



Youth-Friendly Reproductive Health Services Policy Brief 2017



The Hashemite Kingdom of Jordan

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Executive Summary

The Higher Population Council (HPC) has given special attention to youth-friendly reproductive health services because of the key role that youth play in realizing and investing in the demographic dividend, and the need to strengthen the protection of youth and reduce the risks they face by developing their youth life skills through the provision of youth-friendly reproductive health services.

An analysis of the situation of the provision of reproductive health services for youth in Jordan revealed that young people face many challenges in obtaining reproductive and sexual health services, such as: the service is culturally and socially sensitive, lack of addressing and discussing reproductive and sexual health issues in school curricula, youth seek information through social media and friends who have previous experience, they fear that their private information will be disclosed and they might be legally liable for wrong behaviors. Furthermore, interviews with some health service providers showed that current services are not based on national standards, there is a lack of youth-specific services such as consultations, counselling and guidance, and a lack of a designated place for the provision of service.

Continuing to receive information from unreliable sources and having poor access to reproductive health services, will put young people at risk of developing dangerous behaviors with serious

negative health, social and economic consequences on young people themselves and the society.

This Policy Brief overviews five proposed policy alternatives for providing youth-friendly reproductive health services. These are:

1. Develop national standards for the provision of youth-friendly reproductive health services while taking into consideration the sensitivity of the local culture and religious values.
2. Provide youth-friendly reproductive health services at public health centers.
3. Activate the role of counsellors and biology teachers at the Ministry of Education so as to address reproductive health and sex education at counselling and biology classes.
4. Provide youth-friendly reproductive health services at youth centers.
5. Integrate youth-friendly reproductive health services in national and sectorial strategies, strategic plans and development programs.

The Policy Brief recommends adopting the five policies since they represent a comprehensive framework for enhancing the provision of youth-friendly reproductive health services and addressing service delivery obstacles,

Introduction:

Youth make up 20% of the total population of Jordan¹ and, therefore, a clear and balanced development equation for better future planning is necessary as Jordan approaches a demographic transition and dividend that will see the growth of working-age group (ages 15-64) exceed the growth of dependents (persons under the age of 15 and persons aged 65 and above).²

Optimal investment in the working age population, especially the youth, raising their health awareness, providing them with the necessary health services, and reinforcing positive health behaviors among them are vital in order to realize the demographic dividend. Accordingly, a youth-friendly reproductive health system that is consistent with local culture and meets the health, social and psychological needs of young people should be developed, adopted by all stakeholders working with youth, and aligned with international standards for youth-friendly health services.

Globally, adolescents and youth issues have assumed a prominent place in the field of population and development. The population of young people aged (10-24) stands at 1.8 billion worldwide, mostly living in developing countries³.

The State of World Population report of 2014 entitled “Adolescents, Youth and the Transformation of the Future” gave special attention to adolescents and youth issues and highlighted the importance of meeting their basic needs globally in line with the Sustainable Development Goals for 2030. SDG 3:7 calls for, ensure universal access to sexual and

reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs By 2030⁴. Accordingly, many countries sought to develop policies and strategies that specifically address the health of adolescents and young people.

This Policy Brief seeks to identify the needs of Jordanian youth through analyzing the current status of services delivered to them, as well as gaps and challenges in service delivery. This brief also looks at national, regional and international experience in this field and highlights the importance of providing youth-friendly reproductive health services that meet the practical needs of young people, and enhancing the role of service providers in empowering youth, raising their awareness and motivating them to adopt positive attitudes and best practices in reproductive health so as to have in place reproductive health services that meet international standards.

This Policy Brief relied on reviews of national, regional and international studies, reports and documents and semi-structured interviews with service providers and professionals dealing with youth from: the Ministry of Health, the Ministry of Youth, the Royal Health Awareness Society, All Jordan Youth Commission, Family Planning Association, , the Institute for Family Health and the United Nations Population Fund. Two focus groups were also conducted with unmarried young people aged (15-24). The first group was with males and the second with females and discussed the main topics of the policy brief.

¹ Department of Statistics, 2016 Population and Housing Census 2015.

² Higher Population Council, 2017 Demographic Dividend Policy Document, 2017.

³ UNFPA, the State of World Population, 2014 “ Adolescents, Youth and the Transformation of the Future”

⁴ <http://www.un.org/sustainabledevelopment/ar/sustainable-development-goals/>

Defining youth-friendly reproductive health services

Youth friendly reproductive health services are services provided to young males and females aged (15-24) in a safe environment that guarantees respect for their rights, confidentiality and privacy, and are attractive to young people and can involve them in all steps and stages of service delivery. These services include the provision of information, counselling, diagnosis, treatment, physical, mental, sexual and reproductive health care and prevention services, changes during puberty and adolescents, HIV, nutrition, physical activities, injuries, accidents, violence, drugs, and immunization so as to meet the needs of adolescents and young people. These services are provided in specialized centers through a referral mechanism, community-based activities and networking.⁵

Definition of Youth

According to the United Nations, youth are persons aged (15-24), whereas the National Strategy for Youth identified youth as persons aged (12-30)⁶.

Why Do Youth Need Specialized RH services?

1. Specific biological and psychological needs of adolescence
2. High risk of STIs, HIV, and pregnancy
3. Disproportionately high risk of sexual abuse
4. Importance of behavior-related risks that are responsive to education and counseling
5. Opportune age/stage to learn good health practices
6. Severity of consequences from lack of RH care during adolescence.

Source: Pathfinder International, 2003, Judith Senderowitz and others, A Rapid Assessment of Youth Friendly Reproductive Health Services

To achieve its goals, this policy brief will focus on the age group (15-24) of unmarried males and females in need of youth-friendly reproductive health services, as shown in the following table, the number of young people in this age group is approximately 1.6 million in 2015.

