

# Youth-friendly health services (YFHS)

Dr. Narjes Sadat Borghei  
Ph.D in Reproductive Health



# Youth-friendly health services (YFHS)

Youth-friendly health services (YFHS) are **a promising approach to delivering health services to meet the SRH needs of young people.**

Young people require services that support their physiological, cognitive, emotional, and social transition into adulthood

# Reproductive health as human right

- ❖ Sexual and reproductive health is a human right and is essential to development
- ❖ Poor people **women and youth** people face **huge social and economic barriers** to S & RH

# International Commitments

- ***ICPD Plus Five, 1999 ,Paragraph 21***
- Governments should:
- Meet the needs of youth, especially young women, with the active support of parents, non-governmental organizations and the private sector,
- investing in the development and implementation of **national, regional and local plans.**

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## Demographic notions of adolescence and youth

adolescents” as persons in the 10-19 years age

”youth” has been defined as the 15-24 year age group

”young people” covering the age range of 10-24 years

## Demographic notions of adolescence and youth

- ❖ at least 1.5 billion people aged 10 to 25 — **the largest generation of young people in history** — will need sexual and reproductive health services, (UNFPA-2009)
- 
- UNFPA's focus on adolescents and youth is based on the recognition that young people, particularly those living in poverty, have been in **policies and programmes** almost ignored

# sexual and reproductive health

## Adolescent and young sexual and reproductive health

refers to the physical, mental, and emotional well being of adolescents, and includes freedom from:

- ❖ **unsafe abortion**
- ❖ **sexually transmitted infections (STIs), including HIV/AIDS**
- ❖ **all forms of sexual violence and coercion**
- ❖ **unwanted pregnancy**

# Adolescent sexual and reproductive health issues: a global perspective

- ❖ Adolescent girls account for more than **10% of all births** worldwide.
- ❖ Every year, a quarter of all **unsafe abortions** — approximately 5 million — are performed on adolescent girls aged 15-19.
- ❖ Girls in sub-Saharan Africa aged 15-19 are 5 times more likely to have **HIV** than boys their own age.
- ❖ Between 40% and 58% of **sexual assaults** are committed against girls aged 15 and younger

(HIV/AIDS)?

- ❖ One of the **most important rights** of young people, since excessively more newly infected people are young women in developing countries

What does it cope with in a world with HIV and AIDS, conflict, violence, and gender and ethnic discrimination?



# Adolescents and Youth reproductive Health Rights

- The right to **age appropriate** reproductive health **information and services**
- The right to be treated with **care and respect** by trained staff
- The right **to private and confidential** service

- At the ICPD, countries agreed that “... **information and services** should be made available to youth to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility



## Adolescent and youth health Empowering

- Education
- Health service
- Advocacy



## Adolescent sexual and reproductive health education for adolescents must:

❖ **Involve young people** as key decision-makers in program design, implementation, and evaluation

❖ **Provide comprehensive, accurate information** in a manner appropriate to their age group and sex



❖ **Empower adolescents** to make life choices that are best for them

# Providing adolescents with sexual and reproductive health education

## ❖ MYTH

- ❖ Sexual and reproductive health information promotes and early sexual activity.

## ❖ REALITY

- ❖ Sexuality education contributes to:
  - ❖ higher levels of abstinence
  - ❖ later initiation of sexual activity
- ❖ Sexuality education can help protect young people from some of the potential risks of sexual activity.
- ❖ \*Conclusion from a multi-country study carried out by UNAIDS-2008

## **Information**

**It is important to provide this information to young people, both in and out of school and ideally before they become sexually active or use drugs,  
weapon key**

# Aims of Sex Education

- Sex education aims to **reduce the risks** of potentially negative outcomes from sexual behaviour.
- unwanted or unplanned pregnancies and infection with sexually transmitted diseases including HIV ,abuse, exploitation.

# Aims of Sex Education

- It also aims to contribute to young people's **positive experience of their sexuality** by enhancing the quality of their relationships and their ability to **make informed** decisions over their lifetime .
- A World Health Organization survey revealed no evidence that sex education in schools leads to earlier or increased sexual activity in young people.

- The challenges children and young people regularly face are many, and require more than even the best **numeracy and literacy** skills.
- That is why the 164 nations committed to [Education For All](#) have included "**life skills**" as a **basic learning need** for all young people.

## Sex and HIV Education Programs:

❖ reviewed 83 studies that measured the impact of curriculum-based sexuality education programs on sexual behavior and mediating factors < 25 years anywhere in the world.

Douglas B. Kirby, B.A. Laris, Lori A. Rolleri *Journal of Adolescent Health* 2007, 40: 206–217

## Sex and HIV Education Programs:

- ❖ Evidence is strong that programs do not hasten or **increase** sexual behavior, instead some programs **delay or decrease** sexual behaviors
- ❖ increase condom or contraceptive use
- ❖ Programs were effective across a wide variety of countries, **cultures**, and groups of youth.

# General life-skills and sex education

- The skills young people develop as part of sex education are **linked to more** general life-skills.
- Being able to communicate, listen, negotiate with others, ask for and identify sources of help and advice, are useful life-skills which can be applied to sexual relationships.
- Sex education that works also helps provide young people with the skills to be able to **differentiate** between **accurate and inaccurate information**.
-

# General life-skills education

Around the world, **Life Skills-Based Education (LSBE)** is being adopted as a means to **empower young** people in challenging situations.

## **Life skills education:**

A life skills approach for better health outcomes, including sexual and reproductive health, was approved by several UN agencies (WHO, UNFPA, UNICEF, UNESCO) in 2003:

**social skills, thinking skills and negotiation skills**

## **Life skills**

- ❑ behavior change need training to develop their abilities to make decisions
- ❖ enables learners to acquire knowledge and to develop **attitudes and skills** that can support them throughout their lives

# What is an abstinence-based approach to sex education

- An abstinence-based approach to sex education focuses on teaching young people that abstaining from sex until marriage is the **best means of ensuring** that they avoid infection with HIV, other sexually transmitted infections and unintended pregnancy.
- Abstinence from sexual activity outside marriage is the expected **standard for all**
- Abstinence from sexual activity is the only **certain way** to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems.

# What is an abstinence-based approach to sex education

- Bearing children out of marriage is likely to have **harmful** consequences for the child, the child's parents, and society
- How to **reject sexual advances** and that alcohol and drug use increases vulnerability to sexual advances
- The importance of **attaining self-sufficiency** before engaging in sexual activity

# Refusal Skills



- Self-control
  - A person's ability to use responsibility to override emotions
- No conflicting actions
- Assertiveness

This should be combined with the education of **young men** to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction.

- In cultures where the exposure to **alternative channels of sexualized** information, for example in colored magazines for young girls, in pornographic male magazines, in the news media and on TV, it is important to discuss also the contents of these.
- What is fantasy and what is reality?
- Is it ok to read **pornography**?
- Is it ok to dream about sex? Is it ok to masturbate? When do I know that I am harming someone else with my sexuality? What is sexual violence and rape? (Johanne Sundby,2009)



What  
about  
health  
service?

