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Improving the Quality of Reproductive Health Care for Young People

Liz C. Creel and Rebecca J. Perry

“Health services don’t look at adolescents specifically. You’re either a child and need vitamins, or you’re married and need obstetric care.”

—UNFPA official (Greene et al. 2002: 28)

Nearly 1.7 billion people, about one-third of the world’s total population, are between the ages of 10 and 24 (United Nations 2001), with the vast majority living in developing countries. As they mature, young people are increasingly exposed to reproductive health risks such as sexually transmitted infections (STIs), unintended or early pregnancies, and complications from pregnancy and childbirth (see Box 1, page 2). Improving young people’s reproductive health care is key to improving the world’s future economic and social well-being. But young people’s reproductive health needs are often overlooked or viewed through a lens of cultural values that limit care. Health facilities frequently fail to provide young adults with specialized reproductive health information, counseling, and services. Lack of experience in social negotiation, ignorance about their bodies and where to seek care, social stigma, and poor treatment by providers often limit young people’s access to the services they need.

During the past decade, in part as a result of the HIV/AIDS pandemic, young people and their health needs have been the subject of greater attention worldwide. International conferences such as the 1994 International Conference on Population and Development (ICPD) have endorsed the rights of adolescents and young adults to obtain the highest levels of health care. In response, more health policies and services are becoming “youth friendly”: Staff are being trained to be more sensitive to the needs of youth, fees for young clients are being reduced, and services and outreach activities are being offered at convenient hours



Sara A. Holtz / JHU/CCP, Senegal

By involving young people, their families, and providers in improving the quality of reproductive health care for youth, countries can improve the future well-being of their citizens.

for people who attend school or who work. Some clinics now provide services to young men or offer reproductive health care to young women before they have had their first child.

This policy brief uses the framework developed by the U.S. Agency for International Development’s Maximizing Access and Quality (MAQ) Initiative to illuminate key issues about the quality of reproductive health care for young adults. The quality of care framework is multidimensional and depends on the priorities of various stakeholders. For instance, clients are usually concerned with the human aspects of care, whereas providers tend to focus on technical aspects (see the first three briefs in this series). This brief focuses on

*Box 1***A Snapshot of Young People's Reproductive Health**

- About 15 million young women ages 15 to 19 give birth each year (United Nations Population Fund 1999).
- Pregnancy-related complications are a major cause of death and illness for girls ages 15 to 19 (Senderowitz 1995).
- In developing countries, a smaller share of women are marrying before age 20 than in earlier generations. Despite this trend, a significant share of women in developing countries will be married by age 18. In nine of 12 sub-Saharan African countries that had Demographic and Health Surveys, the proportion exceeds 50 percent (Mensch et al. 1998: 660).
- Forced sexual initiation and sexual abuse of young people, particularly girls, is common. In Uganda, half of sexually active primary school girls report being forced to have sex, and 22 percent receive gifts or money in exchange for sex (Alan Guttmacher Institute 1998).
- Young people between the ages of 15 and 24 have the highest rates of STIs worldwide, with over two-thirds of all reported cases (Morell 1995). The proportion is even higher in developing countries.
- Nearly 12 million young people have HIV/AIDS. Young women are significantly more likely than young men to be infected with HIV. In nearly 20 sub-Saharan African countries, at least 5 percent of women ages 15 to 24 have HIV/AIDS (Joint United Nations Programme on HIV/AIDS 2002).

facility-based services for young adults, with some discussion of youth-friendly services that are offered outside of clinics.

Young People Have a Variety of Reproductive Health Needs

Young people have specific reproductive health needs based on their age, sex, marital status, and socioeconomic situation. Knowing about such factors can help providers be more responsive to young people's reproductive health care needs. For example, older youth are often married and require family planning and prenatal services, while younger individu-

als may need general information about going through puberty. Young people may also need different types of care, depending on whether they are still in school or whether they are married. Indeed, the extent of sexual activity outside of marriage varies greatly. In one study in Bangladesh, only three girls and 17 boys from a sample of 2,600 unmarried adolescents reported that they had had sex (Rob and Bhuiya 2001). In Uganda, nearly half of young people ages 15 to 19 surveyed reported never having had sex (World Bank 1999).

