

CORE POLICY # 4

Make Reproductive Health Services Meet the Specific Needs of Young People, Especially Those from Poor, Underserved Communities

There is growing recognition that young people—particularly those most at risk—need quality reproductive health care now more than ever. This recognition has been prompted by social changes that have occurred worldwide in recent decades—most notably a longer period of nonmarital sexual activity, coupled with an HIV pandemic that disproportionately affects young people. However, many young people tend not to use existing reproductive health services, whether because of certain laws and/or policies in their respective countries that do not allow them access to services, operational barriers (inconvenient hours, lack of transportation, and the high costs of services), a lack of information about their existence, an unwelcoming attitude on the part of service providers, fear about a lack of confidentiality, or cultural and gender barriers (such as it not being customary for women to be in charge of their reproductive health or contraception being against religious beliefs). This has brought about the realization among policy makers that health services need to be specifically tailored toward young people.

Youth-friendly reproductive health services provide a comfortable and appropriate setting for young people and provide them with services that meet their specific needs. In doing so, these services can attract a youth clientele and ensure that they return for follow-up and repeat visits. The basic components of a youth-friendly reproductive health service include specially trained providers, privacy, confidentiality, and accessibility. These services for young people can be provided in health facilities (hospitals, clinics, or health centers), through private providers, in social or community settings (clubs, organizations), in entertainment and recreational venues, in commercial outlets, at the workplace, or in schools.

Services are typically divided into two categories: (i) prenatal, postpartum, and abortion services and (ii) prevention and health promotion services. A typical youth-friendly package of services might include information and counseling on sexuality, safe sex, and reproductive health; provision of contraceptives and advice on other protective methods; sexually transmitted infection (STI) diagnosis and management; HIV counseling (and referrals for testing and care); pregnancy testing and antenatal and postnatal care; counseling on sexual violence and abuse (and referral for any needed services); and post-abortion care counseling and contraception.¹

Helping young people to make better reproductive health-related choices should involve the following: (i) providing them with the knowledge to make informed decisions about their behavior, as well as the skills to negotiate in favor of safe behavior with their peers and partners (via either talks or meetings in clinics or mass media techniques, such as behavior change communication—BCC);² (ii) creating an environment in which they can practice healthy behavior, while at the same time making risky behavior costly and limiting the opportunities for engaging in it; and (iii) increasing and broadening access to reproductive health services, treatment, and rehabilitation for young people who have made poor health decisions leading to consequences such as unwanted pregnancies and drug addiction.

Several types of intervention have been shown to be particularly effective in increasing young people's use of reproductive health services in a wide range of developing country settings. These include the following: (i) training service providers and other clinic/pharmaceutical staff in youth-friendly practices; (ii) making clinics and pharmacies more accessible and acceptable to young people (for example, by providing services in mobile

units to visit poor and rural areas); and (iii) using community-based outreach and information campaigns to generate both demand and support for reproductive health services among young people.

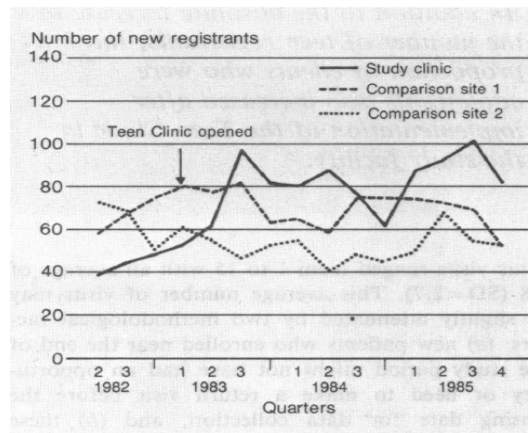
How Do Youth-Friendly Reproductive Health Services Prevent Risky Youth Behavior?

The existence of youth-friendly reproductive health services (both information and products) does not provide a guarantee that young people will not engage in risky sexual behavior. However, there are two ways in which they increase the likelihood that young people will use these services and ultimately make better and more informed choices about their reproductive health. First, if service providers are caring adults who are specially trained to work with young people, who listen to them and treat them with respect, who allow sufficient time for client/provider interaction, and who honor their clients' privacy and confidentiality, then they will boost the confidence and self-esteem of young people, which in turn will make it more likely that young people will make healthier and safer reproductive choices. Second, if these services are private, comfortable, affordable, and accessible to young people both geographically (provided in convenient locations or mobile units) and time-wise (open during convenient hours such as after school), then there will be an increased likelihood that young people will seek out these services and ultimately decreases their chances of suffering negative health outcomes.