Young people aged (15-24) by marital status

| | Males | | Females | | Total | |
|-------------------|---------|------|---------|------|---------|-----|
| | NO | % | NO | % | NO | % |
| Single | 950577 | 94.3 | 647861 | 74.2 | 1598438 | 85 |
| Currently married | 56955 | 5.7 | 225174 | 25.8 | 282129 | 15 |
| Total | 1007532 | 100 | 873035 | 100 | 1880567 | 100 |

Source: Department of Statistics, Population and Housing Census, 2015

⁵ A procedural definition derived from the international standards for youth-friendly health services for youth/ WHO, 2014

⁶ <http://www.moy.gov.jo/>

Analyzing the current situation based on national studies:

The third national progress report by the Hashemite Kingdom of Jordan (2013-2014)⁷ on the implementation of the Programme of Action of the International Conference on Population and Development (Cairo Declaration 2013) and the Global Development Agenda post 2015 identified the national priorities for enabling youth which stress the need for expanding reproductive health services for young people, including persons with disabilities. The findings of the report highlighted the need to focus on Jordanian youth and consolidating efforts of legislative, executive, civil society and volunteer institutions at all levels to better focus on youth and adolescents' issues.

The National Strategy for the Health Sector (2015-2019)⁸ asserted the need to provide integrated, people-centered health services which are responsive to increasing demands through promoting healthy lifestyles and focusing on children and youth.

The health pillar of the Jordanian Youth Strategy 2011-2015⁹ sought to reinforce positive attitudes among youth and implement psychological health programs for youth. The strategy identified male and female youth aged (12-30) across the Kingdom as its target group. The strategic goals of the strategy lack a goal on raising youth awareness of population issues and their connection to reproductive health.

The results of the study carried out by the Jordan Family Health Center, the Ministry of Health and UNFPA to assess the provided women and child healthcare and integrated reproductive healthcare services in 2015 pointed out gaps pertaining to adolescents and youth, namely weaknesses in adolescents and domestic violence services and a lack of clear mechanisms for service delivery and

supervision. At the level of the Maternal and Child Health Directorate and the Ministry of Health, the necessary screening tests for female adolescent diseases and the medicines required for treating certain adolescent and child diseases should be made available.

On the other hand, a 2010 assessment of the needs of youth for youth-friendly reproductive health services carried out by the Ministry of Health and the UNFPA¹⁰ recommended increasing service providers and local community awareness of comprehensive reproductive healthcare, training staff at health centers in how to deal with youth on reproductive health issues, developing mechanisms and programs that facilitate the creation of a youth-friendly environment at health care centers and youth centers, developing a communication plan to raise awareness of reproductive health and the importance of going to youth-friendly health centers, changing the stereotype with regard to this issue (shyness, preconceived ideas, traditions and customs), activating the role of youth centers and schools in health education and communication, designating a space for youth at existing health centers so as to maintain their privacy and confidentiality, and training health professionals at the health centers. These measures will provide a good start to encourage young people to go to the centers and seek reproductive health services.

The Queen Zain Al Sharaf Institute for Development/ Women's Empowerment and Reproductive Health Program, in cooperation with the UNFPA played a key role in raising reproductive health awareness and empowering youth for years through the Well-being Project (Rafah I and II). In 2010, ZENID carried out a study¹¹ on the knowledge, attitudes and practices of local community towards reproductive health and gender issues covered 651 young men and women (371 men, 281 women) in Um Arrasas, Al Ghweirieh, Al Hashmieh, Ghour

⁷ The Higher Population Council, the Third National Progress Report by the Hashemite Kingdom of Jordan (2013-2014) on the Implementation of the Programme of Action of the International Conference on Population and Development (Cairo Declaration 2013) and the Global Development Agenda Post 2015.

⁸ High Health Council, National Strategy for the Health Sector, 2015-2019

⁹ Ministry of Youth, Jordanian Youth Strategy (2011-2015)

¹⁰ Ministry of Health in cooperation with the UNFPA- Jordan 2010, Assessment of the Needs of Youth for Youth-Friendly Reproductive Health Services.

¹¹ The Queen Zain Al Sharaf Institute for Development, UNFPA, 2010 Knowledge, Attitudes and Practices of local Community Towards Reproductive health and gender issues.

Essafi and Sweimeh. Among the key findings of the study was that almost one third of young men and women aged 15-24 had heard of reproductive health before. The majority of those stated that the concept of reproductive health refers only to family planning. The study recommended developing a comprehensive strategy for reproductive health to be adopted by all stakeholders including the Ministry of Education and the Ministry of Awqaf and Islamic Affairs and to include a communication plan in order to reach different groups.

Interviews with concerned officials at the Ministry of Health showed that the MOH Strategic Plan for 2013-2017 includes explicit goals pertaining to youth, such as the goals of promoting healthy behaviors among individuals (youth), enhancing school health services, providing addiction treatment and supervision, and supporting the youth health program which promotes healthy lifestyles among youth through health awareness. However, the MOH strategic plan goals do not include reproductive health services for youth. Young people receive reproductive health services through prevention and treatment services at health centers and hospitals. The interviews showed that the MOH structure in 2003 included a division for promoting youth health, but was removed from the current structure.¹²

Experiments carried out by the UNFPA in cooperation with the Ministry of Health in previous years show that youth-friendly reproductive health services are offered through the Health Awareness and Communication Unit at MOH. Moreover, a Life Cycle Approach project was carried out in cooperation with 17 MOH centers and the National Women's Healthcare Center to provide reproductive health services and programs for females aged 12 and above. However, there is a gap in service delivery as it was not aimed towards males, and the project is faced with sustainability challenges.¹³

The Ministries of Health and Youth implemented a joint project for aligning youth health services and programs in three youth centers, but the project was discontinued as it could not be successfully implemented in two centers and succeeded temporarily in the third center owing to the efforts of the service providing doctor although he only worked one day a week. The failure of the project to continue was due to financial challenges such as the cost of night shifts, extra wages for doctors and other operating costs.¹⁴

The All Jordan Youth Commission implemented reproductive health awareness activities in cooperation with the UNFPA targeting residents of the governorates of Irbid, Zarqa and Tafilah by utilizing media communications such as theatre, brochures and movies to raise awareness of male and female members of the Commission.¹⁵

The Royal Health Awareness Society in cooperation with UNFPA developed a national standards manual for youth-specific reproductive and sexual health services to be implemented at clinics in Jordanian universities (the Jordanian University for Science and Technology, and the University of Jordan). However, the project faced challenges with regard to laws and regulations, the referral system and changing managements and restricting the implementation of manual to students only, while young people from the local communities were denied access to these services. The Society provided health education sessions for youth in secondary schools and universities on adolescence and the accompanying physical changes, as well as readiness for marriage. The Society also implemented activities for university students on chronic diseases and reproductive health, and sought to integrate reproductive and sexual health concepts in study plans of medical majors as an elective course at the Jordan University of Science and Technology. The course was interactive and participatory and large numbers of students signed up for it.¹⁶

¹²Semi structured interviews with Dr. Malak Al Ouri and Randa Qusous from the Ministry of Health

¹³ Semi structured interview with Ms. Layali Abu Seir, from UNFPA.

