

# A TOOLKIT FOR HEALTH CARE

PROVIDERS FOR SRH SERVICES TO ADOLESCENTS  
AND YOUNG PEOPLE USING THE HARM  
REDUCTION MODEL



Call our Tollfree Suubi helpline to report any case of sexual gender-based violence or seek any information or services on Sexual Reproductive Health





## TRAINING GOAL

The training goal is to equip health workers with knowledge and skills to promote and provide Adolescent Friendly Health Services using the harm reduction counselling model.

### General training Objectives:

By the end of the training trainees will be able to:

1. Organise services for the delivery of adolescent reproductive health services at your workplace.
2. Provide information to individual adolescents, families and communities on adolescent health.
3. Counsel adolescents and parents on unwanted pregnancies and unsafe abortions.
4. Counsel adolescents and parents on sexual and reproductive health issues.
5. Manage adolescents with special sexual and RH needs such as unwanted pregnancies and unsafe abortions because of restricted legal frames.
6. Advocate for Adolescent Reproductive Health Services in the community.
7. Evaluate the training.



## TASKS OF THE TRAINEE

On completion of the course, the trainee will be able to:

- Establish/strengthen and integrate services for delivery of Adolescent Friendly Health Services (ADFHS) services at your workplace.
- Guarantee that patients understand how to avoid risks when they seek abortion services in restricted countries.
- Educate adolescents, families and community on:
  - Sexual and reproductive health services; adolescent growth and development.
  - Consequences of early sex indulgence; substance use and abuse.
  - STD/HIV/AIDS and pregnancy prevention, parent and child relationship.





# OVERVIEW OF ADOLESCENT HEALTH

## Session Objectives

By the end of the session, participants will be able to:

1. State the WHO definition of an adolescent
2. Explain the meaning of youth and young person
3. State the Demographic Statistics concerning adolescent health in Uganda
4. Examine the reasons for promoting adolescent health
5. Discuss Adolescent Friendly Health Services.
6. List the places where AFHS/ADHFS be provided

## Terminologies

### Adolescent

- Individuals aged between 10 to 19 years. This period is characterised by rapid physiological and psycho-social changes and growth

### Young people

- Individuals aged between 10 - 24 years.

### Youths

- Are those aged 15-24.
- Uganda's youth statute recognizes youths as those individuals aged 18 - 30 years.

## Harm Reduction Approach

- Refers to a set of practical strategies and ideas aimed at preserving health and reducing the negative consequences of prohibited or stigmatized practices and behaviours. It has proven to be successful in reducing morbidity and mortality, in the fields of HIV/AIDS and drug use. The approach has been successfully adapted to reduce the negative consequences of unsafe abortion – including maternal mortality and morbidity.
- It enables clients to access the information they need to make an educated decision and adequately care for their health by preventing any health or legal risks.

- The harm reduction model is based on the bioethical principles of autonomy, justice, and maximization of the welfare of each individual and does not harm. The model is also built on the human rights framework; the right to information, the right to health and the right to autonomy decision-making are the foundation of the model.

## Uganda's current Demographic Statistics on Adolescent Health

### Age structure

- Approximately 52.7% of the population is under 15 years of age. One in every four Ugandans (23.3%) is an adolescent and one in every three (37.4%) is a young person

### Fertility

- Fertility among teenagers is increasing
- By 18 years half of the Ugandan women have become mothers
- By 20 years 2/3 of women have had a child
- Adolescent pregnancy rate stands at 24%

### Contraceptive prevalence

- Contraceptive prevalence rate among adolescents remains low despite universal knowledge of contraceptives.

