



Perceived Barriers to Accessing Reproductive Health Care Services Among Adolescents in Paksan District, Bolikhamxay Province, Lao PDR

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ABSTRACT

Despite efforts to strengthen services for adolescents and youth friendly in Lao People's Democratic Republic (Lao PDR), considerable challenges prevailed to accessibility of the services. This study explored perceived barriers to accessing reproductive health care services among adolescents in Paksan District, examined factors influencing healthcare-seeking decisions, and identified strategies to improve access and service utilization. A qualitative research design was used, involving individual in-depth interviews (IDIs), focus group discussions (FGDs), and key informant interviews (KIIs). The study included 52 adolescents aged 15–19 years from Sythanaxay Secondary School: 40 participated in IDIs and 12 participated in two FGDs. Ten key informants, including teachers, healthcare providers, and Provincial Health Office staff, were also interviewed. Data were collected using semi-structured interview guides and analyzed thematically, guided by Levesque et al.'s Access to Healthcare Framework. Multiple interconnected barriers were identified, including fear of stigma and social judgment; limited knowledge of SRH and available services; limited parent–adolescent communication; transportation and distance; financial concerns; inconvenient service hours; waiting and crowded facilities; privacy and confidentiality concerns; and negative or judgmental provider attitudes. Adolescents expressed greater willingness to seek care when providers were friendly, respectful, knowledgeable, non-judgmental, and able to maintain confidentiality. Facebook and TikTok were also identified as convenient sources of SRH information, although participants recognized the risk of misinformation. Improving access therefore requires more than physical availability. Services should be confidential, private, affordable, convenient, respectful, and responsive to adolescents' needs, supported by collaboration among schools, families, communities, and health authorities.

Keywords: Adolescents; Sexual and Reproductive Health; Perceived Barriers; Access to Healthcare; Adolescent and Youth-Friendly Services

1. Introduction

Adolescence is the most decisive period of a life span characterized by substantial physical, emotional, cognitive, and social changes. According to the World Health Organization (WHO) definition, adolescent period is considered between first 10-19 years of person's life. Growing of the knowledge of several areas of the human development, including sexual and reproductive health, decision making, and health seeking behaviors generally takes place during this adolescent period with the influences of external factors such as peer education. Access to appropriate SRH information and services is important for preventing unintended pregnancy and sexually transmitted infections (STIs), supporting healthy development, and enabling adolescents to make informed decisions about their health (UNFPA, 2013; UNFPA, 2022; WHO, 2022).

Adolescents in low- and middle-income countries frequently face significant barriers to accessing essential healthcare services. Despite physical availability, systemic hurdles including limited health literacy, stigma around sexuality, privacy concerns, and negative provider attitudes often deter utilization (Tylee et al., 2007; Chandra-Mouli et al., 2015). Further complications arise from financial constraints, transportation gaps, and rigid service scheduling. To counter these challenges, youth-friendly services aim to deliver care that is equitable, accessible, confidential, and highly responsive to adolescent needs. From the youth perspective, the core pillars of effective care include physical accessibility, supportive staff attitudes, strong communication, and age-appropriate environments (Ambresin et al., 2013). Sexual and Reproductive Health among adolescent remains a key public health concern in Lao PDR. The government of Lao PDR has been implemented national policies and programmes to strengthen the adolescent and youth-friendly services (AYFS), including the Adolescent and Youth-Friendly Service Guideline and Job Aid developed with support from the Ministry of Health and UNFPA. Despite of national efforts, some barriers are continue to grow alarmingly resulting limited SRH knowledge, low awareness of youth-friendly services, stigma surrounding premarital sexual activity, confidentiality concerns, distance, and financial constraints (Ministry of Health, 2018; Thongmixay et al., 2019; Phanthady et al., 2024).

Bolikhambay Province has been identified as an area where some of the key barriers to SRH knowledge and practices among youth and adolescents are evident and to be examined.. Paksan District, the provincial capital, is an important administrative, economic, educational, and health-service centre. This study focuses on the barriers and associated factors for lack of utilization of SRH services among youth and adolescents access to

Previous studies in Lao PDR have identified barriers to adolescent SRH service access, but not much evidence has suggested specifically on adolescents' own perceptions and experiences in Paksan District. Thongmixay et al. (2019), for example, identified limited knowledge, stigma, confidentiality concerns, and geographic barriers among young people in Lao PDR, while Phanthady et al. (2024) identified financial, cultural, and family-related barriers among young people in Xiangkhouang Province. International studies similarly identify embarrassment, fear of exposure, provider attitudes, waiting time, and confidentiality as important influences on adolescents' service use (Agampodi et al., 2008; Hapompwe et al., 2020).