Research Findings: Providing the Evidence Base

In the United States, a public health facility established a *Teen Clinic* to serve a low-income community that was at high risk for teenage pregnancy. The program included free services, expanded hours of operation, discussions between teens on safe sex practices and sexuality, and outreach activities to publicize the special services. An evaluation showed that new patient registration increased by 82 percent over the enrollment rate before the program began. This increase compared favorably with two neighboring public health department facilities that had no specialized teen programs. These facilities experienced either a small increase (4 percent) or modest decrease (17 percent) during the same time periods³ (see figure).

Enrollment of Young People in Family Planning Clinics, Chicago, 1982–1985



Source: Herz, Olson, and Reis 1988.

One U.S. study evaluated an adolescent protocol that was established in six nonmetropolitan family planning clinics. The protocol included one-on-one counseling, special staff training, trained teen counselors, and involvement of parents and male partners. The study found that there was greater continuation of contraceptive use and lower pregnancy rates among young women in the experimental group than among those in the control group.⁴ Mexico's *Educational Program for Adolescent Mothers* (PREA) is a hospital-based program in which participants attend postpartum and one or more subsequent family planning information and counseling sessions. An evaluation of the program found that participants breast-fed longer and had

higher rates of contraceptive use than those in the control group.⁵ A hospital-based program in Brazil for post-partum and post-abortion adolescents offered outpatient services during times specifically designated for young people and included counseling, education, and provision of contraception. An evaluation found that 50 percent of the young women hospital patients who had received services or educational talks from the program returned to the outpatient clinic for follow-up appointments. Also, the ratio of abortions to births in one participating hospital declined from 18 percent to 13 percent after five years of project operation.⁶ South Africa's *Youth Information Centre Pilot Project* involves young people in the program design, monitoring, and management, and offers contraceptive services, STD treatment, counseling, and pregnancy tests. Although this project has not yet been rigorously evaluated, there is evidence of increased condom use among clients of the project.⁷ A study of Madagascar's *TOP Réseau* network of franchised youth clinics showed that the program contributed to removing barriers to condom use and motivated sexually experienced young people to use condoms.⁸ In Mexico, the *Commercial Market Strategies* (CMS) project developed a network of youth-friendly pharmacies to provide reproductive health information and contraceptives to youth in Guanajuato. An assessment of the network indicated that it improved the quality of reproductive health services available to youth in participating retail pharmacies. The trained pharmacy staff demonstrated more knowledge about contraceptives and STIs and treated youth in a friendly and nonjudgmental manner, as compared to a group of pharmacies not in the network. Accordingly, the project was replicated in other cities in Mexico.⁹

Moving Forward: Factors for Success

- At the predesign stage of any project, *clinics need to make a careful assessment of health trends and of the needs of their specific target populations* to offer most relevant services.
- Providers need to *ensure that their staff members are specially trained to work with—and have respect for—young people; honor the privacy and confidentiality of the clients; make time for client and provider interaction; and make peer counseling available.*
- Health facilities need to *set aside separate space and special times for serving young people; ensure that their hours and location are convenient to young people; and ensure that they have adequate space, sufficient privacy, and comfortable surroundings.*
- The program's design should include the following measures:
 - *Involve young people in designing the program and incorporate their feedback on an ongoing basis* to ensure the relevance of the program and, thus, improve reproductive health outcomes.
 - Ensure that *drop-in clients are welcomed*, that *appointments can be set up rapidly*, that there is *no overcrowding* and that *waiting lines are short*, that *fees are affordable*, that publicity and recruitment informs and reassures young people that their *visits are confidential*, and that *referral services are offered.*
 - *Adjust services where necessary in recognition of the heterogeneity* of the youth population.
 - Set up *partnerships with existing youth agencies and link the program's services with other social services offered to young people* to reach the greatest possible number of young people.
 - *Involve families and communities* in reinforcing healthy youth behavior.
 - *Add reproductive health services* onto existing youth activities and venues.

