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Generating demand and community support for sexual and reproductive health services for young people

A review of the literature and programmes

Department of Child and Adolescent Health and Development
World Health Organization
Geneva, Switzerland – 2009

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PREAMBLE

Families and communities play a potentially central role in adolescent health and development. Despite recognition of the importance of family and community participation in adolescent programmes and several efforts in developing countries to foster such participation, this component remains weak in programming for adolescent health and development. Even when it is implemented, the link with health services is often overlooked or omitted.

The WHO Department of Child and Adolescent Health and Development (CAH) has worked to develop the evidence base through reviews of the experience of specific projects on adolescent participation and of interventions to support parenting. A review of interventions in developing countries to support parents has been completed, along with an initial paper about young people's health-seeking behaviours. WHO/CAH has also developed indicators for measuring young people's participation. A document entitled *Facts for Adolescents* is aimed at duty-bearers, such as parents, people working in youth organizations, teachers, and even health workers.

A major review was undertaken of the evidence in developing countries of interventions delivered through a variety of settings, including community settings, for the prevention of the human immunodeficiency virus (HIV) among young people (WHO, 2006). One of the evidence-based findings was that "training of health-care providers, making changes in facilities and undertaking activities to obtain community support can increase young people's use of health services...". Some potential for community-based interventions to increase demand for and utilization of services was found. However, it was recognized that there is inadequate knowledge about the impact of specific activities, and further work is needed (Maticka-Tyndale & Brouillard-Coyle, 2006).

The basis of our work on strengthening family and community action has been to address the knowledge gap in order to expand the scope and effectiveness of our work on the adolescent-friendly health services approach. Our focus is on two interrelated aspects: increasing demand by adolescents for sexual and reproductive health services (SRHS), and increasing community acceptance and support for the provision and use of such services.

In order to generate demand, adolescents need to be informed about the availability of services through a range of channels, including youth groups, parents, the media and schools. This information needs to include not only details about the availability of the services (when and where), but also information about why young people should use the services, and information to allay their anxieties about using them.

However, giving information and knowledge to adolescents is not enough. Adolescents' use of health services – especially reproductive health services – remains a sensitive issue in many communities. It is therefore important not only to generate demand but also to contact and inform a range of gate-keepers, from parents to religious and other community leaders, on the importance of service provision and to involve them in furthering the use of the services by young people for their reproductive health.

Despite the importance of these issues, there is a dearth of suitable tools to guide health planners and programme managers in initiating activities and projects in these areas. In order to support the health sector in identifying and implementing a few strategic, do-able, evidence-based interventions to create demand for sexual and reproductive health services by adolescents who need them, and to stimulate community acceptance and support for their provision, WHO plans to develop a tool based on the approaches that have proved to be effective in resource poor settings. The tool will describe the issues that planners and managers in health ministries need to consider for generating demand and community support.

Prior to the development of the tool, this global review of the evidence is being compiled to bring together systematically the evidence from published research and programme/project evaluations, as well as the perspectives of field experts in this area. The review provides assessments of the effectiveness of interventions for generating demand for health services for adolescents, such as: the provision of IEC (information, education and communication) through several different channels; information on health services, where services are available, and under what conditions; the use of referral systems; and the provision of funds/vouchers/subsidies to cover financial costs of services. Similarly, assessments of the effectiveness of interventions for garnering community acceptance and support include interventions such as providing information to influential community members about the need for health services for adolescents through a variety of channels (one-to-one discussions, cultural/social or school events, mass media) and activities to foster community engagement and participation in improving access to health services by adolescents. Such activities include different types of intervention, although several may be combined in one programme. At the community level there is also potential for the use of community saving and micro-insurance schemes, which have not yet been trialled with a specific focus on adolescents.

Community acceptance of adolescent reproductive health services is important in determining the uptake of these services. Young people are most likely to use youth-friendly services in those communities that demonstrate most awareness and approval. A supportive social environment (folk, popular, professional) also results in higher utilization rates. Improving supply side factors such as the friendliness of adolescent services and reducing barriers to access are only part of the picture; education of adolescents and broader social mobilization and community education interventions are also needed.

In February 2008, the WHO Regional Office for Africa, in collaboration with the United Nations Population Fund (UNFPA), hosted an expert consultation in Accra, Ghana, to review existing projects on community involvement, to discuss themes raised by the present literature review, and to build consensus on strategic orientations for improving community support and participation for adolescent reproductive health services. Despite recognition of the importance of community support and several efforts in countries to engender it, this component remains one of the weakest elements in adolescent health programming. Even when it is implemented, the link with health services is weak or non-existent. The regional consultation was thus organized to review all the different experiences to date and to identify the most effective interventions for strengthening the community component of adolescent-friendly health services. There was participation from the United Nations Children's Fund (UNICEF), UNFPA, the London School of Hygiene and Tropical Medicine, WHO headquarters and regional offices, ministries of health, nongovernmental organizations (NGOs) and youth associations of selected countries.

The conceptual framework for creating adolescent demand and community support for adolescent health services, as discussed in the present review, was presented at the consultation along with the main conclusions of the review. The discussion focused on the fact that despite limited data, a few effective actions to increase demand for services have been identified. Moreover, they can influence service utilization and they can also put pressure on the community to accept/support the provision of health services for adolescents. The evidence confirms the importance of engaging parents, adolescents and communities as part of a more comprehensive strategy for improving health service use by adolescents. It also highlights the need for stronger programme design and for the evaluation of projects that work with families and communities on influencing reproductive health behaviour and service use.

Participants in the WHO consultation concluded that activities to generate demand and support for adolescent-friendly health services must be integral components of adolescent health programmes. Programmes can do much more by using the current evidence that is synthesized in this review to strengthen demand and community support for adolescent health services.

EXECUTIVE SUMMARY

Generating demand and community support for sexual and reproductive health services for young people

Evidence from developing countries on what works

Approximately 85% of the world's young people live in developing countries. Most will become sexually active before their 20th birthday, and far too little is being done to meet their need for sexual and reproductive health information and services. Rates of early and unplanned pregnancies, unsafe abortions, maternal deaths and injuries, and sexually transmitted infections, including the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) are very high. It is estimated that more than half of all new HIV infections are among young people, while between one quarter and one half of adolescent girls become mothers before they turn 18. Adolescent girls are two to five times more likely to die during pregnancy or childbirth than women in their twenties (UNICEF, 2005).

In 2006 a major review of available evidence on preventing HIV in young people in developing countries was carried out by WHO under the aegis of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Interagency Task Team on HIV and Young People. Despite the constraints imposed by the quality of the data from most of the studies included in this review, it stated that “if countries want to move towards achieving the global goals on HIV and young people, there is sufficient evidence to support widespread implementation of interventions that include elements of training for service providers and other clinic staff, making improvements to facilities, and informing and mobilizing communities to generate demand and community support. These interventions will require careful planning and implementation, and their coverage and quality will need to be monitored. Operations research will also be needed as will a better understanding of the costs” (WHO, 2006).

In response to the recommendations from this report, the WHO Department of Child and Adolescent Health and Development (CAH) supported a further review to look in more detail at interventions specifically seeking to increase demand and support for adolescent sexual and reproductive health (ASRH) services in developing countries. The results are being published in the present document titled *Generating demand and community support for sexual and reproductive health services for young people: a review of literature and programmes*.

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