¹⁴ Ibid,

¹⁵ Semi structured interview with Dr. Ahmad Jureibe from All Jordan Youth Commission.

¹⁶ Semi structured interview with Yazan Wardat from the Royal Health Awareness Society.

The Ministry of Youth experience in this field included the implementation of the health window program, preparing a manual on healthy lifestyles, developing a game on health issues with special focus on reproductive health issues, implementing the peer education network program, a reproductive health training of trainers program, a knowledge box project, health camps, as well as various activities to raise youth awareness of nutrition, personal hygiene, smoking, sports, sexually transmitted diseases, AIDS, parental care, and physical and psychological changes.¹⁷

The Institute for Family Health provides health services to all groups inside and outside the institute through treatment and prevention service programs. The Institute works with young people through awareness, entertainment and peer education programs. However, young people do not seek these services due to overcrowding at the Institute, feeling too shy to talk to service providers, especially as the majority of them are females, and the lack of designated spaces for youth at these facilities.¹⁸

Local examples of stakeholders working with youth-friendly centers in Jordan show that they do not offer health services to youth according to international standards, and their experience is limited to implementing national programs, activities and initiatives that serve youth issues and their continuity depend entirely on funding support, but there have been no attempts to institutionalize these programs.

The Ministry of Health provides health services to all segments of society, but its current health programs do not include the provision of reproductive health services to individuals who are unmarried or under the age of 18.

The experience of the Royal Health Awareness Society at the Jordan University of Science and

Technology showed that scientific materials were compiled and tested locally in the medical colleges and that there are academics teaching these materials which have been recently introduced as required courses at the university. These activities allow engaging faculty members and students of medical and other colleges which would help expand the networking base for youth-friendly services

Analyzing the current situation based on outcomes of focus group and interviews

First: Challenges facing youth in accessing reproductive health services from the perspective of stakeholders:

1. Service and service provider challenges:

- Lack of youth-specific services such as consultations, counselling and guidance.
- Shortage of specialized staff in reproductive health services for youth.
- Misconceptions among service providers that reproductive health is a foreign concept imported from the west and contradicts our customs, traditions, values and religion.
- The service is culturally and socially sensitive which prevents youth from obtaining reproductive and sexual health services and programs through the Ministry of Health despite the fact that the Ministry is empowered to provide comprehensive services without exceptions to all age groups. For example, HIV and AIDS consultation services and programs are being provided due to availability of funding.
- Lack of studies that reflect the reproductive and sexual health needs of young people due to the

¹⁷ Semi structured interview with Jabr Uraikat from the Ministry of Youth

¹⁸ Semi structured interview with Haya Al Badri, from the Institute for Family Health

fact that this topic is sensitive, as can be inferred partly from the fact that young people go to private sector doctors and pharmacies outside their place of residence.

- Lack of addressing and discussing reproductive and sexual health issues in school curricula.
- Reproductive health programs and projects rely on external funding support and end when funding stops. There have been no attempts to institutionalize them or make allocations for them in the budgets.
- Multiple institutional strategies and their weak support of reproductive health services for youth.
- Different entities working with youth have different priorities and health and reproductive health issues are generally not considered high priority.
- Funding is not well-planned, so services offered to youth from different entities overlap.
- High turnover of trained health professionals which calls for continued capacity building and training.
- High cost of training and building the capacity of reproductive health professionals.
- The regulations and instructions at MOF prevent the provision of reproductive health services and counselling to youth without the consent and presence of their parents.
- The high demand for services at health centers puts pressure on them and prevent youth from accessing specialized services and receiving adequate attention for their health needs from staff.
- Lack of a designated place for the provision of services and counselling to youth which makes them unwilling to go to the health facility, seek service and wait in a crowded room.
- Lack of networking between entities working with youth to provide integrated programs and services including reproductive health services.

- Reproductive health services at the Ministry of Health are delivered through the Mother and Child Directorate, which has mostly female staff, so young men are embarrassed to seek services there.
- Universities' regulations governing reproductive health service delivery, which hinders the active provision of youth-friendly health services.
- As a policy, universities do not incur high cost of providing services to students, coordination and integration among concerned colleges is weak.

2. Service user challenges.

- Young people and health professionals believe that young people do not need health services because they are a healthy age group.
- Young people do not seek the services although they are available as part of the comprehensive health services for several reasons including lack of privacy, lack of trust, lack of interest in youth issues, the long waiting hours, and the requirement to be accompanied by a parent if under 16.
- The risk of youth receiving unscientific and wrong information from unreliable sources which could confuse their sexual identity and lead them to practice unsafe behaviors.
- Lack of discussion of these issues within families; young people rely on their peers or social media for potentially wrong information and behaviors which they might continue to adopt even after marriage and having a family and could cause them to have a negative perception of the opposite sex.
- Young people would not go to the clinics for fear that service providers will find out about the wrong behaviors that they follow.
- The stereotypical perception towards reproductive health and its association with family planning, which generates rejection and lack of interest among males.

