



# Adolescentes

Intercambio MAC

11-1

Welcome to the MAQ Exchange presentation on adolescents. The goal of this presentation is to share ideas about what adolescents and youth need in the field of reproductive health and about how programs can help meet some of those needs.



## Objetivos

- ◆ Examinar el alcance y la magnitud de los asuntos y desafíos relacionados con la salud reproductiva de los adolescentes
- ◆ Describir intervenciones que pueden fomentar el acceso y la calidad de los programas y servicios de salud reproductiva para adolescentes

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At the end of this presentation, you will be able to:

- Identify and discuss some of the issues and challenges related to adolescent reproductive health
- Describe the characteristics of interventions that can increase access to and quality of adolescent reproductive health programs and services



## ¿Porqué centrarnos en los adolescentes?

Los adolescentes de 10 a 19 años representan 1/5 de la población mundial



Hay más que 1.000 de adolescentes en el mundo

Adolescentes: de 10 a 19 años

Jóvenes: de 15 a 24 años

Fuente: Naciones Unidas, 1997

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Who are adolescents? There are several accepted definitions of this transitional life stage that are endorsed by the World Health Organization (WHO):

- “Adolescence” is defined as ages 10 - 19 years
- “Youth” covers a larger age range and is defined as ages 15 - 24
- “Young people” is the term for those 10 - 24 years

Whichever definition you prefer, this is a period of tremendous physical, cognitive, and social growth, change and development.



## Un asunto de tiempo

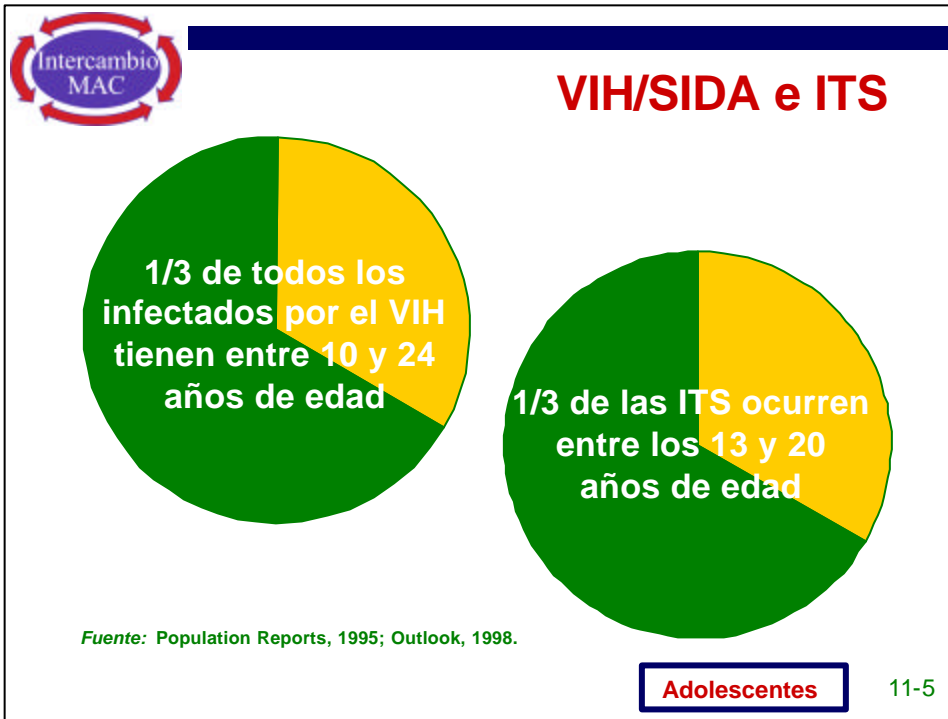


- ◆ Cada año, cerca de 15 millones de adolescentes de 15 a 19 años de edad dan a luz
- ◆ Cada año, hasta 4 millones de adolescentes de 15 a 19 años de edad se someten a un aborto
- ◆ Los adolescentes y sus lactantes enfrentan tasas de morbilidad y mortalidad más altas

*Fuente: Outlook, 1998.*

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[Facilitator: You may want to locate country- or region-specific data on adolescent births and abortion rates.]



As the prevalence of STIs and HIV/AIDS continues to grow among young people, so does our concern for their future. The personal and economic impact of this high rate of sexually transmitted infections is very high.

In some countries, some HIV-infected people ages 15-24 were infected perinatally.

