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## Increasing adolescents' access to sexual and reproductive health services in Vanuatu

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Adolescents aged between 10 and 19 years account for 20% of the population of Pacific Island countries.<sup>1</sup> Sexual activity is common during adolescence in this region. In Vanuatu, around 10% of young people have had sex by the age of 15, with the median age of sexual debut around 17 years.<sup>2,3</sup> Many are ill-prepared for this transition, lacking comprehensive knowledge about sexual and reproductive health (SRH) and facing significant barriers to accessing quality SRH information and services.<sup>4</sup> More than a third of urban young people in Vanuatu have not heard of family planning and 27% lack knowledge about STIs.<sup>5</sup> Less than 15% of sexually active young people report consistent condom use and fewer than 38% of adolescent girls in Vanuatu who are married or in union are using a modern method of contraception.<sup>3,6</sup> Consequently adolescents in Vanuatu, and the Pacific in general, suffer a disproportionate burden of poor SRH, including high rates of sexually transmitted infections (STIs) and adolescent pregnancy, often with significant socio-economic consequences.<sup>7,8</sup>

As elsewhere in the Pacific, the majority of SRH services in Vanuatu are provided through government facilities, with a limited number of youth-oriented clinics provided by non-government organisations. Low utilisation of mainstream health services by adolescents is a significant barrier to improving SRH.<sup>9</sup> While global guidance regarding youth-friendly health services exists,<sup>10</sup> there is paucity of data for the Pacific region describing context-specific barriers and service-delivery preferences of adolescents to support implementation.

The Burnet Institute, in partnership with Wan Smolbag Theatre, conducted a qualitative study in 2010 to explore the barriers preventing adolescents from accessing SRH services in Vanuatu and the features of a youth-friendly health service.\*

### Key messages

- Sexual activity during adolescence is common in Vanuatu. However, many young people lack access to quality sexual and reproductive health (SRH) services and consequently suffer a disproportionate burden of poor SRH.
- Providing standalone youth health services that are accessible to all communities is unlikely to be feasible. Therefore it is critical that all service delivery points are able to deal effectively and sensitively with adolescents.
- There are many opportunities to make existing SRH services more youth-friendly, including strengthening training of health workers to improve attitudes and skills.
- Sociocultural norms and taboos regarding adolescent sexual behaviour are the most significant factors that prevent adolescents from accessing SRH services. Community-based interventions, in addition to strengthening health services, are needed to improve attitudes and create a more supportive environment for adolescent SRH.



\*A total of 66 focus group discussions were conducted with 341 male and female adolescents aged 15-19 years in rural and urban settings on two islands. Additionally, 12 semi-structured interviews were undertaken with policymakers and service providers to identify supply-side challenges and opportunities to improve the provision of youth-friendly services.

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## POLICY BRIEF

### Barriers facing adolescents

Sociocultural norms and taboos regarding adolescent sexual behaviour are the most significant reasons why adolescents find it difficult to access SRH services. These contribute to adolescents' embarrassment discussing SRH and fear of the consequences if others, particularly their parents, find out they have attended SRH services. Sociocultural factors also contribute to disapproval or opposition from parents and community leaders.

Sociocultural norms also influence the judgmental attitudes of service providers. Many adolescents describe a fear of being made to feel ashamed or scolded by nurses as reasons why they do not seek care. Providers' lack of SRH knowledge and poor communication and counselling skills are also barriers. The lack of privacy, particularly at government facilities, and the lack of confidentiality, especially in small communities, are also important factors.

The costs of services and commodities are significant barriers in the context of high youth unemployment and adolescents' limited access to household resources. Unreliable commodity supply and limited availability of facilities and service providers, particularly in rural areas, also contribute to poor access.

Adolescents' own lack of knowledge about SRH and available services, in addition to inexperience navigating the health system, are also reasons for poor access.

### Opportunities to increase access to SRH services

Working with communities to create a supportive environment for adolescent SRH is critical to overcome significant sociocultural barriers. Community support is an important predictor of adolescents' care seeking behaviour, and youth-friendly health services may be more effective if linked with community interventions.<sup>11</sup> Adolescents, providers and policymakers agreed that there is a need to increase awareness and address negative attitudes of community leaders and parents, in addition to increasing knowledge and demand among adolescents.

According to adolescents, the most important feature of a youth-friendly health service was a friendly service provider. A 'friendly' provider was described as someone who is non-judgmental and kind, who understands young people and their rights, who keeps confidentiality, who allows adequate time for consultation, and who is trained in SRH and counselling.

NGO-run youth centres were identified by policymakers and adolescents as the 'gold standard' in youth-friendly SRH services, but it was acknowledged that this approach is not feasible in all communities. There are, however, a number of opportunities to make existing services more youth-friendly. These include providing training to male and female service providers to improve knowledge, attitudes and communication and counselling skills; ensuring that services and commodities are free or subsidised for adolescents; and addressing the clinic environment to improve comfort and privacy – such as providing a separate entrance or waiting area for adolescents or separate youth-only opening hours.

The features of a youth-friendly health service ranked from most important to least important by adolescents include:

- Friendly service providers
- Reliable commodity supply
- Free services and commodities
- Confidentiality
- Male and female providers available
- Convenient opening hours
- Things to do in the waiting room
- Privacy
- Separate, standalone youth clinic

### Recommendations

- Target policy and programs to address the significant barriers preventing adolescents from accessing SRH services.
- Develop national youth-friendly health service guidelines that address key local barriers and implement at all service delivery points.
- Continue to support non-government organisations that currently provide the 'gold standard' in youth-friendly SRH services, and draw on their experience and best practices to inform national standards and improve service delivery at government facilities.
- Strengthen training and support of all service providers to deliver non-judgmental, confidential and high quality SRH services to young people. While increasing opportunities for in-service training is important, ensuring that adolescent health competencies are included in basic pre-service training of all providers is critical.
- Subsidise SRH commodities and services for adolescents to remove financial barriers.
- Invest in well-evaluated, context-specific strategies including health promotion for parents and community leaders, to create a supportive environment for adolescent SRH.

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