

Adolescent-Friendly Services at District Health Centers



The Situation

While the transition to adolescence presents challenges to communities worldwide, the situation in Uganda is striking – one quarter of the population between the ages of 15 and 19 had their first sexual experience by age 15, and nearly half of all women become mothers by age 18. Adolescents in Uganda also report a high incidence of negative health consequences as a result of unprotected sexual activity. In Jinja district, for example, adolescents account for half of the clients seeking services for treatment of sexually transmitted infections.

The Assessment

PRIME/Intrah conducted a baseline assessment of four health centers in Jinja district to identify training and service needs for creating adolescent-friendly services. The study concluded that at district health centers the vast majority of adolescent clients sought only antenatal or maternal health services. These adolescents reported a number of reasons for not seeking other reproductive health (RH) services:

- Little knowledge of available RH services
- A perception of negative provider attitudes toward adolescent sexuality, pregnancy and abortion
- Inconvenient health center schedules
- Lack of anonymity.

The study also revealed gaps in the skills and knowledge of providers as related to adolescent RH services.

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The Project

The Uganda Ministry of Health and the District Health Management Team, in collaboration with PRIME /Intrah, established adolescent RH services at four maternal and child health facilities in Jinja district. Previous programs tried to address unmet demand for adolescent RH services by responding to policy needs and focusing on information, education, character building and income generation. This project created the first service delivery programs in the country to attract adolescents by considering their distinct needs.

The PRIME project design combined training for providers in adolescent RH services with the programs to reduce barriers and attract adolescents to the health centers.

PRIME trained four service providers from each of the pilot facilities. The training emphasized changes in attitude, appropriate counseling skills, and the information necessary to provide adolescents with unrestricted RH services.

To reduce barriers further, the pilot health centers extended their hours of operation into the afternoon so that adolescent students could visit after school. A major component of the project strategy was attracting adolescents to recreational activities at the health centers, then encouraging them to take advantage of the RH services they found there. To this end, the centers offered videotapes on adolescent RH issues, group and individual counseling, targeted role play, and question-and-answer sessions.

The Results

Every week each of the four pilot centers now serves between 20 and 60 adolescents seeking a wide array of RH services. These adolescent clients express satisfaction with the changed attitudes of service providers, reporting them to be both friendly and accessible. Parents, too, express interest in the adolescent RH services at these centers. To make sure the services stay adolescent-friendly, trained supervisory teams monitor their quality and gather data that will guide future assessments of project performance.



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Suggested citation:
Rabb, M. Adolescent-Friendly Services at District-Level Health Centers. 9/2000.
(PRIME PAGES: ESA-2)
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Statistics cited from:

Njau, Wangoi, Tembi Matatu, and Khama Rogo. *Report of a Baseline Assessment for Adolescent Reproductive Health Initiative in Jinja District of Uganda: The Final Report*. Intrah, PRIME Project, 1999. (unpublished)

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This publication was produced by Intrah at the University of North Carolina at Chapel Hill for the PRIME II Project and was made possible through support provided by the Center for Population, Health and Nutrition, Global Bureau, U.S. Agency for International Development, under the terms of Grant Number HRN-A-00-99-00022-00. The views expressed in this document are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.