Source: *Population Reports: Meeting the Needs of Young Adults*, 1995 (1st chart)

*Outlook*, 1998 (2nd chart)



## Otros asuntos relacionados con los adolescentes

- ◆ Prácticas culturales tradicionales
- ◆ Coacción y abuso sexual
- ◆ Sexo comercial

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Traditional cultural practices: Female Genital Cutting (FGC) --In many societies, children and adolescents continue to be victims of socially ingrained practices such as FGC. Approximately 2 million women are subjected to FGC each year.\* This harmful practice frequently has severe effects on a woman's reproductive health. Other examples include scarification and other blood rituals which expose young adolescents to HIV infection. In some societies, young males are expected to initiate sex with a prostitute or to have multiple partners to prove manliness.

Sexual abuse and coercion: Sexual abuse and coercion can take many different forms. Often, older men coerce young women to have sex. It is now common for older men to seek out young women for sex because they believe it will protect them from STIs and HIV/AIDS. Often a first sexual experience is nonconsensual. This can have lasting unhealthy emotional and physical effects and can have a negative impact on adult sexual behavior (number of partners, age, out of wedlock children).

Sex for trade: Young females and males are often bribed with money or other items--often by much older men, sometimes referred to as "sugar daddies"--for sex. Sex for trade is an issue for adolescent males as well as females.

\* Source: *Outlook—Adolescent Reproductive Health: Making a Difference*, PATH and UNFPA, 1998.



## Desafíos que afrontan los adolescentes

- Malestar social al aceptar la sexualidad adolescente
- Presión cultural o de los compañeros
- Barreras de políticas
- Prejuicios percibidos o verdaderos de los proveedores

- ◆ Falta de información básica de salud reproductiva
- ◆ Falta de aptitudes para negociar relaciones sexuales que no planteen riesgos
- ◆ Falta de acceso a servicios de salud baratos y confidenciales
- ◆ Comportamiento de alto riesgo

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[Facilitator ask participants: What other reproductive health challenges do adolescents in your country face?]



## Desafíos que afrontan los adolescentes

A las jóvenes solteras:

- ◆ Se les trató con menos respeto en los consultorios
- ◆ Se les dio menos información
- ◆ Se les negó tratamiento porque el consejero no creyó que era apropiado

**Estudios llevados a cabo en Ghana, Zimbabwe, Senegal y Sudáfrica**

Estudios de la “cliente simulada”



Fuente: *Studies in Family Planning*, junio 1998.

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Researchers have posed as clients to find out what barriers adolescents face when they seek services at clinics. They discovered that young single women were treated with less respect, given less information, or denied treatment in some cases when the provider did not think it was appropriate to provide services to adolescents.

Adolescents suffer a great deal from provider biases. They are often turned away from services, discouraged from services, and denied certain aspects of services (contraceptives, treatment, etc.) because of policies and provider attitudes.

Source: Zabin, LS and Kiragu, K. Health Consequences of Adolescent Sexuality and Fertility Behavior in Sub-Saharan Africa, *Studies in Family Planning*, 1998.



## Abordar la salud reproductiva de los adolescentes

### Tipos de intervenciones:

- ◆ Políticas
- ◆ Programas
  - basadas en escuelas
  - establecimientos de salud
  - programas comunitarios y de extensión
  - medios de información y mercadeo social

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These are some types of programs or ways to reach adolescents with clinical services, education and outreach.

Programs can be based in the school and are appropriate at reaching in-school adolescents. Reaching out-of-school adolescents requires different strategies. Health facilities offer clinical services, counseling, skills development and information. Outreach and community-based services are emerging as important avenues to reach adolescents. Mass media and social marketing efforts are also targeting adolescents.



## Políticas

Sectores clave donde las políticas pueden reducir el número de barreras al acceso y la calidad:

- ◆ Prestación de servicios
- ◆ Acceso a anticonceptivos
- ◆ Plan de estudios escolares
- ◆ Restricciones al aborto
- ◆ Confidencialidad y consentimiento de los padres o del cónyuge
- ◆ Información, prevención y tratamiento de las ITS

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Here are some areas that are influenced by policies. Note that contraceptives are not contraindicated on a medical basis for adolescents who are or who plan to become sexually active.

Policies that promote adolescent access to RH services can go a long way toward maximizing the access and quality of services.



## Políticas

### Ghana

- ◆ La Política Demográfica Nacional se propone reducir el número de embarazos y matrimonios entre los adolescentes, y promueve la educación de las mujeres
- ◆ Las Normas y la Política de Servicios de Salud Reproductiva respaldan específicamente los servicios de salud reproductiva para los adolescentes
- ◆ La Política de Salud Reproductiva para los Adolescentes se redactó en 1996
- ◆ La mutilación sexual femenina fue prohibida por la ley en 1994

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Ghana has adopted policies and standards to support adolescent reproductive health.

The Adolescent Reproductive Health Policy seeks to provide knowledge, skills and services to reduce or eliminate unintended pregnancies, STIs and HIV/AIDS, unsafe abortion, FGM, early marriage and malnutrition. It also seeks to improve access to education and employment, and eliminate violence and sexual abuse against female children.

