

Youth-friendly services

The reality of sexual and reproductive health services for young people

Young people need quality sexual and reproductive health and rights (SRHR) services. These services can prevent infections and unwanted pregnancies and keep young people healthy.

Many barriers prevent young people from accessing the services they need. Services can be adapted to make it much easier for young people to use them.

Youth-friendly SRHR services can make a real difference. We need to listen to young people and design services that meet their sexual and reproductive health (SRH) needs.



READY to Talk

BRIEFING

About READY

READY is a movement of youth-led and youth-serving organisations implementing initiatives designed to build resilient and empowered adolescents and young people. We know this is vital because AIDS is the second largest cause of death of adolescents globally, and the first in Africa.

Young people all over the world are joining the READY movement to demand their right to a healthy life whatever their circumstances, sexual orientation, gender identity or expression. Young people helped create the READY movement and they remain at its core.

The READY movement is led by the Global Network of Young People Living with HIV (Y+), with support from Frontline AIDS and its partners.

READY + is a programme working with, and for, adolescents and young people living with HIV in four southern African countries. At the beginning of the programme, young leaders went into their communities and spoke to their peers to understand the experiences, perspectives and needs of adolescents and young people living with HIV, as well as the communities around them. The key findings from these conversations are shared through three briefing papers. They focus on treatment adherence, sexual and reproductive health and, in this brief, youth-friendly services.

READY Movement

www.yplusnetwork.org/ready-movement/

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Front cover photos (from left to right):

1. Nahimana was a mother at 13 and visits the RNJ+ youth centre for support, sexual health information and condoms © Frontline AIDS.
2. Pacifique directs a youth group which raises awareness of HIV through theatre © Cedric Nininahazwe, RNJ+.
3. Mariam was a mother at 13 and is now a peer educator, using her experiences to support others © Gemma Taylor for Frontline AIDS.

Acknowledgments

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About Frontline AIDS

Frontline AIDS wants a future free from AIDS for everyone, everywhere. Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live. As a result, 1.7 million people were infected with HIV in 2018 and 770,000 died of AIDS-related illness. Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS.

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Research methodology

The content of this issue brief derives from a community documentation process conducted by READY+ partners during 2017 and 2018, and a post-analysis reflection on the core themes, conducted in July 2019 with READY+ youth focal points from Y+.

A total of 36 focus groups were held in nine predominantly urban locations in eSwatini, Mozambique and Zimbabwe. Half of the focus groups were conducted among young people in their diversity, including adolescents aged 10-14, young LGBT people, young sex workers aged 18-25, and community adherence treatment supporters (CATS). The remaining focus groups were conducted among healthcare workers, parents and caregivers. A total of 300 people, many of whom are living with HIV, took part.

Two capacity-building workshops were held in each country. These trained a total of 116 young people aged 18-25 (mainly young women) in research methods, focus group facilitation and data collection. Each focus group was organised and facilitated by young people trained during these workshops.



Peer educators distributing free condoms as part of their outreach work.
© Peter Caton for Frontline AIDS.

Young people and SRHR services

Young people need access to quality SRHR services for many reasons. Access can help to prevent sexually transmitted infections (STIs), HIV and unwanted pregnancies, help young people living with HIV stay healthy, and empower young people to make choices about their lives.

The health workers who took part in our focus groups described the services available at their health facilities. The exact package varied between location but included condoms plus a range of contraception options, education or information sessions on family planning and HIV, support groups, STI testing, HIV testing, pre- and post-test counselling, referrals for HIV treatment and referrals (for young people) to CATS. Many young people are reluctant to access these services, often because they fear the stigma and discrimination they may face when people discover they are sexually active or, in some cases, living with HIV.

This briefing paper shares the experiences of young people, their parents and health workers in relation to current SRHR services and explores how these services can be made more accessible to young people.



◀ Nadia initiated a female condom project to give women more choices.
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Non-judgemental services

Many people feel awkward or embarrassed accessing SRHR services; they want to keep their sexual behaviour private and are not comfortable discussing it with strangers. For adolescents and young people, it is even more difficult if they are afraid that healthcare workers will criticise them for being sexually active: “Because of the treatment we get from our clinics or wherever, because of the judgements we get from older people, that is when we young people decide to have unprotected sex.” Although SRHR services should offer protection and support for young people, they are sometimes denied access to these services: “You know very well that you are engaging in sexual activities and it is for your own good to be on contraceptives but the nurses maybe will say ‘no, you are too young.’”

