

**Integrating youth friendly VCT to  
youth reproductive health  
services: Experience from Family  
Guidance Association of Ethiopia  
(FGAE) youth centers**

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# Outline of presentation

- Situation of young people in Ethiopia
- Objectives of the study
- Methodology
  - Data collection
  - Analysis
- Key findings
- Recommendations

# Situation of young people in Ethiopia

- Who are young people?
  - No common universal definition and there is varied understanding: some refer to adolescents, others youth and still others consider young people as suitable definition
- In any case they constitute the larger majority of population in the country – eg. A third of the population in Ethiopia are 10-24 years of age. Recent EDHS report shows that 59.2% of women and 52% of men in Ethiopia are under the age of 30 years
- Though researches and service providers tend to generally unify young people, they have diverse capacity, needs and concerns – eg. A 13 year has absolutely different concerns, expectation and capacities compared to an 18 years

# Situation of young people in Ethiopia

- Anonymous studies show young people generally lack access to health information and care, counseling, legal protection and other social service
- Their vulnerability factors to problems especially RH and HIV are several but major ones are:
  - Culture do not give them recognition and attention – so their position in family and community remains precarious (youth sitan 2006, youth consultation 2002) – space to discuss and negotiate on and claiming rights sexuality, etc

# Situation of young people in Ethiopia

- They lack relevant information on reproductive health including HIV/AIDS
  - Comprehensive knowledge about HIV/AIDS is as low as 20% according to preliminary BSS report and EDHS of 2005.
  - Reproductive health knowledge of adolescents is generally low especially in rural areas (Pop council, 2004) where only as few as 14.5% adolescents could correctly name the fertile period during a women's cycle.
- Transactional sex associated with economic position of young people especially adolescent girls
- Psychologically as a young person they tend to test new ways, do not consider themselves at risk and get bored with routines

# Evident problems

- Half of all new infections are among young people.
- HIV prevalence among young people is higher than adults and girls are four-to- five times more affected compared to their male
- VCT service which is an important prevention intervention is yet inaccessible to the wider majority of young people.
- According to the recent EDHS, VCT service use is limited to less than 5% and for young people this is believed to be much more constrained.

# Why integration?

- FGAE in collaboration with FHAPCO and UNICEF Ethiopia aimed at accessing VCT for young people integrated in to existing reproductive health services in selected youth centers since 2002.
- Introduction of VCT service was accompanied with several associated services such as library, recreational facilities, capacity building on lifeskills and peer education, diagnosis and treatment of STIs and OIs
- The introduction of this service complemented the already available reproductive health services for the young people (FP, emergency contraception, STIs diagnosis and treatment)
- So, the integration was aimed to advance services for young people and make it complete

# Objectives

- During the end of 2003 beginning of 2004 five of the six UNICEF supported youth centers were visited and rapid assessment was conducted with an objective:
- Determine VCT service use by young people in and around the youth centers
- Identify how service users and providers perceive integration of VCT and routine RH services in the youth centers
- Identify major problems and challenges encountered in the provision of integrated service
- Define action points for better programming and improved service provision

# Methodology

Data was generated:

- From available documents on service provision at the respective centers and central office
- Four series of FGDs with male and female who used VCT service and same group who live within less than 30 mts from the center and yet failed to use the services
- In depth interviews with selected young people from the respective centers and service providers (counselors, lab technicians and library attendants)
- Observation of service use and informal discussions with staff
- Checklist was developed as per the objectives to generate the information.
- FGDs and IIs were carried out in the youth centers
- Accordingly, 183 young people (51.3% female) have taken part in a total of 20 FGD sessions and 20 young people (45% being female) and 10 service providers have participated in the in-depth interview.
- Data was analyzed by developing categories based on similarity patterns of information generated and similar responses were counted