# **Essential components of youth-friendly services**

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Youth-friendly reproductive health services:

- Meet the full range of young people's **sexual and reproductive health needs**
- **Involve young people** in the design, implementation, and evaluation of services
- Provide **non-judgmental** and **confidential counseling**
- Are **accessible and affordable**
- Provide effective **referral linkages**



# What Do We Mean By Youth-Friendly Services?

**Include a range of services:**

- ❖ **Information and counseling on sexuality, RH, STIs/HIV**
- ❖ **Contraception with emphasis on dual protection**
- ❖ **STI management**
- ❖ **Pregnancy testing, antenatal, delivery, and postnatal care**
- ❖ **Postabortion care**
- ❖ **HIV testing, care, and treatment**
- ❖ **Counseling and treatment sexual abuse**

Services that:

- ❖ Attract youth, meet their needs, and are able to retain youth for follow-up visits.
- ❖ Structured to respect and accommodate youth's unique psychological, social, cultural, and economic situations.

## **Facility**

- Conveniently located and easily accessible
- Convenient hours
- Separate space and time for adolescents
- Surroundings are clean and comfortable

## Staff/Providers

- Specially trained staff
- Staff are respectful and interested in working with youth
- Providers treat client information confidentially
- Providers spend sufficient time interacting with youth
- Staff are supportive, open and knowledgeable about services
- Well trained **peers** available to provide information and services

# Elements of Adolescent Friendly Services:

Adolescent-specific

Multi- and interdisciplinary

Accessible

Financially affordable

Adolescent-focused materials on display

Peer educator component

Adequate space

Confidential

Flexible scheduling

Comprehensive services

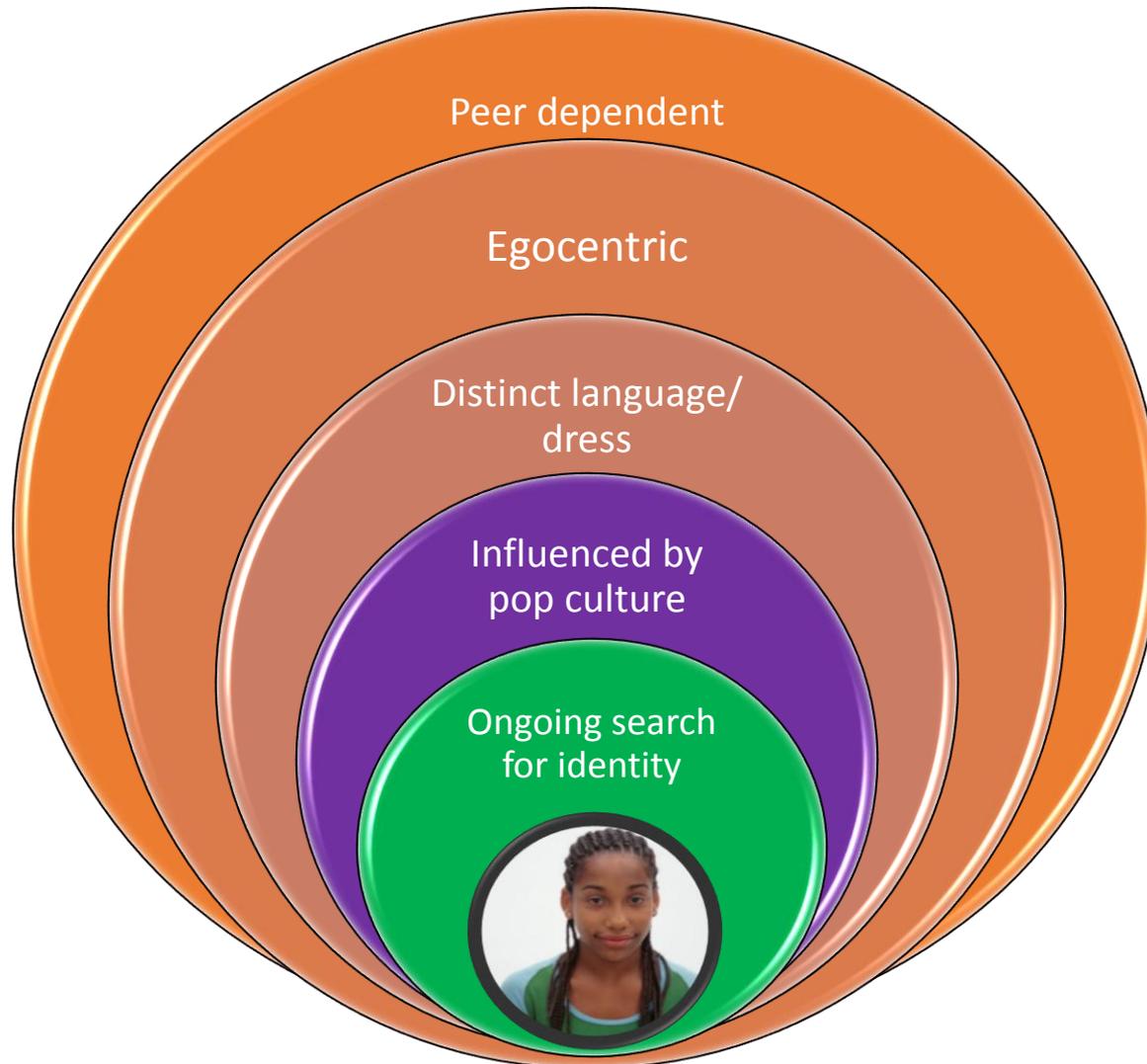
Continuity of care

## ***OUR POLICY ON CONFIDENTIALITY***

**Our discussions with you are private. We hope that you feel free to talk openly with us about yourself and your health. Information is not shared with other people unless we are concerned that someone is in danger.**

- ❖ Stand-alone adolescent-only clinics
- ❖ Integrated into existing services within public- or private-sector facilities.
- ❖ Integrated into school/university clinic
- ❖ Grafted onto vocational training center/program
- ❖ Multi-purpose youth center
- ❖ Youth-friendly pharmacies
- ❖ Mobile services
- ❖ Peer providers, non-traditional condom distributors, or community-based distributors

# The Culture of Adolescence



# The HEEADSSS Model

- H: Home
- E: Education/Employment
- E: Exercise/Eating
- A: Activities
- D: Drugs
- S: Suicide/Depression
- S: Sexuality
- S: Safety
- S: Spirituality (Optional)
- (Eric Cohen and Dr. John M.)

# advocacy

- ❖ Parents,
  - ❖ policy makers,
  - ❖ educators, and
  - ❖ health care providers
- ❖ should work **in partnership** to provide adolescents with the tools they need to have a healthy and satisfying adolescence and to become healthy, productive adults.

**Advocate** for and provide **education**, which promotes a positive approach to young people's sexuality and promotes a non-prescriptive, evidence-based, rights-based approach

## Human Rights Framework call for Interventions and Strategies to:

- Promote justice for women on the basis of equality between women and men
- Enable women and men to claim their rights (empowerment)
- Ensure that women and men are involved in the design and implementation of development program (participation)
- Make services accountable to the women and men (accountability)