Young adults usually have lower social status and receive little or no legal protection; they may also be at greater risk of sexual violence. Risks are worse for women: For a range of biological and social reasons, girls and young women are often vulnerable to more reproductive health problems than boys are and may also be subject to harmful traditional practices such as child marriage and genital cutting.

Barriers to Using Reproductive Health Services

Young people often do not seek information or care, because they believe that they are at little or no risk of health problems (Aten et al. 1996; Meekers and Klein 2002). Those who do often face various geographic, social, cultural, and economic obstacles. Young people may think that local health centers will not provide them with services, either because they believe the centers cater exclusively to the needs of pregnant women, infants, and small children or because they think that the staff will discriminate against them. Furthermore, young people are often deterred by concerns that staff will not take them seriously or will not respect patient-provider confidentiality. Adolescents may also fear contraceptives' side effects, a worry compounded by ignorance about their bodies and how contraceptives work. Some young people, particularly girls, must seek permission from a parent or spouse before they can access reproductive health services. Parents and family members may be ill-prepared to discuss reproductive health care issues with their children (Barnett 1997).

“I would like [health professionals] to treat me with respect. They should respect my opinion and my problems. They should not neglect or underestimate any problem that might seem trivial to them.”

—21-year-old Iraqi woman (United Nations Population Fund 1999: 18)

Lack of Information

Young people may be unaware of their risk of pregnancy, unfamiliar with STI symptoms, and unsure where to obtain services and what types of services are offered. A case study in Indonesia found that 13 percent of young men and 7 percent of young women believed that a girl could get pregnant by hugging (Wirakartakusumah 1997). Young people often seek information about reproductive health from their peers and the media, rather than from teachers, health professionals, or parents. They are also more likely to obtain services from informal sources such as pharmacies, shops, and traditional health practitioners. Community-based studies in Cameroon, India, and Nepal show that young people often use home remedies, traditional methods of contraception, contraceptives provided by friends or relatives, and contraception and medication purchased without a doctor's prescription (Adamchak et al. 2000).

Social Stigma

If young people are embarrassed to be seen at clinics or worried about a lack of privacy and confidentiality, they may not seek care. As with other aspects of youth reproductive health care, social stigma related to seeking care often affects young men differently than young women. Adolescent women may be afraid of medical procedures such as pelvic exams and may feel ashamed about having experienced coercive or abusive sex. Young men may fear that using health services will be perceived as feminine or contrary to social stereotypes of virility (Barker 2000).

Poor Treatment by Providers

Young adults may feel uncomfortable discussing their reproductive health needs with

parents or providers, particularly if providers are unfriendly. Cultural and religious biases may make providers reluctant to give reproductive health information and contraception to young adults, especially unmarried women. Case studies in Africa have shown that adolescents who approach clinics for care are often berated, denied information or given misinformation, or turned away because staff object to addressing young people's reproductive health concerns (Abdool Karim et al. 1992). Many providers have had little specialized training or experience in meeting adolescents' special reproductive health needs and are ill-equipped to serve them.

Logistical Barriers

Even if they want to seek reproductive health services, young people may encounter logistical barriers. Health facilities may not be open at convenient hours, young people may not be able to afford contraceptives, and there may be no transportation to the clinic site (FOCUS on Young Adults 1997). Respondents in one study in the Caribbean said they would like to have a local clinic that was open in the afternoon and evening, possibly with those hours set aside for teens and young adults (Kurz 1995).

Policy Barriers

Despite international consensus regarding adolescents' right to reproductive health services and information, young people are often excluded from national health policies. Some countries have restrictive legal policies, while others have more positive ones that may not be well known to providers or educators. Policies concerning youth reproductive health need to be clarified and more widely disseminated to providers, managers, policymakers, and young people, and further research is needed to deter-

mine what legal policies make a difference (Barnett and Katz 2000).