This study therefore explored adolescents' knowledge and awareness of reproductive health care services, examined factors influencing their decisions to seek and use services, and identified strategies for improving access in Paksan District. The study was guided primarily by Levesque et al.'s (2013) Access to Healthcare Framework, which conceptualizes access as an interaction between characteristics of health services and individuals' abilities to perceive, seek, reach, pay for, and engage with care. This framework is useful for understanding why barriers can persist even when health services are formally available.

2. Materials and Methods

2.1 Study design and setting

A qualitative research design was used to understand adolescents' perceptions, experiences, and perceived barriers related to accessing reproductive health care services. The study was conducted in Paksan District, Bolikhambay Province, with school-going adolescents recruited from Sythanaxay Secondary School. The school was selected because it provides an accessible setting for reaching adolescents aged 15–19 years and because students may receive SRH information through school education, teachers, peers, health activities, and other sources. Paksan District also has public health facilities providing adolescent and youth-friendly services, making it suitable for examining the relationship between service availability and adolescents' actual access and utilization.

2.2 Participants and sampling

Adolescents between age 15–19 years, both female and male, from Sythanaxay Secondary School participated to the study. Participants were selected regardless of their previous visits to SRH services. Key informants included teachers, healthcare providers, and Provincial Health Office staff who had relevant experience with adolescent health, SRH service delivery, coordination, supervision, or programme management. Purposive sampling was used to obtain perspectives relevant to the research questions, and recruitment continued until sufficient information had been obtained to address the study objectives. The final sample comprised 52 adolescents: 40 participated in individual in-depth interviews (IDIs), and 12 participated in two focus group discussions (FGDs). Ten key informants participated in key informant interviews (KIIs), including teachers, healthcare providers, and Provincial Health Office staff.

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2.3 Data collection

Semi-structured interview guides were used for IDIs, FGDs, and KIIs. The adolescent guide explored understanding of SRH, awareness of available services, sources of information, experiences of seeking care, perceived barriers, influences on healthcare-seeking decisions, and suggestions for improving services. The KII guide explored adolescents' access to SRH services, service-delivery challenges, and possible improvements. Interviews and FGDs were conducted in Lao to support clear communication and allow participants to express their experiences comfortably. The interview guides were reviewed and refined before the main data collection, and pilot testing was conducted with students and healthcare providers outside the study site. Data were collected through audio-recorded interviews, supported by field notes where appropriate.

2.4 Data analysis

Qualitative data were analyzed using thematic analysis. Audio recordings were transcribed verbatim and reviewed repeatedly to develop familiarity with the data. Meaningful segments were coded according to their content, including fear of judgment, lack of information, distance, confidentiality, service hours, and provider attitudes. Similar codes were grouped into categories and broader themes. The themes were reviewed and refined to ensure that they represented recurring patterns in participants' accounts. This approach followed the principles of thematic analysis described by Braun and Clarke (2006). Selected quotations were used to illustrate the findings. The analysis was guided by Levesque et al.'s Access to Healthcare Framework, while the Social-Ecological Model and other perspectives discussed in the thesis were used to support interpretation of individual, interpersonal, community, and health-system influences.

Data triangulation was supported by collecting information from adolescents, teachers, healthcare providers, and Provincial Health Office staff. An audit trail was maintained during data collection and analysis. The use of multiple participant groups and direct quotations was intended to strengthen the credibility and transparency of the findings.

2.5 Ethical considerations

Ethical clearance for the study including data collection was obtained through the National University of Laos and the relevant schools and health authorities. Consents from the participants to the study was obtained before asking questions and the confidentiality was assured of their information. Interviews were conducted in private settings where possible, and participant identities were not reported in the manuscript. Quotations are identified only by broad participant characteristics, such as age and sex, to protect confidentiality.

3. Results

This study results suggested that adolescents' access to reproductive health care was strongly associated with multiple interconnected factors going beyond the service availability alone. Participants were studied under main areas of (1) knowledge and awareness of SRH and available services; (2) stigma, social judgment, shame, and embarrassment; (3) family influence and communication; (4) geographic, financial, and service-delivery barriers; (5) privacy and confidentiality; and (6) preferences for youth-friendly healthcare providers. Participants also identified schools, families, communities, health facilities, and digital platforms as important areas for intervention.