Second: Needs for reproductive health services from the perspective of young people

1. The concept of reproductive health and sources of information:

- The focus group discussions with young males and females revealed that the knowledge the majority of young females have about reproductive health is limited to maternal and child health and family planning, while the knowledge that some young males had about reproductive health was broader than that of the females as they saw that it also includes child raising, proper pregnancy planning, family planning, choosing a wife, risks of marrying close relatives, the marital relationship, pre-marriage medical tests, sex education, and the importance of men understanding the needs of women during pregnancy and childbirth, and psychological impacts.
- Young males and females pointed out that they seek information through social media and friends who have previous experience. Young males would seek the opinion of the majority of a limited group of friends but these discussions often turn comical and not serious do not provide sound information. On the other hand, some young people seek traditional ways to obtain information about marital relationships like bachelor shower parties which encourage violence to assert manliness.
- All young female and male participants indicated that the majority of teachers did not explain the anatomy of the reproductive system or the physical and psychological changes that accompany adolescence and gave them to students as independent reading assignments due to the taboo culture and embarrassment to discuss these issues among teachers, counsellors and students.
- Young females indicated that they had never received information about reproductive health throughout different school stages.
- Females indicated that they needed information

when they were younger but did not have access to it.

- Discussions revealed that youth look up potentially wrong or inaccurate information on the internet.
- Young people confirmed the need for preparing and training parents to talk to their male children about the physical changes that accompany adolescence.
- Focus group discusses with males showed that university students of all majors need information that can be obtained from a reliable academic source.
- Many young people indicated that watching Syrian drama gave them beneficial information on AIDS and how it is transmitted and raised the awareness of the whole family.
- Some young males mentioned that they watch Dr. Huda Qutub show for comprehensive information on sexual and reproductive health.

2. Receiving reproductive health services:

- Young people are too concerned to seek services as they fear that their private information will be disclosed and they might be legally liable for wrong behaviors.
- Young females indicated that they refrain from asking their teachers questions about reproductive health because they are afraid they will be the talk of the teaching staff.
- Young females indicated that they seek, preferably foreign, female doctors from the private sector when they face problems related to their reproductive system as they understand them better. Some young females indicated that they seek female doctors at the MOH maternal and child health clinics for information on general, but not specific, medical issues.
- The majority of interviewed young people complained that there is significant pressure on public health services and health professionals are too busy and are not dedicated to deal with youth.

3. Youth involvement and active participation:

- Training and giving young people the opportunity to work on initiatives that aim to explain issues pertaining to reproductive health for youth through interactive theatre and advocacy campaigns in order to provide specialized services in schools, universities and official entities.
- Providing reproductive health training courses to youth provided that they present their identification cards to prove they have reached the legal age.
- Allowing university students of family and school counselling in the field to address reproductive health issues during practical training and application.

The analysis of the needs of youth shows that there is an urgent need to develop policies and strategies and subsequent action plans for the provision of youth-friendly reproductive health services. Clearly, the needs of youth are not met due to several reasons including the lack of institutional capacities, financial difficulties, lack of qualified and trained staff, and lack of specialized programs. On the other hand, there are social challenges, such as the taboo culture, the sensitivity of the issue, the misunderstanding that reproductive health is for married women only, and the lack of interest from youth.

Third: Analysis of the current situation of institutions working with youth and their future potential for providing youth-friendly reproductive health services:

1: Youth centers of the Ministry of Youth

The Ministry of Youth has 189 youth centers across the governorates of the Kingdom. These centers have allocations in the budget of the ministry and

have specialized staff who are skilled in interacting with young people in innovative ways through year-round programs aimed at the target groups¹⁹ (young males and females aged 12-24). The working days and hours of the centers are suitable for young people, opening from 11 o'clock in the morning until 6 o'clock in the evening. Moreover, the infrastructure of the centers is fit for the nature of youth activities.

However, the centers had never worked on providing health services to youth according to international health standards. Their experience is limited to implementing programs, activities and initiatives that serve youth issues and their sustainability depends fully on funding support. There have been no attempts to institutionalize these programs. On the other hand, the draft Jordanian Youth Strategy²⁰ (2018-2022) does not include a separate section on the reproductive health of youth, and workers with youth are not specialized in providing youth-friendly health services.

Cooperation between ministries within the same sectors can allow the Ministry of Youth to utilize Ministry of Health staff to provide specialized health services including information, advice, diagnosis, treatment, care, and prevention services for physical, mental, sexual and reproductive health, changes that accompany adolescence and puberty, nutrition, immunization, and referral to hospitals, if needed. Moreover, the Ministry of Youth could benefit from the experience of the Ministry of Social Development in organizing community-based activities, while youth centers can coordinate with civil society institutions which are specialized in community-based programs, capacity building for volunteers, sports activities, peer education and awareness on issues including but not limited to violence and narcotic drugs.

2: MOH comprehensive health centers

The Ministry of Health has 89 comprehensive

¹⁹ Higher Youth Council (currently the Ministry of Youth), Instructions for establishing and managing youth centers 2002.

²⁰ Semi-structured interview with Jabr Uraikat, Ministry of Youth

health centers across the Kingdom²¹ and follows special protocols for the provision of health care and services. The Ministry has funds allocated in the budget annually for the provision of health care and services, including counselling and referral to hospitals, to a wide base of male and female beneficiaries of all age groups. The Ministry has a monitoring and evaluation system and a database for the available services, and can network with civil society institutions to provide services through community-based activities and capacity building.

However, the current Ministry of Health Strategy (2013-2017)²² does not include a separate component for the provision of youth-specific services as these services are listed under the Awareness and Education Directorate or the Mother and Child Directorate which young males avoid going to. The high workload and the large numbers of patients going to the health centers does not allow the medical staff to dedicate enough time for the provision of services to youth and understanding their problems. Moreover, the working hours of the health centers are not suitable for youth.

Although the majority of comprehensive health centers have a good infrastructure, it does not meet international standards for youth-friendly centers (e.g., location: there is no designated space for youth that guarantees confidentiality and respects their privacy and rights; services are currently provided through the Mother and Child Directorate, which is not appealing to young people especially males; the working hours are not suitable for youth; professionally trained staff of both sexes in youth health issues are not available). Moreover, there is a rule among services providers to not provide the service to people under the age of 16 without the presence of a parent or guardian, which further pushes youth and adolescents away from the center.