# Key findings:

## Characteristics of FGD participants

| Characteristics                    | Tested group |        | Total | Nontested group |        | Total No. |
|------------------------------------|--------------|--------|-------|-----------------|--------|-----------|
|                                    | Male         | Female |       | Male            | Female |           |
| <b>I. Participants /site</b>       |              |        |       |                 |        |           |
| Akaki                              | 9            | 10     | 19    | 8               | 9      | 17        |
| Kirkos                             | 10           | 9      | 19    | 9               | 9      | 18        |
| Ferensay                           | 7            | 10     | 17    | 9               | 10     | 19        |
| DireDawa                           | 6            | 10     | 16    | 9               | 9      | 18        |
| Gondar                             | 12           | 9      | 21    | 10              | 9      | 19        |
| <b>II. Age</b>                     |              |        |       |                 |        |           |
| 15-19                              | 10           | 11     | 21    | 11              | 13     | 24        |
| 20-24                              | 21           | 26     | 47    | 22              | 25     | 47        |
| >24                                | 13           | 11     | 24    | 12              | 8      | 20        |
| <b>III. Educational Characs</b>    |              |        |       |                 |        |           |
| Drop out at elementary level       | 2            | 1      | 3     | 1               | 1      | 2         |
| Drop out junior/high school        | 3            | 2      | 5     | 1               | -      | 1         |
| Still in school                    | 18           | 21     | 39    | 24              | 21     | 45        |
| Completed high school              | 21           | 24     | 45    | 19              | 24     | 43        |
| <b>IV. Distance From Residence</b> |              |        |       |                 |        |           |
| <10 minutes                        | 14           | 9      | 23    | 21              | 13     | 34        |
| 10-15 minutes                      | 14           | 21     | 35    | 9               | 19     | 28        |
| 15-30 minutes                      | 16           | 12     | 28    | 15              | 12     | 27        |
| > 30 minutes                       |              | 6      | 6     | -               | 2      | 2         |

# VCT/RH Integration

- Observation of the youth center shows that such services as edutainment, library services, in door and out door games, discussion forums, and *clinic services (STI Dx/Tx, VCT, treatment of OIs)* were made available in the same center
- The same provider was found to provide VCT, family planning as well as counseling services
- Young people were provided with VCT services free of charge or with reduced price

# Why VCT – users perspective

- The common benefits of VCT were defined by participants who have used VCT to include:
  - Envision and plan the future by changing life threatening behaviour if positive (male participants are of this opinion than girls)
  - Know ones own status and avoid fear and worry in life (more male participants)
  - take care of family, liked ones and teach others if positive (more girl participants)
  - Build confidence in life