3.1 Knowledge and awareness of SRH and available services

The results showed that participants have different level of knowledge and understanding about SRH. Some adolescents could describe physical and psychological changes during adolescence and identify health facilities where services could be obtained. Others had difficulty explaining the meaning of SRH or were uncertain about the specific services available to adolescents. One 16-year-old male participant stated, "I don't know what the meaning is." In contrast, a 16-year-old female participant explained that adolescence involves bodily changes and the need to understand these changes. These differences suggest that exposure to information did not necessarily result in comprehensive SRH literacy.

Some adolescents who had participated in comprehensive sexuality education or youth-focused activities were more confident in identifying facilities and services. A 16-year-old female participant reported that services were available at the Provincial Hospital, health centres, and Lao-Viet Hospital and included counselling, health check-ups, and treatment. However, other participants were unsure where AYFS were available and what types of services could be accessed. Thus, awareness of a general right to healthcare was sometimes greater than practical knowledge about where, when, and how to obtain SRH care.

Participants identified schools, teachers, peers, healthcare providers, youth-centre activities, and social media as sources of SRH information. Facebook and TikTok were particularly attractive because adolescents could search privately and obtain information at convenient times. However, participants also expressed concern that online information was not always accurate and that it could be difficult to distinguish reliable health information from misinformation.

3.2 Stigma, social judgment, shame, and embarrassment

Fear of social judgment was one of the strongest barriers identified in the study. Adolescents were concerned that visiting a health facility for SRH-related concerns could lead others to assume that they were sexually active or had an unintended pregnancy or STI. Participants described embarrassment and fear of criticism from family members, peers, and community members. Community gossip was particularly important because adolescents feared that information about their visit could spread rapidly and affect their reputation.

These concerns were particularly sensitive for female adolescents, although both female and male participants described discomfort about being seen seeking SRH services. Fear of being recognized could discourage adolescents from entering a facility, asking questions, or openly disclosing their concerns. As a result, some adolescents preferred to obtain information from friends or social media before considering professional care.

3.3 Family influence and communication barriers

Family relationships influenced adolescents' decisions about seeking SRH information and care. Many participants found it difficult to discuss sexual and reproductive health with parents because they anticipated anger, disappointment, criticism, or embarrassment. One 16-year-old female participant explained that she would be afraid to tell her parents about an unintended pregnancy because they might be angry or disappointed, although she recognized that she would need their support. Another participant reported preferring to consult close friends because talking with people of the same age felt easier, while parents would be approached when a problem became too serious to manage alone.

At the same time, family relationships could facilitate access when communication was open and supportive. Some adolescents described their mothers or parents as trusted sources of information and practical guidance. One 16-year-old female participant described being able to talk to her mother "like

a friend” about menstruation and receive guidance. These accounts show that parents can function either as barriers or facilitators depending on the quality of communication and the level of trust within the family.

3.4 Geographic, financial, and service-delivery barriers

Practical barriers included distance, transportation, service costs, lack of accompaniment, inconvenient service hours, waiting times, and crowded facilities. Adolescents who lived farther from health facilities or had limited transportation options could have difficulty reaching services. Financial concerns were also relevant because adolescents may have limited independent income and may depend on parents or other adults for transportation and health-related expenses.

Service hours were particularly relevant to school-going adolescents. Some participants reported that regular health-facility hours overlapped with school time, making it difficult to attend without missing classes. A 16-year-old male participant suggested extending service hours from 8:00 a.m. to 8:30 p.m. so adolescents could attend after school. A healthcare provider explained that counselling was available from 8:00 a.m. to 4:00 p.m., although doctors were available 24 hours. Participants differed in their views of current opening hours, indicating that service-hour barriers may depend on individual schedules and circumstances.

Crowded facilities and long waiting times also affected adolescents’ willingness to seek care. A male FGD participant described concern about having to wait for a queue number, travelling a long distance, and not knowing whether services would be expensive. These findings indicate that accessibility involves both physical reachability and the practical conditions surrounding the use of services.

3.5 Privacy and confidentiality

Privacy and confidentiality were came out as key concerns when adolescents considered using SRH services. Participants were not satisfied about the confidentiality of the information they share with healthcare providers and hesitant that information might be disclosed to their families and friends. Particularly, these concerns are very much evident when they seeks services on sexual health, unintended pregnancies, and STI s.

For instance, a 16-year-old female participant stated, “I would feel safer using SRH services if there was a private room and if health workers kept my information confidential.” Another adolescent explained that being in a private setting where others could not hear the consultation would increase confidence in discussing personal problems. Participants also worried about meeting acquaintances in crowded facilities. One 17-year-old male participant said that he felt uncomfortable when many people were present because someone he knew might see him and ask questions.