Source: Advocates for Youth, Summary of Effectiveness of Sex Education Programs (handout based on WHO data), 1997.



Any program for adolescents must take into account the numerous factors that affect adolescent reproductive health. The literature stresses the need to carry out comprehensive needs assessments before designing any program.

These factors will influence the types of services needed by the individuals, the types of interventions they may be receptive to, the location of intervention, etc.



## Programas escolares

### Educación sexual integral

La OMS examinó más de 1.000 estudios de programas y documentó que:



- ◆ **No** promueven las relaciones sexuales tempranas
- ◆ **No** fomentan una mayor actividad sexual
- ◆ Algunos programas han **ayudado a retrasar la primera relación sexual** y a **proteger** contra el embarazo y las ITS a los jóvenes sexualmente activos

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Teachers, parents, the community, and community leaders are often uncomfortable with open, honest discussions about sexuality. Cultural norms also play a role in the lack of sexuality education. Historically, therefore, RH in the classroom has been centered around abstinence-only education.

Many people believe that discussions about sexuality will lead to earlier and increased sexual activity among young people. However, studies show that comprehensive sexuality education programs do not have either of these outcomes. In fact, comprehensive sexuality programs have actually helped delay first intercourse and equipped adolescents with the knowledge and skills to prevent pregnancy and sexually transmitted infections.

Teachers can be effective sex educators when properly trained and supported.

Source: Advocates for Youth, Summary of Effectiveness of Sex Education Programs (handout based on WHO data), 1997.



Although these “ingredients” describe an adolescent-friendly clinical setting, they are characteristics that can apply to most any program that serves youth. [Facilitator: You may want to ask participants to contribute ideas that are consistent with the following:]

**Community support:** The community is informed about the existence of the service and the nature of health and counseling services provided and community members acknowledge its value and support its work.

**Participation:** Young people know what services are provided and how and when to utilize them, and they actively participate in the activities of the service/center.

**Policies:** Guarantee confidentiality and privacy of client records. Do not require consent of parents or other adults. Support adolescents receiving same services as adult clients.

**Procedures:** Provide for short waits; “drop in” services; all or most of the health services that the young person needs in one place. Use infection control measures. Provide emergency contraception pills. Make provision for adolescents who may not be able to pay for emergency or routine procedures by reducing or waiving charges when necessary.

**Staff:** Technically competent, exhibiting interest, concern, understanding and trustworthiness. Able and willing to devote adequate time to client-provider interaction. Knowledgeable about adolescent issues in their community and able to explore these issues with youth. Able to provide continuity of staff to build relationships. Knowledgeable about youth development issues and able to communicate in an age-appropriate way.

**Environment and Services:** Comfortable, appealing and welcoming. No stigma attached to visiting and utilizing the services. Uninterrupted and adequate stock of contraceptives, condoms and medications. Convenient location and hours. Pre-tested education materials available. Guarantee confidentiality and privacy in consultation rooms, waiting area, intake and exit areas. Entertaining and educational with music, magazines and videos. Strong linkages with other health and social services



## Establecimientos de salud

### Consultorio de alto riesgo, Hospital Nacional Kenyatta, Kenia

- ◆ **Enfoque:** los servicios para las mujeres menores de 25 años de edad, con complicaciones debidas al aborto se ampliaron posteriormente para incluir a las mujeres jóvenes en el período del postparto y que no estuvieron embarazadas
- ◆ **Servicios:** un consultorio aparte y especializado encargado de prestar servicios de asesoramiento confidencial y anticonceptivos a las mujeres jóvenes, además de un servicio telefónico directo de información
- ◆ **Hallazgos:** un aumento del 22% en la aceptación de anticonceptivos

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### Example of adapting existing services for adolescents:

The High Risk Clinic was established to address the urgent reproductive health needs of young women under age 25 admitted to Kenyatta Hospital in Kenya with complications related to incomplete or septic abortion. The target audience has since expanded to include postpartum young women and non-pregnant young women.

Key features of the separate, specialized clinic that provides counseling and contraceptive services are 1) “an atmosphere free from the fear of being seen by relatives and older persons” and 2) a telephone hotline for those seeking even more anonymity.

Findings: Contraceptive acceptance increased following a visit to the High Risk Clinic. 54% of clients who made a first visit accepted a family planning method compared with the “ever-used” prevalence of 44%. Those clients who experienced a pregnancy or abortion were significantly more likely to accept a contraceptive method than those who had not conceived.

Source: Zabin, LS and Kiragu, K. Health Consequences of Adolescent Sexuality and Fertility Behavior in Sub-Saharan Africa, *Studies in Family Planning*, 1998.



