

FOCUS ON YOUNG ADULTS

The Effects of Youth-Friendly Service Projects on Service Utilization among Youth in Lusaka, Zambia

Background

In 1994, the Lusaka District Health Management Team (LDHMT) identified adolescents as a major underserved population, principally in the area of reproductive health information and services. Previous studies conducted on this age group revealed that adolescents faced a number of different barriers to receiving reproductive health services at public health facilities. Among these barriers were server-provider aversion to providing reproductive health services to unmarried adolescents; negative community perceptions of adolescent reproductive health services; long waiting lines, overcrowding, and adolescent embarrassment at being seen at such facilities; fear of incorrect treatment; and fear that privacy and confidentiality would not be honored. Other barriers, such as the lack of transportation and high cost of services, also were found to prevent adolescents from receiving services.

To remove these barriers, the LDHMT developed an action plan to provide youth-friendly services (YFS) in selected urban and peri-urban clinics. Under this plan, and in collaboration with CARE, UNICEF/Zambia Family Life Movement, and John Snow, Inc./Service Expansion and Technical Support (JSI/SEATS), three separate YFS pilot projects were developed and implemented. Although each of the projects employed different approaches to making clinic services youth friendly, two interventions were common among all three pilot projects: (1) the use of peer educators and counselors and (2) the training of providers in interpersonal skills and in the reproductive health needs of adolescents. Two of the projects used participatory learning and action (PLA)¹ methods—but in different ways and at different levels of efforts—to help promote and sensitize surrounding communities to youth-friendly services.

This study was undertaken to determine if a correlation exists (1) between the degree of youth friendliness in clinics and clinic use by youth, and (2) between community awareness/acceptance of adolescent reproductive health services and their use by youth.

Data and Methods

Service utilization data were gathered from a sample of 10 clinics in Lusaka, which were selected on the basis of whether they had an YFS project. Eight clinics were further divided into three treatment groups according to the types of intervention strategies they employed and the three main implementing organizations. The other two clinics, which had not yet implemented YFS projects, served as the control clinics. Quantitative and qualitative data were collected to

¹ For more information on PLA, see: *Listening to Young Voices: Facilitating Participatory Appraisals on Reproductive Health with Adolescents* (Shah, Zambezi, Simasiku), June.1999. Focus on Young Adults, Washington, D.C.

measure specific indicators of the degree of youth friendliness at each clinic and the level of community awareness and acceptance of adolescent reproductive health (ARH) programs in the surrounding communities.

Findings

- Overall, no significant relationship was found to exist between the degree of youth friendliness in clinics and the rate of service utilization among youth. Instead, rank-order correlation tests demonstrated that service utilization among youth related more to the level of community awareness and acceptance of ARH programs.
- Qualitative data revealed that, although the YFS modifications may have helped improve the quality of services in the clinics, several barriers within the community continued to discourage youth from using public health facilities. Some of these barriers were culturally based, including beliefs regarding how reproductive health problems are caused, prevented, or cured—beliefs that in turn determined when and where people sought care. Other barriers were psychosocial, such as the perception that family planning services (in particular) are meant for married adults only. In fact, the majority of youth who did receive reproductive health services at the clinics were married females, with an average age of around 20 years.
- Project sustainability also was a problem. Among other things, not enough nurses at the clinics were trained in YFS. Many who had been trained were transferred to other departments and clinics. In some cases, peer educators resigned after funding ceased and they no longer received payment or transportation money. Most of the clinics were unable to train more nurses and peer educators to replace those who left.

Implications

- Though making services youth friendly is important, other factors may have a more profound impact on adolescent health-seeking behaviors. In particular, psychosocial and cultural beliefs might take precedence when youth are deciding where and when to go for reproductive health care. Therefore, before YFS projects are designed, it is critical to first examine the health-seeking behaviors and beliefs, not only of youth but also of adults who influence youth's decision making. Any behaviors and beliefs found to conflict with project objectives should be addressed at the community level as part of the project.
- Because the research also revealed that the clinics faced difficulties in maintaining YFS projects, more effort is needed to address such problems. Project planners need to identify the incentives needed to satisfy and retrain staff so that adequate numbers of peer educators and counselors are consistently available, as well as to determine how to ensure that trained nurses and peer educators and counselors who do drop out are replaced.

Source: Nelson, Kristin, Robert J. Magnani, and Katherine Bond. June 2000. *The Effects of Youth Friendly Services on Service Utilization among Youth in Lusaka, Zambia*. Focus on Young Adults, Washington, D.C.

This study was undertaken with support field support funds from the U.S. Agency for International Development (USAID)/Africa Bureau; the funds were provided to the FOCUS on Young Adults program under Cooperative Agreement No. CCP A-00-96-90002-00.