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Assessing interprofessional and integrated care in providing sexual and reproductive health services to adolescents at primary healthcare level in Nigeria

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DOI:
[10.1108/IJHG-11-2023-0117](https://doi.org/10.1108/IJHG-11-2023-0117)

Publication date:
2024

Document Version
Peer reviewed version

[Link to publication in Discovery Research Portal](#)

Citation for published version (APA):
Agwu, P., Agu, I., Ezumah, N., Mbachu, C., & Onwujekwe, O. (2024). Assessing interprofessional and integrated care in providing sexual and reproductive health services to adolescents at primary healthcare level in Nigeria. *International Journal of Health Governance*. Advance online publication. <https://doi.org/10.1108/IJHG-11-2023-0117>

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Table 1: Mapping of interprofessional care in PHCs and implications for SRH interventions

Professional services	Assessment	Implications
Medical Laboratory services	The PHCs did not perform laboratory diagnostic services and they lacked medical laboratory professionals. They exclusively depended on referrals.	<ul style="list-style-type: none"> • In heeding referrals for diagnostic services, SRH service users stand the risk of letting more persons become aware of their conditions which they feel should be kept in confidence. • There are concerns about the extra cost incurred in attending referrals, especially for those that are poor. • SRH service users may avoid going for laboratory diagnosis and resort to self-medication or treatment in the hands of informal providers.
Social care and justice services	Social care and justice services were conspicuously absent in the PHCs, with social care provided by community health workers who are not formally trained to do so. We found complete absence of social workers in the facilities.	<ul style="list-style-type: none"> • Absence of safe space for young people to express their plights with regards to SRH. • Repeated breach of confidentiality, causing the young people in need of SRH services to avoid PHCs. • Lack of protection of rights of young SRH service users, as they continue to face abuse and perpetual undermining of their choices and preferred care options.

		<ul style="list-style-type: none"> • Clear lack of complaint channels to address poor service delivery.
Psycho-cognitive services	<p>There were no psychologists in the system, leaving community health workers to take up counselling roles and other clinical psychological functions. The health workers felt they had the training to offer such services. It was apparent they were making efforts, but the mistakes and unprofessionalism were concerning.</p>	<ul style="list-style-type: none"> • SRH service users do not feel comfortable expressing their whole plights, and some avoid PHCs due to the insensitivities and lack of emotional intelligence of the community health workers that counsel them. • Counselling contents excluded the views of the service users, which made them feel like they were taking directives.
Medical care services	<p>Medical doctors were not found in the PHCs, leading to referrals for treatment of even minor sexually transmitted infections (STIs).</p>	<ul style="list-style-type: none"> • Referrals for treatment services that are provided in PHCs could lead to delay in treatment, which could compound illnesses experienced by SRH service users. • Referrals come to the SRH service users as added costs and exposure of their illnesses to more people, sufficing as the reason they resort to alternative healthcare practices that could be harmful to them.