The findings indicate that confidentiality is a crucial to build trust among service recipients. Adolescents were more willing to ask questions and disclose concerns when providers were perceived as professional, respectful, and capable of protecting private information. Uncertainty about confidentiality, by contrast, could reinforce embarrassment and avoidance

3.6 Preferences for youth-friendly healthcare providers

Communication method and attitude of service provider play an important role in adolescents’ willingness to seek SHR services. Participants preferred providers who were friendly, respectful, approachable, patient, knowledgeable, empathetic, and non-judgmental. Supportive communication helped adolescents feel safe and reduced anxiety when discussing sensitive concerns. A 16-year-old male participant explained that when a health worker speaks kindly and explains things clearly, he feels more comfortable asking questions and discussing problems.

Some female participants expressed a preference for female healthcare providers for sensitive reproductive health concerns. Participants also reported discomfort when providers appeared serious, used harsh language, or seemed judgmental. A 15-year-old female participant stated, “When health workers look serious or judgmental, I feel nervous and do not want to talk about my problem.” These findings suggest that technical competence alone is not sufficient; interpersonal communication, confidentiality, empathy, and respectful treatment are important components of adolescent-friendly care.

3.7 Suggested strategies to improve access

Participants proposed improvements at several levels. At school level, they recommended strengthening SRH education, integrating relevant content into the curriculum, organizing health education activities, training teachers, and strengthening referral links between schools and health facilities. At family and community levels, they emphasized supportive communication and efforts to reduce stigma, gossip, and negative attitudes toward adolescents seeking SRH information and care.

At the health-system level, participants recommended improving privacy and confidentiality, strengthening provider communication skills, ensuring respectful and non-discriminatory care, extending service hours, reducing waiting times, improving service accessibility, and ensuring essential medicines and equipment. Participants also emphasized stronger coordination among health facilities, schools, youth centres, families, and other organizations.

Digital communication was identified as an additional opportunity. Adolescents viewed Facebook and TikTok as convenient channels for receiving SRH information and short educational videos. However, participants also emphasized the need for reliable, understandable, culturally appropriate, and evidence-based content so that digital communication does not reinforce misinformation.

4. Discussion

This study demonstrates that adolescents' access to reproductive health care in Paksan District is a multidimensional process. Although health services are available, adolescents may still face barriers that affect whether they recognize a need for care, decide to seek it, reach a facility, afford it, and feel comfortable engaging with providers. The findings are broadly consistent with studies in Lao PDR and internationally, while also highlighting context-specific interactions among family expectations, community gossip, school schedules, geographic access, and confidentiality concerns.

4.1 Knowledge and awareness

The difference in what teenagers know shows that hearing about health information isn't the same as actually understanding how to use it. Some young people could easily name clinics and services especially if they had taken sex education classes or participated in youth groups. However, others did not understand sexual and reproductive health (SRH) terms or know where to find youth-friendly services.

This matches a study by Thongmixay et al. (2019), which found that a lack of health knowledge and low awareness of available services were major roadblocks for young people in Lao PDR. Similarly, Agampodi et al. (2008) showed that teenagers in Sri Lanka had very limited awareness of public health services meant for them. Research on youth-friendly care also highlights that how easily teenagers can get to a clinic, how staff communicate, and the attitude of the workers shape their overall experience (Ambresin et al., 2013).

Looking at this through the framework by Levesque et al. (2013), these issues come down to whether services are easy to notice and approach. Teenagers cannot use healthcare if they do not know it exists, do not understand what it is for, or do not know how to navigate the system. To bridge the gap between just hearing about health and actually going to a clinic, we need better sex education, clearer information about services, community outreach, and stronger referral systems.

4.2 Stigma, family influence, and social acceptability

Fear of social judgment emerged as a particularly strong barrier. Adolescents worried that seeking SRH services could lead to assumptions about sexual activity, criticism, or community gossip. This is consistent with Thongmixay et al. (2019), who identified stigma surrounding premarital sexual activity as a barrier in Lao PDR. Phanthady (2024) also reported that family expectations and fear of disappointing parents influenced young people's decisions about SRH care. International studies have similarly identified embarrassment, fear of exposure, and cultural norms as barriers to adolescent service use (Agampodi et al., 2008; Hapompwe et al., 2020).

The findings also show that family influence is not uniformly negative. Supportive parent-adolescent communication can facilitate access, whereas fear of parental reactions can discourage adolescents from discussing sensitive issues. This supports a socio-ecological interpretation in which interpersonal relationships shape health-seeking behaviour. In Levesque's framework, these social influences are closely connected to the ability to seek care and to the acceptability of services. Interventions should therefore address not only adolescents themselves but also parents and communities.