### **Morbidity and mortality:**

- **Adolescents account for a significant proportion (45%) of maternal deaths.**
- **Abortion complications are common in this age group**
- **Females contract HIV/AIDS at a younger age than males**
- **Within the age group 15-24, the female; the male ratio of HIV infection remains at 4;1**

### **Some of the factors predisposing to HIV/AIDS:**

- Break down of cultural structures which valued abstinence and virginity
- Unfriendly Mass media promoting pornography
- Rampant cross-generational sex

### **Unwanted/unplanned pregnancy**

- Majority of unwanted/ unplanned pregnancies end up in unsafe abortions, which risks the lives of teenage mothers to maternal mortality and morbidity.
- Babies born to teenage mothers are at a heightened risk of mortality compared to their counterparts born to older women.
- 3 out of every five women (57.9%) aged 20 -49 years started childbearing while still teenagers.
- By the end of 2021, the DHIS recorded a total of 378, 790 teenage births, which is seven per cent (7%) higher than the annual average registered in the previous five years.
- Teenage mothers contribute nearly 30% of maternal deaths (2016 UDHS)

### **Sexual Gender Violence /GBV**

- Teenage mothers contribute to 48% of health facility maternal death due to abortions from Gender Based Violence (DHIS figures 2020)
- Prevalence of childhood sexual abuse stands at 59%.

## **Healthcare concerns of adolescents**

### **Infant care**

- Children born to adolescents have a higher morbidity and mortality rate
- An adolescent is still a child with no experience in childcare
- Low/non-breastfeeding babies left with grandmothers due to economic/social reasons.
- Poor weaning practices hence malnutrition.
- Babies born to adolescents are less likely to complete immunisation.

### **Unsafe abortion**

Contributes to about 25 - 30% of maternal deaths and probably a higher morbidity

- Unmarried girls usually students
- No category is exempted
- Clandestine services by both qualified and unqualified health workers due to restrictive laws on abortion.

Improving access to contraceptive information and services including emergency contraception may reduce the incidence of unwanted/unplanned pregnancies and induced abortions

### **Harmful traditional practices**

- Early marriages
- Female genital mutilation
- Food taboos

### **Substance abuse**

- Tobacco, alcohol, cannabis and other drugs
- Relationship between drug abuse, violence, and risky social behaviour
- Role of print and electronic media

### **Mental health**

- Traditionally only extreme/overt mental illness i.e. madness was recognized however subtle deviant behaviour may occur amongst adolescents.

### Care during pregnancy

- Lack of social support
- Delivery under unskilled attendance may lead to increased mortality and morbidity.

### Nutrition

- Micronutrient deficiency diseases
- Rapid physical growth with poor nutrition has long-term consequences
- Poor nutrition during adolescence for the girl child has implications on pregnancy and childbearing.
- Poor nutrition and hunger can affect performance in school and may lead to dropping out of school.



## Why promote **adolescent health-friendly services** (AFHS/ADFHS)



To increase the availability and utilisation of quality health services for young people with a focus on:

- Adolescent pregnancy/abortion
- HIV/AIDS prevention
- STD prevention and treatment
- Reduction of substance abuse
- Sexuality, growth and development

### Quality of AFHS/ADHFS

- Geographically accessible
- Affordable
- Acceptable
- Welcoming
- Provide privacy and confidentiality

### Minimum package for AFHS/ ADHFS

- Education on sexuality, growth and development
- Counselling services
- Reproductive health services
- Life skills education
- Recreation services

### Where should AFHS/ ADHFS be provided

- Home
- School
- Health facility
- Media
- Young groups CBOs and NGOs
- Key Social gathering places

### Principles of delivery of adolescent health services

- Integrate into existing services
- Strengthen links through referrals
- Strengthen demand through the participation of adolescents
- Build socio-cultural values and practices that promote adolescent health and development.
- Be sensitive to needs based on gender, age and vulnerability.
- Provide facts and options for adolescents not just don'ts
- Mobilise political and financial support at all levels.
- Monitor and provide supervision.
- Remember that the health and development of young people/adolescents are important for now and the future



# COMMUNICATION AND COUNSELLING

## SESSION 1: COMMUNICATION



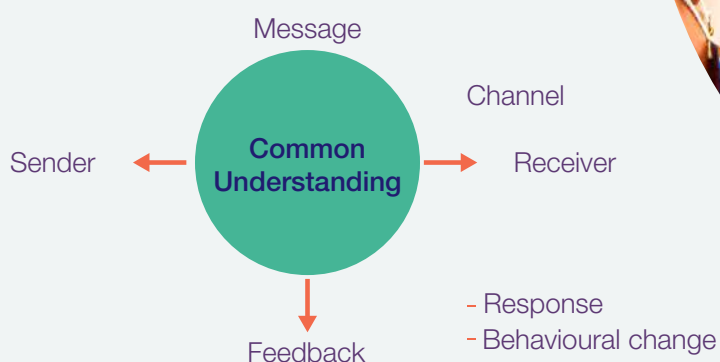
### Presentation outline

- Definition of communication
- Communication process
- Types of communication
- Effective communication
- Importance of communicating with adolescents
- Factors that promote effective communication
- Barriers to effective communication between H/W & Adolescents
- Tips for good communication
- Relevant topics to be communicated to adolescents

