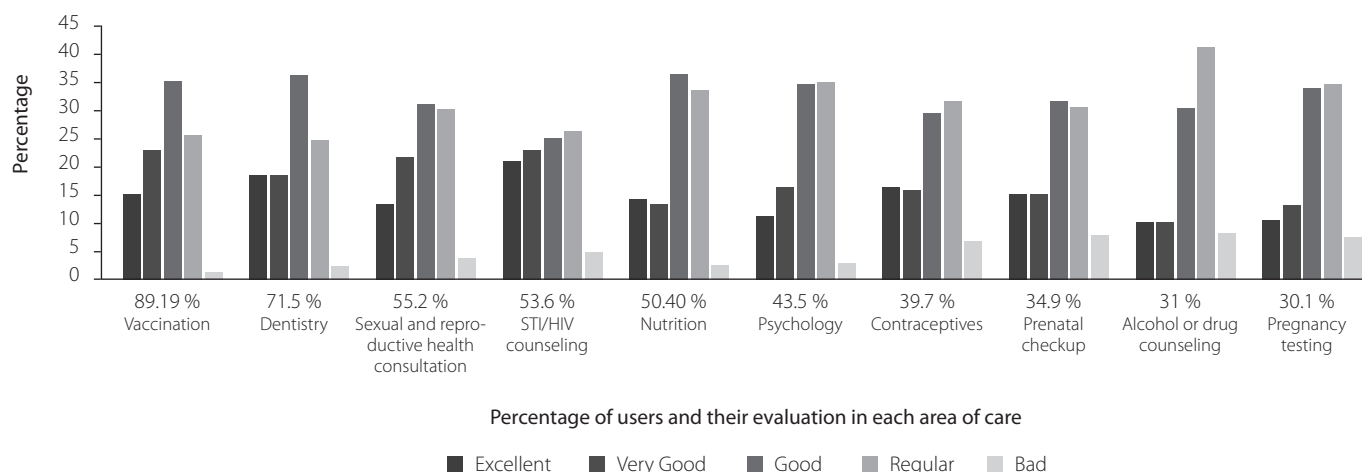


Figure 3. Evaluation of youth to user experience in the healthcare areas of the health units of Colón, Izalco, Jiquilisco, San Martin, San Miguel, Soyapango, and Usulután 2020

Table 2. Perception of adolescents and young people on the health services they receive

| Variable | Dimension | Sub/descriptors | Narratives |
|---|---|---|--|
| User experience | Reasons for friendly services | Greater exclusivity. Timely advice. To have health information. Avoid mistakes that may affect future health. More frequent consultations. | "Yes, I want it because there would be more information for young people with these services" (FP-15 years old). "We would have more consultations" (FP-14 years old). |
| | Programs they consider important for adolescents | Child abuse. Drugs. Sexuality. Sexually transmitted diseases. Teenage pregnancy. Social inclusion. | "In my neighborhood, there are girls who have become pregnant at a very young age; most of them are 14 or 13 years old and already have a baby" (FP-21 years old). "There are friends who mock or discriminate (us) for normal changes according to their sex and these are things that are not their decision" (PM-15 years old). "Child abuse because there are many parents who put their children to work since they are young and that is not right" (FP-17 years old). "The children in my neighborhood are all lost; they have been smoking since they were very young" (FP-21 years old). |
| Quality of attention | Care provided | Favorable perception: They are helped when seeking care for illness. There is kindness. They are heard. | "So far so good. But it could be better" (FP-18 years old). "Pretty good, they are kind and can listen to us without interrupting" (PM-20 years old). "They have treated me well so far; they have been kind. I asked things I didn't know, and they have been kind and answered me" (FP-21 years old). |
| | | Unfavorable perception: Lack of friendliness and courtesy. They inspire fear. Lack of additional tests and more in-depth analysis. | "I'm a little scared because they don't treat us well and they look kind of bitter. I wish they were friendlier" (PM-12 years old). "Sometimes they don't get to you quickly. You think they will see you, but sometimes they don't pay attention to you" (PM-15 years old). |
| | | Perception of the physical space and supplies with which care is provided. | "What I don't really like about the clinic is the hygiene. I don't like the stretchers, when you are being examined. The doctor is nice, but there is a lack of hygiene with the things that are used. There is a lack of new things. I would also like it to be more private for the exams, not where all the other patients are. And where they check you, you are almost falling off of it. There should be someone to do the ultra pregnancy test because they send me somewhere else" (FP-21 years old). |
| Reasons for not attending health services | If you're not sick, you're not attended to. Long wait times. Attention for preferences. | "I only go when I am sick. I don't like to go for other reasons because they say: "if you feel well, why do you come?" (FP-15 years old). "Sometimes you don't get quick attention. You think they will, but sometimes they don't" (PM-15 years old). "I come sick, but another comes later and they pass first because of preference. I think there should be an order so that there is no difference" (15 years old). | |

