Access to Healthcare Services: An Analysis of Healthcare for Adolescents in the United States, Honduras, and India

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Countries in different regions of the world need different policies to be put in place to increase access to healthcare services for adolescents. Optimal policies will vary depending on location, government, and societal/cultural values. Policies need to be tailored to health care needs of their adolescents which may include complications related to drugs and alcohol or simply general health services. In terms of sexual health, some countries need to prioritize further accessibility to enhanced sexual education, while other countries may need increased access to safe abortions or reproductive family planning services. In this paper, I will assess the availability of healthcare services and reproductive/sexual services for adolescents between the ages of 15-19 years old in the United States, Honduras, and India. I will also compare the experiences of adolescents by analyzing the similarities and differences by conducting a case study for each country. Lastly, I hope to offer an assessment and make some recommendations on policy changes in the context of each country. I believe that as the adolescent time is critical for growth and development, increased access to healthcare services is crucial. In this paper, I will analyze available health services in the United States, Honduras, and India.

**Introduction:**

1.2 billion people in the world population that are classified as adolescents (World Health Organization). The World Health Organization classifies adolescents as being between the ages of 10-19 years old. Adolescents are at a critical time in their lives for growth and development. Although adolescents are generally healthy, health issues can get in the way of their proper
growth and development. Thus, studying access to healthcare services for that age group is important as they go through an important transition period in their lives.

Access to healthcare services for youth in different regions of the world can differ based on the culture, politics, and the government specific to each country. For adolescents, common barriers exist in their quest to access healthcare services in different regions of the world. Some of the common barriers identified across different countries include transportation barriers, cost barriers, and the need for consent prior to going to the hospital/clinic.

Regions of the world that are more developed, tend to offer an expanded variety of healthcare services. In addition, countries such as the United States tend to offer a higher variety of high-quality healthcare services. The healthcare system in the United States offers a range of services including local clinics, hospitals, and institutions that are a variety of different sizes. There are also a variety of different entities such as non-profit organizations, for-profit hospitals, and multiple ways to pay for healthcare in the US.

Some countries such as India spend a small amount of their overall GDP on healthcare services, which creates an increased need for the capacity of health care centers. Honduras spends 4% of the GDP on healthcare services, while the United States spends close to 18% of its GDP on healthcare in 2011 (Fuchs, 2013).

One major health care access issue for adolescents is access to reproductive and sexual services especially for adolescents. For adolescents, access to reproductive and sexual services is essential to address issues surrounding adolescent pregnancies, sexually transmitted diseases, and other reproductive infections including developmental abnormalities. Sufficient access to sexual
and reproductive services can have the ability to reduce the overall global rate of adolescent pregnancies that is expected to rise globally by the year 2030 (World Health Organization).

A case for access to sexual/reproductive services

One of the top health issues that female adolescents face is related to early pregnancy and childbirth. The leading cause of death worldwide for girls between the ages of 15-19 years old is related to pregnancy and child-birth complications (World Health Organization). Adolescent girls need access to doulas and other medical practitioners that have experience assisting with births. In addition, having access to community health workers that have proper training to assist adolescent girls in rural areas with various aspects of the pregnancy process such as prenatal and postnatal health services. Adolescent pregnancies are a leading contributor to maternal mortality on a global scale. (World Health Organization). Approximately 16 million girls between the ages of 15 to 19 years old and 2.5 million girls under the age of 16 give birth each year in developing regions” (World Health Organization) Adolescent pregnancies occur at a higher rate among marginalized communities due to a combination factors such as poverty, early marriage and lack of educational and employment opportunities within those communities. It has become a top concern worldwide, so much so that one of the health Sustainable Development Goals (SDGs) states that: “by 2030, the world should ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs” (World Health Organization). Another component to women’s reproductive health is having access to safe abortions. Improved access to contraceptive and sexual/reproductive services, including access to safe abortions, can reduce the number of teen pregnancies that continues to be a prevalent health issue in low and middle-income countries (World Health Organization). According to the WHO, approximately 3.9
million girls aged 15 to 19 years old undergo unsafe abortions. Unsafe abortions among adolescents contribute to maternal mortality and cause other long-lasting health issues such as infertility or other chronic reproductive health issues. It is evident that there is a need for increased access to safe abortions and other reproductive health care services for adolescents.