### Definition of communication

- A process which involves sharing ideas, feelings, attitudes and benefits.
- Communication occurs over time
- What was shared in the past may affect what may be happening now.
- And what may be happening now, will influence what may be happening in the future.
- Communication involves a series of activities that include listening, reflection, expression, testing and adopting changes in feelings and behaviour.

### Communication Process



## Types of communication

### Verbal

- Speech

### Non-verbal

- Facial expression
- Head nodding



- Hands/touch movements
- Posture
- Gesture
- Silence
- Styles of dressing
- Dance

## EFFECTIVE COMMUNICATION



The readiness and willingness to talk and give accurate information without reservation and get feedback.

### IMPORTANCE OF COMMUNICATING EFFECTIVELY WITH ADOLESCENTS

To bring a change in adolescents' knowledge, attitude and practices

- Create awareness e.g. on HIV
- To involve adolescents in decision making
- To give adolescents a chance to address their problems
- To save them from HIV/AIDS and the complications of pregnancy
- To inform adolescents that adolescence is normal and it is part of growing up
- To identify issues like child abuse, abortion, etc.
- To deliver health services to adolescents e.g. treatment of STIs.
- To improve the interpersonal relationship between adolescents and elders
- To give adolescents correct information to dispel myths and misconceptions about growing up.

### FACTORS THAT PROMOTE EFFECTIVE COMMUNICATION BETWEEN HEALTH WORKERS AND ADOLESCENTS

- Use of common language
- Good interpersonal relationship between the health worker and adolescent

- Confidentiality/privacy
- Understanding
- Being appreciative
- Give adolescents respect
- Good counselling skills
- Appropriate message for the adolescent
- Convenient time and venue
- Complete and accurate information

### BARRIERS TO EFFECTIVE COMMUNICATION

- Shy about being in a clinic (especially for RH) and about needing to discuss personal matters
- Embarrassed that s/he is seeking RH care
- Worried that someone s/he knows might see her/him and tell the parents
- Inability to describe what is concerning her/him and ill-informed about RH matters in general.
- Anxious that s/he has a serious condition that has significant consequences (e.g. STD, pregnancy)
- Intimidated by the medical facility and/or the many "authority figures" in the facility
- Defensive about being the subject of the discussion or because s/he was referred against her/his will.
- Resistant to receiving help because of overall rebelliousness or other reasons fostering discomfort or fear.



## TIPS FOR GOOD COMMUNICATION

- Be genuinely open to an adolescent’s question or need for information
- Do not be judgmental in words or in body language that suggests disapproval of their being at the clinic, of their behaviour, or their questions or needs.
- Understand they have various feelings of discomfort and uncertainty. Be assured in responding to the adolescent, making him or her feel more comfortable and confident.
- If sensitive issues are being discussed, help ensure that conversations are not overheard.

## RELEVANT TOPICS TO BE COMMUNICATED TO ADOLESCENTS

- Anatomy of the human reproductive health system
- Growth and development – changes that take place during adolescence in boys and girls.
- Sexuality
- Indulgence in early sexual relationships
- Family planning/contraception/ Pregnancy prevention.
- Sexual abuse.
- Safer sex.
- Adolescent pregnancy and its consequences.
- Sexually transmitted infections, HIV and AIDS.
- Unsafe abortions
- Use of available health services.
- Life skills
- Harmful cultural practices
  - Female genital mutilation
  - Boy child preference
  - Widow inheritance
  - Early marriages
  - Prolonged funeral ceremonies
- Immunisation
- Substance abuse
  - Drugs like marijuana/mairungi, jet-fuel sniffing, opium, etc.
  - Alcoholism
- Hygiene
- Nutrition
- Mental health
- Reproductive health cancers
- Reproductive health rights and responsibilities of adolescents

## Verbal communication skills

- Clarifying using open-ended or probing questions
- Listening actively/allowing the client to finish talking
- Encouragement/praise
- Accurate reflections and focusing the discussion on clients’ concerns/needs
- Repetition/using paraphrasing
- Responding to clients’ non-verbal communication
- Summarising and ensuring a common understanding of the discussion.