## Establecimientos de salud

### Promoción del Proyecto de Responsabilidad Juvenil Consejo Nacional de Planificación Familiar de Zimbabwe

- ◆ **Meta**            **Aumentar el uso de los establecimientos que prestan servicios**
- ◆ **Estrategia**    **Campaña por medios múltiples, además de la capacitación de proveedores respecto a comunicación interpersonal**

↓  
**Hallazgos**

- ◆ **Un 28% de los jóvenes de los sitios de la campaña visitaron el establecimiento de salud, comparado con un 10% de los jóvenes de los sitios donde no había campaña**
- ◆ **Un 40% tuvo exposición intensa a la campaña comparado con un 14% que tuvo una exposición limitada**

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### **Example of a prevention and health promotion project at a health clinic (also includes example of a sort of mass media campaign):**

This project was undertaken by the Zimbabwe National Family Planning Council with technical assistance by JHU/CCP. The purpose of the program was to increase the use of the clinics by young people.

The program used a multimedia campaign to educate young people and to encourage them to seek reproductive care. Providers received training in interpersonal communication.

A follow-up survey showed that 28% of the youth at the intervention sites reported visiting a health center compared with only 10% in non-intervention sites. More intense exposure to the activities resulted in 40% visiting, as compared to only 14% of those who had limited exposure visiting.

The greatest program effects were on groups thought to be the least likely to seek services: males, single people, and those who lacked sexual experience.

Source: *Making Reproductive Health Services Youth Friendly*, Focus on Young Adults project, Pathfinder International, 1999.



## Programas comunitarios y de extensión

### Ejemplos:

- ◆ Programas de educación impartidos por compañeros
- ◆ Líneas telefónicas directas de información
- ◆ Programas en el lugar de trabajo
- ◆ Programas deportivos y de recreación

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It is often very difficult to attract young people to service clinics. Efforts are now being focused on attracting young people to the clinics and to taking education and services into the community.



## Programas comunitarios y de extensión

“Juntos sí podemos”

Cruz Roja de Jamaica y Cruz Roja de los EE.UU.

Proyecto de educación a cargo de compañeros relacionado con el VIH/SIDA

- ◆ Mayor conocimientos acerca del VIH/ITS
- ◆ Cambio positivo de actitud respecto a las personas infectadas por el VIH/SIDA
- ◆ Intención manifestada de retrasar las relaciones sexuales y de usar condones
- ◆ Los compañeros que impartían enseñanza todavía temían ser ridiculizados si oponían resistencia a las relaciones sexuales

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### Example of a peer education program:

Most of the successful peer education projects have been in Latin America. Peer education has been slower to “catch on” in Africa and Asia.

Peer education programs often begin in youth centers. “Together We Can” is an HIV/AIDS peer education project. It is a collaborative effort between the Jamaican Red Cross and the American Red Cross. It is designed to increase safer sexual practices among youth aged 14-19. Youth were extensively involved in the design, implementation, and evaluation of the program. Education sessions led by peer educators were held throughout the country in school and community settings, in homes, and in various outdoor spaces in rural and urban sites.

These findings are based on responses by a sample of peer educators to pre- and post-training questionnaires. They expressed:

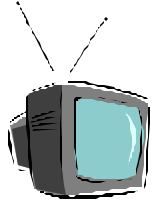
- 1) significant gains in knowledge about HIV transmission and where youth can go for help with STIs
- 2) positive attitude change toward persons with HIV/AIDS and reduction of belief in myths
- 3) intention to delay sex or use condoms if sexually active

Many peer educators feared ridicule by peers if they resisted sex, and only a few believed boys and girls should not start having sex while in school.

Sufficient data were not obtained about the effects on youth reached by peer educators.

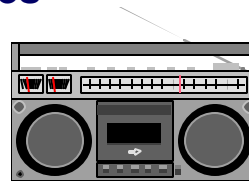


## Medios de información y mercadeo social



- ◆ **Revistas**
- ◆ **Carteles**
- ◆ **Música**

- ◆ **Series radiales**
- ◆ **Programas de televisión**
- ◆ **Afiches**



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Mass media and social marketing also have a role to play in programs for adolescents and youth. What are some other methods that could be used in your setting?



## Medios de información y mercadeo social

### Prestación de mejores servicios de salud “Relaciones sexuales más seguras o SIDA: La decisión está en tus manos”



Toma de conciencia  
acerca del VIH



Conocimiento,  
aprobación y uso de  
condones



Actitudes positivas hacia  
relaciones sexuales de  
menos riesgos



Uganda

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The DISH project's "Safer Sex or AIDS: The Choice is in Your Hands" is a mass media campaign in Uganda for young men and women that began in May of 1995. Its primary target is young men aged 15-19, and its secondary audience is young women of the same age. Young boys were targeted because baseline data show that boys have more control over condom use and sexual relationships than girls do.