Health workers also find it difficult from their perspective. Some have a natural instinct to take on the role of parent: “I don’t know what can be done; it’s like when young people come in they don’t feel comfortable because we are tending to be parental.” One health worker emphasised the need to treat young people as clients not children: “The moment you call that person a child, he or she will not be able to ask for the safe reproductive services. Because you have called them a child.”

Problems also arise when health staff are guided by their religious beliefs rather than their professional responsibilities. For example, one young person commented: “[We are] being given lectures on not having sex rather than support getting contraception.” A health worker recognised the same problem: “You will find nurses praying for patients and preaching to the patients which is wrong, so I think it’s of primary importance that nurses be sensitised.”

Young people said they avoided accessing SRHR services because they were worried about how they would be treated: “I think a lot of teenagers they are getting pregnant because they are afraid to go to the clinics because they are being judged.” Health workers also acknowledged the importance of being non-judgemental: “If a young person appears in the clinic and they treat[ed] them in a bad manner this person will no longer appear.”

Young people suggested that sensitisation and training for health workers might help: “Nurses and health workers should have a workshop where they will be taught about youth-friendly [approaches]; they need to understand us as young people.” CATS were seen as part of the solution. For instance, one health worker said: “We are fortunate, we have got the CATS ... usually if I happen to talk to [someone] sixteen or below, and I see that he or she is not opening up, I will refer them to the CAT, and the CAT will talk to that individual.”

“Because of the treatment we get from our clinics or wherever, because of the judgements we get from older people, that is when we young people decide to have unprotected sex.”

Focus group participant

“If a young person appears in the clinic and they treat[ed] them in a bad manner this person will no longer appear.”

Focus group participant

Maintaining confidentiality

Privacy is important to young people. They want to choose when and if they share their HIV status (see our brief on disclosure). They are also concerned that people in their families and communities will discover they are sexually active if they access SRHR services: “You have to have a permission from parents ... to allow me to do that family planning. And your parents will be amazed that you are engaging in sex, and that’s what you are running away from.”

The layout of clinics can make it hard for health workers to maintain confidentiality. One health worker said: “We use one room for consulting and also storing equipment so you find that, in the middle of a counselling session, we are interrupted by other nurses who come and collect equipment or need something in the room. So privacy is very limited in that way and sometimes makes the young people uncomfortable.” Some health workers said it was possible to identify why someone was visiting a health facility, simply by where they were waiting: “We have a bench on that side, that bench is for people who come for treatment, the community knows what that bench is for.” As a result, young people are discouraged from accessing certain services: “They are scared, they don’t want to be seen by anyone.”

Free condoms were provided in most facilities but young people only took them if they could do so discreetly. In one facility, condoms were kept in a communal waiting area and young people did not pick them up; in another they were available in a youth-friendly zone and young people felt comfortable to take them.



Belina S. Kajangwa, nurse in charge at the counselling and testing clinic, Kagera, Tanzania, explains ‘(The peer support) model works. We see more young people are coming for services at the facility.’
© Peter Caton.

Safe spaces for youth services

Health facilities have made changes to try and address some of these problems. One health worker talked about how best to ensure young people can access SRHR services: “If we create a specific space for them it works.”

Some of the facilities used by people in our focus groups already have some kind of ‘youth corner’, these are areas where young people can come and access services in a safe space without mixing with other patients. The areas are designed to enable young people to relax and feel comfortable; some have a television to watch movies as well as information and leaflets about HIV, STIs and free condoms. In other facilities, the only dedicated space is a ‘kids corner’ where under 10-year-olds can play while they wait for services.

Not all health facilities have dedicated areas for young people: “There is a waiting room where there are people with different kinds of diseases that are mixed and that is not good.” One health worker observed: “They [young people] don’t like being among other people who are not the same age. They [would] rather just be among other young people.” Another health worker explained: “In this hospital we don’t have a special department for young people. If a young girl wants to start family planning it becomes difficult because she must be in the same queue with the parents so she feels bad ... if they had a specific department that is made only for young people it would make it easier for them to access these services.”

“If we create a specific space for them it works.”