## Non-verbal communication skills

- Smile/nod at the client
- Open and non-judgmental facial expression
- Lean towards client
- Eye contact in a culturally acceptable manner
- Relaxed and friendly manner

# SESSION 2.1: INTRODUCTION TO THE COUNSELLING PROCESS

## Objectives

By the end of the session, trainees will be able to:

- Define counselling
- State qualities of a good counsellor
- Explain the conditions for effective counselling
- Explain the principles of counselling adolescents
- Discuss the different approaches to counselling
- Give at least 4 reasons why we

## What is counselling?

Counselling is a process in which a counsellor helps an individual, group of individuals or family members gain self-understanding and understanding of others to solve problems more effectively and resolve conflicts in everyday living.

The process of counselling involves a personal relationship with the adolescent and the counsellor jointly participating in problem resolution for the adolescent.

## Conditions for effective counselling

Counsellors' positive attitudes and good communication skills:

- Attitudes include empathy, unconditional acceptance of the client, and non-judgmental and caring attitudes.
- Communication skills include effective attending and listening skills, empathy, and asking questions that are relevant to the problem presented.
- Readiness of the client (adolescent) to be counselled.
- Counsellors' sincere and genuine interest in the welfare of others, particularly counsellor's willingness to help and his/her concern for others in hardship.
- The setting in which counselling may occur personal qualities of the counsellor (accurate empathy, unconditional acceptance)
- Characteristics of the adolescent and the counsellor.

## APPROACHES TO COUNSELLING

### Group counselling:

An interaction between a collection of individuals for the prevention of difficulties or enhancement of personal growth through the interaction of those who meet together for a commonly agreed purpose.

- In group counselling, several individuals work together with a counsellor to learn to resolve personal and interpersonal issues.
- Group counselling is an interpersonal process through which a counsellor helps individuals to cope with typical developmental problems.
- It is useful to people who are shy or aggressive in their interpersonal interactions and people who are resistant or over-conforming to social expectations.

### Advantages of group counselling:

- Members of the group are allowed to work out the problem in a social setting where they can experience and practice new behaviours", and receive support for their efforts and feedback from other group members as well as from the counsellor for example, adolescents who would like to stop drug abuse.
- Each member of the group has a chance to help others in the group improve social interactions.
- Each member of the group becomes aware of the feelings and experiences of other persons in the group.
- Group counselling aims at personality reconstruction.



## Disadvantages of Group Counselling

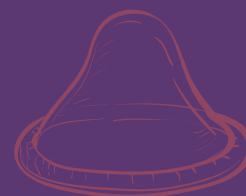
- It is not appropriate for individuals experiencing highly private personal problems.
- Some clients may find it difficult to develop trust in other group members which is vital for constructive self-disclosure.
- People prefer to be treated as individuals rather than members of a category. For example, it may be a group of alcoholics but their reasons for becoming alcoholics are unique, they are not the same. This means that for a better change of behaviour, each needs to be treated as a unique person, with unique problems. Usually, such behaviours are just symptoms of the problem and not the problem itself.
- There may be direct or indirect pressures for the members to conform to group norms.
- Individual counselling is more beneficial than group counselling.



## WHAT AFFECTS GROUP COUNSELLING?

### Physical environment

- Size of the group
- Shape of room and size
- Lighting, temperature
- Furniture
- Space between individuals



### Social environment

- Sex
- Members' social characteristics



## WHY ADOLESCENT COUNSELLING:

- To facilitate behaviour change
- To promote decision-making. Sometimes emotional disturbances result from adolescents' failure to make crucial decisions in life.
- To enable the adolescent to deal with emotional issues like anxiety, depression, frustrations and disappointments.
- To enable the child to feel good about himself/herself; accept his or her limitations and build self-confidence.
- To maximise the opportunity for the adolescent to pursue relevant developmental tasks. The adolescent's unused or unidentified potentials/skills will be identified in the counselling process, and the adolescent will be helped to develop or improve on those skills for personal growth and development.
- To improve interpersonal relationships so that the adolescent can function comfortably and adaptively with others at home, school and the community in which the adolescent lives.
- To provide social and psychological support to those who feel insecure, lonely, depressed, etc.





