

Module 3: Evidence based approaches to health service provision to adolescents - Adolescent health and development with a particular focus on sexual and reproductive health - Assignment

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Adolescent friendly health services also called youth friendly services in Nigeria were set up to give more access to young people who find it difficult to access services from other general service centres because of heterogeneous population that accesses services in the general clinic. However, the situation on ground has not made the objectives of youth friendly health services possible. The situations are presented below.

Non Availability: Nigeria has a population majorly constituted by young people who are faced with a lot of challenges especially Reproductive Health challenges. The youth friendly health services that should have helped in providing acceptable services to these young people are scarcely available.

Not Accessible: in Nigeria, most young people do not have access to these services because they are limited in number and mostly available to young people in the urban areas.

Not Affordable: the fee charged by service providers is also a barrier to young people having access to them. Government does not pay attention to these services and the few private bodies that provide the services charge exorbitant prices, which drive away young people from using them.

Not Acceptable: most of the youth friendly health services are not accepted by the youth who ought to use them because of poor services provided by these centres. Most of the centres do not provide effective services because most of them are not well equipped to catch the attention of young people and in most cases young people are not satisfied because of unprofessional attitudes of most service providers.

Lack of skilled personnel: most youth friendly service centres lack skilled personnel which discourages adolescents from using them.

Comments on the potential utility of the approaches of improving the quality and expanding coverage of health services to adolescents

The introduction of providing youth friendly services by various places - hospitals, public, private and NGOs clinics, pharmacies, youth centres, educational institution, work places, shopping centres, refugee camps and others is considered a practical approach at achieving the goal of improving health and development of adolescent especially in Nigeria where the multisectoral approach has scaled up service provision in the area of HIV prevention and care especially.

Also, working to make existing service delivery points more 'friendly' is considered useful at achieving the goal. Striving to also make the services accessible, acceptable, equitable, appropriate and effective is also considered a good strategy at achieving health and development

on adolescents. The usage of systematic approach to scaling up is also expected to increase the usefulness of these services.

Feasibility

In Nigeria, having a good plan is not always a problem, but implementation. Most of the strategies enumerated above might not be feasible in Nigeria because the cost of producing these services is enormous. Most providers especially at the district levels where basic amenities are lacking might not be able to afford the cost of providing adolescent health services at affordable prices. Many youths in Nigeria are also in hard to reach (rural villages) which makes accessibility and equitability difficult.

Government at all levels in Nigeria never budgeted for such activities, which might make it difficult even for government to get actively involved in providing such services. Except government will begin to give it a priority in her health policy, approaches suggested might not be feasible.

Review of case study on Mozambique

The document provided background information on Reproductive Health in Mozambique particularly HIV situation with prevalence as high as 16.2%, with young people under the age of 25 accounting for 60% of new HIV infections and young women aged 20–24 being infected at a rate that is triple that of men the same age. Lack of education, combined with unequal distribution of power between men and women, intergenerational sex, urban and cross-border migration, and unemployment are contributing factors to the spread of HIV in Mozambique, and especially to the high rate of infected young women. This is similar to the situation in Nigeria except that the HIV prevalence is 4.6% in general population and 4.5 in young people age 15-24.

The very disturbing reproductive health problems in Mozambique, especially among young people, led to increase response from governments, and donors increased their focus on ASRH, which led to the introduction of multisectoral approach branded Geração Biz—“busy generation”. This positive momentum to address ASRH resulted in the formulation of several policies and actions that supported a multisectoral approach: the National Youth Policy, the National Strategic Plan on HIV/AIDS, the creation of the School and Adolescent Health Section within the Ministry of Health, the National Adolescent Health Policy, and the Education Sectoral Plan Against AIDS.

The multisectoral programme sought to address the SRH needs of in-school and out-of-school young people. Encompassing three components—youth-friendly clinical services, school-based interventions and community-based outreach—the project was designed from the outset for national scale-up. The ministries of health, education, and youth and sports were the key implementers, with support from UNFPA and the Danish International Development Agency (DANIDA) and technical assistance from Pathfinder International.

The strategies and the guiding principle of the programme included create a supportive, cohesive social environment for behavioural development and change among in- and out-of-school youth and their social networks and strengthen the capacities of institutional partners (government,

nongovernmental organizations and other facilitators/service providers) to plan, implement, monitor and evaluate multisectoral ASRH interventions.

The guiding principles included: the right of young people to a positive and healthy sexual and reproductive life, respect for cultural diversity, commitment to gender equality and recognition of all young people as citizens

Findings from evaluation revealed that Geração Biz multisectoral intervention was a well known and respected programme with good potential for sustainability and expansion and that there was evidence that the programme had had a significant impact on young people's knowledge, attitudes and behaviour (the document contains the KAPB result). The evaluation report called for greater emphasis on the issue of intergenerational sex as it is a driving force in the HIV epidemic. It also recognized the progress in establishing an enabling policy environment but concluded that more work was needed to make ASRH a top policy issue if programme goals were to be achieved.

After the intervention, some recommendations were made which is considered useful. They include: extend the hours of YFHS operation from 07:30–15:30 as well as during the weekends; increase the number of health professionals dedicated to serving young people; provide regular refresher training for YFHS staff in response to the increase in staff numbers and the varied capacity of existing YFHS service providers; incorporate more discussion about abortion, STIs, gender-based violence and sexual abuse within the context of service visits even if clients do not request it. Subjects such as the use of condoms for dual protection, sexual pleasure within relationships and negotiation skills also need to be explored more during youth client visits.

From the above review, it is evident that Sub Sahara African nations are confronted with similar situations especially on reproductive health and other developmental problems. If the programme intervention in Mozambique can be replicated and sustained in other Sub Sahara African nations, which bear more than 90% burden of HIV and other reproductive health problems especially among young population, then the challenges will be significantly addressed to a bearable minimum.

Assignment documents

1. [WHO Department of Child and Adolescent Health and Development. Improving the quality and expanding the coverage of health services for adolescents. WHO's approach. Paper presented at: Training Course in Sexual and Reproductive Health Research; 2010 Sep 11; Geneva.](#)
2. [WHO Department of Child and Adolescent Health and Development. The evidence base for our approach to improve the quality and expand the coverage of health services for adolescents. Paper presented at: Training Course in Sexual and Reproductive Health Research; 2010 Sep 11; Geneva.](#)
3. [WHO, Pathfinder International. From inception to large scale: the Geração Biz Programme in Mozambique. Geneva: WHO; 2009.](#)