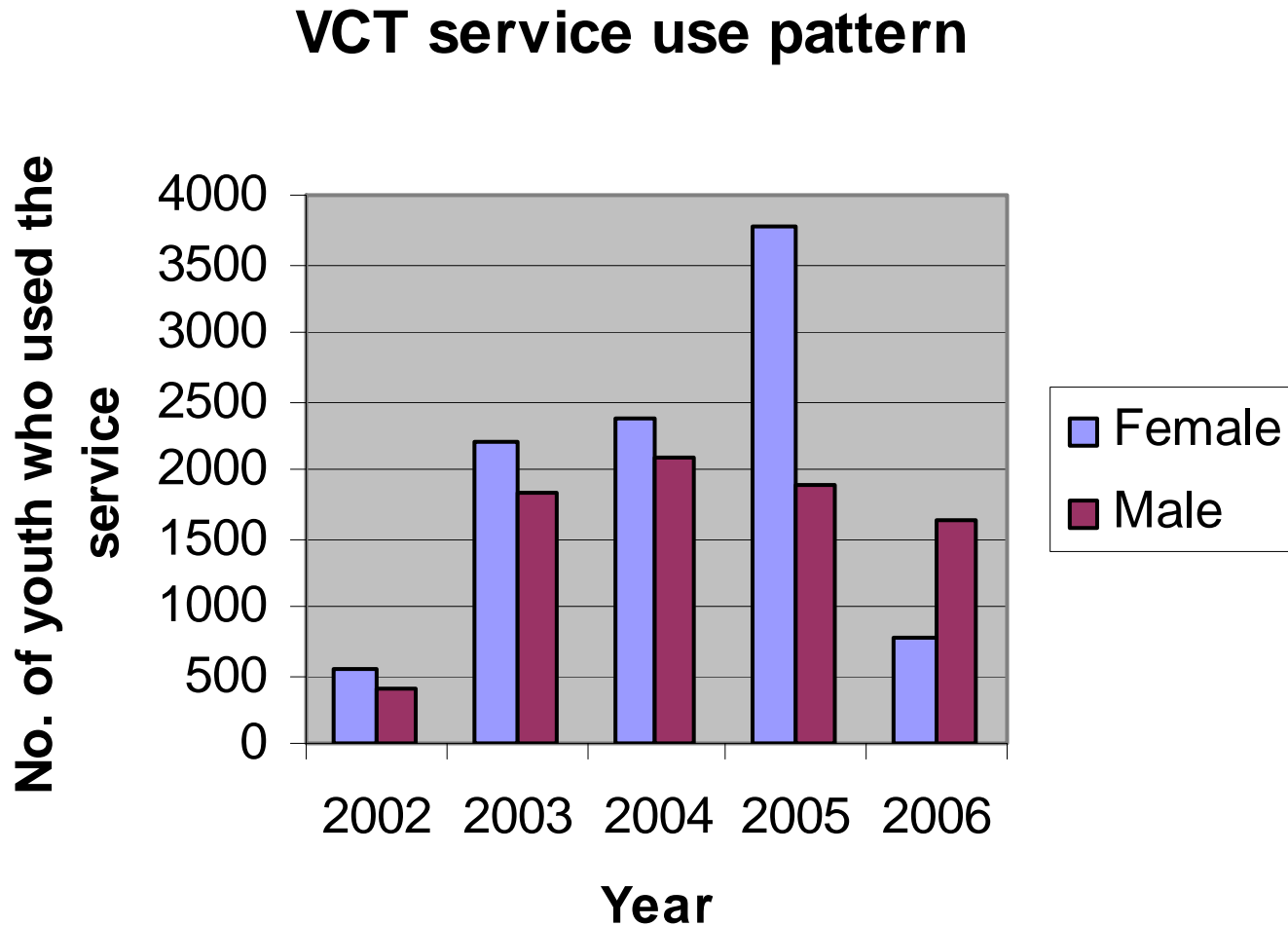
# Why not VCT service?

- Those who were not tested shared reasons for not considering. The common reasons included:
  - The wider majority of participants both male and female claims to have not started sex and 10% of the girls felt that male are more at risk and VCT is meant for them.
  - The male group indicated that **being positive is ruining ones self-confidence**. So, better not to know
  - **'What would people (parents, relatives, neighbours and friends) say if I turned positive'** I better not know my status.
  - Only 25% of the females and 12% of the male participants have a very rough plan to get tested while the rest majority do not want to be tested
  - Although 63% of the non-tested group live within 15 minutes walk from the center, 7 out of 9 of them have come to the youth center for the first time. Majority of the female participants does not know whether the center provides VCT service though they have slight information about the youth center's family planning service.