Basic  
research



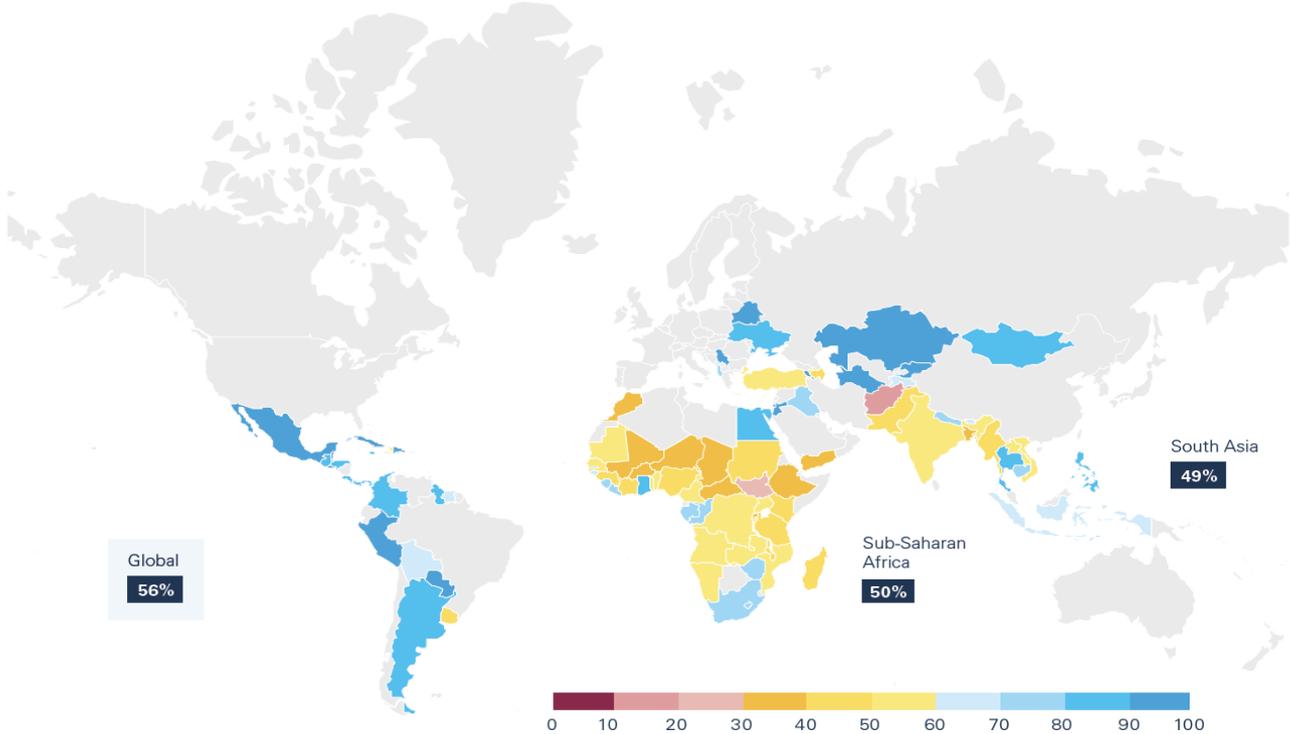
Mass  
media



Peer  
education

# ANTENATAL, INTRAPARTUM & POSTNATAL CARE

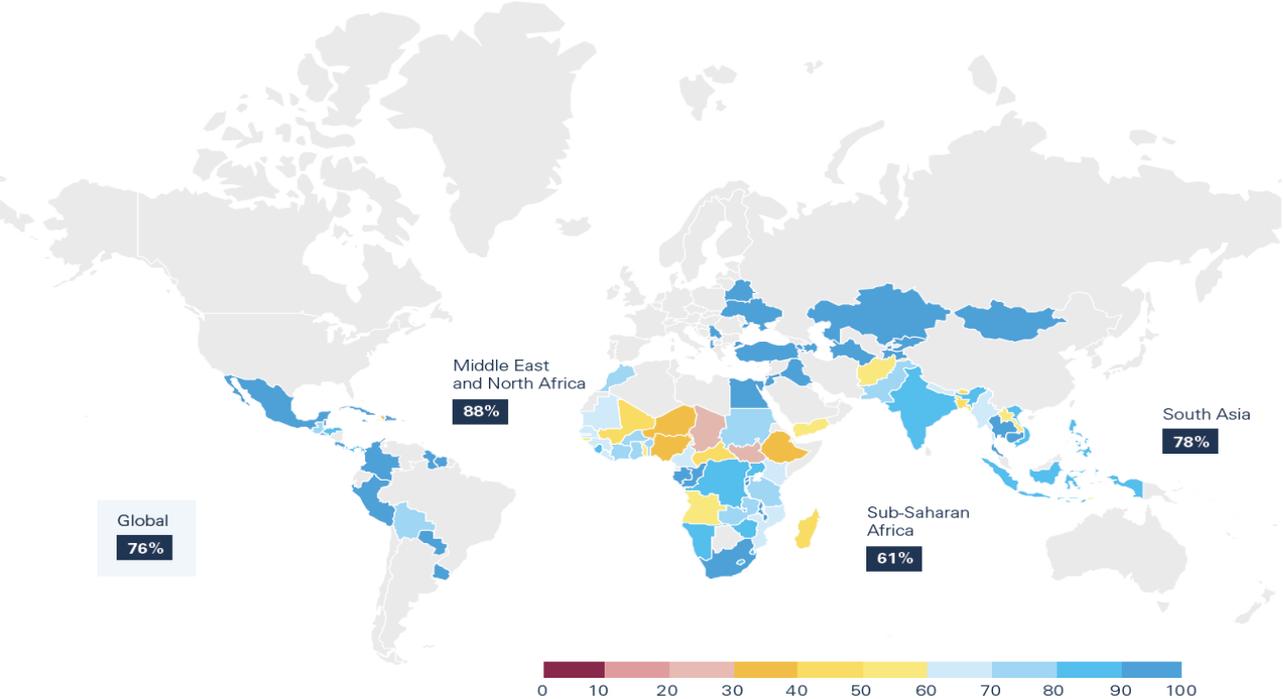
# Percentage of adolescent girls aged 15–19 years attended by a service provider at least four times during pregnancy (ANC 4), 2013–2018



**Source:** UNICEF's SOWC 2019 - data analyzed by International Center for Equity in Health, Federal University of Pelotas, Brazil, based on DHS, MICS and other national surveys, 2019.