Endnotes

1. Senderowitz, Judith. 1999. "Making Reproductive Health Services Youth Friendly." Research, Program, and Policy Series. FOCUS on Young Adults, Washington, D.C. Available at: <http://www.pathfind.org/focus.htm>.
2. Behavior Change Communication (BCC) is a communication technique that combines commercial marketing techniques to advertise products and services with messages that promote knowledge and reinforce healthy kinds of behavior.
3. Herz, E.J., L.M. Olson, and J.S. Reis. 1988. "Family Planning for Teens: Strategies for Improving Outreach and Service Delivery in Public Health Settings." *Public Health Reports* 103(4): 422–430.
4. Winter, L., and L.C. Breckenmaker. 1991. "Tailoring Family Planning Services to the Special Needs of Adolescents." *Family Planning Perspectives* 23(1): 24–30.
5. Martin, A., P. Schenkel, R. Vernon, et. al. 1992. "A Sustainable Educational Program for Postpartum Adolescent Mothers, Mexico." Paper presented at the 19th annual NCIH International Health Conference, 14–17 June, Arlington, VA.
6. Shepard, B.L., J. Garcia-Nunez, J T. Miller, et. al. 1989. "Adolescent Program Approaches in Latin America and the Caribbean: An Overview of Implementation and Evaluation Issues." Discussion draft prepared for the International Conference in Adolescent Fertility in Latin America and the Caribbean, November, Oaxaca, Mexico (*Note*: It is unclear whether a control group was used in the evaluation of the hospital-based program in Brazil.)
7. Trangsrud, R., 1998. *Adolescent Reproductive Health in East and Southern Africa: Building Experience, Four Case Studies*: A report prepared for the Regional Adolescent Reproductive Health Network, USAID, REDSO/ESA. Nairobi, Kenya: Family Care International.
8. Population Services International (PSI). 2004. "Franchised Youth Clinics Motivate Behavior Change in Madagascar." PSI Research Brief No. 4, August 2004. Available at: <http://www.psi.org/resources/pubs/rb4.pdf>.
9. Wolfe, Kelly. 2005. "Youth Friendly Pharmacies and Partnerships: The CMS-CELSAM Experience." Private Sector Partnerships-One project. Abt Associates Inc, Bethesda, MD.

Key Implementation Considerations	
Anticipated Outcomes	<ul style="list-style-type: none"> • Reduced incidence of HIV • Reduced incidence of STIs • Lower pregnancy rates • Fewer unsafe abortions • Delayed age of sexual initiation • Increased use of condoms among sexually active young people
Secondary Effects	<ul style="list-style-type: none"> • Increased confidence • Increased self-esteem • Increased self-efficacy
Responsible Agency/Actor	Ministries of Health, Education, and Social Services, medical & pharmaceutical community, nongovernmental organizations (NGOs)
Targeted Risk Group	Types I, II, & III
Target Age Group	10–24 years of age
Examples of Cost Elements per Beneficiary	Not readily available
Necessary Initial Conditions	<ul style="list-style-type: none"> • Adequate training for service providers • Facilities that are accessible and acceptable to young people • Change in community norms and acceptance of the need to treat STIs and HIV, provide contraceptives, and disseminate information on important health issues • Provision of information to young people, parents, and other adults through the education sector and the media
Specific Examples and Levels of Effectiveness (Strong Evidence and Emerging Evidence)	<ul style="list-style-type: none"> • United States: <i>Peer Providers of Reproductive Health Services</i>—Emerging evidence • Mexico: <i>Adolescent Program for Adolescent Mothers (PREA)</i>—Emerging evidence • South Africa: <i>Youth Information Centre Project</i>—Emerging evidence • Madagascar: <i>TOP Réseau network</i>—Emerging evidence • Mexico: the <i>Commercial Market Strategies project (CMS)</i>—Strong evidence
Issues to Consider for Replication & Sustainability	<ul style="list-style-type: none"> • Need for policy support and networking to establish youth-friendly services • Need for public education campaigns to gain support for youth-friendly services • Need to institutionalize youth-friendly services within Ministries of Health and NGOs • Need to use behavior change communication (BCC) to inform young people of youth-friendly health services and increase their use • Need to take account of existing legal, regulatory, and socio-cultural constraints to developing programs around a sensitive topic