# VCT service use during Sept 2002-June 2006

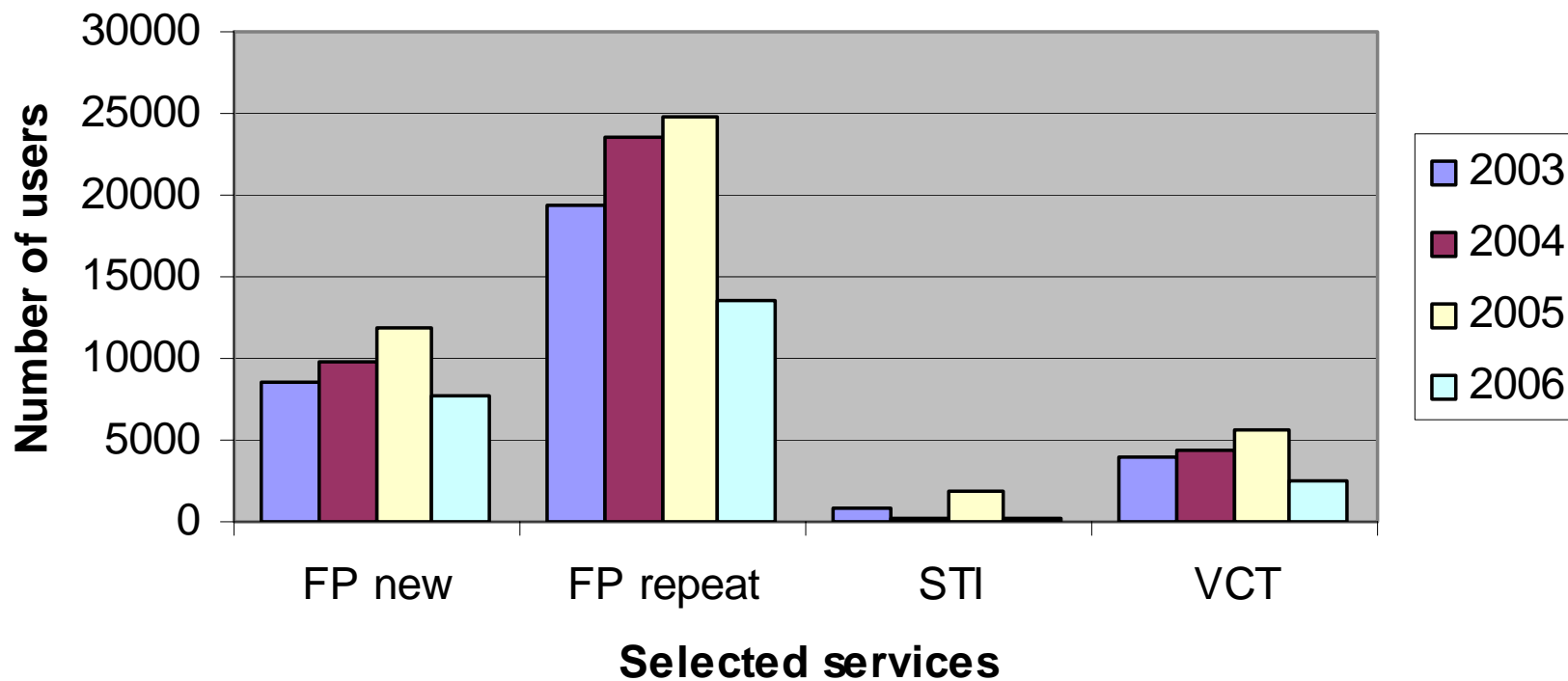
| Age   | Sex | Total tested | Total +ve | % +ve |
|-------|-----|--------------|-----------|-------|
| 10-14 | M   | 141          | --        | --    |
|       | F   | 57           | 10        | 17.5  |
| 15-19 | M   | 1670         | 10        | 0.6   |
|       | F   | 4563         | 181       | 4.0   |
| 20-24 | M   | 4159         | 169       | 4.1   |
|       | F   | 5002         | 662       | 13.2  |

# VCT service use pattern during Sept 2002-June 2006



# Integrated service provision

## Selected service integration



# Integration of VCT with other services: young people's perspective

- No body know if you are going for testing or other activities
  - *This is [referring to the center] where I used to study. After one year of VCT service in this center, I decided to get tested. So, I went and told the nurse that I want to get tested. It was not any different from visiting the nurse at other times for other reasons (18 year school 10<sup>th</sup> grade girl in Gondar)*
  - *I loved a girl who is a member of the theatre group here and I wanted to get an advice from the nurse in the clinic. She advised me several things including HIV. She also asked me if I ever considered knowing my sero-status. That was striking to me. I returned back to her several weeks latter and suggested I want to get tested. My close friends tease me for bothering the nurse for problem I could solve and did not know that I got tested in the process (21 year boy who completed high school in Kirkos)*

# Integration of VCT with other services: young people's perspective

- Get comprehensive information about HIV as well as other RH aspects
  - *You know what! you can discuss with friends about sexual desire and HIV and if you do not agree on a point you can talk to one of the staff in the center. Here there are also some reading materials though it is not as diverse as needed (Boy of 17 years, 9<sup>th</sup> grade in Akaki)*
  - *There are information about contraceptives, condom and HIV. However, HIV related information especially VCT is limited though could be compensated with peer discussions (Girl 17 years and 10<sup>th</sup> grade students in Diredawa)*
  - *It is not only about access to diverse information but access to different opportunities including playing games, watching useful films, getting training and VCT services (Boy 22 who completed education from Kirkos)*