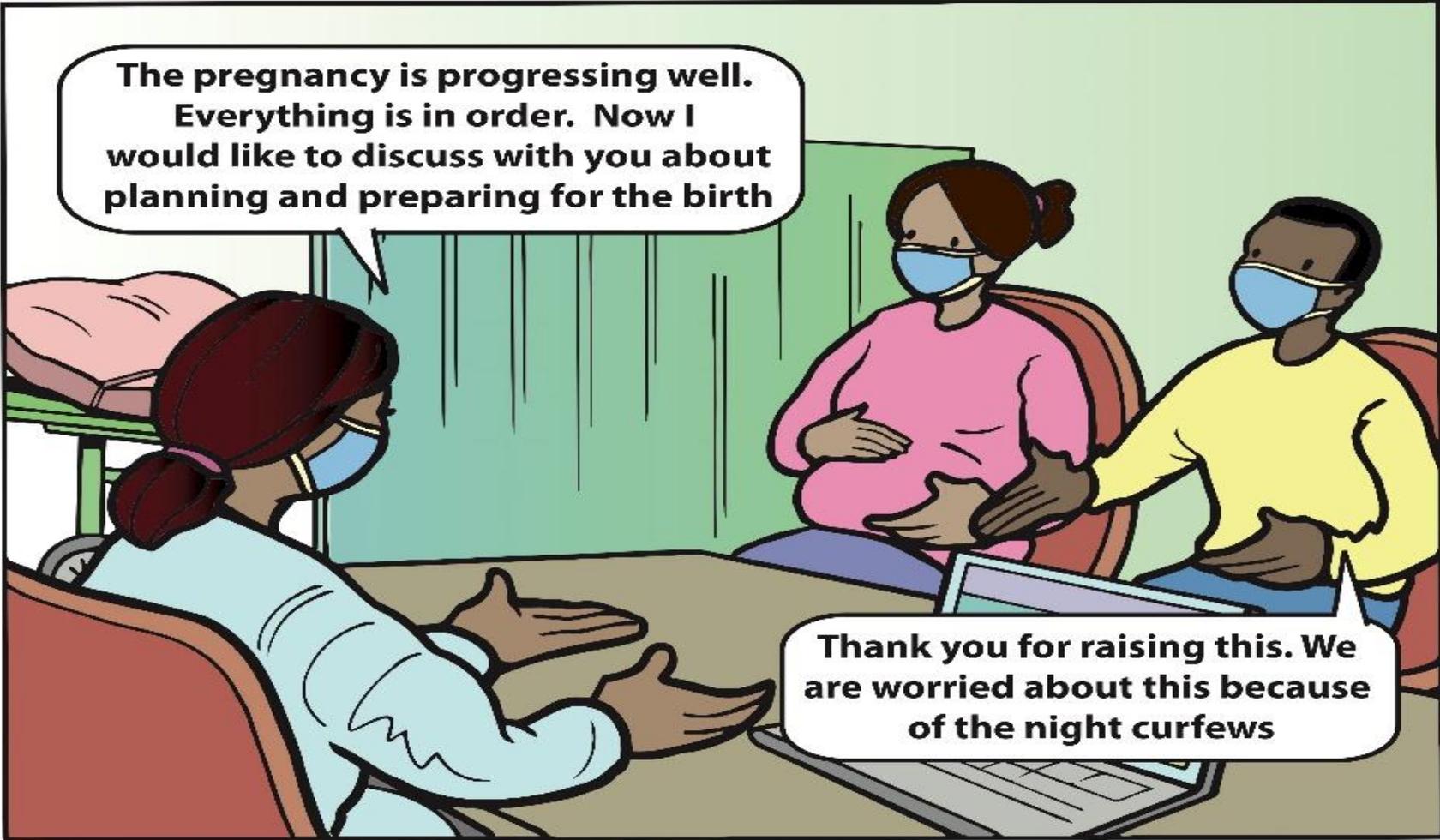
**Note:** \*Data refer to the most recent year available during the period specified in the chart title. Regional estimates represent data from countries representing at least 50 per cent of the regional population. Data coverage was insufficient to calculate regional estimates for East Asia and the Pacific, Europe and Central Asia, Middle East and North Africa, Latin America and the Caribbean and North America. The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations.

# Percentage of births among adolescent mothers aged 15–19 years attended by skilled health personnel (typically a doctor, nurse or midwife), by country, 2013–2018



**Source:** Joint UNICEF/WHO SBA database, based on DHS, MICS and other national surveys as well as national administrative data, 2019.

**Note:** \*Data refer to the most recent year available during the period specified in the chart title. Regional estimates represent data from countries representing at least 50 per cent of the regional population. Data coverage was insufficient to calculate regional estimates for East Asia and the Pacific, Europe and Central Asia, Latin America and the Caribbean, and North America. The boundaries shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

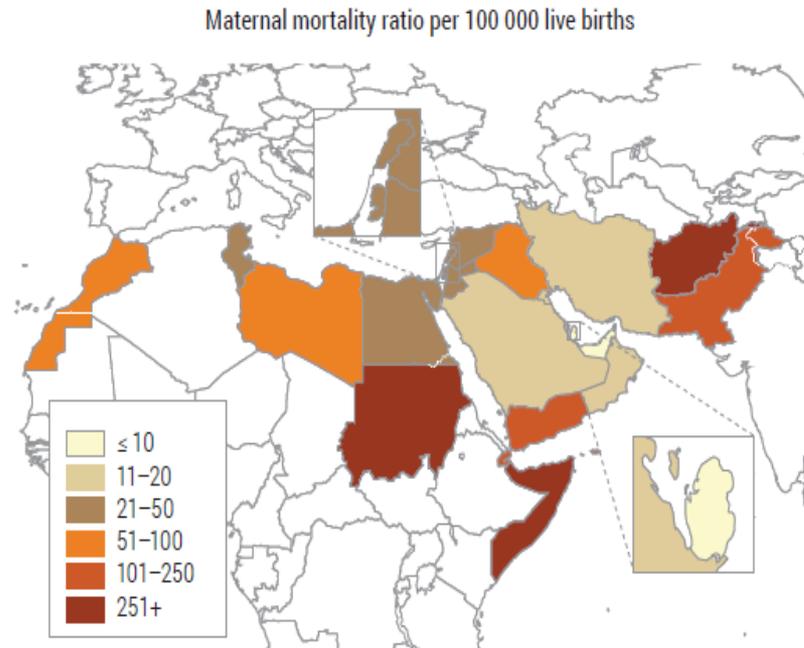


**The pregnancy is progressing well. Everything is in order. Now I would like to discuss with you about planning and preparing for the birth**

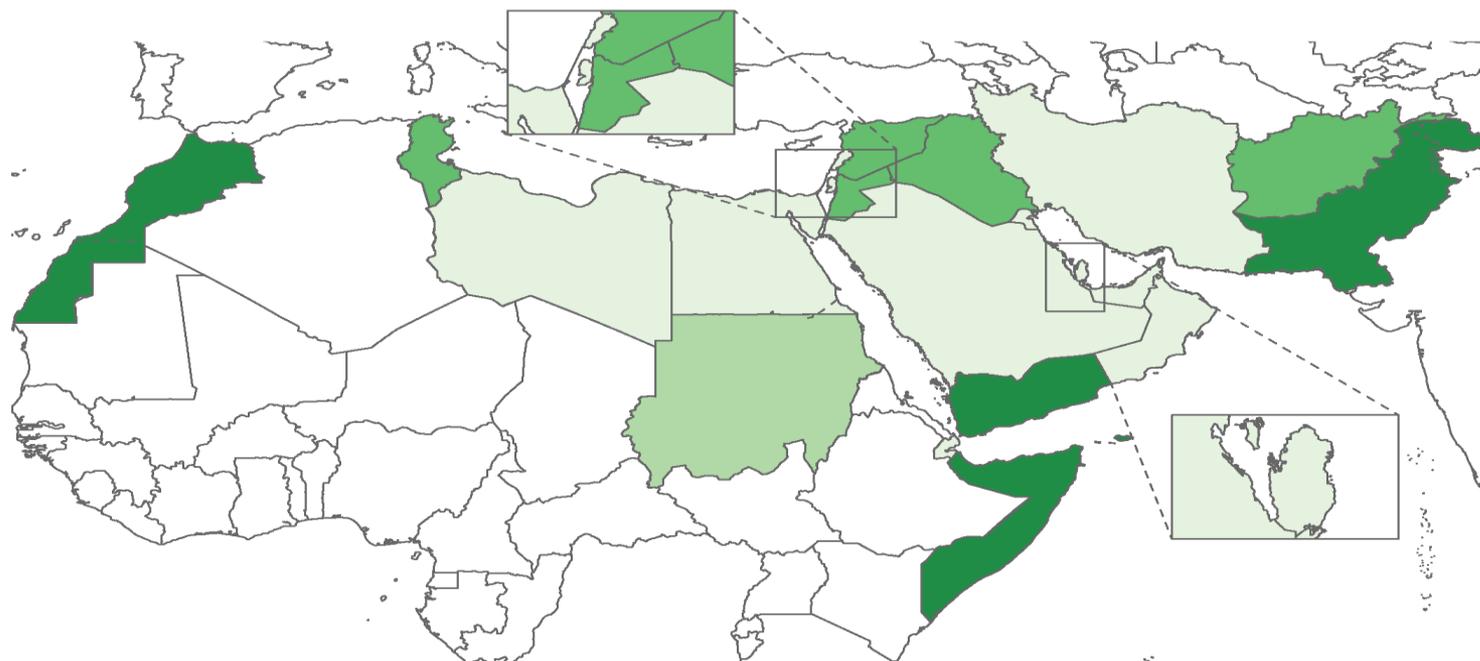
**Thank you for raising this. We are worried about this because of the night curfews**

