MIDWIFERY

NTQF Level III

Learning Guide #20

Unit of Competence: Provide Adolescent, Youth and Reproductive Health

Module Title: Providing Adolescent, Youth and Reproductive Health

LG Code: HLT MDW3 M06 LO1-20

TTLM Code: HLT MDW3 TTLM 0219v1

LO 1: Plan adolescent and youth RH services

Instruction Sheet	Learning Guide #20

This learning guide is developed to provide you the necessary information regarding the following content coverage and topics –

- Introduction to adolescent and youth RH services
  - ✓ Concept of AYRH
  - ✓ History and development of AYRH
  - ✓ History of AYRH in Ethiopia
  - ✓ Components of AYRH
- Identifying eligible and target group of AYRH
- Resource mapping for AYRH
- Developing and implementing action plan

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, upon completion of this Learning Guide, you will be able to –

- History, concepts, definitions, components of RH are covered
- Eligible and target groups for RH are identified
- Resource mapping is conducted using the standard format of FMOH
- Action plan is developed based on priority health need

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described in number 3 to 20.
3. Read the information written in the “Information Sheets 1”. Try to understand what are being discussed. Ask you teacher for assistance if you have hard time understanding them.
4. Accomplish the “Self-check 1” in page -------.
5. Ask from your teacher the key to correction (key answers) or you can request your teacher to correct your work. (You are to get the key answer only after you finished answering the Self-check 1).
6. If you earned a satisfactory evaluation proceed to “Information Sheet 2”. However, if your rating is unsatisfactory, see your teacher for further instructions or go back to Learning Activity #1.
7. Submit your accomplished Self-check. This will form part of your training portfolio.
8. Read the information written in the “Information Sheet 2”. Try to understand what are being discussed. Ask you teacher for assistance if you have hard time understanding them.
9. Accomplish the “Self-check 2” in page ----------.

10. Ask from your teacher the key to correction (key answers) or you can request your teacher to correct your work. (You are to get the key answer only after you finished answering the Self-check 2).
11. Read the information written in the “Information Sheets 3 . Try to understand what are being discussed. Ask you teacher for assistance if you have hard time understanding them.
12. Accomplish the “Self-check 3” in page ----------.
13. Ask from your teacher the key to correction (key answers) or you can request your teacher to correct your work. (You are to get the key answer only after you finished answering the Self-check 3).
14. Read the information written in the “Information Sheets 4 . Try to understand what are being discussed. Ask you teacher for assistance if you have hard time understanding them.
15. Accomplish the “Self-check 4” in page ----------.
16. Ask from your teacher the key to correction (key answers) or you can request your teacher to correct your work. (You are to get the key answer only after you finished answering the Self-check 4).
17. Do the “LAP test” in page ----------

Information Sheet -1	Introduction to adolescent and youth RH services

1.1 Concept of AYRH

The World Health Organization (WHO) defines an adolescent as an individual in the10-19 years age group and usually uses the term young person to denote those between 10 and 24years. In this Module we will use these definitions and also the terms early adolescence (10-14), late adolescence (15-19) and post-adolescence (20-24), because they are helpful in understanding the problems and designing appropriate interventions for young people of different ages.

Adolescence is a period of transition from childhood to adulthood during which adolescents develop biologically and psychologically and move towards independence. Although we may think of adolescents as a healthy group, many die prematurely and unnecessarily through accidents, suicide, violence and pregnancy-related complications. Some of the serious conditions of adulthood (for example, sexually transmitted infections (STIs), like HIV; and tobacco use) have their roots in adolescent behaviour.

Studies show that young people are not affected equally by reproductive health problems. Orphans, young girls in rural areas, young people who are physically or mentally impaired, abused or have been abused as children and those migrating to urban areas or being trafficked are more likely to have problems.

Despite their numbers, adolescents have not traditionally been considered a health priority in many countries, including Ethiopia. While the country has been implementing major interventions to reduce child mortality and morbidity, interventions addressing the health needs of young people have been limited. Young people often have less access to information, services and resources than those who are older. Health services are rarely designed specifically to meet their needs and health workers only occasionally receive specialist training in issues pertinent to adolescent sexual health. It is perhaps

not surprising therefore that there are particularly low levels of health-seeking behaviour among young people. Similarly, young people in a variety of contexts have reported that access to contraception and condoms is difficult.

The negative health consequences of adolescents can pass from one generation to the next. For example, babies born to adolescent mothers have a high risk of being underweight or stillborn. They are also likely to suffer from the same social and economic disadvantages encountered by their mothers. That is why addressing the need of adolescents is an intergenerational investment with huge benefits to subsequent generations.

If the nation is to address its rapid population growth, it is crucial to acknowledge the importance of the reproductive health concerns of adolescents and young people, particularly in their decisions related to avoidance of unwanted pregnancy.