## SESSION 2.2: COUNSELLING SKILLS

Listening attentively without interrupting the client

- Allow the client to express herself/himself
- Showing your undivided attention
- Avoiding interruptions from other health workers

Use of encouragers means giving courage, confidence and hope e.g. non-verbal – nodding one’s head, verbal – “yes, I see, go on, please, mm, hm,” etc.

**Praise means an expression of approval or admiration**

- To reinforce good behaviour
- Compliments the client
- Shows that you respect and are concerned for their wellbeing.

**Reflections on facts and feelings**

**Art of questioning**

- Using open or closed questions
- Probing questions

**Summarising**

Integration of skills – applying verbal and non-verbal together

### Objectives

By the end of the session, trainees will be able to:

- List the counselling skills
- Explain the counselling process
- Explain the stages of counselling
- Identify factors that facilitate effective counselling
- Explain the difficult moments in counselling and how to overcome them
- Demonstrate ability to counsel adolescents

### Demonstration role play

**The objective of the Demonstration**

Identify the steps followed and counselling skills used by the provider to help an adolescent decide.

### Demonstration setting

Provider	- <b>Mary</b>
Client	- <b>Stella, 16 years old</b>
Setting	- <b>MCH/FP clinic</b>



### Observers' task

- Observe and listen carefully to the role play
- Write down the steps the provider takes to counsel the client using a checklist
- Write down the factors that facilitate the counselling process and the counselling skills used.
- Be ready to share in the large group after the role play

### Instructions for Simulation in small groups

#### Task:

- In small groups of 5
- One act as a provider
- Another as an adolescent
- The other 3 and a trainer as observers
- Observers use a checklist to assess the counselling skills and whether the counselling process is correctly being followed.
- After the role-play, give feedback to the observer
- Change roles

- Adolescent reactions towards parenting
- Parenting skills
- Needs of adolescent parents
- Role of Health workers in helping adolescent parents

### Objectives

By the end of the session, trainees will be able to:

- Give the meaning of parenting
- Explain the rationale for discussing parenting among adolescents
- Explain the reaction of adolescents towards parenting
- List parenting skills for adolescent parents
- Discuss the needs of adolescent parents
- Outline the role of health workers in helping adolescent parents parenting

## SESSION 3.1: PARENTING

### Outline

- Session objectives
- Meaning of parenting
- Why discuss parenting

## What is the meaning of parenting?

The care and upbringing of a child (Collins English Dictionary)

The rearing of children especially the care, love and guidance given by a parent (American Heritage Dictionary)





## Why discuss parenting with adolescents?

There is a higher risk of infant morbidity and mortality, child abuse and neglect. Child rearing presents many difficulties to the adolescent mother or couple.

### Adolescent reactions towards parenting

*(Participants brainstorm on the reactions of adolescents towards parenting)*

- Adolescents may feel inadequate about caring for an infant and anxious about its health.
- They may feel resentment or depression over their loss of leisure and a great increase in responsibility
- The infant care needed may prevent the parents from improving economically and/or educationally.
- Isolation from peers, crowded living conditions and dependence on others, with consequent resentment are additional hazards.

### Parenting Skills

*(Participants brainstorm on parenting skills)*

- Feeding
- Bathing
- Changing clothes, nappies etc of the baby
- Playing
- Positive social interactions
- Making health care decisions

### Needs of adolescent parents

#### Group work:

In two small groups, discuss the following:

- **Group 1:** The needs of adolescent fathers
- **Group 2:** The needs of adolescent mothers

#### Needs of adolescent father:

- Acceptance and integration into pre and postnatal services.
- Counseling about the benefits of sound sexual reproductive health practices, including condom use
- Exposure to positive models of, or information about effective parenting

- Encouragement to learn effective parenting skills, such as feeding, bathing, changing, playing, positive social interactions and participating in health care decisions.
- Continued access to economic and educational opportunity

#### **Needs of adolescent mothers:**

- Information about the importance of prenatal care and early access to such services, including trained providers during delivery
- Social support during pregnancy
- Postnatal support and health care for themselves and their infants
- Information about the importance of breastfeeding, immunisation, nutrition and growth monitoring.
- Encouragement to learn effective parenting skills, such as feeding, bathing, changing, playing positive social interactions and making health care decisions
- Counselling about modern contraceptives to delay the next pregnancy
- Confidential, private, affordable, welcoming service environment.
- Continued access to economic and education opportunities.