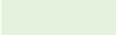
## Maternal Mortality Ratio/ 100,000 live births

- **EMR** has the second highest MMR globally
- **Somalia** has the highest MMR (829/100,000 LB)
- **Afghanistan** is next (638/100,000 LB)<sup>1</sup>



## Maternal conditions as leading cause of mortality among female adolescent 15-19 years <sup>2</sup>



-  Countries with maternal conditions as number one cause of death
-  Countries with maternal conditions as number two cause of death
-  Countries with maternal conditions as number three cause of death
-  Countries where maternal conditions are not among the top 5 causes of death

## Addressing regional challenges with Safe Motherhood initiative <sup>8,11</sup>

- **Delay marriage and first birth:**

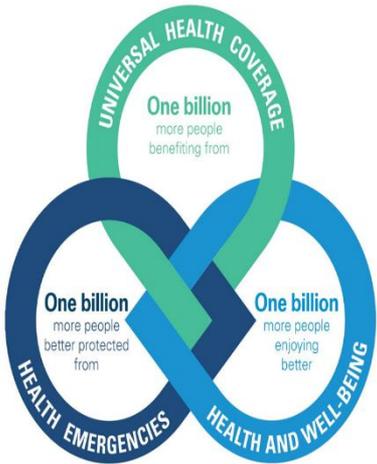
- I. Investment in girl's education, deployment and economical dependency.
- II. Judicial and law enforcement infrastructure on minimum age of marriage law which should be publicized and enforced in the local context with supporting, associated policies in place.
- III. Ensure access of adolescents and youth to information on sexual and reproductive health education within and out of school context.
- IV. Increase availability and access for family planning services with focus on reducing unmet need among young people.
- V. Community mobilization and engagement to support interventions to prevent child marriage.

- **Increasing access to SRH including maternal health services:**

- I. Establish and strengthen integrated safe motherhood programme at various levels of care with focus on unreachable young mothers. Task shifting / Community based interventions / Mobile and outreach services.
- II. Advocating for improved SRH/MNH policy and practice for adolescent girls & young mothers.
- III. Comprehensive programmatic approach to address mental health support and violence prevention.
- IV. Improving the quality of services by training the healthcare workers to address the needs of adolescent mother in a friendly environment.

# Regional opportunities

## Regional alignment with Global Initiatives/Guidance



- **Global strategy for women, children, and adolescents** <sup>15</sup>

It is an opportunity for the countries to integrate ASRH interventions to achieve the global target of reducing MMR to less than 70/100,000 LB (SDG 3.1). The plan is to strengthen the healthcare delivery system, improve skills of health workers on early detection and management of complications in pregnancy and delivery.<sup>11</sup>

- **Adolescent Health in All Policies (AHiAP)** <sup>16</sup>

It is a strategy to consider the implications of decisions on adolescent health, avoid harmful effects and seek synergies. It facilitates the formulation of adolescent-responsive public policies in sectors other than health.

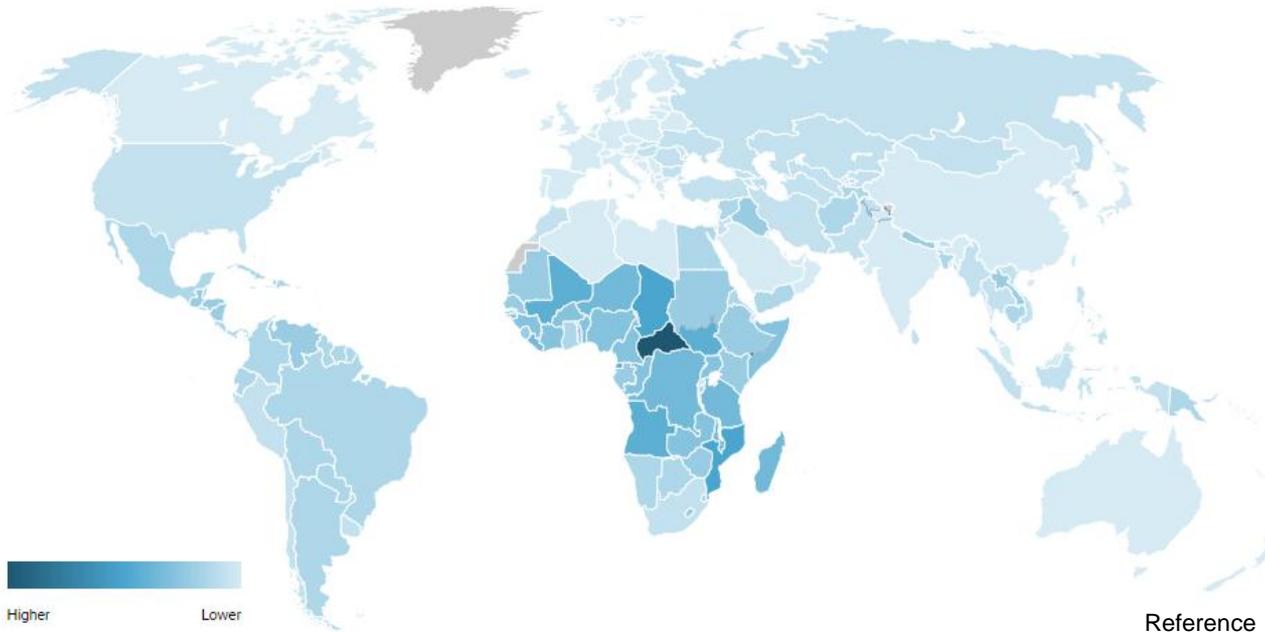
- **Vision 2023 Health for All by All** <sup>17</sup>

**Universal health coverage:** inclusion of ASRH evidence-based interventions in the regional priority benefit package.<sup>13</sup>

# RATIONALE – 1/2

- **Early pregnancies, both intended or unintended, among adolescents are an important problem:** An estimated 21 million girls aged 15-19 years become pregnant.<sup>1</sup> An estimated 12 million girls aged 15-19 years and 2.5 million girls under age 16 in LMICs give birth every year.<sup>1,2</sup> Approximately half of pregnancies to girls aged 15–19 years in developing regions are unintended.<sup>1</sup>
- **Early pregnancies among adolescents have major health and social consequences:** Pregnancy & childbirth complications are the leading cause of deaths among girls aged 15-19 years globally.<sup>3</sup> Girls aged 10-19 face higher risks of eclampsia, puerperal endometritis and systemic infections than women aged 20-24.<sup>4</sup> An estimated 5.7 million girls aged 15-19 have an abortion, the majority of which are unsafe.<sup>1</sup> Babies born to mothers under 20 years of age face higher risks of low birth weight, preterm delivery and severe neonatal conditions.<sup>4</sup>

