

YouthLens

on Reproductive Health
and HIV/AIDS

Integrating Reproductive Health and HIV Services for Youth

Research identifies the need for more attention to pregnancy prevention in a variety of settings, but delivery models need further testing.

Young people, especially those who are sexually active, need access to a variety of reproductive health (RH) and HIV services, including contraception, HIV counseling and testing, testing and treatment for other sexually transmitted infections (STIs), pre- and postnatal care, and postabortion care. Frequently youth seek services only when there is an acute illness or problem – such as a symptomatic STI or pregnancy – and do not typically seek preventive services, such as contraception to avoid pregnancy. Also, health facilities serving youth sometimes offer one primary service or have separate units providing different types of services. In either situation, to provide comprehensive care, a provider may need to refer clients between contraceptive and HIV/STI services. As a result, although many young people are at risk of both pregnancy and HIV/STIs, they may receive only one service while related sexual health needs are not addressed.

An integrated approach can make a variety of services available during the same hours, at the same facility, or from the same provider. While such integration seems appealing, more analysis was needed to address whether this was feasible, what needs were unmet, and what kinds of models might work best.

A series of studies conducted by YouthNet/Family Health International (FHI) during 2003-2006 examined the extent of service integration and the

unmet need for different services in various types of delivery models. This research validated the need for integrated services for youth, especially those at greatest risk of pregnancy or HIV infection. It also found that more attention is needed to pregnancy prevention and that such services are feasible to deliver.

Services for youth need more attention to contraception

Studies of HIV voluntary counseling and testing (VCT) services in Tanzania and Haiti found a high level of unmet need for contraception among VCT clients. In Haiti, 55 percent of the female VCT clients ages 15 to 24 were at risk of unintended pregnancy, demonstrating a strong need for contraceptive counseling and services. (Those at risk of unintended pregnancy had had sex in the last 12 months, were not using a modern method of contraception, and did not want a pregnancy for more than two years.) In Haiti, about two-thirds of female clients reported that providers discussed condoms, but less than half reported discussions about pregnancy prevention and fertility desires. In Tanzania, nearly all providers discussed condoms, but only about two-thirds discussed pregnancy prevention or fertility desires.¹

Both studies recommended that VCT services implement screening of youth VCT clients for risk of unintended pregnancy, include contraceptive





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counseling in the VCT sessions, and either provide contraceptives or refer clients to another provider for this service. The studies conducted exit interviews at both youth-only and general delivery sites; in Tanzania, 719 youth, and in Haiti, more than 950 were interviewed. Other data came from mystery clients, analysis of referral systems, and provider interviews. At some clinics, the same providers delivered both RH and HIV information and services; at others, different providers delivered the services separately.

A study of youth ages 15 to 24 at four high-volume antenatal care clinics in Kenya looked at the extent to which contraceptive information and services were integrated into the prevention of mother-to-child HIV transmission (PMTCT) programs. Usually part of antenatal care programs, PMTCT services include HIV counseling and testing and, if positive, provision of or referral to antiretroviral therapy for prevention of vertical transmission. (If the young woman is HIV infected, preventing unplanned pregnancy is an important way to prevent transmission of the virus to her child.) The study found that only 28 percent of the young group of clients (ages 15 to 19) reported that the provider discussed contraceptive methods with them. Moreover, whereas most of these younger adolescents wished to wait two or more years before becoming pregnant again, 94 percent had never previously used a contraceptive method. The study highlighted the need in PMTCT settings for better counseling and services that address both HIV and pregnancy prevention. The findings also showed that stigma and fear of testing were barriers for youth to seek PMTCT services in the first place. The study recommended that programs develop strategies to meet young women's postpartum family planning needs and work to reduce HIV associated stigma at the local level.²

To both assess and improve postabortion care (PAC) for youth, YouthNet conducted an operations research study in four public hospitals in the Dominican Republic. A pre-intervention assessment of providers found that a majority had no PAC training, one-third had blaming or judgmental

attitudes toward PAC patients, one-quarter did not assess these youth's future pregnancy intentions, and one-quarter did not tell clients how soon they could become pregnant again. Based on the assessment, a training intervention was designed and implemented, including a provider counseling guide, patient brochure, and poster. Six months after the intervention, an assessment was carried out using exit interviews with clients and follow-up interviews with providers. Before the intervention, no youth were receiving contraceptive methods prior to discharge. After the intervention, 40 percent of adolescents were discharged with a contraceptive. The study also identified reasons why this percentage, while a great step forward, was not higher.³

These studies, especially when viewed together, indicate a strong need for integrated services, especially pregnancy prevention. They also indicate the feasibility of reaching youth who engage in risky sexual behavior through sites that integrate RH and HIV information and services.

How to integrate services for youth

Many questions remain about how best to provide youth with the services they need. For example, in a resource-scarce environment, how do programs decide which services to offer directly and which to refer to other facilities? What kind of outreach services should programs undertake to ensure that youth use the services they offer? What kind of training materials and job aids are needed? Which integrated delivery models are the most cost-effective?