| | | |
|---------------------------------|--|---|
| Expectations of health services | <p>Attention with more kindness, impartiality, trust, respect.</p> <p>Improve waiting time.</p> <p>Perform complementary tests as routine.</p> <p>Better evaluate to provide specific and varied treatments.</p> <p>Decentralize health services, go out into the community or schools.</p> <p>Long lasting youth-oriented programs.</p> | <p>"They should do a general check-up. That it doesn't come from you, but also from the doctor" (PM-24 years old).</p> <p>"They should be more polite, more respectful" (PM-12 years old).</p> <p>"Analyze the problem, do more examinations in order to reach a diagnosis. Don't just give acetaminophen for fever or headache to everyone, but analyze the problem well" (FP-15 years old).</p> <p>"They should implement more services in the dental area; where I go there is only cleaning and extraction of teeth. There should be fillings and more" (FP-20 years old).</p> <p>"I would like to feel confident because sometimes they offend or don't even want to attend" (PM-14 years old).</p> <p>"It would be good if they listened more to the youth, because right now, the way they are, they need to be listened to more and sometimes there is no time for the youth. They only go to the health unit when they are sick, but when they are not sick is when they need attention the most" (FP-21 years old).</p> <p>"It would be good if they taught something useful so we could do something" (PM-21 years old).</p> |
|---------------------------------|--|---|

FP= female participant, PM= male participant.

young people.^{xiii,xiv} This finding suggests that prevention training programs require greater awareness and socialization, both in the population aged 10 to 19 years and in their family and community environment.

The inadequacy of signage at health centers to promote programs exclusively for adolescents and young people, commonly referred to as Friendly Health Services, is a cause for concern, as it not only indicates deficiencies in the quality of care but also poses obstacles to access. The study conducted by Ibáñez *et al.* attributes the low acceptance of FHS diverse programs and community outreach to the lack of awareness regarding these services.^{xv,xvi}

Another parameter for evaluating the acceptability of the FHS was the health professional's attention, which was perceived as very good, as there were no reported failures in the respect, trust, and privacy they provide. However, a minority experienced discrimination and mistreatment, perceiving it as bad. These extreme perceptions could be based on the socio-cultural characteristics of adolescents and young people and reflect an inequitable quality of care.^{xvii-xix}

Different studies highlight this perception as a barrier to access^{xx-xxii} that is not only the responsibility of those who directly provide medical care but of all those involved in the process of obtaining it, from the consultation request, followed by waiting times, direct interaction with health personnel, to the receipt of the medication.

Concerning the perception of the experience, long waiting times were found to be one of the reasons for not attending health centers. Pastrana *et al.* reported in their study that waiting times are not established as a

barrier for most adolescents; however, on certain occasions, they may have influenced them to refrain from consulting the FHS.^{xxiii-xxv}

One of the limitations of the study was the lack of depth in the needs and particularities of the different genders due to the predominance of the female gender and the minority of the non-binary gender because although they have in common the biopsychosocial changes characteristic of age, each gender has different needs and behaviors that need to be exposed.

Another limitation was that the focus groups and individual interviews were only conducted in three cities due to the post-pandemic scenario of COVID-19 and social violence at the time of the study.

There is a need for future studies that equitably include all genders to assess differences or similarities in perceptions of quality of care and their experiences.

Conclusion

Although the perception of US by adolescents and youth is generally good, the FHS have flaws in the quality of care and user experience that may constitute barriers that interfere with access, timeliness, and acceptability of services.

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