

## Characteristics of Youth-Friendly Services

### Description of the tool:

Given the growing recognition that “youth-friendly” services are needed if young people are to be adequately provided with reproductive health care, this tool is designed to help teachers, counsellors, service providers and other staff working in schools and HIV/AIDS or reproductive health clinics to improve their existing services for students at risk and make them “youth-friendly”.

The information in this tool was adapted by UNESCO in collaboration with Health and Human Development Programs at Education Development Center, Inc. from the following publication:

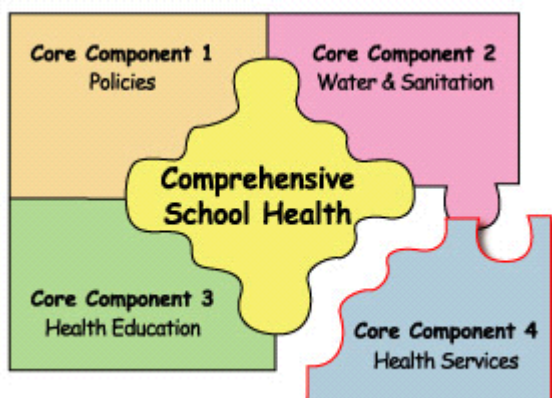
FOCUS on Young Adults 1999. *Making Reproductive Health Services Youth Friendly*. Washington, D.C.: Focus on Young Adults.

The full text of this document is available at the following website address:

[http://www.dec.org/pdf\\_docs/PNACK127.pdf](http://www.dec.org/pdf_docs/PNACK127.pdf)

### Description of the document:

The document focuses on providing information to establish and implement “youth-friendly” reproductive health care services, including those for HIV/AIDS. Such services are able to effectively attract young people, meet their needs comfortably and responsively, and succeed in retaining these young clients for continuing care. Whether services are provided in a clinical setting, in a youth centre or at a workplace or through outreach to informal venues, certain youth-friendly characteristics are essential to effective programs, such as specially trained providers, privacy, confidentiality, and accessibility.



This information supports Core Component #4 of the FRESH framework for effective school health: **school health services**. It will have a greater impact if it is reinforced by activities in the other three components of the framework.

## Characteristics of Youth-Friendly Services<sup>1</sup>

Services can be said to be “youth-friendly” if they have policies and attributes that attract young people to the facility or programme and provide them with a comfortable and appropriate setting. These types of services meet the needs of students and young people and encourage them to follow up their visits.

Some of the adaptations and additions needed to make services “youth-friendly” have been identified by adolescents themselves. Others have been identified by service professionals, including some that have been evaluated as part of an overall effort to provide effective reproductive health and HIV/AIDS services for young people.

School health facilities that hope to attract, serve, and retain young students have to consider a whole array of adjustments and additions that relate to provider, facility, and design characteristics. Whilst some are relatively minor and others more extensive, some potential changes may vary in importance according to the target audience, which would suggest that a needs assessment should be undertaken before any choice is made about changes.

### I. Provider Characteristics

- *Specially trained staff*

Having special staff trained to work competently and sensitively with young people is often considered the single most important prerequisite for establishing youth-friendly services. Acquired skills must include familiarity with adolescent physiology and development, as well as appropriate medical options according to age and maturity. Refresher courses must be made available to keep staff members informed and their skills up-to-date.

Equally important are interpersonal skills so that young people can feel at ease and have no qualms about talking of their needs and concerns. This objective is sometimes achieved when providers are close in age to the student or the same sex.

The ability to speak the same language as the young people attending a given clinic is also important. In addition to those providing counselling and medical services to adolescents, other staff members should demonstrate positive attitudes towards these clients and focus on young people’s special concerns. Of particular importance is the attitude of the receptionist, who is usually the first point of contact.

- *Respect for young people and students*

Respect can be fostered within a training exercise; however, some providers bring deeply entrenched biases against adolescent sexual activity to their job or find it difficult to relate to adolescents with respect. Staff members responsible for the selection of trainees, staff and supervisors who will work with young people should carefully consider such attitudes.

- *Privacy and confidentiality honoured*

Privacy and confidentiality are extremely important to young people. Counselling sessions and examinations must be private, and young people must feel confident that their concerns will not be spoken of to others. For example, that the nurse will not tell their mothers that they came to the clinic for reproductive health and HIV/AIDS care.

- *Adequate time for client and provider interaction*

Students and young people tend to need more time than adults to open up and reveal personal concerns. They are usually frightened about coming to the clinic with, often worrying about being pregnant, and need reassurance and active encouragement to speak freely.

