

# Delivery of Youth Friendly Services in Kenya: Towards A Targeted Approach

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## Abstract

The Adolescent Reproductive Health and Development Policy respond to the concerns of youths and bring their reproductive health issues into the development limelight as a whole. This policy has been pivotal in championing reproductive health issues of the youths and this has paved way to the development of the Plan of Action to strengthen commitment, partnership, networking and collaboration as well as resource mobilization efforts among stakeholders.

In the delivery of Youth Friendly Services, the minimum conditions set by the Ministry of Health should be met in order to call it 'youth friendly'. These minimum conditions include: affordability and accessibility, safe and basic range of services, privacy and confidentiality, provider competence and attitude, reliability and sustainability and an inbuilt monitoring and evaluation system.

**Key words:** Youth Friendly Services (YFS), targeted approach, integrated approach

## 1. Introduction

### Background to the study

The term youth and adolescents is often used interchangeably; however adolescence implies a much earlier age from about 10 years and merges into youth. World Health Organization (1995:5) defines youth as persons in the 10- 24 years age group thus combining adolescents age 10- 19 years and youth ages 15-24 years.

World Health Organization (1995:10) defines Youth Friendly Services as "services that are accessible, acceptable and appropriate for adolescents. They are in the right place, at the right price (free where necessary) and delivered in the right style to be acceptable to young people. They are effective, safe and affordable. They meet the individual needs of young people who return when they need to and recommend these services to friends".

There are two approaches for delivery of Youth Friendly Services namely: **the targeted approach and the integrated approach**. In the targeted approach, services are designed and planned for the youth alone and are offered in a settings that meet only the needs of youths and do not include other groups. Such settings can be clinical, non clinical or a combination of both. The integrated approach refers to a situation where young people receive services as part of the general public, but special arrangements are made to make the services more acceptable to them (Ministry of Health, Division of Reproductive Health, 2005: 12). The National Guidelines for provision of youth friendly services continue to state that irrespective of which approach is adopted, certain minimum conditions must be met in the delivery of Youth Friendly Services to the youths. These include: affordability and acceptability, basic range of services, privacy and confidentiality, competent and youth friendly service providers, quality and consistency, reliability and sustainability, and an inbuilt monitoring and evaluation system.

The problems/ challenges facing Youth in Kenya are quite profound and known as indicated by studies on youth. More so, youths face many reproductive health challenges today which include drug and substance abuse, HIV/ AIDS, STDs, teenage pregnancies, harmful practices like early marriages, unsafe abortion and teenage pregnancies. Thus some pertinent questions with regards to this discussion include:

1. What is the pattern of Youth Friendly Services in Kenya?
2. What are the gaps that still exist in delivering Youth Friendly Services in Kenya?
3. What strategies can be used to fill the gaps?
4. What are the training needs of service providers and youths in relation to the provision of Youth Friendly Services in Kenya

To answer the foregoing question, I will visit some empirical literature to espouse on the reason why Kenya should embrace on Youth Friendly Services more so using the targeted approach. It will be worthwhile for the government and other sectors to invest in targeted approach over integrated approach and strengthen the policies that support reproductive health for the youths in Kenya.

## **Problem statement**

Young persons aged 10- 24 years, constitute 36% of Kenya's population and with a large proportion being adolescents and therefore improving young people's reproductive health are the key to improving the world's future economic and social well being. According to Kenya's Ministry of Health, Division of Reproductive Health (2005:1- 4), the youth need specialized reproductive health services because of the high risk of STIs, HIV/ AIDS, pregnancy and sexual abuse, their specific biological and psychological needs and behavior-related risks that are responsive to education and counseling, and the severities of consequences of lack of reproductive health care during adolescence. Effective youth friendly services need to reach all categories of youth.

Why pay attention to the health of adolescents? One reason is **to reduce death and diseases in adolescents now**: An estimated 1.7 million young people in Kenya aged from 10 to 19 die each year- mainly from accidents, violence, pregnancy related problems or illness that are either preventable or treatable. The secondly, **to reduce the burden of diseases in later life thereby investing in health today and tomorrow**: Malnutrition in childhood youth especially of young pregnant women can damage their own health and that of their babies. This is the age when sexual habits and decisions about risk and protection are formed. Some of the highest infection rates for sexually transmitted infection are in adolescents. Many diseases of late middle age such as lung cancer, bronchitis and heart diseases are strongly associated with smoking habit that begins in adolescence. Healthy and unhealthy practices adopted today may last a lifetime.