Since the Ministry provides technical support to the majority of health programs along with other ministries and civil society institutions, it can

benefit from the current services and programs to ensure the availability of comprehensive youth-friendly reproductive health services that include a comprehensive package of health, social, educational, and entertainment programs.

3: Clinics at public universities

Health services at clinics in public universities across Jordan are usually provided by specialized health professionals (physicians, faculty, students) of medical majors (medicine, nursing and pharmacy)²³ according to specific protocols to students aged between 18-24 on average. Some clinics also provide other services, namely counselling and referral to public hospitals.

However, some universities do not have clinics or medical majors, or lack the appropriate infrastructure for providing youth-friendly reproductive health services (confidentiality, respect for privacy and rights of service users). Moreover, the laws that govern universities are not uniform, which renders the introduction of standardized policies, protocols and criteria for the delivery of youth-friendly health services in all universities difficult. In addition, the heavy load on faculty members and students of medical majors hinders the delivery of youth-friendly health services.

The users of university clinics are exclusively the students while local community members are not allowed to go to university clinics, whereas international protocols for youth-friendly health services delivery rely fully on networking between the point of service and the local community through volunteer health promoters.

4: Stakeholders of reproductive health programs include, but are not limited to: Institute for Family Health, Royal Health Awareness Society, National Family Health Center, Jordan Association for Family Planning, Etc.)

²¹ <http://www.moh.gov.jo/Pages/viewpage.aspx?pageID=187>

²² Ministry of Health Strategic Plan (2013-2017)

²³ Meeting with Yazan Wardat from the Royal Health Awareness Society

These entities play a leading role in local communities and have professional staff who master the implementation of a participatory and innovative approach in working with local communities and young people. These entities have programs that target various age groups and have a large base of young people. They also develop programs based on the needs of local communities and youth.

However, these entities rely primarily on funding support and the continuity of their programs and projects is subject to the availability of funding. Moreover, some entities have weak monitoring and evaluation mechanisms and focus their services on specific geographic locations. The fact that these entities are based in the local communities so that all members can frequently visit them, discourages young people from seeking the services for fear that their families and relatives would know. Therefore, these entities should aim to secure a stable source of funding for their programs, designate suitable and attractive locations for young people, and recruit qualified staff to provide youth-friendly health services as per the approved service delivery systems, procedures and ethics.

5: Ministry of Education

The Ministry of Education interacts with the largest portion of the population through students up to the age of 18. The Ministry has specialized education professionals (counsellors, biology teachers) and a monitoring and evaluation system for school plans and educational supervision plans.

However, given the pressure on teachers and students to finish the required school subjects

within the school year, addressing reproductive health and sex education in counselling and biology classes becomes a challenge. Moreover, MOE staff of various levels may not be convinced of the importance of this issue, but training of trainers programs for biology teachers and counsellors can help overcome this.

National standards for youth - friendly reproductive health services

Interviews with some health service providers showed that current services and activities are not based on national standards or criteria and that standards for the public sector do not exist. It is therefore necessary to develop national standards for youth-friendly reproductive health services that are attentive to the culture, social and religious values, applicable legislation and available resources, provided that these standards are aligned with international standards set by the World Health Organization.

Global Standards for Quality Health-Care Services for Adolescents/ World Health Organization 2014²⁴

The global standards for quality health care services for adolescents and young people aim to assist policy makers and health service planners in improving the quality of health-care services so that adolescents find it easier to obtain the health services that they need to promote, protect and improve their health and well-being. The standards can be implemented in an integrated manner by public and private health facilities and civil society institutions.

²⁴ World Health organization, 2015, Global Standards For Quality Health-Care Services For Adolescents-Volume 1: Standards And Criteria

Global Standards For Quality Health Care For Adolescents
World Health Organization

| Standard | Description |
|---------------------------------|--|
| Adolescents' health literacy | Standard 1. The health facility implements systems to ensure that adolescents are knowledgeable about their own health, and they know where and when to obtain health services. |
| Community support | Standard 2. The health facility implements systems to ensure that parents, guardians and other community members and community organizations recognize the value of providing health services to adolescents and support such provision and the utilization of services by adolescents |
| Appropriate package of services | Standard 3. The health facility provides a package of information, counselling, diagnostic, treatment and care services that fulfils the needs of all adolescents. Services are provided in the facility and through referral linkages and outreach. |
| Providers' competencies | Standard 4. Health-care providers demonstrate the technical competence required to provide effective health services to adolescents. Both healthcare providers and support staff respect, protect and fulfil adolescents' rights to information, privacy, confidentiality, non-discrimination, non-judgemental attitude and respect. |
| Facility characteristics | Standard 5. The health facility has convenient operating hours, a welcoming and clean environment and maintains privacy and confidentiality. It has the equipment, medicines, supplies and technology needed to ensure effective service provision to adolescents. |
| Equity and nondiscrimination | Standard 6. The health facility provides quality services to all adolescents irrespective of their ability to pay, age, sex, marital status, education level, ethnic origin. |
| Data and quality improvement | Standard 7. The health facility collects, analyses and uses data on service utilization and quality of care, disaggregated by age and sex, to support quality improvement. Health facility staff is supported to participate in continuous quality improvement |
| Adolescents' participation | Standard 8. Adolescents are involved in the planning, monitoring and evaluation of health services and in decisions regarding their own care, as well as in certain appropriate aspects of service provision |

source : World Health organization, 2015, Global Standards For Quality Health-Care Services For Adolescents-Volume 1: Standards And Criteria

International and regional interest

In 2015, the UN Secretary General launched the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030): Survive, Thrive, Transform, describing it as a key venue for achieving the sustainable development goals. The strategy sought to end preventable deaths, ensure health and well-being, and expand enabling environments²⁵. In May 2016, the Health Association adopted the resolution and expressed commitment to implementing the strategy and called on member states to commit to implementing the plans and enhancing accountability and monitoring in the field of adolescents' health.²⁶

A WHO report entitled "Health for World's Adolescents: A Second Chance in the Second Decade"²⁷ stressed that in order to make progress towards universal health coverage, health ministries and the health sector more generally will need to transform how health systems respond to the health needs of adolescents. The report recommends developing and implementing national quality standards and monitoring systems as one of the actions necessary to make the transformation.