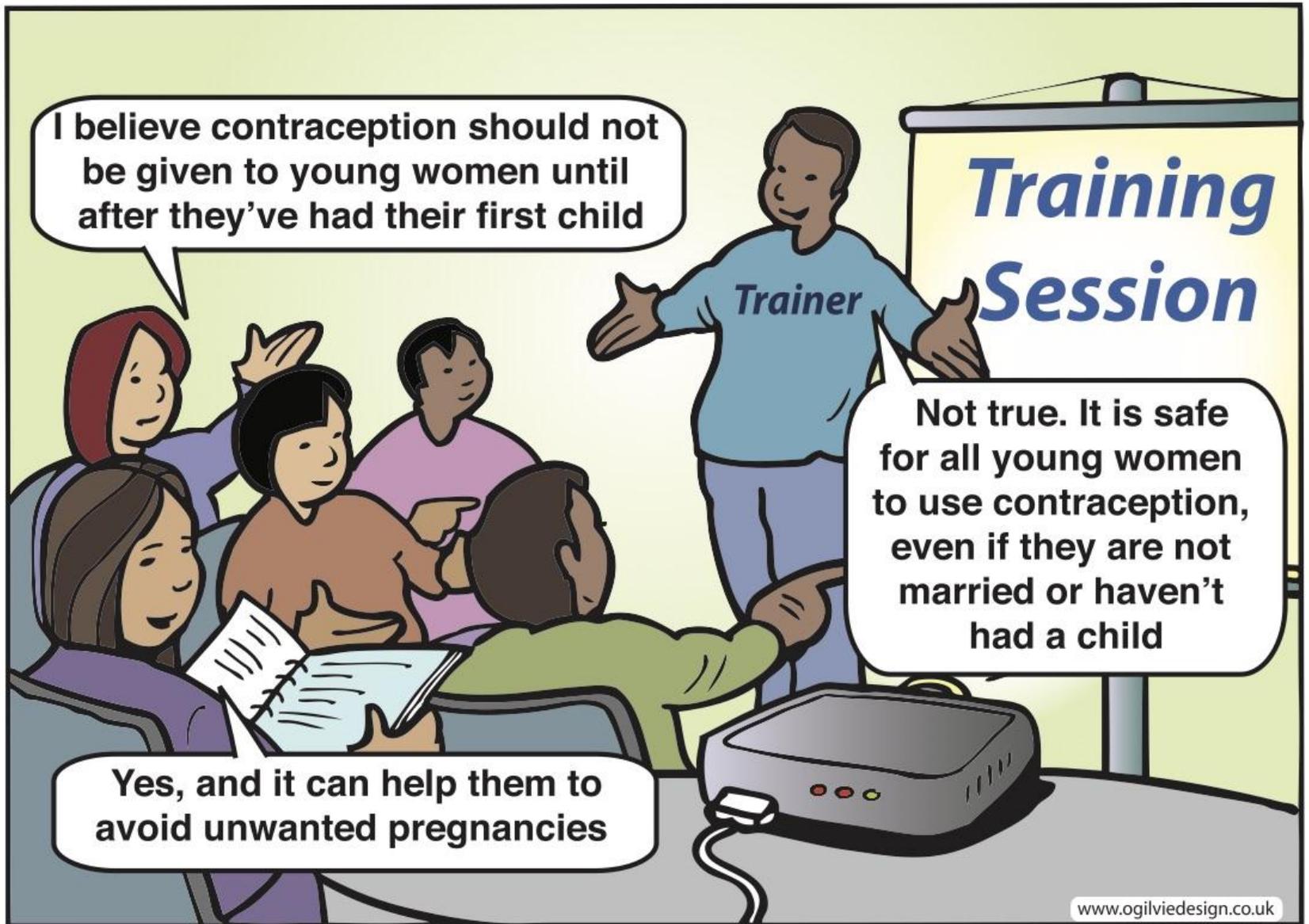
## Adolescent birth rate per 1,000 women aged 15-19 years



Reference  
1

<b>Central and Southern Asia</b>	<b>26.2</b>
<b>Eastern and South-Eastern Asia</b>	20.4
<b>Latin America and the Caribbean</b>	63.0
<b>Northern Africa and Western Asia</b>	40.5
<b>Sub-Saharan Africa</b>	104.4

Reference  
2



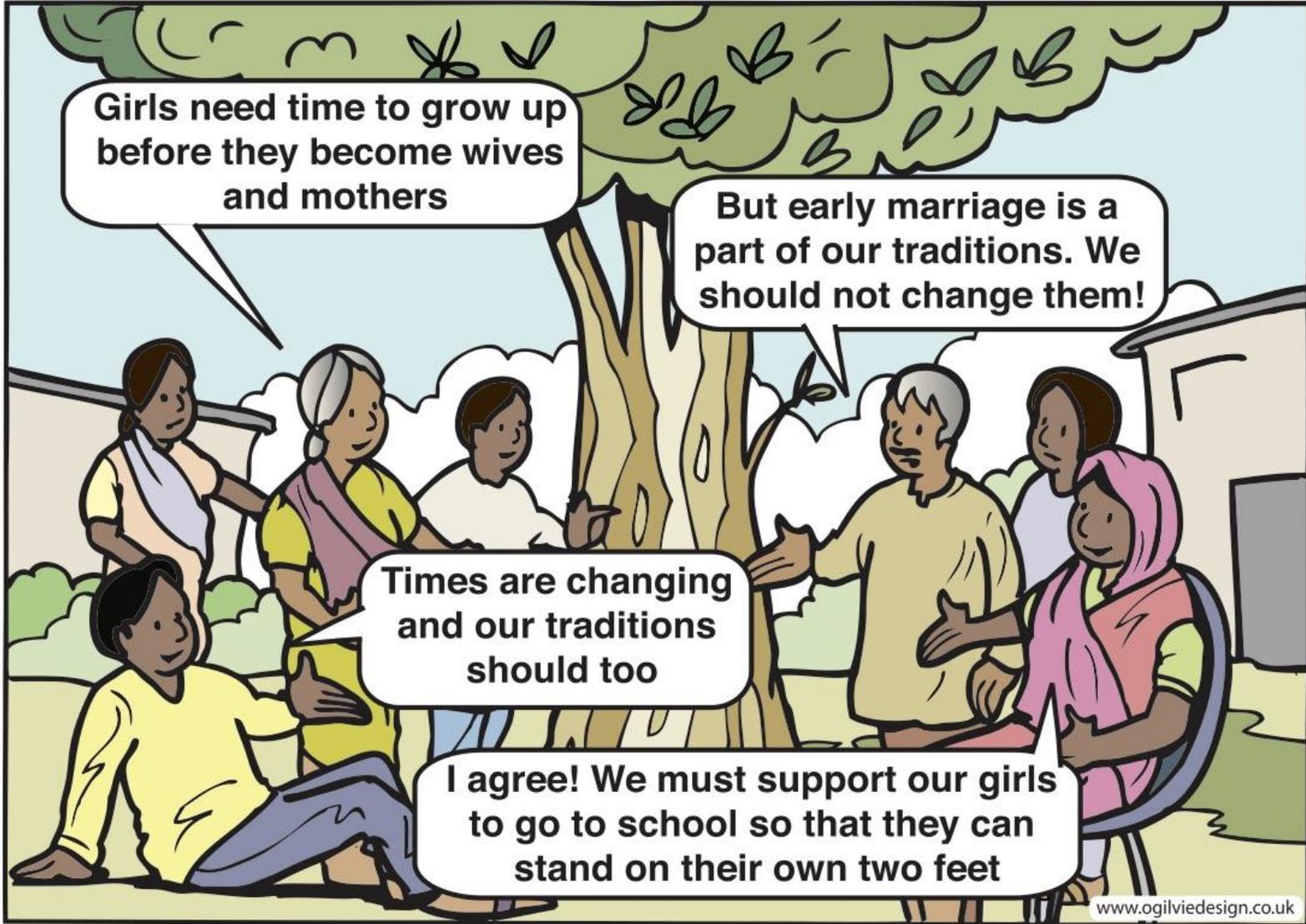
I believe contraception should not be given to young women until after they've had their first child