The thirdly, **to deliver on human rights**: Under the Convention on the rights of the Child, governments not only have a duty to ensure services for good health care but also have a duty to ensure that youths can express themselves. Lastly, the reason for paying attention to adolescent health is, **to protect human capital**: Two out of three adolescents are involved in productive work, while many young women below the age of 20 are already mothers. The death of any youth is a cost not only primarily a human one but also a cost to the society (Ministry of Health, Division of Reproductive Health, 2005: 3-4).

Youth Friendly Service is the entry point to HIV prevention, care and treatment in the area of Reproductive Health. The rapid expansion of care and treatment of youths has increased the need of HTC. This is the reason why there is need for a Youth Friendly HTC (Ministry of Health, National Aids and STI Control Programme, 2008:2).

Integration of some services into Youth Friendly Services is therefore very important. Integration of **Family Planning Maternal and Child Health Care** into YFS will empower youths with knowledge of their status and will increase their ability to make informed decisions about their future. Due to the strong correlation between HIV and STI, incorporating **STI services** into YFS and vice versa is highly recommended (Ministry of Health, National Aids and STI Control Programme, 2008:27-28).

## **2. Review of empirical literature**

### **2.1 Adolescent reproductive health and development policy**

At the international Conference on Population and Development (ICPD 1994), governments including Kenya recognized the substantial and largely unmet needs for sexual and reproductive health information and services. For a long time in Kenya there were no policies supporting the provision of health to adolescents and youth. Service providers were unclear how to respond to some health and related concerns particularly those touching on reproductive health. However in response to ICPD Plan of action, concerns expressed in the National Population Policy for Sustainable Development (NPPSD- 200), The Children Act- 2001, other national and international Conventions on children and youth, the Government has adopted the Adolescent Reproductive Health and Development Policy (ARH&D) (UNICEF, 2005:11).

To elaborate on UNICEF's notion on the policy, currently in Kenya the policy provides a framework to respond to health and related concerns. In my view it elaborates the Government commitment to "Improve the well-being and quality of life of young people in Kenya" through provision of health information and services which are available, accessible, affordable and acceptable (Division of Reproductive Health, 2005: v). The policy hence addresses concerns on Adolescent Sexual and Reproductive Health and rights, Youth Friendly services being one of them. Youths are in a critical age, some are confused, some want their issues dealt with confidentially while some just need someone to talk to and attend to their concerns and this is the reason why am advocating for the establishment of YFS in every county in Kenya.

Alcala (2006:19-20) emphasizes that Governments in collaboration with nongovernmental organizations should establish programmes to meet the needs of adolescents and address adolescent sexual and reproductive health issues including unwanted pregnancy, unsafe abortion, sexually transmitted diseases and HIV/ AIDS. Countries must ensure that programmes and attitudes of health care providers do not restrict access of adolescent services and information they need. They must safeguard the rights of adolescents to privacy, confidentiality, respect and

informed consent. Countries should remove legal, regulatory and social barriers to reproductive health information and services to adolescents.

Supporting Alcalá's view, within the integrated and targeted approaches, I would argue that health services can play an important role in helping adolescents to stay healthy and to complete their journey to adulthood; supporting young people who are looking for a route to good health, treating those who are ill, injured and troubled and reaching out to those who are at risk. Effective health services reach adolescents who are growing up in difficult circumstances as well as those who are well protected by their communities. Youth friendly Services needs to link with the other key services for adolescents, so that it protects young people against dangers, and helps them build knowledge, skills and confidence. This is far from being the case in many countries. Health services often regard adolescents as a healthy group who do not need priority action, and so provide a minimum subset of adult or pediatric services with no adjustments for the needs of the youths.

All reproductive health programmes should increase their efforts to prevent, detect and treat sexually transmitted diseases and other reproductive tract infections. All health care providers including family planning providers should be given specialized training in the prevention, detection of and counseling on sexually transmitted diseases including HIV/ AIDS. YF Centers should promote supply and distribute high quality condoms to reduce the spread of HIV and sexually transmitted diseases. Information, education and counseling on responsible sexual behavior and prevention of sexually transmitted diseases and HIV/ AIDS should become an integral component of all reproductive and sexual health services (Alcalá, 2006:19-20).

Supporting Alcalá's ideas, technology and globalization has a way of transmitting information to our youths and therefore Youths keep receiving contradicting information on how to address the daily choices that have lifelong consequences in their development especially with regards to YFS. These youths need right information otherwise they are at risk of health problems.

Crouch (2005:1) asserts that Kenya faces the challenge of providing its adolescents with opportunities for a safe, healthy and economically productive future. The 1994 International Conference on Population and Development (ICPD) endorsed the right of adolescents and young adults to obtain the highest level of health care. In line with ICPD recommendations, Kenya has put in place an ARH&D policy to enhance the implementation and coordination of programmes that address the reproductive health and development needs of young people in the country. Consistent with what Crouch is asserting, the establishment of Youth Friendly HTC Centers will not only address reproductive health issues but also contribute to combating HIV/ AIDS and other diseases. This will be addressed through using mechanisms that reduce the HIV prevalence rate amongst the youths, promotion of condom use and ensuring the right information reaches the youth. This will reduce HIV prevalence, unwanted pregnancies, reduce STI/ STD infections and making wrong choices.