The campaign uses entertainment and social activities that catch young peoples' attention and provide positive messages empowering them to prevent AIDS by practicing safer sex. Radio and print materials designed to reach a large audience feature messages on abstinence, avoiding peer pressure and condom use. A song competition called "Hits for Hope" awarded original songs about HIV/AIDS. Other activities include bicycle rallies, formation of School Anti-AIDS Clubs, and sensitization meetings with community and religious leaders, youth leaders, and youth discussion groups.

Indicators of success show that over 90% of youth interviewed were familiar with the campaign, there was an overall improvement in positive attitudes toward safer sex, and youth perceived that they were capable of avoiding HIV/AIDS. Among sexually active youth, there were increases in reported condom use and increase in knowledge about where to get condoms.



Efforts should continue and be strengthened to promote adolescent reproductive health in the areas of education and counseling, FP/RH services, STIs and HIV/AIDS prevention, and development of more favorable policies.



## **Cómo tratarnos a nosotros los jóvenes:**

**Adopte una actitud confidencial con nosotros**

**Ofrézcenos la información y los servicios que necesitamos**

**Acéptenos como somos, no nos moralice o desmoralice**

**Use palabras o medios que nosotros entendamos**

**Pida nuestras opiniones acerca de los servicios y respéte las**

**Deje que decidamos por nosotros mismos**

**Háganos sentir bienvenidos y cómodos**

**No nos juzgue**

**Ofrézcenos servicios en el momento y dentro del período de tiempo que tenemos disponible**

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And finally, if adolescents were here to tell us what they need, here are some of the things they would tell us.....

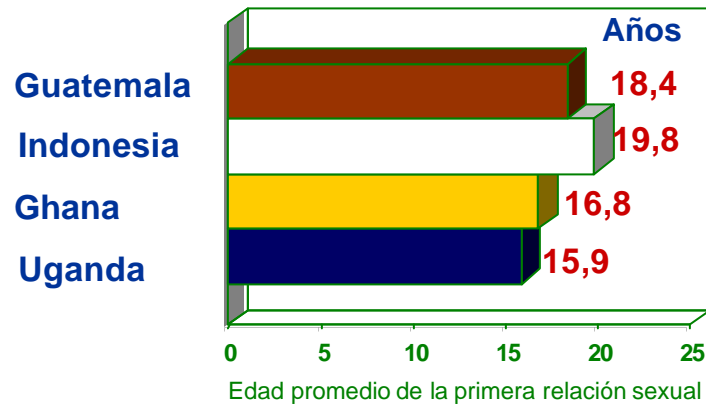


Adolescents are difficult to classify. There are considerable developmental differences between an early and a late adolescent, for example. The needs of sexually active adolescents differ from those who are not sexually active. Even among sexually active adolescents, some are sexually active by choice, while some are sexually active but not by choice.

Because of their varying needs, it is difficult to design a single program that works for all adolescents. In spite of this, we can identify characteristics of successful programs, which we will do later in this presentation.



## Los adolescentes y la actividad sexual



**Los adolescentes están sexualmente activos**

Fuente: Population Reports, 1995.

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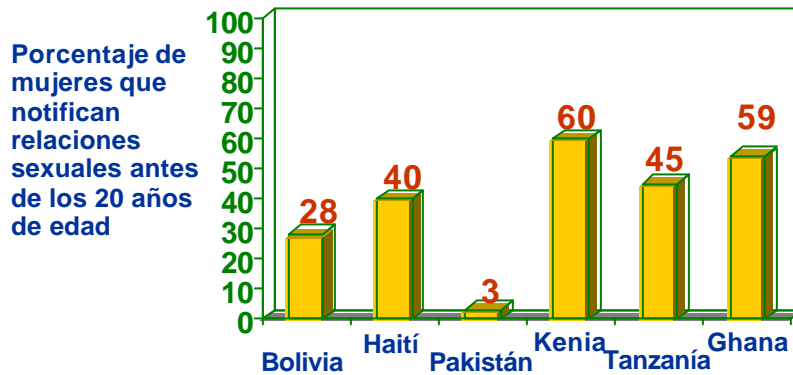
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This portion of the presentation focuses on why we should direct our efforts and money towards programs for adolescents.

This graphic shows the average age at first intercourse as reported by women in their early 20s. There is some variation by country in the age of first intercourse, but it is clear that young people are sexually active. This sexual activity often leads to unintended or mistimed pregnancies and/or sexually transmitted infections (STIs), including HIV/AIDS.