1.2 History and development of AYRH (Historical development of sexual & reproductive health strategies activities)

In ancient time till the latter part 19th century and the early 20th century that providing services for mothers and children was not public responsibility. During that time services were provided on a basic health services in clinics and health cantersbasis and very much depended on where one happened to live, whom one knew, and the class and the race to which one belonged. Parallel developments in three areas are considered to be the main factors which facilitated the organisation of MCH services: increasing social action for welfare of children, advances in medicine, and the developments of local and state health departments.

A wide interest in child care developed in the 19th century in Europe and North America marked by the establishment of “Milk Stations” at work places, Infant Welfare centers, and School of mothers followed by the “Sheppard Towner Act, 1921” which provided grants to the states to enable them to provide health care to mothers and children.

At establishment WHO set four priorities; Tuberculosis, Malaria, MCH and Venereal Diseases. During the 1960s, UNFPA established with a mandate to raise awareness about population “problems” and to assist developing countries in reproductive health addressing Concern about population growth particularly in the developing world and among the poor coincided with the rapid increase in availability of technologies for

reducing fertility - the contraceptive pill became available during the 1960s along with the IUD and long acting hormonal methods.

Population policies became widespread in developing countries during the 1970s and 1980s and were supported by UN agencies and a variety of NGOs of which international planned parenthood federation (IPPF) arguing that rapid population growth would not only hinder development, but was itself the cause of poverty and underdevelopment. In 1972, WHO established the Special Program of Research, Development and Research Training in Human Reproduction (HRP), whose mandate was focused on research into the development of new and improved methods of fertility regulation and issues of safety and efficacy of existing methods? Almost without exception, population policies focused on the need to restrain growth; very little was said about other aspects of population, such as changes in structure or in patterns of migration.

Child survival was introduced as concept in the early 80s by UNICEF and USAID but the maternal component of MCH was largely ignored this time.The significance of MCH was restated at Almata in 1978, when MCH was identified as one of the “essential components of PHC".The safe motherhood conference of 1987 in Nairobi and the initiative was an attempt to correct this inequity, with its major aim being to reduce the neglected tragedy of maternal mortality and morbidity world-wide.

The idea of MCH spread to the developing world, but until the end of World War II, it was carried out primarily by charitable organizations. The governments were more concerned with the provision of curative care to urban populations and control of epidemics. At the end of the war, newly independent countries began to take upon themselves the responsibility for the health of their populations, and in some countries (e.g. Burma, Mongolia and DPR Korea) the importance of the health of the mother was entrenched in the constitution itself.

The concept of reproductive health arose in the 1980s with a growing movement away from population control and demographic targets towards a more holistic approach to women’s health2. It was not until the ICPD in 1994 and the Fourth World Conference on Women (FWCW) in 1995 that the concept gained international acceptance and was heralded as a turning point for women’s health. The ICDP brought to international recognition two important guiding principles of RSH that empowering women and improving their status are important ends in themselves and essential for achieving sustainable development; and reproductive rights are inextricable from basic human rights, rather than something belonging to the realm of family planning. The FWCW reaffirmed and strengthened the consensus that had emerged at the ICPD.

The ICPD conference was instrumental in formalizing the paradigmatic shift in how women's health was conceptualized and how services were delivered. The way in which reproductive health was viewed began to change: the focus became the promotion of healthy reproductive lives, rather than the prevention of sexual morbidity. Not only were there changes in the kinds of programs that were delivered, but also in the intended recipients and manner of delivery of programs. For example, men were recognized as having an important role to play; child survival was emphasized; the integration of RSH services into primary health care rather than their being offered as a separate service in separate facilities was advocated; and the need for reproductive health services specifically designed for refugees and internally displaced persons (IDPs) was recognized. Overall, it called for a fundamental rethink of health service provision.

1.3 History of AYRH in Ethiopia

In Ethiopia MCH coordinating office was established at the Ministry of Health in 1979. MCH coordinators were assigned to the then regions. At present the MCH/RH activities are coordinated by the Family Health Department, which is one of the main departments of the Ministry of Health. In the regions and zones family health teams and experts, respectively are responsible for managing and coordinating MCH/RH services.

1.4 Components of AYRH

The Components of reproductive health care include the following:

- Quality family planning counselling, information, education, communication and services;
- Prenatal, safe delivery and post natal care, including breast feeding;
- Prevention and treatment of infertility;
- Prevention and management of complications of unsafe abortion;
- Safe abortion services, where not against the law;
- Treatment of reproductive tract infections, sexually transmitted diseases and other conditions of the reproductive system;
- Information and counselling on human sexuality, responsible parenthood and sexual and reproductive health;
- Active discouragement of harmful practices, such as female genital mutilation;
- Referral for additional services related to family planning, pregnancy, delivery and abortion complications, infertility, reproductive tract infections, sexually transmitted diseases and hiv/aids, and cancers of the reproductive system, including breast cancer. Wherever possible, reproductive health and family planning programs should include facilities for the diagnosis and treatment of stds, recognizing that they often increase the risk of hiv transmission.

