Young Adults: Enable a Completely Missed Group Access Health Services

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Key Messages

- Unmarried adolescents do not feel welcome at family planning services

-Unmarried women: "Being seen at the health center makes me a target for unwanted sex or makes me appear to be a bad person"

- Embedding family planning services within Free Health Action Days for Youth can eliminate the barriers that prevent access

Lack of Utilization of Family Planning by Adolescent

Almost 1 in 5 (19.9%) women who are married or live in union, want to postpone or prevent having a child, but they **are not using contraceptives** to achieve this[1]. The overwhelming majority of women accessing family planning services were married and those who already had children; data for young unmarried women has not been collected until recenly. This new data indicates that **adolescent girls and women without children do not utilize family planning services[2].**

Pervious studies show barriers to achieving reproductive and sexual rights are multi-faceted but include lack of physical access to appropriate services, socio-cultural norms around sexuality, level of education, language and discomfort in discussing sexual health with health professionals[3,4,5]. Improving access to youth-friendly SRH services could be important for all young people but is of particular concern for those who are already marginalized[6].

Adolescents and Family Planning: What the Evidence Shows

There are several reasons why Lao youth still face barriers to seeking care. In Laos, **family planning services are often based in the mother and child department** section at central, provincial and district hospitals or health centers. Women without children do not feel comfortable accessing 'mother and child services' and are therefore less likely to obtain services at that department[7,8]. **The quality of existing services is limited** and the services are inadequate. **Abortion is illegal in Lao PDR and is considered taboo[9]**.
Therefore, it is unclear for young women how to access these services and whether there are facilities available. On top of that, a qualitative study concluded that socio-cultural norms contribute to reluctance to discuss SRH matters with healthcare providers and many adolescents described the attitude of healthcare workers as unfriendly[10]. Moreover, **costs and availability of services** were barriers for many adolescents, which were seeking help[11]. **Current SRH services do not provide counselling and information about SRH matters among youth is largely lacking[12]**.

Table 1 lists demand and supply side barriers that contribute to limited utilization of family planning services by youth. Understanding the **Barriers** is needed to meet the particular sexual and reproductive health needs of adolescents[12, 13].

Table 1 Demand/Supply-side barrier and programmatic approach among adolescent

Barriers related to demand of family planning services	Barriers related to supply of family planning services
Desire to use family planning ***- Barriers for adolescents:*** 1. Stigma around accessing and using contraception methods and adolescent sexuality 2. Fear concerning lack of patient confidentiality 3. Taboo around communication 4. Lack of understanding of reproductive health and family planning methods and side effects 5. Culture taboos 6. Lack of awareness of services 7. Lack of perceived responsibility in family planning use ***- Programmatic approach:*** 1. Information (school/curriculum-based education,workplace-based education, interpersonal/ peer-to-peer education new media) 2. Sexual and reproductive health strategy 3. Family planning methods 4. Mass media acceptability of contraception use	***Access to Family planning services*** ***- Barriers for adolescents:*** 1. Not youth specific and instead focuses on married women with children 2. Inaccessible location/limited mobility 3. Inconvenient operating hours 4. Long waiting times 6. Limited (or lack) of financial resources in restricts access

Current gaps in the ASRH intervention in Lao PDR

Lao's National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn and Child Health 2016-2025 emphasizes in strategic objective 1: "Increase utility and acceptance of quality reproductive health information and services among all women and men of reproductive age, including adolescents, young people, and those living in poor or rural areas, regardless of marital status"[14]. **However**, this strategy lacks clear actions to make family planning, in particular access to contraceptives and health education, more youth friendly. Nor is it clear how youth can participate in decisions to improve their right to access to family planning services. This is essential as interventions that are developed in a participatory manner are proven to be better able to achieving measurable improvements in knowledge and attitudes in relation to sexual and reproductive services[15,16,17,18].

POLICY OPTION: SET UP YOUTH FRIENDLY SERVICES

According to the results of systematic reviews on Confidentiallity in Family Planning Services for Young People, the number one policy priority is making family planning services more youth-friendly and/or set up new youth-friendly services. Youth-friendly health services, where adolescents can obtain health education, advice and contraceptives have the potential to increase knowledge, agency and access to contraceptives; which can ultimately delay pregnancy when certain characteristics are met[16]. These barriers associate with specific aspects of SRH services: characteristics of the facilities, the design of services and the way health services are provided. Programs need to be designed in a way to increase utilization, and Table 2 offers suggested characteristics of youth friendly family services adapted from Brittain et al[19].

Evidence also indicates that services need to be designed in participation with youth. Therefore, any new intervention should include participatory research on their needs. Although youth friendly services at other locations than the MCH facilities may be better, in case of lack of resources, current MCH facilities should be adapted. When implementing the policy a communication strategy should be developed to deal with potential resistance to youth friendly services. It can be expected that some societal groups, community members, parents and providers may object to youth friendly services.

Table 2. Characteristics of youth friendly family services (adapted from Brittain et al., 2015)

Facility characteristics	**Health Services Providers characteristics**
1. Accessible by public transport 2. Located nearby points of interest for target group such as schools, markets, amusement parks, community and employment centers, and sport facilities 3. Available hotline whereby questions can be presented anonymously, and remotely 4. Facility addresses an identified key concern, assures privacy, and creates a separate space for youth access 5. Within the space and times set aside for youth, create an atmosphere as little like conventional clinics as possible. Strive for a welcoming, youthful, and informal style	1. Treat adolescents with respect. Avoid judging their behavior. Work to develop solid, mutually trusting relationships with them 2. Provide good counseling, encouraging counselors to spend as much time as necessary with each adolescent in order to address all of her/his concern 3. Provide all staff with ongoing training on the physical and psychosocial developments of adolescents, their need and their interests
Program Design: 1. Offer free services (or as low-cost as possible) to youth 2. Keep waiting times to a minimum 3. Permit walk-in appointments 4. Maintain an adequate supply and a wide selection of contraceptive methods 5. Offer as many services as possible as in a single location. When necessary, refer clients to youth-friendly facilities where they can quickly obtain the services they need 6. Welcome young men and encourage them to participate in counseling sessions when they accompany their partners to facility 7. Recruit and train male staff to meet the sexual need of young men. 8. Provide information in language and appropriate to their culture background. Provide information that is responsive to the need and concerns of adolescents 9. Involve young people in the program design and implementation this is importance because youth can identify their peer's needs and propose appropriate ways to meeting those needs 10. Reach out with educational activities to make young people aware of the important of sexual and reproductive health care, inform them of the services available to them, and assure them of the confidentiality of those services	

Recommendations

- Improve access to family planning services, contraceptives and health education for adolescents since currently, they are not utilized.
- Conduct research WITH youth to develop youth friendly services
- Set up youth friendly services that demonstrate favorable and appropriate location (proximity); access to transportation; tailored outreach; tailored hours; shorter wait times; appointment available "drop-ins"
- Understand the barriers that relate primarily to specific aspects of SRH services can help to make more appropriate intervention to improving youth's access to contraception.

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