# Training Session

Trainer

Not true. It is safe for all young women to use contraception, even if they are not married or haven't had a child

Yes, and it can help them to avoid unwanted pregnancies

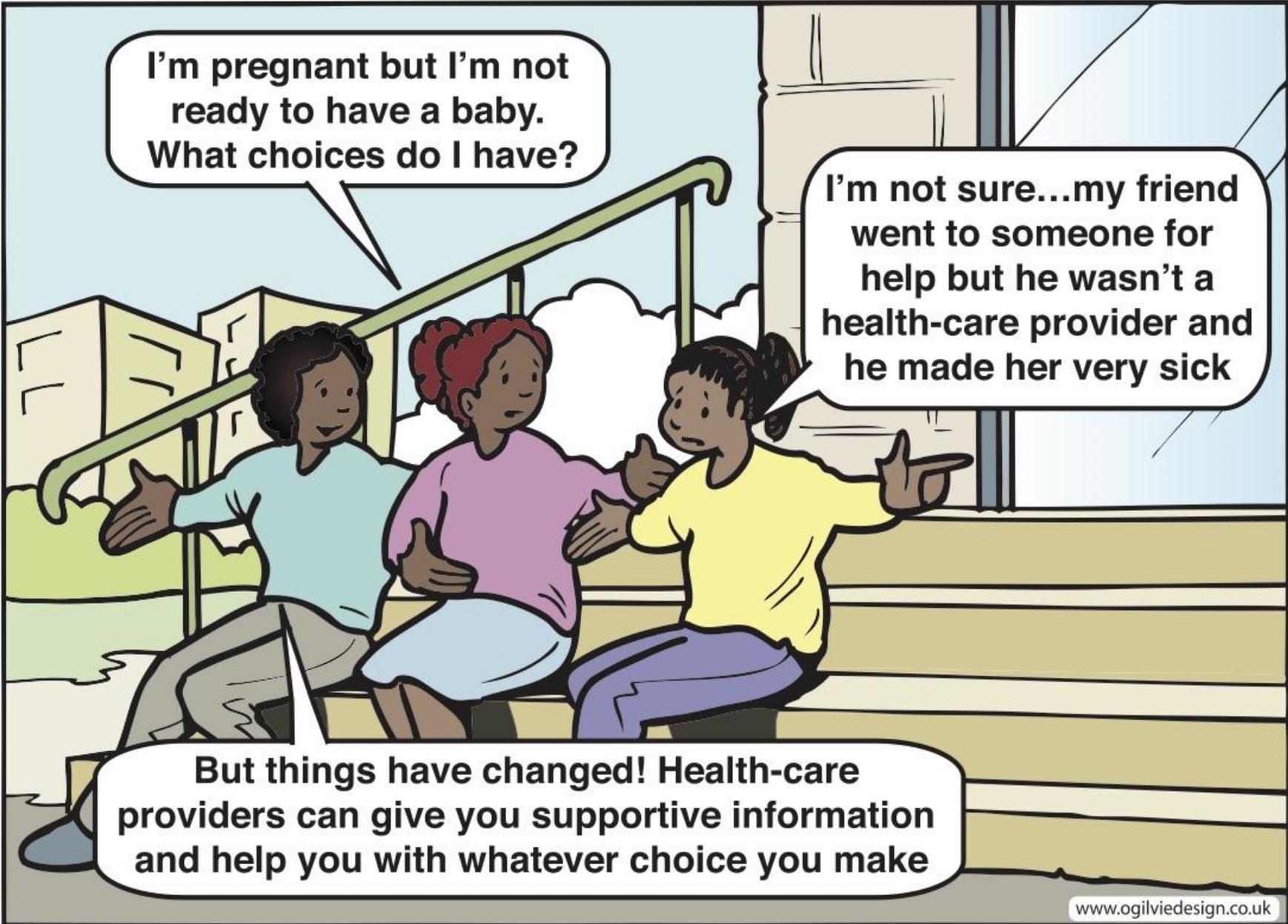


Girls need time to grow up  
before they become wives  
and mothers

But early marriage is a  
part of our traditions. We  
should not change them!

Times are changing  
and our traditions  
should too

I agree! We must support our girls  
to go to school so that they can  
stand on their own two feet



I'm pregnant but I'm not ready to have a baby. What choices do I have?

I'm not sure...my friend went to someone for help but he wasn't a health-care provider and he made her very sick

But things have changed! Health-care providers can give you supportive information and help you with whatever choice you make



- COVID-19 will disrupt efforts to end child marriage, potentially resulting in an additional 13 million child marriages taking place between 2020 and 2030 that could otherwise have been averted.



COVID-19 and child, early and forced marriage

April 2020

## COVID-19 AND CHILD, EARLY AND FORCED MARRIAGE: AN AGENDA FOR ACTION

Governments and communities around the world are struggling to respond to the COVID-19 pandemic. This brief provides insights, recommendations and resources for responding to the needs of adolescent girls, including those at risk of child marriage, during and after the crisis.

### Recommendations on:

- Mitigating the immediate & long term impacts
- Health, including SRH
- Education
- Gender-based violence & protection of children
- Economic impacts
- Impact on political & civil rights

Filename

The archived interventions are listed below. Archived implementation materials are still available and can be accessed using the links provided:

- [Ask, Screen, Intervene \(ASI\)](#)
- [¡Cuídate!](#)
- [Focus on Youth \(FOY\) + ImPACT](#)
- [Self-help in Eliminating Life-threatening Diseases \(SHIELD\)](#)
- [Sisters Informing Healing Living and Empowerment \(SIHLE\)](#)
- [Sisters Informing Sisters about Topics on AIDS \(SISTA\)](#)

# Archived Intervention/Strategy

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## Ask, Screen, Intervene

In concert with the recommendations of the Centers of Disease Control and Prevention, the Health Resources and Services Administration, the National Institutes of Health, and the HIV Medicine Association of the Infectious Disease Society of America, this modular course is designed for care providers of persons with HIV and promotes the use of the clinical encounter for the prevention of HIV/STD transmission. This 3-part curriculum was originally developed to implement the [Recommendations for Incorporating HIV Prevention into the Medical Care of Persons Living with HIV](#). The curriculum was updated in 2011 and 2013 to reflect current state of prevention efforts with persons with HIV, in line with the National HIV/AIDS Strategy. To inquire about courses in your area, continuing education, or materials, please contact the NNPTC National Resource Center at [info@nnptc.org](mailto:info@nnptc.org).

# Archived Intervention/Strategy

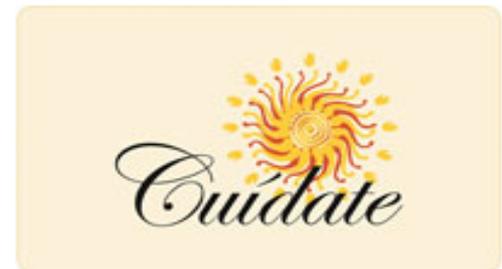
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## ¡Cuidate!