A growing body of guidance and resources do exist, some focusing on youth specifically and many on the general population (see box). In general, the U.S. Agency for International Development (USAID) recommends integration across a range of interventions, including youth-friendly services and multipronged approaches to changing behavior.⁴ The United Nations (UN) Inter-Agency Task Team on Young People recommends that health services train providers, make facilities more youth-friendly,

and promote services with youth and community gatekeepers. This is one of the few approaches recommended by the UN group that policy-makers now implement on a large scale, based on a two-year analysis of evidence in developing countries.⁵

The United Nations Population Fund (UNFPA) and International Planned Parenthood Foundation (IPPF) developed a series of steps to guide programs in integrating services, which could be adapted to focus on youth services.⁶ A first step is an assessment, including the existing level of service integration in a program or facility, as well as what services a community needs for its youth. A participatory assessment guide developed by YouthNet/FHI provides a useful tool to assess the needs of youth for services.⁷

Programs then need to address planning and implementing integrated services for youth. A new report prepared by the INFO Project at Johns Hopkins Bloomberg School of Public Health summarizes tools that can assist programs to make services more youth-friendly, train providers on issues related to youth services, develop job aids, and mobilize community support.⁸

These tools can help programs sensitize staff about adolescent RH/HIV service needs and address such key issues as avoiding judgmental attitudes toward unmarried youth. New clinic protocols can also reinforce integration. For example, all providers and counselors can be instructed to ask every client, “If you are sexually active, what are you doing to prevent pregnancy and STIs?”

Integration models hold promise

Programs are beginning to offer integrated services for youth using various approaches, including a separate youth building, outreach services for youth at existing facilities, making existing facilities more youth-friendly, and training private providers at pharmacies to help youth. Some of these services have been somewhat integrated, such as primary health facilities, but are now focusing more on youth-friendly services.

The AIDS Information Centre (AIC) in Uganda, established in 1990 to provide voluntary HIV counseling and testing, learned from a study with Horizons/Population Council and Makerere University that about a third of their clients were youth and that youth placed high importance on such issues as counseling, cost, and confidentiality. AIC developed youth corners in separate but nearby facilities where youth could come without

SELECTED RESOURCES ON INTEGRATED SERVICES FOR YOUTH RH/HIV

A few of the resources below focus exclusively on youth, while the others can be adapted for youth or include sections on youth.

- *Family Planning/HIV Integration: Technical Guidance for USAID-Supported Field Programs*. U.S. Agency for International Development (USAID), 2003. Includes section on youth and overview of issues. www.maqweb.org/maqtools/docs/fphiv.pdf
- *A Framework for Priority Linkages*. World Health Organization, et al., 2005. A conceptual way to envision integration. www.who.int/reproductive-health/stis/framework.html
- *HIV Counseling and Testing for Youth: A Manual for Providers* (Arabic, English, French, Spanish, and Swahili). Family Health International, 2005. Emphasizes integration, with sections on counseling, STIs, and pregnancy prevention. www.fhi.org/en/Youth/YouthNet/rhtrainmat/vctmanual.htm
- *Integrating Family Planning and HIV/AIDS Services, INFO Reports No. 6*. INFO Project, Johns Hopkins Bloomberg School of Public Health, 2006. A digest of key resources, including a section on youth. www.infoforhealth.org/infoforhealth/integration/integration.pdf
- *Integrating Family Planning and HIV/AIDS Services for Young People: Tools for Programming, INFO Reports No. 10*. INFO Project, Johns Hopkins Bloomberg School of Public Health, 2007. Annotated summary of materials for youth-friendly services, provider training, job aids, and community outreach, with case studies and other resources. www.infoforhealth.org/infoforhealth/
- *Integrating HIV Voluntary Counselling and Testing Services into Reproductive Health Settings*. United Nations Population Fund and International Planned Parenthood Foundation, 2004. A system of step-by-step guidelines. www.unfpa.org/upload/lib_pub_file/245_filename_hiv_publication.pdf
- *Integrating Reproductive Health and HIV/AIDS Programs, Strategic Opportunities for PEPFAR*. Center for Strategic and International Studies, 2006. A case for PEPFAR programs to support integrated RH/HIV programs. www.fpandhiv.org/iue_documents/4/docs/csishivaids.pdf?PHPSESSID=45770d7537f539750f092e19823e32a0
- *Integrating Services*. Network 23(3), 2004. An issue of FHI's quarterly scientific bulletin focused entirely on integration issues. www.fhi.org/en/RH/Pubs/Network/v23_3/
- *Resources for HIV/AIDS and Sexual and Reproductive Health Integration*. A new Web site hosted by the HIV/AIDS Integration Partners Working Group, including a section on youth. www.hivandsrh.org

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encountering adults they knew, and prices were heavily subsidized. Other services were also added, such as contraception, syphilis and tuberculosis testing, and outreach through local communities.

In 1999, a broad-based adolescent project called Geração Biz (“busy generation”) began in Mozambique, implemented by UNFPA and Pathfinder International in collaboration with three country ministries (Health, Youth and Sport, and Education), as well as local youth associations and nongovernmental organizations. The project has trained providers at some 50 health centers and hospitals, expanding in more areas of the country. These youth-friendly services are designed to improve knowledge of sexual and reproductive health, reduce the frequency of unwanted pregnancies and unsafe abortion, increase access to related education and services, and decrease vulnerability to HIV/AIDS and other sexually transmitted infections – emphasizing an integrated approach with sensitivity to youth’s needs. The project includes an extensive peer education program, catering to both in- and out-of-school youth.⁹

A project begun in 2000 by the Program for Appropriate Technology (PATH) has worked with pharmacies in Cambodia, Kenya, Nicaragua, and Vietnam to make their services more youth-friendly and to emphasize both contraceptive methods and management of STIs. After the training of more than 1,000 pharmacists and staff, knowledge and services have improved, according to follow-up evaluations.¹⁰ Other projects have also helped expand the reach of youth-friendly pharmacies, an outlet for services that many youth prefer over clinics.

As these early models continue to mature, research has shown that integrated services for youth are feasible in a variety of settings. However, with so much attention to high HIV infection rates among youth and to HIV testing, young people’s need for contraception is often neglected. In many settings,

more attention needs to go toward pregnancy prevention. Also, more operations research interventions and studies are needed to determine what aspects of various integrated services are most effective in meeting young people’s needs.

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