A combination of health, economic, and social consequences can exist as result of adolescent pregnancies. Adolescent pregnancies not only pose health risks for the mother, but also for the newborn. Newborns born to adolescent mothers are at a greater risk of having low birth weight which can cause potential long-term consequences for the baby (World Health Organization). Furthermore, according to the World Health Organization, “Adolescent mothers (ages 10 to 19 years) face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20 to 24 years (5)” (World Health Organization). Social consequences can also stem from adolescent pregnancies. Girls are at an increased risk of facing stigma from their family or their peers. They are also likely to experience violence within a partnership or marriage if they become pregnant before the age of 18 (World Health Organization). Adolescent pregnancies contribute to the intergenerational cycle of poverty and ill-health within families. In addition, due to lower educational achievement, many adolescent mothers have fewer skills and opportunities for employment, which becomes a major contributor to the intragenerational cycle of poverty within families (World Health Organization).

In addition to pregnancy and childbirth related complications, HIV infections are another prevalent sexual health issue among the adolescents (World Health Organization). Adolescents need an increased access to information on how to protect themselves and decrease transmission rates of HIV. Countries in Central America such as Honduras have notable transmission rates of HIV among adolescents. Finally, reproductive health issues such as yeast infections and a lack of
sufficient availability of feminine products are some of the health issues that the adolescent girls face particularly in the context of India where it is humid. In addition to sexual and reproductive services, other issues that need exploring include violence, alcohol, and drug use among adolescents.

**Literature Review:**

Previous literature has revealed that cost continues to be a significant and common barrier in accessing healthcare services among youth and adolescents in different regions of the world. That is especially true in countries with high poverty rates. In developing countries, transportation also is a common barrier in accessing healthcare services.

**United States:**

In the United States, there are a variety of different types of healthcare services available to adolescents. There are large hospitals with outpatient clinics, and smaller clinics such as Planned Parenthood that is focus primarily on reproductive health. As a wealthy and developed nation, the United States offers a greater variety of health services to adolescents compared to countries such as India and Honduras. Within the United States, available health services range from private clinics, to free clinics. Insurance shared with parents is one of the primary forms of health insurance coverage for adolescents in the United States in addition to government provided health insurance such as Medicaid.

Adolescent health issues can revolve around reproductive health. During the adolescent time, sexual activity tends to begin which makes access to reproductive services essential for adolescents. Adolescent girls tend to utilize healthcare services provided by OB-GYNs and family practitioners. Thus, they should be priority targets to be able to improve the quality and increase availability of reproductive health services for adolescent girls. The health issues that
adolescents face can include pregnancies, sexually transmitted diseases, and reproductive health issues such as urinary tract infections among others.

The teenage pregnancy rate in the United States is currently 2.2%. The rate of teenage pregnancy in the United States has been decreasing steadily since 2012. “Access to and utilization of pregnancy planning services, including safe and effective contraception, are important for preventing unintended pregnancy” (Hoover, et al. 2010). Preconception and prenatal care services can also result in improved maternal health and infant health outcomes, thus increasing access to reproductive health services can contribute to the improvement of maternal health outcomes. Yet, current federal and state policies are decreasing access to health services especially in the case of Planned Parenthood. An article by NPR states: “proposed rules they have submitted to the Office of Management and Budget would require facilities receiving federal planning funds to be physically separate from those that perform abortion; would eliminate the requirement that women with unintended pregnancies be counseled their full range of reproductive options; and would ban abortion referrals” (Rovner). This indicates that services offered by Planned Parenthood are in danger due to policies at the federal and state level.