Self-check -1	Introduction

MCQ

1. Which of the following is not the components of AYRH
    A. Prenatal, safe delivery and post natal care
    B. Quality family planning services
    C. Prevention and treatment of infertility
    D. Information and counselling on human sexuality
    E. None of the above
2. Young people are affected equally by reproductive health problems.
    A. False
    B. True

Information Sheet -2	Identifying eligible and target group of AYRH

Calculating the size of the target group and coverage of AYRH services

Calculating the size of the target group of AYRH Services.

AYRH services could be delivered through various outlets such as the health post, household, community, schools, and other social institutions such as religious institutions, as well as areas frequented by young people. Before you provide services it is important that you know the size of your target group and what specific services they need and through which outlets you could provide the services.

The eligible population number for youth and adolescent health care service are all younger population whose age ranges from 10 – 24 years and they are estimated to be 30% from the total population. It can be calculated using the following formula.

Number of youth and adolescent age 10 – 24yrs = P_{tot} × 30/100

Example - 1: If the total population number in one of your kebele is 5000, then what could be the number of youth and adolescents who aged from 10 – 24 years taking the percentage to be 30%?

Given: -

1. Total population of the kebele is 5000.
2. The number of youth and adolescent population is estimated to be 30% from the total population.

So using the formula given you above, we can calculate as

Number of youth and adolescent age 10 – 24yrs = P_{tot} × 30/100
= 5000 × 30/100
= 1500

Example – 2: If the total population of a given Wereda is 12000, then calculate the number of youth and adolescent population of the given wereda?

Calculating the coverage of AYRH services.

It is important to understand the common indicators for calculating service coverage; these are shown in Box 2.3.

AYRH indicators

- Proportion of young people using condoms (for age groups 15–19 And 20–24 years)
- Contraceptive prevalence rate among sexually active young people for age groups 15–19 and 20–24 years (contraceptive prevalence =Proportion of adolescents using contraceptives).
- Prevalence of STIS among female and male young people in age groups 15–19 and 20–24 years (prevalence of STIS = proportion of young people with STIS).
- Proportion of pregnant women aged 15–19 and 20–24 years old seeking antenatal care (ANC).
- Proportion of young women aged 15–19 and 20–24 years old delivered at the health post
- Proportion of young women who delivered with the assistance of a trained health service provider.
- Proportion of young people referred for HIV counselling and testing.
- Proportion of young women referred for abortion-related services.
- Proportion of young women counseled on sexual abuse.

If we want to calculate ANC coverage among young pregnant women aged 15–19 years we divide the total number of young pregnant women aged 15– 19 years who use ANC by the total number of young pregnant women aged 15–19 years in the kebele and multiply by 100.

ANC coverage among young women 15–19 =

$$\frac{\text{Number of young pregnant women 15 −19 who useANC}}{\text{Number of young pregnant women15 – 19 in the } \textit{kebele}} \times 100$$

The same can be done for the other indicators.

- How would you calculate ANC coverage among women aged 20–24 years?

ANC coverage among young women 20–24 =

$$\frac{\text{Number of young pregnant women 20 − 24 who use ANC}}{\text{Number of young pregnant women 20 - 24 in the } \textit{kebele}} \times 100$$

Self-check -2	Identifying eligible and target group of AYRH

MCQ

1. If the total population number in one of your kebele is 10,000, then what could be the number of youth and adolescents who aged from 10 – 24 years taking the percentage to be 30%?

A. 2500
B. 3000
C. 3500
D. 4000
E. None of the above

Short answer

2. Write at least four AYRH indicators
   a) _____
   b) _____
   c) _____
   d) _____

Information sheet -3	Resource mapping for AYRH

??????????????????????????????????

Information sheet -4	Developing and implementing action plan

Steps in organizing AYFRH services

1. Conduct a needs assessment of adolescent and youth services provided at the health facility
2. Assess whether the health workers are trained to provide AYFRH services and find out what materials are available in the health facility
3. Identify existing problems in providing RH service for young people
4. Develop proposals to solve the problems identified
5. Present an action plan to implement the proposals.

Step 1: Conducting a needs assessment of existing services at facility

- It will help you identify existing problems and the people and materials available to provide
- RH services for young people.
- In addition, the needs assessment tool will help you collect information on how the health facility keep track of data on AYRH services provided.
- Overall, the tool will help you determine whether the facility has youth-friendly characteristics.

Need assessment tool for problem identifying.

