STRENGTHENING THE ROLE OF HEALTH CARE PROFESSIONALS IN PROVIDING YOUTH-FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Research from Jordan

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WHAT ARE YOUTH-FRIENDLY SEXUAL AND REPRODUCTIVE (SRH) HEALTH SERVICES?

Reorienting health services to be youth-friendly has been shown to improve SRH service utilization among youth. Youth-friendly SRH services are those that attract youth, provide a comfortable and appropriate setting for youth, meet the service delivery needs of youth and retain their youth clientele through follow up visits.

Providers can support youth-friendly services by treating all youth with equal care, ensuring that youth are well informed about the range of health services available and that community members understand the importance of youth SRH services, providing adequate information, being motivated to work with youth, acting in a non-judgmental, non-stigmatizing way and in the best interest of their clients, devoting adequate time to patients, and respecting confidentiality, dealing with the issues at hand adequately but also striving to go beyond to address other pertinent issues and by referring patients to other caregivers as needed, and having the required competencies.

WHY IS OUR RESEARCH IMPORTANT?

Our research focuses on identifying opportunities to improve youth-friendly service provision by:

1. Measuring provider attitudes through the use of an empirically developed and tested scale for use in Jordan
2. Understanding provider perspectives on how to strengthen their ability to provide youth-friendly health services

Measuring health care professionals’ attitudes towards the provision of youth friendly sexual and reproductive health services is critical to meeting Jordan’s stated policy objectives and improving SRH service utilization among youth.

More research is needed to better understand the barriers providers face, their biases and strengths, and their ideas for how they can be empowered in their role to improve youth-friendly SRH service delivery.
PROVIDER ATTITUDES TOWARDS YOUTH-FRIENDLY SRH HEALTH SERVICES

We undertook a rigorous, scientific process to measure provider attitudes towards youth-friendly SRH services that reflects the Jordanian context. We developed and tested a scale to measure provider attitudes according to three domains: 1) Attitudes towards SRH information and services offered to youth, 2) Norms and personal beliefs, and 3) Attitudes towards the health service delivery environment. Using this scale, we surveyed 529 public primary care physicians, nurses, and midwives in Amman, Irbid, Mafraq and Zarqa administrative governorates.

KEY RESULTS

- Providers in Amman had the most youth-friendly attitudes compared to the other governorates
- Physicians had more youth-friendly attitudes compared to nurses and midwives.
- Providers that had training on SRH had more youth-friendly attitudes than those who did not, especially with regard to the service delivery environment
- Providers had the least favorable attitudes towards providing SRH information and services to unmarried youth
- Norms and personal beliefs heavily influence providers’ attitudes towards youth-friendly SRH services
- Providers are supportive of items that relate to confidentiality, but had unfavorable attitudes related to informing parents.

HEALTH CARE PROFESSIONALS ON PROVIDING SRH SERVICES TO YOUTH

We conducted 16 in-depth interviews with health service providers in Amman, Irbid, Mafraq, and Zarqa to understand provider perspectives. Providers identified several important barriers they face and provided their suggestions on how to improve their capacity.

KEY RESULTS

- Moral and religious barriers: Providers may not feel comfortable offering services to youth. At the same time, they are concerned about community and parental opposition.
- Lack of knowledge and specialization: Providers are embarrassed to address certain topics with youth and providers lack confidence in how to deal with youth SRH issues appropriately.
- Provider attitudes: Providers recognize that they can be judgmental and may intimidate clients.
- Lack of confidentiality: Youth do not trust that providers from within their community will keep their visit confidential, and not inform their parents.
- Poor knowledge of national guidelines: Many providers thought that providing SRH service to unmarried youth was illegal – especially midwives.

“We didn’t take courses on educating [youth] ...Our approach could be off-putting ... because we don’t know how to deliver the information suitably.” - Physician (Irbid)

RECOMMENDATIONS

- Develop clear SRH service delivery guidelines for youth that follow the principles of youth-friendly SRH services. Ensure health service providers are aware of and trained on guidelines.
- Provide courses and trainings to improve providers’ capacity and confidence in interacting with youth – especially nurses and midwives.
- Integrate critical thinking exercises into pre-service and in-service training to support providers in distinguishing between their personal values and their professional role.
- Focus on training providers to develop more supportive attitudes towards the SRH needs of youth.
- Strengthen community outreach interventions to improve acceptability and understanding of the SRH needs of youth.