One of the top reproductive health issues going on in the United States, is the race disparity in maternal health outcomes. Statistics from the CDC reveal that African American mothers are three to four times more likely to die compared to Non-Hispanic white women. Simply stated, black mothers are 243% more likely to die from pregnancy or child-birth related complications (Martin and Montagne). According to a study that reveals the most common causes of maternal death or mortality, black mothers are two to three times more likely to die than white mothers from the same health condition (Martin and Montagne). The disproportionate toll of maternal mortality in the United States of African-American mothers contributes to the overall higher rate
of maternal mortality in the US compared to other developed countries. In fact, a “2016 analysis of five years of data found that black college-educated mothers who gave birth in local hospitals were more likely to suffer severe complications of pregnancy or childbirth than white women who never graduated from high school” (Martin and Montagne). Social and economic advantages do not necessarily reduce the risk of maternal mortality among black mothers and that makes the depth of the inequality among mothers even more clear. There are many factors that contribute to the race disparity in maternal mortality. This includes the fact that a higher percentage of African-American mothers give birth in hospitals that are a de facto of segregated communities, some medical practitioners don’t believe black mothers when they state their medical complaints, and there may be unequal access to quality health care among different ethnicities.

Within the United States, disparities in sexual and reproductive health service exist across different sociodemographic backgrounds (Hall et al., 2012). Statistics show that “Black women; older, college-educated and insured women; and those with less frequent religious service participation, sexual experience, more sexual partners and gynecological problems had greater odds of using sexual and reproductive health services compared to their counterparts” (Hall et al., 2012). In addition, approximately, 55% of young women between 2006 and 2010 used Sexual and Reproductive Health Services (SRH) services including contraceptive (45%) and STI (18%) services. Among sexually experienced women, 77% used Sexual and Reproductive Health services including contraceptive (64%) and STI (29%) services (Hall et al., 2012). This indicates that there is room for improvement in utilization rate of sexual and reproductive services and availability of SHR services.
One way to decrease the overall prevalence rate of adolescent pregnancy and STI infection rate in the United States, is to increase access to healthcare services through organizations such as Planned Parenthood. Planned Parenthood serves an estimated 40% of patients that are enrolled in Title X which is a federal family planning program part of a section in the federal Public Health Service Act (Rovner). The program provides wellness exams in addition to comprehensive contraceptive services among other reproductive health services (Rovner). Increasing funding and resources to organizations that specifically aim to increase the availability of sexual and reproductive health services to adolescents is crucial. This would help in early screening, and prevention of sexually transmitted infections (STIs) as well as provide resources such as contraceptives that would be able to prevent adolescent pregnancies especially among the vulnerable populations. Improvements in healthcare policies and reducing inequalities surrounding the availability of sexual and reproductive health services and outcomes by the government would alleviate the disproportionately negative reproductive health sequelae occurring across demographic and socioeconomic groups throughout these years (Hall et al., 2012). For example, in 2017, there was a 12.2% uninsured percentage rate within the US (Luhby). This points out one of the system financial barriers to receiving appropriate care.

**Honduras:**

Honduras is a country located in Central America with over 9 million inhabitants. The government of Honduras spends around 4.2% of its GDP on healthcare. According to the report “Estrategia Nacional para la Prevención del Embarazo en Adolescentes de Honduras”, published by the government of Honduras, the healthcare system of the country is separated in three different types of health care systems. There is a private medical care system, a medical system specific for certain employees called Honduras Institute of Social Security (IHSS), and a public
governmental healthcare system. IHSS provides health insurance for government employees. It is approximated that 82% of the population has some type of access to healthcare services. Around 60% of the population utilizes the public health care system, 12% utilizes the IHSS system, and 10% utilize the private health care system. In Honduras, endemic illnesses such as parasitic and vector infections coexist with emerging illnesses such as HIV, chronic degenerative illnesses, and re-emerging illnesses such as tuberculosis and malaria.

Around 24% of the population of Honduras is between the ages of 10 to 19 years old. Approximately 22% of girls between the ages of 15-19 years old have already given birth or are expecting to give birth. That is three to four times the teenage pregnancy rate in the US.

Honduras used to have the highest adolescent rate in all Central America with a rate of 137 births for every 1,000 15-19-year-olds (NIH). Due to the strategies that have been implemented by the Honduran government, the adolescent birth rate has decreased from the all-time high. According to UNICEF, the contraception prevalence rate is 73% among women.