Focus group participant

The importance of convenience

In the focus groups there were lots of discussions about how services could be adapted to make them more convenient for young people. For example, the timings of the clinics do not always fit around young people’s other commitments. One health worker described how they only had one room; in the morning it was used for mother and baby appointments and in the afternoon for adolescents. As a result, those young people who went to school in the afternoon found it difficult to attend appointments.

The clinics can also be quite far from young people’s homes, making them hard to access: “Most challenges [come from] getting the young people to come to the clinic because they live far from this clinic and it is the only clinic which provides SRHR services in the area.” For this reason, mobile clinics are used in some areas. These were widely welcomed. In one focus group in eSwatini, young people praised the mobile clinic but wanted it to come more frequently.



The CATS are not just based in facilities; they also go out and talk to their peers directly in communities. Various health workers spoke about how helpful they found the CATS and called for more of them. They said young people often felt more comfortable speaking openly to the CATS instead of older health workers. “I would also employ young people to go into the communities, to go from door to door, to talk to the youth and know their challenges.” Young people wanted to see more support groups based in their communities: “If I am part of a group, I will know that it is like a family, somewhere I can go where [no] one will judge me.”

Schools are another important source of support for young people. Various people discussed the role teachers can play in supporting SRHR education and service provision. One health worker said: “There is a challenge because the education that they get here at the health facility is not enough. They should get information also at schools.”

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Focus group participant

Tailoring services to key populations

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We [are] asking for exactly the same thing; that’s just respect and awareness no matter who we are. Whether you are out or visibly trans or intersex or gay that should not matter. What should matter is getting the services.

Focus group participant

Young people from key populations, groups at higher risk of HIV, felt they faced greater levels of judgement from health professionals. One young sex worker said: “We feel ashamed and embarrassed when we go to the hospital because we are young, so when we get there we lie and don’t tell the nurses of our problems because we are ashamed to say what we are there for.” Others were determined to access the services they needed, even if they faced disapproval: “I will wait because I want the medication but as you are waiting they make you feel uncomfortable.”

In countries where key populations are criminalised, young people from these groups had the added concern of being reported to the police: “I won’t be able to go and get tested because I am having this fear of getting arrested or being exposed to my family; probably they will say ‘can you come with your mom because we need to explain how you got an anal infection?’”

Young people from key populations felt it was particularly important that they had dedicated safe spaces. They called for “our very own clinics” or suggested that “[a] member of our community ... actually work at a specific clinic”. In some areas, health facilities already specifically cater for the needs of key populations. There are also mobile clinics offering services specifically for key populations.. One young sex worker described their experience using a mobile service: “Most of the times they teach us about STIs, how to protect ourselves from STDs and HIV and the consequences of not going to the hospital ... They even bring us posters and they show us what it actually looks like when ... an STI gets worse ... There is medication, if you want to do check-ups. They are very nice.” Young people from key populations felt safe accessing services at dedicated facilities and mobile clinics but did not want to use general local clinics that were open to anyone. As one young person explained, “things have changed but they are not yet there”.



Better-resourced services

Both young people and health workers said more staff members were needed at health facilities. The shortage of trained staff caused long waiting times and rushed appointments. Young people sometimes felt they were not considered a priority and were deliberately made to wait or would be allowed to wait then asked to come back another time. Referring to the need for more staff, one health worker said: “They must reduce waiting time for these young people, when they arrive we must quickly attention them. We must remember they go to school, so we must share the time between school and health.” Another health worker shared her frustrations: “Let’s say we find a young person that is living with HIV and they come to the family planning department; so we will decide on a topic to talk about but we won’t get to talk about everything they need.”

Some health workers explained there were shortages of basic equipment and their resources were inadequate: “Some of the information we have is outdated and needs to be updated, so it is quite difficult for the young people to access proper information.” “Some of the young people need to be turned [away] until we can get proper equipment like gloves.”

They called for more resources, particularly to pay for peer workers (including CATS) to work directly in communities: “If they could have more activist[s] to work with the community [it] would also help a lot. Because they don’t have enough activist[s] yet; because information in the health facility is not enough.” One specific demand was for money to provide bicycles or other transport for community workers: “As a healthcare provider he works a lot to disseminate information but there are places that he can’t go because of the distance.”

Ntsiki Shabangu, is a Community Adolescent Treatment Supporter (CATS) in eSwatini. She lives with her mother, Fikile. © Sydelle Willow Smith.

“ They must reduce waiting time for these young people, when they arrive we must quickly attention them. We must remember they go to school, so we must share the time between school and health.

