



Youth-friendly services do not automatically attract youth

Do young people more easily access SRH services with an integrated youth corner, a youth oriented centre or regular clinics without special provisions for youth? Family Health Options Kenya (FHOK) provides all three types of health care and investigated factors that enhance or inhibit youth's access to these services. Remarkably, youth-friendly services do not automatically attract youth.

Most young people know at least one facility in their neighbourhood where they could get SRH information and services. Young people access all types of health care services: from youth-only facilities to regular clinics as well as health care facilities with an integrated youth service. Depending on their needs, youth tend to have slight preferences for one or the other. Youth visit youth facilities, whether integrated or not, most often for SRH information followed by visits for counselling and testing (VCT) services. Youth-only centres are marginally preferred for post-abortion care. And married youth are more likely to visit regular health care facilities for family planning and other services, since they do not face stigma.

Factors inhibiting service use

Privacy is especially a concern in services that are not youth-only. Other factors that negatively affect young people's ability to use SRH services in regular clinics include (high) costs, drug stock-outs, opening hours during school or work hours, inadequate staffing leading to long queues and waiting times. Youth also experienced drug stock-outs or supply delays in stand-alone facilities. Younger service-seekers have more difficulties accessing SRH services of all types because of the common perception of parents, the community and the youths themselves, that they don't need information or services.

Despite FHOK's non-discriminatory policy, interviewees reported that staff at regular and integrated services was unfriendly towards LGBTI individuals, whereas refugees meet unfriendly staff in youth-only centres. Refugees—mainly from Somalia—as well as visually and hearing-impaired youth encounter language barriers at all SRH services. HIV positive youth and refugees also face self-stigmatisation, which keep them away from SRH services.

Factors enhancing service use

Facts about the research

Where?

Bondo, Eldoret, Kakamega, Kisumu, Malindi, Meru, Mombasa, Nairobi, Nakuru and Thika.

By whom?

- Family Health Options Kenya (FHOK)

For whom?

Young people (10-24 years old)

Scope of the research

Young experienced research assistants conducted 27 focus group discussions with youth (10-24; male and female) including groups of sex workers, LGBTI, YPLHIV, disabled, and refugees; 24 interviews with service providers from the ASK programme; and a survey among 619 respondents in Eldoret (integrated service model), Kisumu (regular clinics) and Nairobi (youth stand-alone facility).

Proximity to a facility, low costs and youth-friendly staff are critical in attracting young people to SRH services. Staff at youth-only centres was considered most youth-friendly. Interviewees especially value staff for ensuring confidentiality, being honest and direct, knowledgeable and having good communication skills. In the integrated centres and youth-only centres, young people felt more comfortable and connected because staff is often young as well.

In addition, these two types of centres are attractive because they are subsidised and free. Furthermore, the integrated model has the advantage of having all SRH services under one roof, from youth-friendly counselling to STI treatment and prenatal care. Most interviewees are willing to return for the same services and are were willing to recommend the facilities to their peers.

Recommendations

- Promote the youth-friendly centres, their quality and the availability of services including contraceptives to attract uptake of services by young people and especially younger and hard-to-reach youth.
- Establish flexible opening hours, for example during weekends to allow school-going or working youth to be able to access services.
- Select peer educators from the same group—for example sex workers—to be able to reach youth with similar issues and lead them to SRH services. Is will also help to empower them with knowledge and skills.
- Train service providers on serving special groups like sex workers, LGBTI, YPLWHIV, youth with disabilities, and refugees to challenge discrimination.