A 2011-2012 report in Honduras surveyed 5,062 women, which reported some of the top barriers that adolescent women between the ages of 15-19 years old face in accessing healthcare services. 14.7% of the 5,062 women stated that getting permission from their parents to leave to get treatment was a problem (Gobierno de Honduras, 2017). 44% of the adolescents stated that getting money was a barrier in accessing healthcare services. 34.5% stated that distance to the healthcare centers was a barrier. 49% reported that they did not want to go by themselves. 72% of respondents stated that they faced at least one problem in accessing healthcare services (Gobierno de Honduras, 2017).
HIV infections and other STD infections are also of concern among adolescent health in Honduras. The secretary of health in Honduras has acknowledged that teenage pregnancy is a priority issue as it is currently the second highest rate in all of Latin America. The rate is 102 per 100,000 live births. Therefore, family planning has become one of the priorities of the Honduras government. The teenage pregnancy rate tends to be much higher among girls that reside in rural areas, compared to girls that reside in urban areas. According to the report published by the government of Honduras, the teen pregnancy in urban areas is 17.7% compared to a 26% teen pregnancy rate in rural areas. (Gobierno de Honduras, 2017)

In response to the elevated teen pregnancy rate in the country, the government has started a national strategy to prevent teen pregnancies. There have been initiatives launched by the government of Honduras to reduce the teen pregnancy rate from 22% to 15.8% (Gobierno de Honduras, 2017). In addition, the government hopes to provide interventions based on family, community and within the educational sector to prevent the occurrence of pregnancy. This will hopefully develop resources for people to respond to the health needs of adolescents and change health services for adolescents to prevent the first and following pregnancies. Statistics shows that increased access to education decreases the rate of teen pregnancy among adolescents.

Teenage pregnancy can have a substantial impact to an individual. It could limit their ability to continue in the educational system, diminish their potential to develop their abilities, and with their decreased potential to earn a sufficient salary, can contribute to the cycle of inter-generational poverty (Gobierno de Honduras, 2017). It ultimately limits the economic and educational potential achievement of the adolescent girls after they become pregnant.
There are a variety of factors that have contributed to the high level of teenage pregnancy rate in the country. Some of the factors include limited access to sexual education, limited knowledge of use of contraceptives, and limited access to convenient integrated health care services. (Gobierno de Honduras, 2017) Currently, the government does not provide broad, comprehensive sexual education in public schools throughout Honduras. Less education achievement is associated with a higher likelihood of early childbearing (NIH). In addition, there are cultural factors that lead to the elevated teen pregnancy rate such as lack of age appropriate programs that delay the start of sexual activity, history of sexual abuse, myths and beliefs that limit the use of contraceptives, and the absence of sexual education amongst families. (Dominguez O'Hara). In some homes, there is domestic violence, or a hostile home environment and adolescents leave the home to escape and create their own families. Intergenerational patterns of pregnancy also contribute to the teen pregnancy rate as teens follow in their parents’ footsteps (Dominguez O’Hara).

India

India faces unique challenges regarding healthcare access for it’s citizens due to its substantially large population of 1.3 billion. Even though India offers free healthcare in government hospitals, it is insufficient to address the needs of the citizens as the quality of the government hospitals are substandard compared to the missionary or private hospitals and the government hospitals are over-burdened beyond capacity. More recently, India has been making changes to address the existing healthcare inequalities. A new report has stated that India has introduced a program that allows for half a billion people to receive free access to healthcare. This would help in early screening, and prevention of chronic health diseases such as diabetes especially among the vulnerable populations. According to the New York Times, “India’s
government spent just 1.4 percent of the country’s gross domestic product on health care in 2014” (Goel and Kumar). Improvements in healthcare policies and outcomes by the government would alleviate the association between poverty and poor healthcare outcomes (Goel and Kumar).

According to the Commission on Macroeconomics and Health, access to medical care continues to be problematic in India. This is due to locational reasons, bad roads, unreliable functioning of health facilities, transport costs and indirect wage loss (Gupta and Guin 2015). Rural and under resourced communities can be at a higher risk for having more barriers that prevent adolescents from having access to necessary medical services.

India is one of the largest and most populous nations in the world. It has numerous challenges within its health care sector. It’s spending on healthcare as a percentage of GDP is on the lower side, at 4%, while only 33% of health-related expenses are covered by the government (Zafiu, 2017). The southern state of Tamil Nadu, has better than average health indicators in India because infant mortality is almost half of that in India as a whole, and maternal mortality ratio is lower than half of the Indian average (Government of Tamil Nadu 2012, 194). This makes Tamil Nadu one of the most developed states in India with respect to its health system.