## Necesidad insatisfecha de servicios de PF/SR



Un número considerable de mujeres jóvenes están teniendo relaciones sexuales premaritales y tienen una necesidad insatisfecha de servicios de PF/SR

Fuente: Uncharted Passage, 1998.

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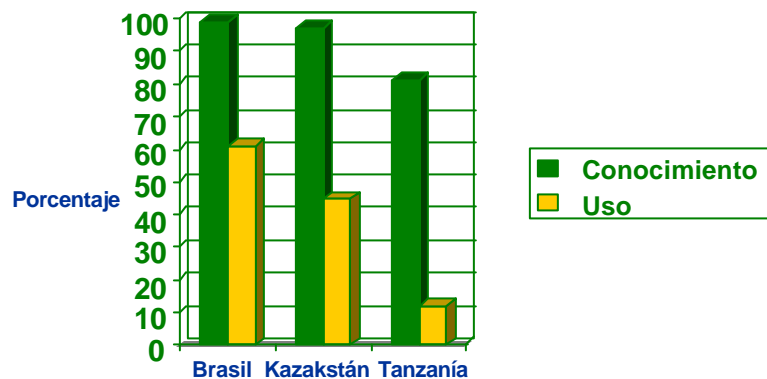
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Many unmarried adolescents have an unmet need for family planning and reproductive health services, but services typically focus on married women. Although many adolescents are married, most unmarried adolescents have less access to services and to good, basic, helpful information than their married counterparts.

Source: *The Uncharted Passage: Girls' Adolescence in the Developing World*, Mensch, Bruce, and Greene, 1998.



## El conocimiento y uso de los métodos modernos



El conocimiento de los métodos modernos *no* es equivalente al uso entre los adolescentes

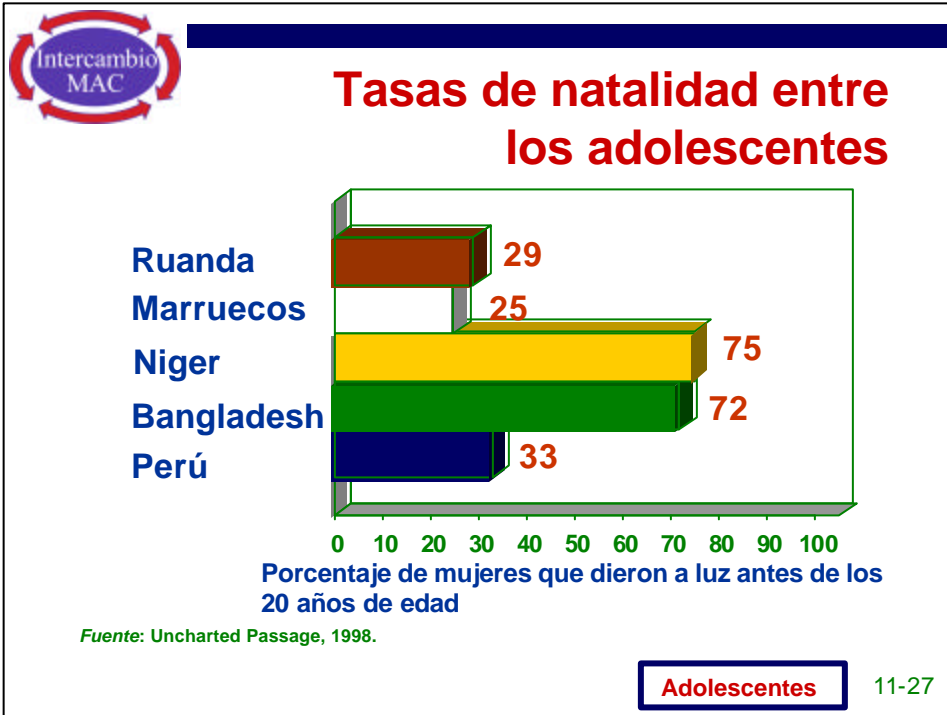
Fuente: Uncharted Passage, 1998.

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Adolescents have some knowledge of modern contraceptive methods but use rates are low.

Source: *The Uncharted Passage: Girls' Adolescence in the Developing World*, Mensch, Bruce, and Greene, 1998.