# Integration of VCT with other services: young people's perspective

- Waiting for the service
  - *Waiting for VCT service is not as panicking as it is in private facilities. My friend preferred to be tested in private facility for being worried of confidentiality here in the center while I got tested here. He told me that while waiting for his turn his heart was pounding. I too panicked but I was playing tennis ball until I made sure there is no one with the nurse (23 year boy who completed school in Diredawa)*
  - *I and my friend decided to get tested together and we did it together. Waiting for our results we were engaged in a serious discussion with our friends in the compound. So neither of us felt much about it. Thanks God both of us tested negative (girl 19 year in technical school in Gondar)*

# Integration of VCT with other services: young people's perspective

- Parents knowledge about the center
  - *I asked my mom if I could go and study in FGAE youth center. She shouted at me as she had wrong information that the center is where young girls get spoiled. Several girls in our community encounter similar problem (girl 18 who completed her high school in Akaki)*
  - *I do not think FGAE has announced about the service it provides to young people as well as community members (Boy 21 completed high school, Gondar)*

# Integration of services – provider's perspective

- It is too much of a burden
  - *I am very happy to serve the widespread interest of young people. However, it is too much to handle and there is no one to assist and you have no break (nurse counselor)*
  - *Young people are now happy but I afraid if the service is satisfactory as I have not been trained to serve them (nurse counselor)*
  - *There is no difference for me. I think I am managing it (lab technician)*
  - *Often it is time consuming to deal with just one client while several others are waiting. I think there should be more professionals and rooms to deal with such problems (nurse counselor)*
  - *Why do you ask me! watch yourself the number of young people waiting and judge what it means to handle such a demand (nurse counselor)*

# Integration of services – provider's perspective

- Diffuse potential implication of HIV counseling
  - *Serving different needs of young people provided me with an opportunity to learn more. Some are educative, some entertaining and some are boring to deal with (nurse counselor)*

# Discussion

- *Young people's right to services is very much compromised in Ethiopia as there are not or poorly organized services for young people*
- *Anonymous literature shows that VCT has been shown to play important role for the prevention of HIV infections and serve as an entry point for care and support interventions. Yet, in Ethiopia such services are not friendly for young people.*
- *VCT service among young people picks up when and if the service is integrated with other reproductive health services. Although public health facilities generally claim to provide services for young people, youth friendly health services including VCT still remains critical*

# Discussion

- *VCT and other reproductive health services complement each other contributing to enhanced demand and use of the services*
- *FGAE has not advocated on the services it provides for young people and equally parents do not seem to have positive about the centers*
- *The youth center is organized to serve young people of all age category which does not recognize the variation of interest, concern and capacity*

# Discussion

- There were several factors that affect VCT service provision even in youth centers as noted above. These includes:
  - Parents discourage their daughters to visit health centers for fear of them being ‘spoiled’
  - Providers reiterated the fact that they are over burdened with so much demand from young people and often with little or no training on how to work with and respond to the multifaceted concerns of young people.
  - Age and Sex of the provider has been noted to have implication not only on the self confidence of the provider but also on the comfort of the service seeker young people

# Recommendations: the way forward

- Given the fact that VCT service is proven to have strong symbiotic relation with reproductive health service, public health facilities may have to consider providing youth friendly services in a corner of public health facility
- Clear strategy should be put in place to build the capacity of providers in terms of enabling them to deal with the diverse problems of young people, having relevant competencies to work with young people
- Using concrete experience strong advocacy should be made to promote the linkage between VCT and reproductive health services where applicable or a component of reproductive health.
- Awareness creation strategies should also consider how parents could contribute to the process
- Ensure such an integrated undertaking compromises the quality of services being provided to young people

Thanks to the youth centers, young people involved and the providers who have participated in this study



*Thank you for your attention!!*