Within the state of Tamil Nadu, there are three subsets in the healthcare system. There are primary health centers, secondary health centers, and a tertiary healthcare system that includes multi-specialty hospitals (Government of Tamil Nadu 2012, 198). Adolescents also have the option to visit private hospitals such as RUHSA/CMC that offer enhanced health care services compared to the government hospitals. In order to compare and contrast the availability
of health services for adolescents in Honduras and India, I conducted studies on access to health services in both countries.

**Case Study # 1: Honduras**

A study was conducted in the city of El Progreso, Honduras regarding questions around access to healthcare services for youth and adolescents between the ages of 12 and 25 years old. El Progreso is a relatively small city located in northern Honduras. Convenience sampling was utilized to collect data from 83 local adolescents who participated in the programs offered by the organization for youth empowerment. My research findings from El Progreso Honduras found that oftentimes, economic factors such as the expense of healthcare services was a barrier to accessing healthcare services. Adolescents stated that they preferred to go to the pharmacy or avoided the hospital at times due to the cost of receiving medical care.

**Demographics and Statistics:**

There were 83 survey respondents in the study. 57% of the survey respondents were male and 42.6% of the survey respondents were female. 64% of female survey respondents sought out medical attention and 53% reported that they had easy access to medical care. 60% of male survey respondents stated that they sought out medical attention and 68% stated that they have easy access to medical care (Table 1). In terms of family planning services, 41% of the females surveyed reported that they had access to family planning services and 45% of the males reported they had access to family planning services. When asked about health insurance, only three female respondents and nine male respondents reported that they were covered under health insurance out of 83 survey respondents. Nine females and 19 male survey respondents
reported having access to sexual and reproductive services. Survey findings revealed that 31% of respondents have access to medications. Table 2 shows a cross table of availability of convenient appointments by gender. Convenient appointments refer to appointments at the local health service clinic available on the weekends, in the afternoons, and evenings. 54% of the female respondents and 68% of the male respondents indicated that they had access to convenient medical appointments.

**Discussion:**

The findings from the study show that men/boys had easier access to all types of care compared to girls. Moreover, there continues to be a need for increased availability for family planning and sexual and reproductive health services for adolescents. As there is currently a 22% adolescent pregnancy rate in the country, increasing the availability of contraceptive usage, and enacting comprehensive sexual education including within local public schools could dramatically help reduce the pregnancy rate. Furthermore, this could provide necessary information about available resources and options for adolescents.

In addition, data from the study reveals the continuing barrier of cost of care for adolescents in receiving necessary healthcare services. Although government hospitals are supposed to be “free”, the quality of health care received at government hospitals is substandard compared to private hospitals. There is also insufficient access to medications. Data reveals that health insurance coverage was uncommon among the survey respondents, and this proved to be a major determinant of whether adolescents were likely to visit the hospital within the past year (Fig 1). This suggests the importance of affordability of healthcare services as an important determinant of access to healthcare services. Also, sufficient awareness of the availability of
local resources that have available sexual and reproductive health services is important. A chi-squared test was completed to see if there was a difference between males and females and access to family planning services and/or access to sexual/reproductive services and there was no significance between males and females.

The findings from the study reveal that there is a need for increased access to health care services. Adolescents in El Progreso cite cost and transportation as some of the barriers in receiving sufficient health care services. Lack of proper coverage from health insurance also plays a role in adolescents receiving sufficient health care services. If the Honduran government can implement further initiatives to increase access to proper health care services for adolescents, then the overall teenage pregnancy rate in the country would most likely decrease accordingly.

**Figures:**

*Figure 1* Hospital Visits vs. Health Insurance in Honduras. Figure shows that survey respondents that are covered under health insurance were more likely to visit the hospital within the past year.
Tables:

**Table 1. Sociodemographic Information**
Hospital visits and Gender. The number of hospital visits within the past year is reported by gender. (n=63) Females averaged 6.5 years of education and males averaged 8.4 years of education.