Time is needed to discuss myths, such as girls cannot get pregnant the first time they have intercourse, and to dispel them. When possible, clinicians and counsellors should schedule more time with young people than with adults.

Providers should be able to handle questions about body image and development, sex, relationships, sex and condom negotiation, as well as to explain contraceptive methods, their side effects and management.

- *Peer counsellors available*

Evidence indicates that many young people prefer talking to their peers about sensitive issues, although they also tend to believe that health care professionals *know more* about technical issues. It is productive, therefore, to have peer counsellors available as alternatives or to supplement some aspects of the counselling activities.

One U.S. study showed that in a clinical setting, trained peer counsellors aged 17 and 18 were able to foster contraceptive compliance among sexually experienced young people more positively than nurses aged 26 to 29.

## **II. Health Facility Characteristics**

- *Separate space and special times set aside*

Offering separate space, special times, or both seem important for some young people, such as first-time clinic users, students who are not sexually active, and marginalized students who are especially suspicious of mainstream healthcare. A separate service also facilitates providers' efficiency in arranging youth-friendly features, but before considering this, a needs assessment amongst a diverse group of probable users should be conducted.

- *Convenient hours*

Opening clinics at times when young people can conveniently attend, i.e. e., late afternoons, evenings, and weekends, is a must for to effective recruitment. Whilst young people needing urgent care may be willing to leave class, those who need prevention services (but may be unaware of how important they are) are more reluctant to take the time off.

- *Adequate space and sufficient privacy*

Adequate space is needed so that counselling and examinations can take place out of sight and sound of other people. This means separate rooms with doors and a non-intrusion policy. A provider-youth client study in Zimbabwe showed that, although counselling took place in a separate room in most clinics (92%), people could overhear 23% of the sessions and could see what was happening during 32% of the sessions. More than one-third (36%) of the sessions were interrupted by other staff members.

- *Comfortable surroundings*

The service environment will vary according to the target audience. In general, young people prefer a comfortable setting with posters or décor that matches their tastes and interests, and is not too sterile. In Chile, when programme planners converted a cluster of homes into a clinic the healthcare providers wore street clothes instead of “medical whites” so as to maintain a “demedicalized” atmosphere.

### **III. Programme Design Characteristics**

- *Youth involvement in design and continuing feedback*

The participation of young people in identifying their needs and preferences for meeting those needs is fundamental in designing youth-friendly services. Characteristics such as privacy, confidentiality, and respectful treatment are nearly always top priorities.

Other features, such as separating the clinic from other services, and the presence of peer counsellors, will vary according to the cultural context or specific norms of the target population. In addition to creating an environment more likely to meet their needs, involving youth in the design of the programme and in continuous feedback will enhance their “ownership” of the programme. A feeling that will motivate young people to recruit their peers and to advise on adjustments.

- *Drop-in clients welcomed, and appointments arranged rapidly*

Because adolescents rarely plan ahead, the possibility of being seen without an appointment can increase adolescent attendance. If an adolescent is turned away and told to return at another time, or must wait several weeks to be seen after making an appointment, the likelihood that he or she will not show up is much greater.

- *No overcrowding and short waiting times*

Young people do not like to wait a long time for attention in a clinic and may even choose not to wait. They may even tell their peers about this, which gives the facility a bad reputation and dissuades future clients.

- *Affordable fees*

Cost can be a significant barrier. Services must be offered free or at low cost, possibly on a sliding scale, including credit and flexible payment options.

- *Publicity and recruitment that inform and reassure students*

Students have to know that clinics and other service programmes exist and where they are located, but they also have to know what services are provided and be assured that they are welcome and will be treated with respect and in confidence.

This information can be posted up in school corridors and other central locations. Announcements should set out the services offered, locations and opening hours of the clinics. Teachers or staff from the clinics could inform students about the availability of programmes and services.

Recruitment is often best handled by young people, both formally (such as distributing printed information or making presentations) and informally (by word of mouth). Satisfied clients offer the best recommendations for use of a particular service.

- *Boys and young men welcomed and served*

Although it is not possible in all societies, welcoming male partners can, where feasible, prove beneficial. When a young woman's boyfriend is willing to go with her to the clinic, then this can be an important element in her decision to seek services.

Furthermore, when young men are present this provides opportunities to encourage shared responsibility for decision-making and contraception, and to satisfy their needs for reproductive health and HIV/AIDS information, counselling, and services.