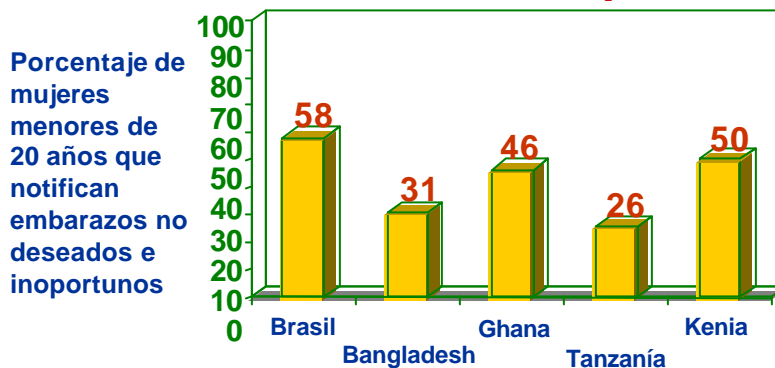


These data are from a study of women ages 25 to 29. Although over 50% of the women in the countries represented here were married at the time of conception, a great many adolescents who are not married are also having children. Physical and emotional development, not marital status, influence the likelihood of a good outcome for both mother and baby.

Source: *The Uncharted Passage: Girls' Adolescence in the Developing World*, Mensch, Bruce, and Greene, 1998.



## Embarazos no deseados e inoportunos



**Un número considerable de mujeres adolescentes notifican embarazos no deseados e inoportunos**

Fuente: Population Reports, 1995.

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Unwanted or mistimed pregnancies are often complicated because of incomplete physical development of the mother. They can mean a loss of economic opportunities as a direct result of a loss of educational opportunity for the mother.

Unwanted or mistimed pregnancies can also lead to unsafe abortion. The complications of unsafe abortion contribute to a high rate of morbidity and mortality in many developing countries.

Source: *Population Reports: Meeting the Needs of Young Adults*, 1995



## ¿Por qué invertir en los adolescentes?

- ◆ Reducir el número de embarazos tempranos y no deseados
- ◆ Mejorar la salud a corto y largo plazo
- ◆ Mejorar sus niveles educativos y su desarrollo económico
- ◆ Crear familias más fuertes (mediante mejores relaciones/asociaciones entre las jóvenes y los jóvenes que más tarde serán madres y padres)
- ◆ Reducir el riesgo de SIDA/VIH e ITS

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Meeting the needs of adolescents, especially in the area of reproductive health, should be a part of regular business at each level of the development community. Adolescents and youth are a growing, demographically pivotal group.

Source: *Take Back Young Lives*, The Population Council, 1996



## Programas de SR para los adolescentes

- ◆ Deben ser apropiados para la etapa de desarrollo de los adolescentes
- ◆ Deben abordar abiertamente la sexualidad de los adolescentes, incluyendo los cambios emocionales, físicos y mentales, la presión de compañeros, los papeles sexuales, la orientación y la coacción

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Research shows that it is possible to create interventions that increase knowledge and change attitudes. Programs should take into account adolescents' characteristics (demographics, where they go for information, how they make decisions) and utilize what we know about behavior adoption. Programs should provide not only for learning but also for practicing of skills.

Adolescents are often more interested in understanding emotional, physical and mental changes than in receiving factual information related to sexual activity.

Programs that promote adolescent reproductive health must:

- 1) Be appropriate for the adolescent's stage of development,
- 2) Openly address sexuality--sexuality is often an uncomfortable topic to discuss, but the more those working with youth can understand and be comfortable with their own sexuality, the better they can discuss the topic,\*
- 3) Focus on changing behavior, if necessary, providing them with the skills to do so, and supporting them in the process,
- 4) Involve both males and females--both males and females should be involved in programs targeting reproductive health. Both young men and young women need information, skills and support. Men are often left out of efforts to address adolescent reproductive health.

\* Source: *Reproductive Health of Young Adults*, FHI.



## **Programas de SR para los adolescentes** *(continuación)*

- ◆ Deben centrarse en el cambio de comportamiento (por ej., retrasar el inicio de las relaciones sexuales, limitar el número de compañeros, usar condones para la prevención de enfermedades)
- ◆ Deben hacer participar a ambos sexos
- ◆ Deben hacer participar jóvenes en el diseño e implementación

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## ¿Dónde aprenden los adolescentes acerca de la sexualidad?



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[Ask the participants]: Where do adolescents learn about sexuality and sex?

In meeting the needs of adolescents, it is also important to understand where they turn for information, modeling and guidance. . .[next slide]



## ¿Dónde aprenden los adolescentes acerca de la sexualidad? (continuación)

¿Padres y otros familiares?

¿Programas escolares?

¿Proveedores de atención de salud?



¿Compañeros y amigos?

¿Medios de información?

Adolescentes

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Parents and other family members: In many societies few parents talk to their children about sex, although policymakers, program managers, parents and children agree that parents are the preferred providers of sex education; it is also important to remember that adolescents receive information/values from other family members including siblings, grandparents, uncles/aunts, etc.

School programs: The quality, extent, and content of courses vary widely in schools around the world--most school programs only teach the biology of sex.