Regionally and across the Arab countries, the Arab Human Development report for 2016 "Youth and the Prospects for Human Development in a Changing World" asserts that today's generation of young people in the Arab World are more educated but their prospects are threatened more than ever before due to exclusion, poverty, marginalization, economic deprivation and corruption. The report stressed that the desired change cannot be achieved without empowering young people and expanding their ability to make strategic life choices in a context where this ability was previously denied to them, especially with respect to reproductive health.²⁸

The Cairo Declaration of 2013²⁹ called for developing youth capacity for interaction and building healthy social relations that help prevent social isolation and promote conscious sexual and reproductive health awareness through guidance and support of parents that is consistent with their developing capacities. The Declaration also called for actively involving young people in all policies and mechanisms of national and regional programs, including the planning, implementation and decision-making, monitoring and evaluation, and enabling effective participation of young people as volunteers and leaders of social change without being subjected to exploitation, violence, or deprivation of rights.

Arab countries experience in reproductive health studies and programs

Egypt: The Ministry of Health and Population in cooperation with the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) developed a manual on adolescents and youth health services "Youth Health Consultations" to serve as a reference for all professionals involved in adolescents and youth health programs, especially doctors, nurses and specialists who help provide health services to adolescents and youth to explain information, concepts, and sound reproductive health behaviors, thereby enabling them to give accurate and comprehensive information to youth. The chapters of the manual tackle: adolescents and healthy lifestyles, nutrition, elements of reproductive health, psychological health, oral and dental health, communicable and non-communicable diseases.³⁰

In 2007, a qualitative evaluation was carried out to assess youth-friendly clinics in Egypt, which were established through the UNFPA in cooperation with Family Health International and the Egyptian Family Planning Association. The evaluation

²⁵ United Nations 2015, Strategy for Women's, Children's and Adolescents' Health (2016-2030) Survive, Thrive, Transform.

²⁶ UN resolution, May 2016 concerning the Global Strategy for Women's, Children's and Adolescents' Health (2-16-2030) Survive, Thrive, Transform.

²⁷ Report: Health for the World's Adolescents: A Second Chance in the Second Decade", WHO, 2014.

http://www.who.int/maternal_child_adolescent/topics/adolescence/second-decade/ar/

²⁸ Arab Human Development 2016 Report "Youth and the Prospects for Human Development in a Changing Reality, UN.

²⁹ Regional Conference on Population and Development in the Arab States issues the: Cairo Declaration II^o-2013

³⁰ Youth and Adolescents Health Services Manual – Ministry of Health and Population and WHO - Egypt.

covered eight youth-friendly clinics established in different locations and deliver information on reproductive health and family planning, pre-marriage tests counselling, sexually transmitted diseases, medical examination of puberty disorders, antenatal and postnatal care, x-ray and ultrasound scans, and support entertainment services. The evaluation presented recommendations for improving service delivery, increasing frequency of visits to the clinics, improve peer performance, raise awareness and build capacities.³¹

Morocco (Practical example)

Establishing youth health centers known as “Youth Space” with support from UNFPA in Marrakesh: In 2005, the Youth Health Centers were established to provide health care services to youth (through a participatory approach) based on the preliminary studies conducted in 2001 to identify the problems and needs of youth. These centers were set up exclusively to target this age group outside the context of regular health centers, providing services in an innovative way that appeals to the youth, ensuring accessibility, as well as convenience in terms of setting and communications. Given the daily school and work commitments of youth, the centers open at 4 p.m. Along the same lines, health windows were established to address youth problems in schools and motivate youth through creative sports activities. A referral system has also been established with partners and the centers provide vocational training to youth committees. The centers provide medical services including general and specialized medicine, treatment services, counselling, psychological support, community campaigns and events, awareness programs on sexual health for youth who visit the centers, clinical exams, educational and capacity-

building (training) programs, tests for married couples, community activities that tackle health issues and convey messages through awareness-raising events, evening poetry, singing and music concerts.³²

These regional examples show that there had been several attempts in the Arab world to study the needs of youth for health services delivered through youth-friendly health centers that appeal to their way of thinking, and answer their health, physical, psychological and social needs.

The majority of the studies proposed the establishment of friendly centers to provide preventative care, diagnosis, treatment and referral services as well as programs that focus on skills, entertainment, and positive behaviors, reject drugs and smoking and promote healthy lifestyles.

such as sports and good nutrition. The studies were limited to assessing needs for youth-friendly centers or determining the needed national standards in line with international criteria, but there was no practical implementation of the proposed models, aside from the experiences of Morocco and Egypt, in which the projects were fully dependent on funding from UNFPA.

However, these attempts were too ambitious and far from reality. Establishing a system for providing services, networking, referrals, creating a positive environment for the centers and providing influential leaders and educational committees require a comprehensive strategy that complements national strategies and agendas to ensure the success and sustainability of these centers and achieve positive results that can be replicated elsewhere.

³¹ Quantitative Assessment of Youth-Friendly Clinics- UNFPA in cooperation with FHI and Egyptian Family Planning Association- 2007

³² Exploratory visit report by the Women's Empowerment and Reproductive Health Program/ Queen Zein Al Sharaf Institute as part of the Well-being 2 Project “Rafah 2” in cooperation with UNFPA, 7th program, 2010.

Suggested policies

Upon reviewing the current situation and in order to meet the needs of young people for youth-friendly reproductive health services and facilitate access to service, this Policy Brief suggests the following policy options:

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|------------------|---|
| Policy I: | Develop national standards for the provision of youth-friendly reproductive health services that are attentive to local culture and religious values |
|------------------|---|

Realizing the demographic dividend requires optimal investment in the working-age population, especially the youth, raising their health awareness, providing the necessary health services to them, promoting positive healthy habits and preventing harmful habits. The diverse health services and activities offered by entities working with youth are not based on national standards and do not meet the specific needs of youth. Therefore, national standards for youth-friendly health services should be developed provided that they are consistent with religion and the local culture context and fulfill the health, social and psychological needs of young people. These standards should be adopted by all stakeholders and entities working with youth and should be in line with international standards for youth-friendly services. A WHO report entitled “Health for World’s Adolescents: A Second Chance in the Second Decade”³³ recommends developing and implementing national standards and monitoring systems as they are a necessary measure to achieve progress towards reproductive health services for youth.