Removing Barriers: Youth-Friendly Clinical Services

Youth-friendly services are designed to make health care more acceptable to young adults by improving the quality of existing health services, including making care more accessible. Improving the acceptability of health services has several important benefits:

- Encouraging youth to obtain primary and secondary health care, such as laboratory tests and treatment for STIs;
- Allowing young people to meet with providers who can address their specific health needs and strengthening their relationships with public-sector health services; and
- Providing a low-cost approach to increasing adolescent use of existing clinical services (FOCUS on Young Adults 2001).

Youth-friendly health services are those that can attract youth to the facility or program, provide a comfortable and appropriate setting, and meet young people's needs (Senderowitz 1997). Young respondents in South Africa said the most important factors influencing their choice of a clinic were staff attitudes, the clinical environment, the contraceptive methods available, and operating hours (Transgrud 1998). Youth-friendly services are usually offered through health facilities by staff who provide services in the clinic, but such services may also be offered in the workplace or at schools, by community outreach workers or peer educators, or through the private sector, including private providers, pharmacies, and other retail outlets.

Youth-Friendly Policies

Improving services is more effective in conjunction with youth-friendly policies that remove social, legal, and other obstacles to reproductive health care. Adolescents are often excluded from health policies either because policymakers want to discourage adolescent sexual activity or because adolescents have been overlooked in the planning process. Some

countries have made progress in advancing youth-friendly policies: In Ghana, for example, the Adolescent Reproductive Health Policy addresses their needs, recognizes adolescents' right to receive information and services, provides guidance for government agencies, and sets specific benchmarks for youth well-being (Greene et al. 2002).

Because many providers' biases make them reluctant to provide services to adolescents and young adults, youth-friendly policies need to be reinforced at the provider level. Other providers may want to serve youth but fear barriers and may not know about laws that protect providers who supply such care. Training and supportive supervision can help ensure that providers adhere to guidelines and policies.

In the Clinic

Public-Sector Clinics

Providing youth-friendly services, such as pre- and postnatal care for young mothers and counseling and treatment options for STIs, at existing public-sector clinics can help expand young people's access to high-quality care. Public-sector clinics may also use other important strategies for designing and planning youth-friendly programs:

- Identifying and integrating young people's preferences and needs regarding clinic hours, location, types of services, and costs;
- Involving youth, families, and community members in designing, implementing, and evaluating programs; and
- Establishing protocols, guidelines, and standards to help providers better serve youth (FOCUS on Young Adults 1998).

There is limited information about whether such programs have increased young women's use of contraceptives and improved birth outcomes. As Figure 1 shows, youth in Zambia increased their use of reproductive health services after youth-friendly services were introduced; for example, the number of young people at two pilot clinics in Lusaka who used family planning tripled over one year (Family Planning Service Expansion and Technical Support/John Snow, Inc. 2000).

Organizations including EngenderHealth and Advocates for Youth have developed training curricula to strengthen the skills of health workers who provide reproductive health services to adolescents. Such curricula help staff deal with their own beliefs and biases about adolescent sexuality in a way that supports young people's basic reproductive health needs. One survey in Burkina Faso found that young people's knowledge of where to obtain health care services increased after providers received training on youth-friendly services; the training also helped young people feel that services were more geared toward their needs (EngenderHealth 2002; Cheetham 2003).

Nongovernmental Organizations

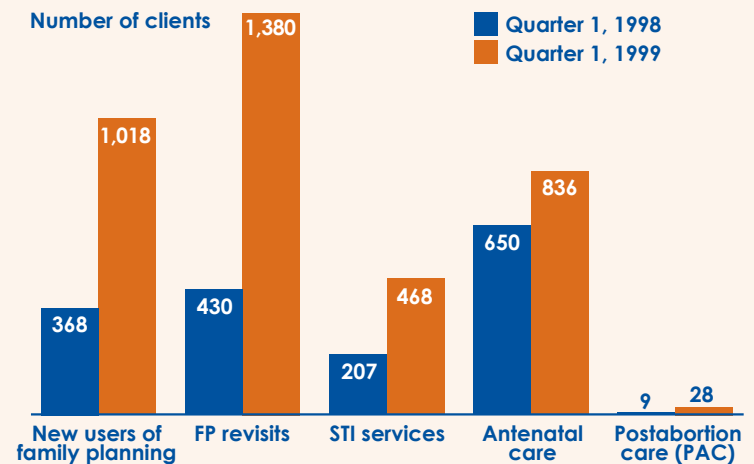
Nongovernmental organizations (NGOs) often play a key role in developing youth-friendly, clinic-based reproductive health services: NGOs have greater freedom to try different approaches for reaching and treating their clients, can operate smaller projects, and may already have a youth constituency and activities in place. Family planning organizations in Latin America have attracted adolescent clients by creating special spaces for young people and hiring staff specially trained to work with teens and adolescents (Senderowitz 2000). In Colombia, Profamilia's work at 13 clinics resulted in a 37 percent increase in adolescent family planning visits, a 61 percent increase in gynecological visits, and a 64 percent increase in pregnancy tests for adolescents during the project's first six months (International Planned Parenthood Federation/Western Hemisphere Region 2001).

