I. Introduction

Located in the horn of Africa, Ethiopia is the second most populous country in Africa after Nigeria. Based on the 2007 census projection, its 2013 population size is estimated to be over 86 million. The population has a pyramidal age structure with a significant part of the population (35%) between 10 and 24 years (1). Young people in Ethiopia face various sexual and reproductive health (SRH) problems. For instance, according to the 2011 Ethiopian Demographic and Health Survey (EDHS 2011), 12% of young woman aged 15–19 years have already begun childbearing, 10% are mothers, and an additional 2% are pregnant with their first child. Early marriage is common, with the median age at first marriage being 16.5 years, and 22% of women having their sexual debut by the age of 15 years (2). In addition to this, sexual coercion, polygamy, female genital cutting, unintended pregnancies, closely spaced pregnancies, abortion, sexually transmitted infections (STIs) including HIV, lack of education, unemployment, and extreme poverty exacerbate and perpetuate the reproductive health problems faced by Ethiopian youth (3, 4).

Ignorance of the physical and physiological changes during puberty, lack of sexuality education, and lack of power due to age and socioeconomic status all impact young people’s ability to negotiate protective practices, leaving them vulnerable to risks that can have long-term consequences. They are also easily influenced by peer pressure and social norms that increase their risk for unintended pregnancy, unsafe abortions, STIs, and HIV. These lead to high morbidity and mortality of young girls and their children (4).

To address the challenges faced by the youth, the USAID flagship family planning (FP) and maternal, newborn, and child health program, the Integrated Family Health Program (IFHP), which is implemented by Pathfinder International in partnership with John
Snow, Inc. and local nongovernmental organizations, began to expand youth-friendly services (YFS) in 2009. The expansion is based on lessons learned in the initial piloting of YFS under Pathfinder International Ethiopia’s RH/FP programming since 2006. The YFS expansion was carried out in six regions of Ethiopia (Tigray; Amhara; Oromia; Southern Nations, Nationalities, and People’s; and parts of Benishangul and Somali) with the main purpose of increasing access to and use of various SRH services in an environment that is tailored to their age and the sociocultural and economic contexts of youth. It is also intended to raise their awareness on SRH issues so that they can protect themselves from various SRH-related problems.

II. Implementation of the Practice

In collaboration with the Ministry of Health and in line with the country’s policies and strategies, IFHP began establishing YFS in public health centers, university clinics, and hospitals in the six regions of Ethiopia where it is currently operating. Initially, consensus-building workshops were held with regional health bureaus, woreda health offices, other offices from relevant sectors, young people, parents, the community, and opinion leaders. The facilities were selected based on recommendations from the regional health bureaus and woreda health offices taking into consideration: the vulnerability factors of the youth to different SRH problems in the areas, existence of youth centers in the area to create referral linkages, and size of the youth population in the area.

Next, in-depth facility capacity assessments of the selected facilities (health centers, university clinics, and hospitals) were conducted. Based on the assessment findings, health facilities were equipped and furnished so as to help them provide the necessary standard services. Health care workers and peer educators were recruited, trained, and deployed. Orientation was given to health facility staff and the community about YFS, the conditions of young people, and why adolescent and youth need special attention for health services.

The YFS room direction indicator and service components were displayed on signposts so that young people could see the available services easily and access the YFS. Regular refresher trainings and review meetings were held to improve the YFS quality, maintain good practices, and resolve issues affecting service uptake. Ongoing capacity building of local and regional government structures was achieved by organizing an orientation session for regional, woreda, and health facility-level managers on the existing youth-related policies, strategies, tools, and YFS to maximize their involvement in the program, create a supportive environment, and strengthen the sense of ownership by all partners.
The YFS sites provide a wide array of services. These include: counseling and provision of accurate and tailored information on a variety of SRH issues, including HIV counseling and testing; provision of referrals for antiretroviral therapy; pregnancy testing; contraceptive counseling; provision of a full range of contraceptives; sexual abuse and violence counseling, treatment, and referral; STI counseling, testing, and/or syndromic management; nutrition counseling; postabortion care; antenatal and postnatal care; and referrals for delivery and prevention of mother-to-child transmission of HIV.

These services are provided in a separate corner in health facilities. The corners have waiting and consultation spaces equipped with audiovisual materials and indoor games. These are meant to put young people at ease when coming to the YFS site for services. Providers are trained to offer unbiased, compassionate services while maintaining privacy and confidentiality.

Peer education is an integral part of youth-friendly services where young people are engaged in and responsible for planning, implementation, and evaluation of the YFS in their respective communities. After receiving a 5-day training, peer educators support the service providers by: assisting youth clients by taking their cards from the triage to consultation room, providing health education for youth clients, facilitating film screenings for youth clients in the waiting area, providing guidance to young people at the facility to help them access different services, refer youth clients to YFS, and providing counseling on a variety of SRH topics. Services provided at the YFS site are designed to take place in convenient locations and have no cost attached to them.

Data was collected from reports and from routine service statistics of program implementation and is summarized using descriptive statistics.

IFHP also continued offering support to further strengthen or establish new youth centers in collaboration with Ministry of women, children and youth (MWCY) to create safe space for young people for reading and computer training. The project also supported adding SRH information corners in youth centers that facilitated the linkage with the nearby YFS sites for further care and counseling services.

III. Results of the Practice

Before the project started, no health facilities were providing youth-friendly services in the six regions. As of 2013, five years after the project started, the number of health facilities that are providing YFS reached 163. These facilities are conveniently located on the premises of health facilities and are equipped and furnished to provide SRH services that are youth
friendly. Pathfinder, in collaboration with local partners, also trained 1,566 health providers (primary health care unit nurses and health officers) and over 8,000 peer educators on providing youth-friendly services related to SRH, FP, HIV and AIDS, and STIs.

Since 2009, over 2.5 million contacts were made with young people to offer adolescent and youth SRH information and over 1.5 visits were made by young people seeking a variety of SRH services and products (including contraception, voluntary counseling and testing, postabortion care, antenatal care, diagnosis and treatment of STIs, and other clinical services).

Sr. Amakel, a nurse who attended IFHP’s training at Wukro Health Center in Tigray Region stated: “Previously, young people had to receive health services in the same room as adult patients. The services were not tailored to their age and interests. This made them uncomfortable. However, after the establishment of the YFS, more and more young people are coming day by day.”

IV. Lessons Learned

Young people have different SRH needs from adults. Therefore, they need services that are tailored to their specific needs. To effectively address the various health challenges faced by young people, services must be made youth friendly.

Active involvement of all stakeholders, from the planning stage through to evaluation, helps all stakeholders to feel ownership of the project. The role of peer educators in mobilizing the youth and making referrals has been of paramount importance. Anecdotal evidence shows that young people feel more comfortable when receiving services tailored to their needs.

Youth-friendly services have been an excellent entry point for HIV testing and linkages for further HIV prevention, treatment, care, and support services. The YFS sites are currently serving as learning sites for different nongovernment organizations, regional health bureaus, and woreda health offices, which are considering replicating the services in their facilities.

V. Conclusion

Pathfinder International is a pioneering organization in integrating YFS into public health facilities in Ethiopia. This has helped facilities reach young people with a range of context-specific, tailored SRH information, services, and products—making young people more comfortable and improving their access to and uptake of services.

References


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