Developing a national standards system can help reach consolidate understanding and procedures among providers of youth-friendly reproductive health services and deliver quality specialized services.

Advantages:

- A single focal point for all providers of youth-friendly reproductive health services in the public and private sectors and civil society.
- National standards are an integrated system that covers prevention, treatment, counselling and referrals and establishes links between service providers, youth and local communities to own and support this service.
- National standards can identify, assess and improve the capabilities to meet youth needs and cover demands.
- Developing national standards will support national agendas and strategies in meeting youth needs in line with international health standards.

Challenges:

- Allocations in annual budgets are required to implement the standards.
- Continuous monitoring and evaluation is necessary to ensure adherence to standards.
- Service providers and youth may have beliefs that contradict the standards.
- The current infrastructure of entities working with youth does not meet some of the standards.

Potential implementers are:

- Ministry of Health in Cooperation with the
- Higher Population Council

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|-------------------|---|
| Policy II: | Provide youth-friendly reproductive health services at public health centers |
|-------------------|---|

Public health centers operate within an institutionalized system and rely on special protocols for the provision of health care and services. They serve a large portion of the population in Jordan, provide preventative care,

³³ Report: Health for the World’s Adolescents: A Second Chance in the Second Decade”, WHO, 2014.
http://www.who.int/maternal_child_adolescent/topics/adolescence/second-decade/ar/

treatment and referral to hospitals, have databases on all services and target groups and have allocations in the annual general budget. These centers could serve as a successful model for delivering youth-friendly reproductive health services by designating a separate space for youth away from all other groups.

Since public health centers provide technical support to the majority of health programs, they can benefit from the expertise and programs of other institutions to network and refer cases within a specific system so as to ensure that youth-friendly health services are comprehensive and cover an integrated package of health, social, educational, and entertainment programs.

Advantages:

- Availability of health professionals to provide reproductive health services and counselling at public health facilities.
- A database on the offered services and target groups.
- Referrals to hospitals are available.
- A monitoring and evaluation system is available.
- Public health facilities follow specific protocols for the provision of health services and care.
- Services are accessible to a wide base of male and female beneficiaries of all ages across the Kingdom.
- Health professionals are trusted by the community.

Challenges:

- The provision of youth-specific services is not listed as a separate component in the health sector strategy but is embedded within the services of other health directorates.
- The large numbers of people visiting public health facilities prevent the medical and healthcare staff from dedicating enough time to providing services to youth and understanding their problems.
- Working hours at the public health facilities are not suitable for youth.
- Financial resources and technical capabilities

may not be available to separate youth-specific reproductive health service from other health services.

- Youth refrain from seeking reproductive health services at public health facilities for concerns over lack of confidentiality, privacy and respect for rights.
- The infrastructure at the majority of public health facilities does not meet the requirements for the provision of youth-friendly reproductive health services.

Potential implementers are:

- Ministry of Health
- Royal Medical Service
- Public Universities

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| Policy III: | <p>Activate the role of Ministry of Education counselors and biology teachers so as to address reproductive health issues and sex education during counseling sessions and biology classes.</p> |
|--------------------|--|

The Ministry of Education is a vital ministry that has access to a large portion of children, adolescents and youth and plays a key role in providing parental guidance, creating a culture that reinforces personal identity and respect for others, and enhancing social and religious values. The Ministry has specialized educational staff (counsellors, and biology teachers) and has a monitoring and evaluation system to ensure the implementation of study plans and educational supervision plans. Over the past years, however, reproductive health has not been addressed in detail by officials who are in charge of teaching this topic. Nonetheless, school counselors play a key role in guiding and helping students solve their problems and reinforcing positive attitudes among them, but they did not have a noticeable role in reproductive health for youth.

This policy is important as it offers a source of information and knowledge for students on reproductive health and its importance in their lives and encourages them to seek the service. It

also expands the knowledge of parents through regular meetings with them.

Advantages:

- Access to the largest group of youth under the supervision of the Ministry of Education.
- The large number of school counsellors and biology teachers who are qualified to deal with students in all schools.
- Monitoring and evaluation can be implemented based on school study plans and educational supervision plans.
- Implementation can be achieved through training of trainer programs for subject supervisors and counsellors by specialized entities.
- The possibility of networking with the public health sector to expand knowledge of reproductive health.
- The possibility of expanding the reproductive health component in school curricula through the continuous development of curricula.

Challenges:

- Allocating budgets for executing educational staff capacity-building policies is difficult.
- The high workload on teachers and students to finish study requirements within the school year.
- Ministry staff at all levels are not convinced of the importance of this topic.
- Lack of the necessary knowledge and skills among school counsellors and teachers to deal with reproductive health issues.
- Parents may not accept tackling these issues.
- Basic subjects that should be included in curricula are substantially large, which could cause confusion.

Potential implementers are:

- Ministry of Education
- Directorate of Private Education
- UNRWA schools
- Military Education
- Higher Population Council

Policy IV:

Provide youth-friendly health reproductive health services at youth centers

Youth centers are characterized as informal and target different age groups of male and female youth. The centers are managed by qualified staff who have experience in working with youth under programs implemented year-round. The centers have a database on youth and operate within times that are suitable for youth. The infrastructure of the majority of these centers are fit for the nature of youth activities.

Large numbers of youth go to these centers to take part in its activities and events.

These centers, however, had never been involved in providing youth-friendly health services. The experience of some of these centers has been limited to implementing programs, activities and initiatives that serve youth issues and their sustainability relies fully on funding support. There had been no efforts to institutionalize these programs. The staff working with youth are not specialized in providing youth-friendly reproductive health services.

