Youth-friendly focal person makes the difference

Young Kenyan mothers who live with HIV appear to be well informed about the sexual and reproductive health services to which they are entitled. However, lack of access to these services, either due to an unsupportive family situation or an unprepared health facility, remains a problem. The most successful health facilities are those with an appointed youth-friendly focal person.

Mother-to-child transmission of HIV is an important driver of the HIV/AIDS epidemic in Kenya. The women’s organisation WOFAK aims to stop mother-to-child transmission by making prevention services more accessible for young women. The WOFAK team advocates young women’s rights in their communities and at local health facilities. Some of these health facilities are staffed with a youth-friendly focal person or specialised desk, run by WOFAK.

More than information
Operational research shows that most women are aware of their sexual and reproductive rights, but nonetheless feel unable to exercise those rights. For example, many women said the main reason for not attending their HIV treatment appointments was fear of being seen by their family or neighbours who would talk bad of them. The fear of stigmatisation and discrimination was more dominant than their medical need. Another common problem was that some health providers deny them information about how to get and use contraceptives, because they believe young unmarried women are not supposed to have sex in the first place.

Youth-friendly focal persons
WOFAK seems to be rather successful in its approach to increase the uptake of antenatal and postnatal care to prevent mother-to-child-transmission of HIV. The health facilities with a youth-friendly service desk report that most HIV-positive pregnant women completed the minimal clinical visits (four) and all delivered their baby a health facility. Several young women said they no longer felt afraid to visit the health facility because the counsellors at the youth desk were young, friendly and reliable. The programme also helped to change the attitudes of health providers about the sexual rights and needs of youth. The most positive results were achieved at those facilities where special focal persons were trained and are available to provide youth-friendly services. However, not all health facilities have such a desk or person, and thus exclude many (potential) beneficiaries.

Recommendations
• Ensure health workers who work in the local facility are well supervised and earn a decent salary. Many health workers suffer under heavy caseloads and the traumatising issues they sometimes need to deal with. Support, both moral and financial, will help keeping them motivated.
• Guarantee privacy and confidentiality of young clients who seek SRHR services. Take measures to make young people feel comfortable, for example by providing a separate room or specific time slots for serving young clients and/or female clients.
• Invest in the sustainability of the programme by lobbying local governments to take responsibility for providing youth-friendly services at the health facilities and also at schools that fall under their authority.
• Take into account the economic situation of HIV-positive mothers and strengthen their entrepreneurial, agricultural, educational, and other economic skills so they can take part in the local economy and take care of themselves.