Designing programmes especially for young males that are sensitive to their values, motivations, feelings, and cultural influences while encouraging equitable male and female relationships would be very beneficial. Other outreach programmes targeting young men, especially those involving condom distribution, STI (Sexually Transmitted Infections) and HIV prevention have proved successful.

- *Wide range of services available*

Students will feel more confident about receiving the care they need the greater the number of their health needs that can be met within the facility or programme. Whenever students have to be sent somewhere else for another service the risk of their not showing up increases.

Whenever possible, there should be an attempt to identify and provide the most needed reproductive health or HIV/AIDS services as "one-stop shopping." Such services should include sexual and reproductive health counselling, contraceptive counselling and emergency contraception, STI and HIV prevention, STI diagnosis and treatment, nutrition services, sexual abuse counselling, prenatal and postpartum care, abortion services and post-abortion care.

- *Necessary referrals available*

Whilst desirable, it is almost never possible to provide a service that meets all the needs of adolescents. For this reason it is important to be able to establish effective working arrangements with other agencies to ensure that young people receive the services they need and to ensure that referral sites provide appropriate, youth-friendly treatment.

### **III. Other Possible Characteristics**

- *Educational material available on site and to take*

Some students prefer to learn about sensitive issues on their own, using written or audiovisual materials, because their level of discomfort can be too great to retain

information during a face-to-face session. Students can read through this sort of material while they are waiting to be seen. Some materials should be available for young people to take home so that they can look at them later, particularly if the topics are complicated.

- *Group discussions available*

Not all students feel comfortable discussing with their peers. However, this type of information exchange can be very productive. Because it helps adolescents to realize that they are not alone in their fears and can provide peer support in obtaining care or seeking solutions to problems.

- *Delay of pelvic examination and blood tests possible*

Some young women are very frightened of pelvic examinations, blood tests, or both and it is this fear that most probably deters many young women from going to a clinic and obtaining contraception.

An experimental programme in the United States called "Smart Start," increased the numbers of young people coming to a clinic by offering the option of delaying the requisite pelvic examination for six months but still being able to obtain oral or other contraceptives. Delaying the pelvic examination can encourage young women to return for family planning services.

#### **IV. Examples of some preferred characteristics for services as identified by young people**

- In a Caribbean study, young people described an ideal centre as one that offered many services, was open in the afternoon and evening with empathetic, knowledgeable and trustworthy counsellors, that did not look "like a clinic."
- In a Youth Information Centre, established as a pilot project by the Planned Parenthood Association of South Africa, young people identified the most important factors in clinic choice as staff attitude (95%); environment (location, decor, and atmosphere) (89%); contraceptive methods (85%); and opening hours (81%).
- A study about adolescent access to reproductive health information and services in Nicaragua and Kenya, reported that young people want confidential services (preferably outside their local area); good human treatment (trustworthy, non-punitive providers who specialize in dealing with youth); and counselling services in centres especially for young people.
- After conducting research with adolescents in Africa, Asia, Latin America, and the Caribbean, the International Centre for Research on Women recommends that reproductive health services be private, confidential, affordable, and accessible and staffed with sensitive service providers.
- A U.S. study on why adolescents decide to seek healthcare in general, 14 out of 15 top-ranked items pertained to providers. Six concerned interpersonal factors such as honesty, respect, and confidentiality and four pertained to infection control (showing adolescents' concern over HIV transmission).

- A U.S. adolescent clinic reported that the most important reasons young people gave for their initial attendance were that the clinic was only for them and that the services were free. Other important factors were convenient scheduling and location, friendly staff, a clinic used by their peers, and confidentiality.

To sum up, the characteristics of reproductive health and HIV/AIDS services preferred by young people – including students – can depend on who is the user or what the clinical visit is about. For example, special opening hours or setting aside clinics for adolescents only are variously ranked high and low in importance by young people.

Nevertheless, even where special hours were not high on the list for clinic choices (in one U.S. study) young people who were virgins or had had their first experience of sexual intercourse two months before were more likely to enrol in a clinic with special hours set aside for young people. In Jamaica, a special evening clinic for youth attracted many first-time clients.

One suggestion is that young people, especially by at-risk youth, want this separate service to overcome their resistance to using the traditional healthcare system. Given cultural and other differences amongst young people, it is important to ask members of the intended audience specifically about their preferences for such services.

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<sup>1</sup> FOCUS on Young Adults 1999. *Making Reproductive Health Services Youth Friendly*. Washington, D.C.: Focus on Young Adults. [http://www.dec.org/pdf\\_docs/PNACK127.pdf](http://www.dec.org/pdf_docs/PNACK127.pdf)