#### **Role of Health workers in helping adolescent parents**

*(Participants Brainstorm)*

#### **Information for the service provider to pass on:**

- When to immunise the child as per the UNEPI schedule. All immunisation should be completed before the child is 1 year old.

#### **Infant Feeding**

- Breast milk is the perfect milk for a baby:

- It has all the nutrients the baby needs
- It is easy for the baby to digest
- It gives important protection from infections
- It is always fresh, clean, at the right temperature and ready to drink.

#### **Advantages of breastfeeding to the mother and her family:**

- It slows the mother's bleeding after birth
- It helps prevent the mother from getting pregnant too soon
- It does not cost a lot of money

#### **However, Infant formula or animal milk has several problems.**

- It is less nutritious, especially if it is not prepared correctly or weltered down
- It is harder for the baby to digest
- It will not help prevent infections
- It can cause infections and illness in the baby if it is not made or stored correctly.
- It can be expensive and hard to get
- It can cause diarrhoea or even death if the water is contaminated.

#### **How to have enough milk:**

Breast milk is the best and only food the baby needs for the first 6 months. To produce enough milk, the mother needs to be healthy herself, drink plenty of fluids, eat plenty of nutritious food and get plenty of rest.

#### **When to stop breastfeeding:**

Babies should have only breast milk for the first 6 months without giving anything else, not even water. From 6 months introduce complementary foods while continuing to breastfeed for at least 2 years.

#### **The Adolescent and Breastfeeding:**

Breastfeeding is a challenge for adolescents. They often consider breastfeeding to be too confined to their movements and too demanding of their time. So, this helps maintain a realistic perspective that will support the adolescent mother to decide what she will be comfortable with and successfully carry out.



Support the adolescent mother to choose to breastfeed and succeed.

- Emphasise that breastfeeding is pleasurable and convenient
- Help her set realistic short-term goals, e.g. breastfeeding until returning to school is better than not breastfeeding at all.
- Present breastfeeding as being cool
- Connect her to a peer breastfeeding support group. Mother-to-mother support relationships have been vital in helping young mothers successfully sustain

optimal breastfeeding practices

- Focus on body image in a positive way e.g. breastfeeding can help her return to her pre-pregnancy shape.
- Encourage her to consume nutritious foods

### Evaluation

How did you feel about this session?

What have you learnt in this session?

What are you going to do to help adolescents with parenting?



## SESSION 4: YOUTH-FRIENDLY SERVICES

### Objectives:

By the end of this session, participants will be able to: -

1. Define adolescent/Youth Friendly services
2. Identify factors that prevent adolescents from seeking RH Services
3. Discuss the characteristics of adolescent/youth-friendly service providers, health facilities and program
4. List the services that constitute RH youth-friendly services
5. Agree on the role of the Service Provider in Promoting youth friendly Services

### Definition

These are services which have policies and attributes that attract youth to the facility or programme, provide a comfortable and appropriate setting for youth, meet the needs of young people and can retain their young clientele for follow-up and repeat visits.

### Group work

**Task:** Divide into 3 groups by counting (10mins each)

**Group 1** – Discuss and agree on the characteristics of an adolescent/youth-friendly provider

**Group 2** – Discuss and agree on the characteristics of an adolescent/youth-friendly facility/health unit.

**Group 3** – Discuss and agree on the characteristics of a youth-friendly program

What would adolescent/youth-friendly services look like?

- The staff have been specially trained to work with young adults
- Staff are trained to respect young people and their needs
- Staff acknowledge the central importance to adolescents of privacy and confidentiality.
- Clinic managers make sure there is extra time allowed for counsellors or medical staff to discuss young people's

### Health facility characteristics:

- Separate spaces or special times are set aside for young people – having clinics open at times when young people can conveniently attend is fundamental to effective recruitment and service provision.