Ministry of Public Health and Sanitation (2009: 35-37) affirms that development of adolescent reproductive health as one of the components of reproductive health is being addressed to some varying degree in Kenya. Some of the strategies used in adolescent reproductive health to release development include: Advocacy and policy dialogue, increased utilization of quality Youth Friendly Services, reproductive health awareness creation among youth and expanding the scope of coverage of Youth Services.

Both Crouch and the Ministry of Public Health and Sanitation have the same views that are geared towards overall development of the youth. In my opinion they both emphasize on advocacy and policy dialogue and advocate for elimination of legal and socio cultural barriers that limit access to reproductive health services and information. They also support the notion of engaging communities to support sustainable youth health programmes like YFS.

Reproductive health awareness is emphasized both through development of IEC and BCC materials, supporting school based health education programmes and mass media campaign for reproductive health. This in my view will go a long way to inform youths on various issues especially HIV/ AIDS and reduce the chances of them making wrong decisions. The idea of expanding scope and coverage of Youth Friendly Services is noted by both writers. This in my view will reduce HIV/ AIDS prevalence. This is because many youths will be attracted to go receive the services, those infected will be advised on how to take care of themselves and those affected will be advised on how they can protect themselves. The last aspect mentioned by both writers is training staff on youth friendly ways of dealing with youths. In my view this will attract more youths to be seeking for services at the HTC Youth Centre.

## **2.2 Matters arising from the empirical literature**

### **2.2.1 Why focus on youth? Why Youth Friendly Services?**

UNICEF (2005:5) emphasizes that in Kenya the adolescent and youth segment represents diverse groups which on one extreme are regarded as children, whilst on the other, most are fully integrated into adult society and have

children of their own. Most adolescents and youth represent a positive force of society, an asset now and the future as they grow into adults. Despite these variations, adolescents represent a period of physical, psychological and social transformation from childhood to adulthood. As young people pass through puberty and adolescence, new health concerns arise which are to their sexual and reproductive health malnutrition and subsequent behavior. Although the overall burden of disease may be lower in adolescents and youths compared to children and adult population, there are conditions that are much more common and have lifelong devastating effects on this group. These include sexual and reproductive health problems such as early and unwanted pregnancies, unsafe abortions, sexually transmitted diseases including HIV/ AIDS, alcohol and drug abuse which have physical and psychological consequences.

### 2.2.2 Advantages of targeted approach

These concerns relate to **provider characteristics** which include: specially trained staff, respect for the youths, privacy and confidentiality honored, adequate time for youth and provider interaction and availability of counselors. **Health facility characteristics** which includes: separate space and special times set aside for different categories of youth, convenient hours of working for the youths, convenient location, adequate space and sufficient privacy and comfortable surroundings. **Program design characteristics** which include: youth involvement in design and continued feedback, drop in clients welcomed and appointments arranged rapidly, no overcrowding and short waiting time, affordable fees, publicity and recruitment that inform and reassure youth, wide range of services available and necessary referrals available. **Other possible characteristics** which include: educational materials available on site and to take, group discussion available and alternative ways to access information, counseling and related services (Ministry of Health; Division of Reproductive Health, 2005:16-20). This is why targeted approach would be more ideal over the integrated approach.

Senderowitz (1999: 11-17), though an old writer, shares exact views with the Division of Reproductive Health concerning characteristics of Youth Friendly Services. In my opinion, services are youth friendly if they have policies and attributes that attract youth to the facility or program, provide a comfortable and appropriate setting for serving youth, meet the needs of young people, and are able to retain their youth clientele for follow-up and repeat visits. Some of the adaptations and additions needed to make services youth friendly have been identified by adolescents themselves. Other characteristics have been identified by service professionals, including some that have been implemented and evaluated as part of an overall effort to provide effective RH services for youth.

### 3. Conclusion

Meanwhile, all stakeholders should endeavor to use the resources they have to make health facilities youth friendly to be able to address issues or problems that youth encounter and build a healthy nation in the long run. While the ideal situation will be to have YFS in a targeted approach, Kenya should meanwhile integrate all its health facilities to ensure they provide Youth Friendly Services. Targeted approach is a popular approach because it meets the reproductive health needs and rights of the youths. Youths feel safe and secure in an environment that is attractive to them. It is noted however that few facilities use targeted approach.

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