Readiness to Provide Reproductive Health Services to Young People

Rachel Ellison*

College of Nursing and Allied Health Professions, University of Louisiana at Lafayette, USA

Submission: October 30, 2017; Published: January 11, 2018

*Corresponding author: Rachel Ellison, College of Nursing and Allied Health Professions, University of Louisiana at Lafayette, USA, Tel: 3374821122; Email: rle0169@louisiana.edu

Introduction

Providing reproductive health services to young people has shown to be a difficult task. Current research suggests training and equipping health care workers with the right resources and equipment would significantly improve the provision of reproductive services [1]. Research conducted in differing countries tend to have the same outcome. Young people are a special population and providing services in a sensitive area, like reproduction and gynecology must be given focus and attention, in order to ensure quality care is provided [1].

Discussion

Young people have many different reproductive health needs. An estimated 15 million women between the ages 15 to 19 give birth each year [2]. That same group of women have the highest rate of STI’s worldwide with growing numbers in developing countries [2]. Young men and women alike are both in need of reproductive health services, but young women, especially in low income countries need accessible reproductive health services. Approximately 12 million young people have HIV/AIDS; women are more likely than men to be infected with the disease [2].

Providing reproductive health services to young people in a friendly, respectful environment is difficult, research suggests. Many countries and regions have conducted research in this area and the barriers are evident. Research conducted in Mexico found young people reported low quality reproductive care [3]. The adolescents in the research study reported receiving lower quality care than women aged 20-29. Meeting the health needs of the young in Mexico is part of the national policy [3]. With the growing adolescent population receiving reproductive care, it is essential to understand why the young perceive the care is low quality [3]. Low and middle income countries like Mexico have placed significant emphasis on the readiness of facilities being prepared to care for young who are seeking reproductive care. Research suggests the lagging of implementing guidelines and the lack of training health care workers in health facilities has caused adolescents to report low quality reproductive care [1-3].

Another study conducted in sub-Saharan Africa had similar results to the research study completed in Mexico. Young people who were able to get reproductive services were not satisfied with the quality of care they received [4]. In this specific study, the researchers went one step further and explored the sexual readiness of young people. The results indicated the majority of the respondents did not consider themselves ready to have sexual intercourse [4]. An even more significant finding was one-fifth of the respondents had experienced sexual intercourse [4]. Young people are reporting they are not ready to have sexual intercourse but are engaging in that behavior. These findings truly indicate the need of health care facilities to be ready to care for young people and their reproductive needs.

Both the needs and barriers are evident for health care facilities to care for young people with reproductive needs. Young people all over the world are sexually active [5,6]. Marie Slopes International is a worldwide organization that provides reproductive health services to women. Providing these services for many years, they’ve learned how to overcome barriers and successfully provide reproductive health care services to young adolescents. The key lessons learned include:

- Offering integrated services
- Mainstreaming youth-friendly services
- Implementing mobile outreach
- Engaging community-based distributors [5]

The organization increased their efforts to reach and care for more young people and by doing so the key lessons were identified. These lessons can be implemented in health care facilities around the world. The most successful programs that provide reproductive health care programs combine efforts to train health care workers to be youth-friendly [6]. Among all the key lessons learned from Marie Slopes International, youth-friendly services is the most common lesson found among the literature. Youth-friendly is a common term found
when researching readiness of health care facilities to provide reproductive care to young people. Youth-friendly facilities require youth-friendly staff [6]. Ongoing training and support has proven to be a lifeline for successful facilities to thrive when providing reproductive services to young people. Health care workers are trained to improve their attitudes, knowledge and skills to appropriately care and respond to the needs of the young patients receiving care [5,6]. Training health care workers and giving them the resources needed, including technology and equipment, will certainly help to provide quality reproductive services to young people.

**Conclusion**

In conclusion, young people all over the world have different reproductive health care needs. What isn't different is the need for services to be of quality. For a health care facility to be “ready to provide quality services, barriers and challenges must be overcome. Effectively implementing strategies, such as training health care workers to be youth-friendly and knowledgeable can make a world of difference in the perception of a young person receiving care. A young Iraqi woman stated, “I would like health professionals to treat me with respect. They should respect my opinion and my problem. They should not neglect or underestimate any problem that might seem trivial to them [2].” This statement alone shows that a small gesture, such as showing respect, can mean a lot to a young person. Each country and region faces their own distinct challenges, but implementing key lessons and strategies could significantly improve the quality of care received.

**References**