AYFRH service needs

General Information:

Name of *Woreda*_____ Name of *Kebele* _____ Name of health facility_____

About Materials/supplies and services

1 Does the health facility meet the "Standards on Youth Friendly Reproductive Health Services" when providing services to young people? Yes No

2 Are Health Education materials on the different components of AYRH services currently available at the health facility?

- Sexually transmitted infection Yes No
- HIV/ AIDS Yes No
- Unwanted/unplanned pregnancy and contraceptive use/family planning Yes No
- Maternal health care (antenatal care, delivery care postnatal care) Yes No

3 Does the health facility have referral forms for young people? (could be the same for all clients/patients, but need to verify that it is appropriate for young people)

- Referral (one way only) Yes No
- Referral and Feedback (back referral) Yes No

4 Does the health facility have case management guidelines for the following services?

- STIs Yes No
- HIV/AIDS Yes No
- Sexual abuse Yes No
- Contraception/family planning Yes No
- Antenatal, delivery, postnatal Yes No

5 Does the facility have the following supplies and services?

- Contraceptives Yes No
- Emergency contraceptives Yes No
- Pregnancy test Yes No
- Syndromic management of STIs Yes No
- HIV testing Yes No

Training of health workers

6 Are any of the health workers in the facility trained in the case management guidelines? Yes No

7 Are any of the health workers in the health facility trained on AYFRH services? Yes No

Involvement of young people and the community

8 Are young people involved in providing information and services to their peers in the community? Yes No

9 Does the facility inform the community about their AYFRH services available? Yes No

Convenience of the location and service hours

10 Are the service hours of the facility convenient for young people? Yes No

11 Do the consultation rooms for young people ensure?

- Privacy (visual and auditory) Yes No
- Confidentiality? (records locked and not accessible to other people) Yes No

Step 2: Assess whether the health workers are trained to provide AYFRH services and

Materials and services	Training of health workers	Involvement of the young people and the Community, Convenience of the location and service hours Steps	Convenience of the location and service hours

find out what materials are available in the health facility.

Step 3: Identifying problems related to AYFRH.

The information you gathered in steps 1, 2, 3, are summarized in the following table.

Steps 4: Developing a proposal

- Now you should develop a proposal to show how you are going to solve the problems you identified in your assessment.
- You may not be able to respond to all of the problems you have identified.
- Therefore you should prioritize the problems based on the importance of the problem and the resources you have or you could acquire.
- The proposal should have the problems identified.
- The proposal should also have what you want to achieve by addressing the identified problem. This is called **Objective.**
- The proposal should also have the different methods you use to tackle the problems. This is called **Strategy**.

The following table will help you in how to write a proposal.

Table 2.2. Form for developing a proposal

	Problem: <u>Materials and services</u> **No health education materials on contraception available at the health post**
Objective	Make health education materials on contraceptives available at the health post
Strategy	Mobilise support from the woreda health office, health centre and NGOs working in the kebele
Activity	Collect available health education materials
Resource	Transport and per diem cost to travel to the woreda health office and health centre.

Time	One month

Step – 5: - Prepare Action Plan

Problem	Action Required	Person responsible	Date to be carried out
Lack of health education materials on contraceptives at the health facility	Collecting health education Materials Request both orally and through formal letter that (i) the woreda health office Or (ii) the NGO working in the kebele (if any Or (iii) the health centre provides you with health education materials on contraceptives	Health care professional	September 1st 2011 (E.C.)

Self-check -4	Developing and implementing action plan

MCQ

1. The first steps in organizing AYRH services
   A. Identify existing problems in providing RH service for young people
   B. Develop proposals to solve the problems identified
   C. Present an action plan to implement the proposals.
   D. Conduct a needs assessment of adolescent and youth services provided at the health facility
2. It is a part of proposal and indicate what you want to achieve by addressing the identified problem
   A. Strategy
   B. Objective
   C. Activity
   D. A & B

   T/F
3. The proposal should also have the different methods you use to tackle the problems and this is called Strategy.

Prepared By

No	Name	Educational Back grand	LEVEL	Region	College	Email	Phone Number
1	Masresha Leta	Midwifery	A	Harari	Harar HSC	masreshaleta3@gmail.com	0911947787
2	Gosaye T/haymanot Zewde	Midwifery	A	Harari	Harar HSC	Zewdegosa@yahoo.com	0913227450
3	Amare Kiros	Midwifery	A	BGRS	Pawi HSC	amarekiros9@gmail.com	0920843010
4	Jalele Mosisa	Midwifery	B	oromia	Nekemte HSC	jalemosis2018@gmail.com	0939316415
5	Serkalem Fetene	Midwifery	A	oromia	Mettu HSC	serkefetene@gmail.com	0912022476
6	Balela Kadir	Midwifery	B	oromia	Nagelle HSC	balela.kedirbedu@gmail.com	0916633542
7	Sadeya Mohamed	Midwifery	A	Somali	Jigjiga HSC	yanaan261@gamil.com	0915076012