Beyond the Clinic: Expanding Outreach

While clinics have historically provided some reproductive health services for youth, private-sector outlets such as pharmacies, schools, and alternative programs that attempt to reach a wider audience are becoming increasingly effective and popular among young adults.

Figure 1

Changes in 10- to 24-Year-Olds' Use of Reproductive Health Services After Introduction of Youth-Friendly Services in Two Pilot Clinics in Lusaka, Zambia



NOTE: FP = family planning.

SOURCE: Family Planning Service Expansion and Technical Support (SEATS II)/John Snow, Inc., *Mainstreaming Quality Improvement in Family Planning and Reproductive Health Services Delivery: Context and Case Studies* (2000): 33.

Private-Sector Outlets: Pharmacies, Kiosks, and Retail Stores

Research suggests that young people in the developing world prefer to use private-sector pharmacies, kiosks, and retail stores when seeking contraceptives because they can obtain the supplies more anonymously. A study by the FOCUS on Young Adults program found that a high proportion of youth worldwide use the private sector for reproductive health services (Murray 2000). A recent study in western Kenya found that 46 percent of adolescents who had obtained contraceptives had gotten them from shops, 23 percent from friends, and 22 percent from health facilities (Population Council et al. 2002).

Youth Centers

Youth centers that promote and provide reproductive health care for young adults have had mixed success. Evidence suggests that youth centers, which usually offer a range of educational, vocational, and recreational activities, may not be the most effective way of reaching



Young people are more likely to seek regular health care if they feel that providers care about their concerns, treat them respectfully, and will keep information confidential.

young adults. Evaluations of centers in Kenya and Zimbabwe found that attendance was low, especially for reproductive health services; that young people did not feel comfortable seeking care at the centers; that the centers reached older boys rather than girls and younger adolescents; and that centers were too expensive (Population Council 2000). Programs in Haiti and Nigeria have been more successful in reaching clients because they use more engaging techniques, such as holding educational sessions on Valentine's Day, to address reproductive health topics (Kiragu 2000; Action Health Incorporated 1997).

Links Between Schools and Clinics

Several projects to promote youth-friendly reproductive health services have linked schools with clinics. This strategy helps students overcome some of the psychosocial and administrative barriers associated with clinics and gives them a more complete package of services than they might obtain through pharmacists and community-based distributors. One program in Chile combines school-based presentations, discussions, and counseling with services provided by a team of nurses and social workers. Boys who participated in the program for three years were more likely to

postpone their first sexual experience, and sexually active girls were more likely to use contraception (Murray et al. 2000).

Other Outreach Strategies

According to the World Health Organization (WHO), a wide range of venues and strategies for disseminating sexual and reproductive health messages and information exists (Brown et al. 2001). The use of mass media and entertainment-based campaigns has been very promising. Mass media campaigns such as Zambia's Helping Each Other Act Responsibly Together (HEART) program reach youth through publicly accessible media: television, radio, and print. Focusing on abstinence and condom use, HEART has created television spots, radio programs, print stories, and video dramas to reach individuals ages 15 to 19 (Underwood et al. 2001).