¡Cuidate!, which means "take care of yourself," is a culturally-based, group-level intervention to reduce HIV sexual risk behavior among Latino youth. It is based on Social Cognitive Theory, Theory of Reasoned Action, and Theory of Planned Behavior, and incorporates cultural beliefs that are common among Latino subgroups and associated with sexual risk behavior

¡Cuidate! consists of six 1-hour modules delivered over a minimum of 2 days to groups of 6 to 10 youth. ¡Cuidate! can be delivered in community centers, schools, etc. by health educators, counselors, health care providers, etc. HIV/AIDS knowledge, condom negotiation, refusal of sex, and correct condom use skills are taught through interactive games, group discussion, role-plays, video, music, and mini-lectures.

¡Cuidate! targets Spanish and non-Spanish speaking Latino youth, ages 13 to 18.



# Archived Intervention/Strategy

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## Focus on Youth (FOY)

Focus on Youth (FOY) is a community-based, eight session group intervention that provides youth with the skills and knowledge they need to protect themselves from HIV and other STDs. The curriculum, founded on the Protection Motivation Theory, uses fun, interactive activities such as games, role plays and discussions to convey prevention knowledge and skills.

FOY targets African American youth, ages 12-15. There is also a short component for parents, **Informed Parents and Children Together (ImPACT)**, that assists them in areas such as parental monitoring and effective communication.



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# Archived Intervention/Strategy

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## SHIELD

The Self-Help in Eliminating Life-threatening Diseases (SHIELD) intervention is based on several theories; Social Cognitive Theory, Social Identity Theory, Cognitive Dissonance (or inconsistency) Theory, and Social Influence Theory. In the SHIELD model of HIV prevention, one individual (a Peer Educator) is taught strategies to reduce HIV risk associated with drug use and sex behavior. In addition, Peer Educators are taught effective communication skills in order to talk with people in their social networks about HIV prevention information. Peer Educators are trained to be leaders within their social networks and communities. They use their communication skills to have conversations about prevention to help stop the spread of HIV.



A PEER-LED PROJECT

The target population for the SHIELD intervention is male and female adults (18 years older) who are current or former drug users who interact with other drug users. The intervention can be delivered with clients who are HIV positive and HIV-negative.

# Archived Intervention/Strategy

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## SIHLE

A group level intervention, SIHLE is a **peer-led**, social-skills training intervention aimed at reducing HIV sexual risk behavior among sexually active, African American teenage females, ages 14-18. An adaptation of the SISTA intervention, SIHLE emphasizes ethnic and gender pride, and enhances awareness of HIV risk reduction strategies such as abstaining from sex, using condoms consistently, and having fewer sex partners. It consists of four 3-hour sessions, delivered by two peer facilitators (ages 18-21) and one adult facilitator in a community-based setting.

The sessions are designed for 10-12 African American teenage females. The sessions are gender-specific, culturally relevant and include behavioral skills practice, group discussions, lectures, role-playing, and take-home exercises.

SIHLE targets sexually experienced, African American teenage girls (ages 14-18) who are at risk for acquiring or transmitting HIV/STIs.



# Archived Intervention/Strategy

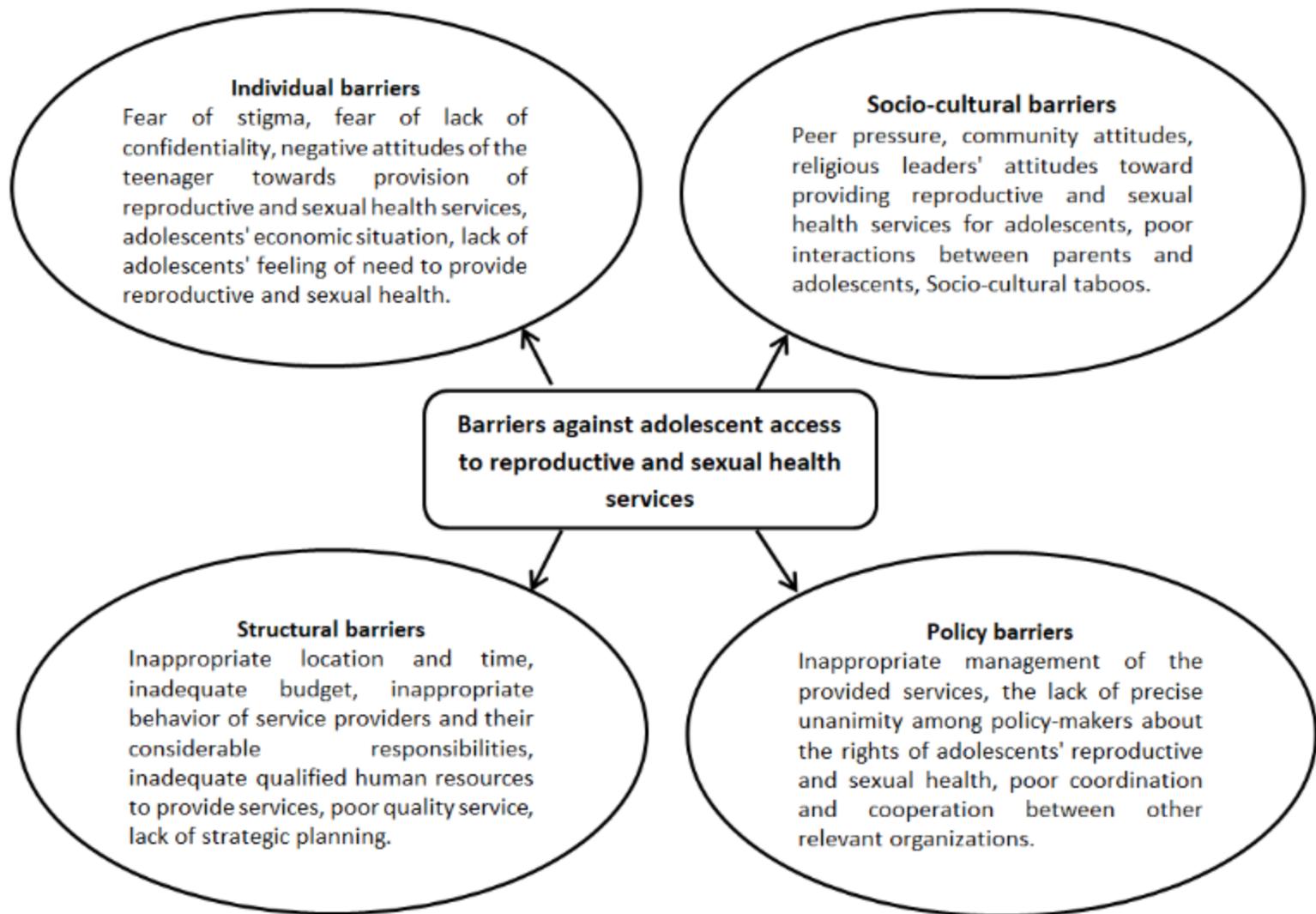
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## SISTA

This group-level, gender- and culturally- relevant intervention, is designed to increase condom use with African American women. Five peer-led group sessions are conducted that focus on ethnic and gender pride, HIV knowledge, and skills training around sexual risk reduction behaviors and decision making.



The intervention is based on Social Learning theory as well as the theory of Gender and Power. The SISTA project specifically targets sexually active African-American women.



**Fig.2:** Barriers against adolescent access to reproductive and sexual health services.



Thanks for your attention