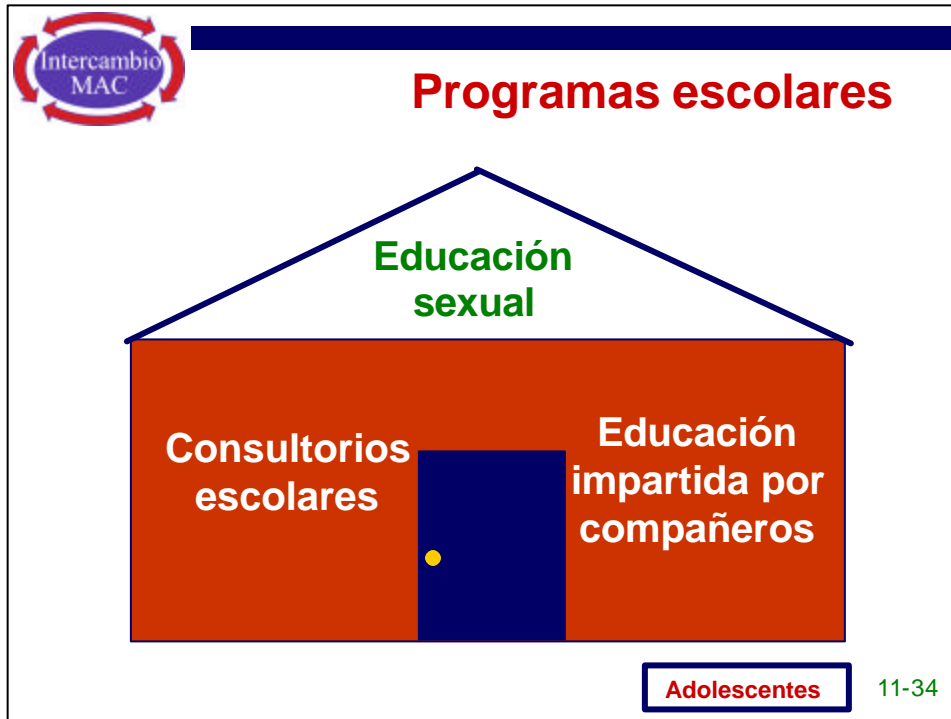
Mass media: Often one of most common and most important sources of information for young people about sex; however, some images portrayed in the media are unrealistic.

Peers and friends: Most young adults get information about sex from their friends. Sometimes the information is misleading or incorrect; however, the accuracy and reliability of information shared by peers can be improved.

Although healthcare providers seldom are a primary source of information, they should be able to give information and answer questions in a supportive way. Accordingly, they need special training.

Each of these resources has the potential to provide information, skills, and/or support to the adolescents.

\* Source: Population Information Program, The Johns Hopkins School of Public Health, *Population Reports: Meeting the Needs of Young Adults*, 1995.



School-based programs are often referred to as Family Life Education. Successful school-based programs center around sexuality education. These should include honest, open discussions of sexuality with its emotional, mental and physical aspects.

School-based clinics and peer education programs also present opportunities to positively influence behavior. School-based clinics are not common in developing countries, however. Peer education programs are often part of RH programs. Peer educators are most often the same age or slightly older than the group with whom they are working; they work with a teacher, run activities on their own or organize and lead their own programs. Peer educators not only work in the classroom but also in more informal settings.\*

Source: *Reproductive Health Programs for Young Adults: School-based Programs*, Focus on Young Adults, 1997



## Acercamiento de los jóvenes a servicios de salud amistosos

1. Esfuerzos de los programas para que los servicios existentes sean más amistosos con los jóvenes:
  - a) Servicios prenatales, de postparto y de postaborto
  - b) Planificación familiar, prevención de las ITS y el VIH/SIDA, y promoción de la salud en ambientes clínicos
2. Consultorios diseñados específicamente para los adolescentes

Adolescentes

11-35

The two most common approaches are 1) modifying/adapting existing services for adolescents and 2) creating youth-only clinics

In the first approach, existing services aimed at older clients are adapted to the special needs of adolescents. Adaptations center around staff training. Services provided under this approach have been better evaluated because they have been in existence longer than those services geared at prevention.

Prevention and health promotion services for adolescents are newer and less well evaluated. Because the target group for these services—young people before they risk pregnancy and STIs—does not generally perceive a need for services, it is much more of a challenge to attract them to the services than young people already facing pregnancy. Emphasis goes beyond staff training to program design, including staff training, changes in clinic policy, and alterations to institutional setting.

Efforts have been made in some countries to build adolescent-only clinics.

Source: *Making Reproductive Health Services Youth Friendly*, Focus on Young Adults project, Pathfinder International, 1999.