<table>
<thead>
<tr>
<th>Hospital Visits</th>
<th>Gender</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>0x/year</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>1x/year</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>2x/year</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3x/year</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4x/year or more</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>I don’t know</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>26</td>
<td>37</td>
</tr>
</tbody>
</table>

**Table 2. Sociodemographic Information**
Convenient appointments and Gender. The number of hospital visits within the past year is reported by gender. (n=63)

<table>
<thead>
<tr>
<th>Convenient Appointments</th>
<th>Gender</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Yes</td>
<td>19</td>
<td>32</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>I Don’t Know</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>
Case Study # 2: India

In this case study, the socio-demographic factors associated with health seeking behavior were elicited among adolescents aged 14-20 years old in the K.V. Kuppam block area near Vellore, Tamil Nadu. In addition, the characteristics of health behaviors of the adolescents were identified. The top three barriers faced by youth in accessing health care in the rural areas were need for consent, cost of retaining healthcare services, and transportation. The study revealed that gender plays a role as well in accessing healthcare services because some girls surveyed reported feeling uncomfortable being treated by male health practitioners at the clinic.

Demographics/Statistics:

Ninety-eight respondents were included in the survey from various peripheral service units in the K.V. Kuppam block. 48% of those surveyed were male and 52% were female. The mean age of the participants was 17 years old and 67% of the respondents were between the ages of 15-18 years old. Of those surveyed, 43% of the respondents were educated at the “middle school” level of 6th-10th grade. 67% of overall participants were studying and 23% were unemployed.

Access to contraceptive information, sexual and reproductive services, and banning early marriages before the age of 18 can be positive steps in reducing the number of teen pregnancy and sexual-related issues. In India, tubectomies are one of the most popular forms of birth-control strategies. The government of India highly incentivizes institutional births by giving gifts every time the woman has a hospital birth and giving monetary incentives after the birth of a baby. Traditionally, hospital births can be safer than home births and the government has set up policies to encourage as much institutional births as possible.
In terms of frequency of health issues within the past year for adolescents surveyed, physical health issues were the most common (Table 3). It is notable that alcohol and smoking was prevalent among the respondents; particularly among male respondents. Male respondents in the focus group discussion stated that alcohol use was common among males in the community and easily accessible despite alcohol purchases being illegal below the age of 18.

In India, barriers for adolescents seeking care included costs and transportation as well as knowledge about the health services available (Table 4). Surprisingly, boys felt consent from parents was a barrier whereas girls only seek care with a parent present. Girls go to the hospital with their parents while boys more often go to the hospital without their parents. Since girls are more highly protected by families in Indian culture than boys, this makes sense whereas it would not be expected in the US or Honduras.

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Male (n = 47) N (%)</th>
<th>Female (n = 51) N (%)</th>
<th>Total (n = 98) N (%)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>31</td>
<td>25</td>
<td>56</td>
<td>0.105</td>
</tr>
<tr>
<td>Psychological</td>
<td>14</td>
<td>14</td>
<td>28</td>
<td>0.826</td>
</tr>
<tr>
<td>Social &amp; Relational</td>
<td>14</td>
<td>10</td>
<td>24</td>
<td>0.347</td>
</tr>
<tr>
<td>Sexual</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>1.000</td>
</tr>
<tr>
<td>Alcohol &amp; Smoking</td>
<td>11</td>
<td>0</td>
<td>11</td>
<td>0.000</td>
</tr>
</tbody>
</table>

Table 3: Frequency of health issues in the last 12 months
Data reveals that Alcohol & Smoking has a significant prevalence rate among the males with a p-value of 0.000
Comparisons:

Similarities

One of the primary consistent barriers to accessing healthcare services for adolescents across all three countries, are economic barriers. Adolescents tend to be increasingly reliant on healthcare services that are affordable and preferably free to be able to take advantage of the available resources. Most adolescents are in school and thus are less likely to be covered under their own health insurance coverage. In the cases that adolescents are covered under health insurance coverage, they are heavily reliant on their parents’ health insurance coverage. Thus, having access to high-quality and affordable healthcare services is essential so that cost of care does not continue to be persisting barrier in receiving care. In the cases of India and Honduras,
data from both studies reveal that the cost of care and/or the idea of missing work due to going to the hospital is one of the top reasons that came up as barriers to receiving healthcare services. In addition, both counties have over half of the population living in poverty which contributes to the need of having increased access to affordable healthcare services.