4.3 Geographic, financial, and organizational barriers

Distance, transportation, cost, waiting time, and service hours illustrate that the existence of a facility does not necessarily mean that adolescents can use it. These findings are consistent with Thongmixay et al. (2019), which reported geographic barriers in Lao PDR, and Phanthady (2024), which identified financial and access difficulties among young people. Agampodi et al. (2008) and Hapompwe et al. (2020) also reported service-delivery challenges in other settings.

These barriers correspond particularly with availability and accommodation and affordability in Levesque's framework. Adolescents may have limited financial independence and may depend on parents or others for transportation. School schedules further differentiate adolescents from adult service users. Extending service hours, improving referral and outreach mechanisms, and reducing direct and indirect costs could therefore increase practical access.

4.4 Privacy, confidentiality, and provider attitudes

Privacy and confidentiality were closely connected to adolescents' trust in services. Participants were concerned about being recognized at health facilities and about the possible disclosure of sensitive information. Similar concerns have been documented by Agampodi et al. (2008), Hapompwe et al. (2020), and Thongmixay et al. (2019). These findings reinforce the importance of confidential consultation spaces, clear confidentiality procedures, and provider communication that reassures adolescents that their information will be protected.

Provider attitudes were equally important. Adolescents preferred friendly, respectful, knowledgeable, and non-judgmental providers, while harsh or judgmental behaviour could discourage care-seeking. This finding is consistent with international evidence showing that provider attitudes and the quality of interpersonal communication influence adolescents' willingness to use health services (Ambresin et al., 2013). It also aligns with adolescent-friendly service standards emphasizing respectful, confidential, equitable, and responsive care (WHO, 2015; WHO, 2025).

4.5 Social media as an emerging access opportunity

An important finding was the role of Facebook and TikTok as sources of SRH information. Participants valued these platforms because they were convenient, private, and compatible with adolescents' everyday communication practices. This may help address some barriers related to embarrassment and limited awareness. However, participants also recognized that online information may be inaccurate. Digital approaches should therefore complement, rather than replace, reliable school- and health-system-based information.

The finding is consistent with the broader direction of WHO's updated Global Standards for Quality Health Care Services for Adolescents, which recognize emerging opportunities associated with digital health technologies while maintaining core quality themes such as adolescent participation, non-discrimination, competent care, welcoming environments, and data-informed quality improvement (WHO, 2025). For Paksan District, digital communication could therefore be integrated with school education, outreach, referral, and confidential health services

4.6 Overall interpretation through the Access to Healthcare Framework

Taken together, the findings support the usefulness of Levesque et al.'s (2013) framework for understanding adolescent access. Limited knowledge affects the ability to perceive services; stigma and family expectations affect the ability to seek care; distance and transportation affect the ability to reach services; cost affects the ability to pay; and privacy, confidentiality, provider attitudes, and service responsiveness affect the ability to engage with care. These dimensions interact rather than operating independently.

The findings therefore suggest that adolescent access should not be understood simply as physical availability. Meaningful access requires services that adolescents know about, can reach, can afford, feel safe using, and trust enough to engage with. A multi-sectoral response involving health services, schools, families, communities, and adolescents themselves is consequently needed. Such an approach can help bridge the gap between the formal availability of AYFS and their actual utilization.

5. Conclusion

The study reveals that adolescents in Paksan District face a deeply intertwined set of obstacles that restrict their access to reproductive health services. Limited knowledge of SRH and available services, fear of stigma and social judgment, family communication difficulties, transportation and financial constraints, inconvenient service hours, waiting and crowded facilities, privacy concerns, and provider attitudes all influenced adolescents' willingness and ability to seek care. The findings also show that supportive parents, accurate school-based education, friendly healthcare providers, and confidential services can facilitate access.

Accessibility of reproductive health services for youth and adolescents cannot be improved by just having number of clinics in the villages. To actually use them, young people need care that is cheap, private, safe, and respectful. The current barriers can be addressed by teaching better sex education, opening clinics during more convenient hours, keeping patient info secret, and training staff to be kind and non-judgmental. Additionally, using social media apps like TikTok and Facebook is a great way to share accurate, youth-friendly health facts, as long as the information is safe and fits the local culture. A coordinated approach involving the health and education sectors, families, communities, and adolescents is therefore important for improving access to reproductive health care in Paksan District and similar settings in Lao PDR.

6. Conflict of Interest

The author declares that there is no conflict of interest related to this study.

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