Strategies for Improving Quality of Care for Young People

Program managers and policymakers can undertake several strategies to improve access to reproductive health care for young adults and to enhance the quality of their care. A wide array of changes, including addressing the social norms that keep young people from getting care, must be made at all levels to recognize and meet young people's reproductive health care needs.

Focus on and Involve Young People

Young people's reproductive health needs vary widely, depending not only on individuals' age, sex, and marital status, but also on their social and economic situation. Each group's specific preferences and needs should be considered when services are designed. Involving young people in developing, implementing, and evaluating programs can help ensure that their needs are met. Community members and family members also need to be educated about reproductive health issues and consulted (within limits, due to issues of confidentiality) to ensure that programs are supported and accepted.

Address the Full Range of Young People's Reproductive Health Care Needs

Health care facilities need to be aware of and address the full spectrum of young people's reproductive health care needs. Preventive care, such as contraception and services for preventing, diagnosing, and treating STIs, can be combined with maternal care, including prenatal, postnatal, and postabortion care, to improve outcomes for both types of services. To meet the diverse needs of youth effectively, programs need to use a variety of interventions (Senderowitz 1997).

Educate Providers About Young People's Needs

Health care providers need education and training to help them better understand and meet young people's reproductive health needs. Providers' interest in working with youth and their ability to develop respectful relationships with their young clients are key to ensuring that adolescents will seek care. Youth-adult partnerships can help bridge the gap between young people and health providers. Staff who are trained to deal with young people can provide effective counseling to help young people make informed choices about abstinence, contraceptives, STI prevention and treatment, and pregnancy care.

Develop and Evaluate Youth-Friendly Policies and Services

Health policies at the national and clinic levels need to be more youth friendly, and youth-friendly services need to be more carefully evaluated. Young people's concerns are rarely included in health policies, either because young people are not seen as a separate group with special needs or because cultural norms limit open recognition of adolescents' reproductive health needs. Health care providers need to know how national health policies and regulations affect young people's care, as well as what specific and detailed protocols, guidelines, and standards for treating young people exist. Clear policies at all levels can help facilities provide consistent and equitable services for young adults and recruit and maintain a

young clientele, but regulations should be flexible enough to allow clinics to adapt their services to young people's needs.

While an increasing number of programs are trying to provide more youth-friendly services, few such efforts are being evaluated, and most formal evaluations are focusing on public-sector or NGO-sponsored clinics rather than on youth centers or school-clinic partnerships. Further work will help determine whether youth-friendly services are cost effective and whether investing in them significantly improves young people's reproductive health.

Address Gender Norms

Gender norms that negatively affect access to reproductive health knowledge, information, and services and that promote risky behaviors among both sexes need to be changed. A country's gender norms often affect people's reproductive health and the dynamics of sexual behavior—who initiates sex, who can refuse, how contraceptive use is negotiated (WHO 2000). Social norms also affect access to information, health services, contraception, and protection from STIs. Changing existing gender norms can improve the quality of reproductive health care, particularly for young adults. Adults—especially providers and parents—need to know how gender stereotypes place girls and boys at risk, and young people need to know how reproductive health issues affect them.

Policy Implications

Protecting the reproductive health of today's youth is of critical importance for the world's future economic and social well-being. Research and program experiences show that policymakers and health providers can increase young people's use of reproductive health services by supporting youth-friendly services within clinics and by removing legal and institutional restrictions on unmarried youth's access to care. Further efforts need to be made to sensitize health professionals about young people's needs; to more fully consider clients' age, sex, level of education, and other



Efforts to improve the quality of reproductive health care for young people are more likely to succeed if young people themselves play an active role in developing innovations. Young adults in the Philippines helped develop a program to teach responsible behavior to their peers.

socioeconomic factors; and to provide unbiased care. At the same time, adolescents need to receive more specific information about fertility and contraceptives and how and where to obtain services at clinics and other venues.

Providing young people with reproductive health information, counseling, and services can be both challenging and controversial. But improving providers' skills and expertise and reducing barriers to care will help young people obtain services that meet their reproductive

health needs and bring them into a safe, healthy, and productive adulthood.

Note

References are provided in a separate publication that is part of the *New Perspectives* series and that is available at www.prb.org/newperspectives

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