These centers could play a key role in providing comprehensive reproductive health services in cooperation with the Ministry of Health and civil society institutions. The services could include the provision of information, counselling, diagnosis, treatment, health care and prevention pertaining to physical, mental, sexual and reproductive health, changes that accompany adolescence and puberty, HIV, nutrition, immunization, and referrals, in addition to training and capacity building programs through specialized civil society institutions. The fact that the Jordanian Youth Strategy for (2018-2022) is in the development phase provides a suitable opportunity to achieve the above.

If treatment services from a specialized doctor could not be provided, the youth center can focus on raising awareness of reproductive health issues, peer education, and counselling, implementing community-based activities, forming health committees and training volunteer teams.

Advantages:

- The Ministry of Youth has specialized staff who have the needed knowledge and skills to work with youth.
- Youth centers are available across the Kingdom.
- Youth centers cover a large base of young males and females.
- Working hours at the youth centers are suitable and flexible.
- The target groups include young people aged 12 to 25 at the Ministry's youth centers, and 16-30 at the All Jordan Youth Commission Centers.
- The infrastructure of the centers is suitable for the nature of youth activities.

Challenges:

- Lack of staff specialized in youth - friendly reproductive health services.
- Potential inability to cover the additional costs of providing specialized reproductive health services.
- Ministry of Health physicians may be enlisted to provide treatment and counselling, but they may not be available to provide continuous services on daily basis given their workload and the additional costs of night shift operations.
- Young females refrain from going to the centers in the evening.
- Without intensive awareness programs and proper explanation of the available reproductive health services and their importance for young people, there are concerns that the local community may not accept their children to seek the services and participate in health activities.

Potential implementers are:

- Ministry of Youth
- All Jordan Youth Commission
- Higher Population Council

Policy V:

Integrating the needs of youth for youth-friendly reproductive health services into national strategies and agendas, sector strategies, strategic plans and development programs

The provision of youth-friendly reproductive health services depends on the commitment of sector ministries and institutions working with youth (Ministry of Youth, Ministry of Health, High Health Council, Ministry of Education, Ministry of Planning and International Development) to integrate reproductive health youth into their strategies, policies and programs. This will ensure that sector plans, programs and projects meet the practical and strategic needs of youth.

Advantages:

- National and formal commitment to providing youth-specific reproductive health services.
- National plans and programs at ministries to meet the needs of young people.
- Guaranteed access of all groups of young people to service through different sectors.
- Annual budgets are directed towards supporting the health needs of youth.

Challenges:

- Lack of commitment by sector ministries to include a special component for youth health into their strategies.
- Bureaucratic procedures at sector ministries.
- Different priorities of the different ministries and sectors.

Potential implementers are:

- Ministry of Planning and International Cooperation
- Ministry of Health
- Ministry of Education
- Ministry of Higher Education and Scientific Research
- Ministry of Youth

- Ministry of Interior/ Governorates Development Units
- Ministry of Social Development
- High Health Council
- Jordanian National Commission for Women
- National Council for Family Affairs
- Higher Council for the Affairs of Persons with Disabilities
- Higher Population Council

Recommendations:

All the above-mentioned policy options are essential for providing youth-friendly reproductive health services. The Policy Brief recommends adopting the five policies.

References:

• Arabic references

1. Department of Statistics, 2015, The General Population and Housing Census
2. Higher Population Council, 2014, Demographic Dividend Policy Document
3. UNFPA, State of World Population, 2014, “Adolescents, Youth and the Transformation of the future”
4. The Higher Population Council, the Third National Progress Report by the Hashemite Kingdom of Jordan (2013-2014) on the Implementation of the Programme of Action of the International Conference on Population and Development (Cairo Declaration 2013) and the Global Development Agenda Post 2015.
5. High Health Council, National Strategy for the Health Sector, 2015-2019
6. Ministry of Youth, Jordanian Youth Strategy (2011-2015)
7. Ministry of Health in Cooperation with the United Nations Population Fund/ Jordan Office, 2010, Assessment of youth needs for youth-friendly reproductive health services.
8. Higher Youth Council (Currently the Ministry of Health), 2002, Instructions for Establishing and Managing Youth Centers.
9. Ministry of Health, Strategic Plan for 2013-2017
10. United Nations, 2015, Global Strategy for Women’s, Children’s and Adolescents’ Health (2-16-2030) Survive, Thrive, Transform
11. UN resolution, May 2016 concerning the Global Strategy for Women’s, Children’s and Adolescents’ Health (2-16-2030) Survive, Thrive, Transform
12. World Health Organization, 2014, Report: Health for the World’s Adolescents: A Second Chance in the Second Decade”
13. United Nations, Arab Human Development 2016 Report “Youth and the Prospects for Human Development in a Changing Reality,
14. “Cairo Declaration II”, 2013
15. Ministry of Health and Population in cooperation with the World Health Organization/ Egypt, Youth and Adolescents Services Guide
16. Quantitative Assessment of Youth-Friendly Clinics- UNFPA in cooperation with FHI and Egyptian Family Planning Association- 2007
17. Exploratory visit report by the Women’s Empowerment and Reproductive Health Program/ Queen Zein Al Sharaf Institute as part of the Well-being 2 Project “Rafah 2” in cooperation with UNFPA, 7th program, 2010
18. Global Standards For Quality Health-Care Services For Adolescents-Volume 1: Standards And Criteria

• English and web sites references

1. Global Standards For Quality Health-Care Services For Adolescents-Volume 1: Standards And Criteria
2. http://www.who.int/maternal_child_adolescent/topics/adolescence/second-decade/ar/
3. <http://www.un.org/sustainabledevelopment/ar/sustainable-development-goals/>
4. <http://www.moy.gov.jo>
5. <http://www.moh.gov.jo/Pages/viewpage.aspx?pageID=187>
6. http://www.who.int/maternal_child_adolescent/topics/adolescence/second-decade/ar/

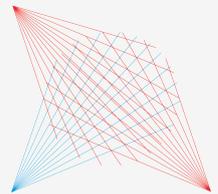


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