- Clinics are opening at times convenient for young clients to attend, such as late afternoons, evenings and weekends.

- Facilities are conveniently located – young people sometimes express a desire to go out of their neighbourhoods so that they will not be seen by family members and neighbours.

- There is adequate space, and it is arranged so that young people's privacy is protected. Privacy and confidentiality rank extremely high among young people. For a young woman, the accompaniment of her boyfriend to the clinic can be an important element in the decision to seek services.

- Clinic surroundings are comfortable, are as “unmedical” as possible and made appealing for young people.



## PROGRAMME DESIGN CHARACTERISTICS:

- Drop-in clients are welcomed
- Overcrowding is avoided and waiting times are short
- Service charges are as low as possible, so that young people can afford them.
- Boys and young men are encouraged to attend, and special male services are offered
- Audio-visual and print material dealing with issues relevant to young people are offered in waiting areas.
- The availability of special programs for young people is widely publicised in such places as schools, factories and recreational and other community settings. Such open publicity often serves to increase young people's comfort level with a program.

### Why do youth need specialised services?

- Adolescence is a period of transition to adulthood
- Adolescent behaviour includes experimentation and risk-taking, making young people more vulnerable
- Generally, they are healthy and do not see health as an issue needing service response
- Adolescents face fears, concerns and lack understanding about their own needs.
- Significant social changes that affect society to some degree
- Broadened opportunities for women such as staying in school longer and entering the workforce in larger numbers
- Rising age of marriage in most countries
- Decreasing the age of menarche creatia period when women are single and capable of becoming pregnant
- Sexual activity during the nonmarital time has increased as a result.

## FACTORS THAT PREVENT YOUNG PEOPLE FROM USING REPRODUCTIVE HEALTH SERVICES?

- Unmarried young people often think that reproductive health services are not intended for them
- They are often embarrassed at being seen in a reproductive health facility.
- They are likely to be concerned about lack of privacy and confidentiality, or afraid that they.
- Fear of ostracization by peers.
- They don't know where reproductive health services are located, or they are unfamiliar with the kinds of services offered.
- The health facilities they might go to are not open at convenient hours.
- There is no transportation to an existing clinic site.
- The cost of services is beyond their means
- They fear mixing with adults.
- They are afraid of medical procedures, especially pelvic exams.
- They might be ashamed of having experienced coercive or abusive sex.
- They find the clinic staff hostile, insensitive to their needs and often judgmental.
- Many adolescents are unaware of the risk of pregnancy. They are unfamiliar with STD symptoms and don't know when to seek services.



# WHAT DO YOUNG PEOPLE SAY THEY WANT?

- Affordable Services
- Services that are easily accessible
- Convenient scheduling and location
- A clinic which seriously observes infection prevention practices
- Confident service providers
- Special hours and quick service
- Confidential services
- Conducive attitude of service provider and other clinic staff.
- Places with multiple services.

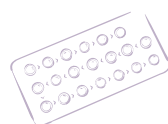
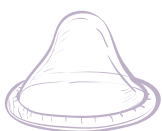


## ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH SERVICES:

- Information and counselling
- Counselling on sexuality, sexual abuse, condom negotiation and use
- Pregnancy testing
- Prenatal/ delivery and postnatal care
- Maternal care and delivery
- Contraceptive method choice, use and follow-up
- STI screening, counselling and treatment
- HIV testing and counselling
- Post-abortion care
- Referral and follow-up

### Service provider's role in promoting access and quality of ASRH services:

- Prepare adolescents for referral and ensure they receive appropriate management at the referral point.
- Maintain privacy and confidentiality
- Maintain quality of care and ensure patient safety
- Observe the rights of the client.
- Provide health education
- Screen and counsel adolescents according to their needs
- Provide RH services including ANC and delivery
- Treat and manage STIs
- Supply condoms and contraceptives
- Integrate counselling in sexuality, gender and life skills in service provision.









# get in touch

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Call our Tollfree Suubi helpline to report any case of sexual gender-based violence or seek any information or services on Sexual Reproductive Health



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