Although both India and Honduras have free health services to government hospitals, the quality of the government hospitals are often sub-par. There is a significant difference in the quality of the health services between the government hospitals and the private hospitals. The United States does not have as significant a difference in the quality between private and big government-funded hospitals.

Differences

One of the differences that came up between different countries in access to care, was that in India, females felt uncomfortable going to the doctor if the health practitioners were male. This was particularly accurate in instances where adolescent girls need to go to the hospital to received reproductive health services. This barrier to receiving healthcare in India came up consistently in focus group data and survey data. The cultural norms and values was vastly different from the United States and Honduras where there is reduced scrutiny in gender norms. In addition, adolescent pregnancies in countries such as India tend to be under the guise of early marriage. That continues to be common practice; especially in rural areas of India. Thus, the experiences of adolescent girls who are mothers in India, vastly differs from the experiences of expectant mothers in countries such as Honduras and the United States.

Conclusion
In the context of developing countries, access to healthcare services can be uncertain and dependent on the conditions of the specific country. Common themes that function as barriers to healthcare services for both youth and adolescents have emerged. In countries such as India and Honduras, poverty seems to be a significant barrier in accessing healthcare services. Thus, alternative options such as home remedies or going to the pharmacy is made to avoid the hassle and the costs of using either the private or government hospitals. In both countries, survey respondents stated that the private hospitals tend to be better equipped and offer a higher quality of care compared to the “free” government hospitals and clinics.

Further longitudinal assessments of the utilization of sexual and reproductive health services among adolescents may help reveal more of the patterns and factors that help influence the decisions of adolescent girls’ healthcare seeking of sexual and reproductive services. In addition, this can help curb the expected increase in the rate of global adolescent pregnancy rate. The results of increased assessments can help inform targeted interventions and smart investments in healthcare policies that can effectively create change in the availability and utilization of sexual and reproductive health services among adolescents.

The need for further increased screenings of STIs and increased prevention mechanisms to decrease the rate of adolescent pregnancies globally is essential especially among vulnerable populations living in rural and poverty-stricken areas. This can increase the potential economic and educational opportunities for adolescent girls who can be able to continue in their school studies and fulfill their full potentials as adolescents.

As the countries of United States, Honduras, and India differ in region, governments, and cultural values, it is important to implement individualized policies for each individual country.
For example, the issue of insufficient comprehensive sexual education is not as significant as an issue in the United States compared to countries such as Honduras and India that currently do not provide sufficient comprehensive sexual education in the public schools.

**Policy Recommendations:**

There is an existing need for further studies to be conducted on access to healthcare services and SRH services for adolescents in the United States and developing countries such as Honduras and India. According to the WHO, there is an expected increase in global adolescent pregnancies. Therefore, there is a need to further increase the amount of resources, time, and investments in sexual and reproductive health services for adolescents.

Smart investments in organizations that offer affordable, quality, and comfortable sexual and reproductive health services is critical. Increased prevention mechanisms in the case of adolescent pregnancies and STI infections can dramatically reduce the rate of unintended pregnancies. They can also reduce possible negative health consequences from STI infections. Current organizations within the United States such as Planned Parenthood offer a variety of SRH services that have been shown to reduce the rate of unintended teen pregnancy that has been declining since 2012.

Increased implementation of comprehensive sexual education is one manner to reduce the overall adolescent pregnancy rate. Often, lack of sufficient awareness of possible prevention mechanisms can contribute to the cycle of adolescent pregnancies in India and Honduras. Access to sufficient information empowers adolescents to make better informed choices and increase awareness of the available resources for both sexual and reproductive health within their local communities. The data from my surveys reveals that there is a dire need to prevent the rise in
adolescent pregnancies by increasing access to high-quality comprehensive sexual education in schools. Since consequences of adolescent pregnancies are vast and widespread for girls, more effort and resources need to be made by local and national governmental organizations, NGOs, and non-profits to ensure access to comprehensive sexual education and increase knowledge on availability of existing SRH resources. The recommendations that I have stated above would hopefully decrease the adolescent pregnancy rate, and STI infections, and further health consequences as a result of adolescent pregnancy.

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