Focus group participant ”

Psychosocial support and care

Young people living with HIV not only need practical contraceptive services and other sexual health services, they also need emotional support. Many of the health facilities they attend offer counselling services and support groups to help meet their psychosocial needs. The importance of both pre- and post-test counselling was discussed in the focus groups. One health worker said, in her experience, most young people who test positive for HIV do not initially believe the diagnosis: “For those people who do not accept the result, they talk to the psychologist to give follow-up on that.” Other health workers explained that adolescents tended to be very scared to have an HIV test. One described typical worries as being: “How will I cope? How will I study? How will I tell my parents? How will I tell my partner?” Many health workers felt it was critical for young people to be able to access the information and support they needed before getting tested: “With HIV testing you have to be ready, you shouldn’t come here without being ready.” Health workers also talked about the need to offer information and support to families and carers: “We also need to call their parents to meet to counsel them and give support.”

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How will I cope?
How will I study?
How will I tell my
parents? How will I
tell my partner?”

Focus group
participant

Financial support

Many of the young people that attended our focus group discussions have very limited resources. While, in most cases, HIV treatment is free, some sexual health services carry a fee, such as contraception and STI testing and treatment. Many young people said they struggled to access such services because they could not afford them. Various participants in the focus groups spoke about the practical difficulties young people face simply getting to health facilities: “They want to take their medication but due to economic hardships they don’t have [the] bus fare.”



Young people gather for a condom demonstration and SRHR talk. © Gemma Taylor for Frontline AIDS.

Young people's recommendations

“ There is increased demand for differentiated services by young people. Sometimes peers are at the forefront of service delivery and this has facilitated a sense of belonging ”

Tinashe Rufurwadzo, Y+ Advocacy Officer and READY Movement Leader



Governments

- 1. Remove financial barriers to good health.** Give financial support to families that are experiencing economic hardship, particularly child-headed families, those living with HIV and those unable to afford to access facilities. Wherever possible, make SRHR services and commodities free to adolescents.
- 2. Engage adolescents and young people in the design, monitoring and provision of SRHR services.**
- 3. Build the capacity of community-based organisations (CBOs), particularly youth-led organisations and networks.** CBOs are trusted, understand their communities and are well placed to support young people.



Implementers / health facilities

- 4. Make services convenient.** Flexible service hours make it easier for certain young people to attend services, and waiting times should be kept to an absolute minimum. Young people should be able to access health services without missing school. Create one-stop centres for service provision, e.g. offer HIV treatment, STI treatment and SRH services all together.
- 5. Respect young people.** All staff in health facilities should be trained to ensure they are non-judgemental, supportive and respect young people's privacy. Young people should not feel judged for their HIV status, sexual behaviour, sexual orientation or any other reason.

6. Allow enough time. Health workers need to be given enough time with each patient to allow them to answer their questions in full and provide them with the SRH information they need.

7. Employ younger health workers. Young people find it easier to open up about SRHR issues and respond to people of a similar age who are living with the same condition.

8. Train specialist nurses. There is a need for dedicated nurses who are trained to understand the SRHR needs of young people, particularly key populations. Specialist mental health nurses are also needed to provide young people with emotional support.

9. Create safe spaces. Young people feel most comfortable in their own dedicated areas, away from adults.



Communities

10. Strengthen and expand peer-to-peer SRHR programmes. Young people respond well to peer supporters but they need to be active within their communities, not just in health facilities.

11. Provide SRHR information. Schools and community groups have a role to play in giving young people enough information to be able to make informed decisions about their socio-sexual behaviour and healthcare, and to support their transition from child to adult.

12. Empower and trust young people. Create places where they can gather, learn from each other and share their experiences. Help them to accept themselves for who they are and give them opportunities to build their futures, such as vocational skills.



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Tinashe Rufurwadzo, Y+ Advocacy Officer and READY Movement Leader



READY+ aims to advance sexual and reproductive health and rights (SRHR), psychological wellbeing, care and treatment with, by and for 30,000 adolescents and young people living with HIV in Mozambique, eSwatini, Tanzania and Zimbabwe. The programme is being implemented by an innovative and multi-disciplinary consortium of youth, SRHR, HIV and communication partners.

READY+ is one of a portfolio of projects being implemented under the READY programme. For more information, visit <https://frontlineaids.org/our-work-includes/ready/>



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