WHAT ARE EFFECTIVE HEALTH SERVICES FOR YOUTH?

Adolescents and young people require a range of safe, affordable, and scientifically accurate sexual and reproductive health information and services, including modern contraception, sensitive and nonjudgmental counseling, pre- and post-natal care and delivery, safe abortion and post-abortion services and care, and prevention and treatment of sexually transmitted infections. Such services must be deemed acceptable by adolescents and provided in an environment that respects their rights to confidentiality, privacy, and informed consent.

Multiple tactics have been employed to find the best way to provide these services effectively and efficiently, and ensure that adolescents are aware of and using these services. The most successful programs are those that combine efforts to train health workers, modify health facilities so they are acceptable and accessible to adolescents, and generate demand for services via schools, the community, and mass media. Program managers should consult with and engage adolescents at all stages of designing, implementing, promoting, and evaluating services. It is critical that services not be limited to those which have been deemed culturally acceptable, as the issues that impact the health of young people cut across cultures and countries.
Key Elements of Service Provision

For adolescent sexual and reproductive health services to be effective, a three-pronged approach is required: 1) training and supporting health workers to provide services to adolescents in a friendly and appropriate manner; 2) modifying health facilities to respond to the needs expressed by adolescents; and 3) generating demand for services through information dissemination in the community, schools, and mass media.

Youth Friendly Health Facilities: Evidence suggests that health facilities and clinics are the most effective locations for providing adolescents with sexual and reproductive health information and services. In order to make traditional health facilities more appealing to adolescents, effective programs have made adjustments such as extending operating hours, reducing prices, and/or modifying physical layouts to increase privacy and confidentiality. Some health systems have developed assessment tools to designate clinics or services as “adolescent friendly.” Programs should engage young people in designing youth friendly facilities at all stages. Although adolescent health services are often delivered outside of facilities (e.g., in schools, youth centers, public spaces, pharmacies, etc.), data on the effectiveness of such services is limited. Some studies show that young people are more likely to obtain commodities like emergency contraception or condoms from pharmacies than from clinics.

Mixed-use youth centers have been proven to be ineffective at improving sexual and reproductive health outcomes. These centers are predominantly used by older male youth for recreational purposes, driving away young adolescents, especially girls, who are seeking sensitive health information or services.

Health Worker Training: Youth-friendly facilities require youth-friendly staff. The most effective programs have provided ongoing training and support to health workers to improve their knowledge, attitudes, and skills to more appropriately respond to the needs of adolescents in a nonjudgmental manner. Health workers should meet periodically to exchange technical information, and should engage in ongoing dialogues with young people. Some adolescent-only clinics have employed young people to welcome and educate clients in the waiting room.

Generating Demand: Programs use a combination of strategies to increase awareness of adolescent health services, including disseminating information via the community, schools, and mass media. Linking youth-friendly clinics with community-based activities (e.g., youth clubs, street theater, etc.) and school-based components (e.g., referral systems) has demonstrated greater uptake of services and self-reported condom and contraceptive use among adolescents. Using only media messaging or community activities without outreach in schools has not demonstrated similar positive health outcomes. Media and community-based activities are also used to build support among parents and community gatekeepers, however further evaluation on the effectiveness of this approach is needed.

Next Steps

Programs that engage on all three intervention levels have been shown to be the most effective in improving adolescent sexual and reproductive health outcomes. These programs should be scaled up and replicated across different settings. At the same time, new strategies and programs are needed to reach the most marginalized adolescents—such as girls who are out of school, married, or who engage in transactional sex for survival; boys in gangs; and HIV-positive youth. Research demonstrates that health interventions implemented among the general population often do not reach these critical populations. Further evaluation is also needed on effective strategies to generate acceptance among gatekeepers in the community, such as parents and religious leaders.

Packages of interventions that train health workers, modify health facilities to become more adolescent friendly, and generate demand among adolescents through multiple channels should be scaled up and replicated in different settings.
ICPD (1994) para 7.3: As part of their commitment, full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality. Reproductive health eludes many of the world’s people because of such factors as: inadequate levels of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and services; the prevalence of high-risk sexual behaviour; discriminatory social practices; negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives. Adolescents are particularly vulnerable because of their lack of information and access to relevant services in most countries.

ICPD +5 (1999) para 73(a): In order to protect and promote the right of adolescents to the enjoyment of the highest attainable standards of health, provide appropriate, specific, user-friendly and accessible services to address effectively their reproductive and sexual health needs, including reproductive health education, information, counselling and health promotion strategies. These services should safeguard the rights of adolescents to privacy, confidentiality and informed consent, respecting their cultural values and religious beliefs and in conformity with relevant existing international agreements and conventions.

ICPD +5 (1999) para 73(e): With due respect for the rights, duties and responsibilities of parents and in a manner consistent with the evolving capacities of the adolescent, and their right to reproductive health education, information and care, and respecting their cultural values and religious beliefs, ensure that adolescents, both in and out of school, receive the necessary information, including information on prevention, education, counselling and health services to enable them to make responsible and informed choices and decisions regarding their sexual and reproductive health needs, in order to, inter alia, reduce the number of adolescent pregnancies. Sexually active adolescents will require special family planning information, counselling and health services, as well as sexually transmitted diseases and HIV/AIDS prevention and treatment. Those adolescents who become pregnant are at particular risk and will require special support from their families, health-care providers and the community during pregnancy, delivery and early childcare. This support should enable these adolescents to continue their education. Programmes should involve and train all who are in a position to provide guidance to adolescents concerning responsible sexual and reproductive behaviour, particularly parents and families, and also communities, religious institutions, schools, the mass media and peer groups. These policies and programmes must be implemented on the basis of commitments made at the International Conference on Population and Development and in conformity with relevant existing international agreements and conventions.

CPD 2010 OP 22: Emphasizes the role of education and health literacy in improving health outcomes over a lifetime, and urges Governments to ensure that health education starts early in life and that special attention is paid to encouraging health-enhancing behaviour among adolescents and young people in a gender-sensitive manner, especially by discouraging the use of tobacco and alcohol, encouraging physical activity and balanced diets, and providing information on sexual and reproductive health that is consistent with their evolving needs and capacities so that they

Governments should formulate and apply laws and policies that enable and promote the delivery of adolescent sexual and reproductive health services. More research is needed on how to better deliver services outside of facilities, especially to vulnerable and marginalized populations.
POLICY FRAMEWORK (continued)

can make responsible and informed decisions in all issues related to their health and well-being and understand the synergies between the various health-related behaviours.

CPD 2012 para 26: Calls upon Governments, with the full involvement of young people and with the support of the international community, to give full attention to meeting the reproductive health-service, information and education needs of young people, with full respect for their privacy and confidentiality, free of discrimination, and to provide them with evidence-based comprehensive education on human sexuality, sexual and reproductive health, human rights and gender equality to enable them to deal in a positive and responsible way with their sexuality.

KEY RESOURCES


Kesterton AJ and Cabral de Mello M. “Generating demand and community support for sexual and reproductive health services for young people: A review of the literature and programs,” *Reproductive Health*. 2010; 7: 25