Access to Youth-Friendly Health Services in an Era of HIV: Evidence from the SPA and the DHS

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Background

In 2009, almost half of all new HIV infections occurred among young people aged 15–24 years. Most young people with HIV live in sub-Saharan Africa, and 71% are young women. In the context of sub-Saharan Africa, where several countries are characterized by generalized epidemics of both HIV and gender inequality, young women are at particularly high risk of both HIV infection and unintended pregnancy; their pregnancies are also at risk of exposure to HIV. Ensuring that young people have unobstructed access to appropriate health care services to meet their reproductive and other health needs is seen as a critical element in preventing new infections among young people. However, little is known about the degree to which young people, and particularly young women, at risk for HIV have access to health services, nor whether the health system is ready to provide them with services, particularly youth-friendly services (YFS).

To contribute to addressing these questions, we analyze data from nationally-representative health facility surveys (Service Provision Assessments) implemented in 4 sub-Saharan African countries with generalized epidemics to discern the extent to which YFS are provided in health facilities, whether health care providers are trained in providing YFS, and whether young women receive equal care relative to older women when they go for antenatal care (ANC), specifically HIV testing and family planning counseling. We also look at young women's receipt of HIV testing and PMTCT-related counseling during ANC using data from household surveys (Demographic and Health Surveys).

The countries selected for analysis include Kenya, Namibia, Tanzania and Uganda.

Data

To address our research questions, we use data collected through the MEASURE DHS project from the Service Provision Assessment (SPA) surveys. The SPA are nationally and sub-nationally representative health facility surveys that provide a comprehensive overview of a country's health service delivery by collecting information on the availability of different facility-based health services in a country, and facility readiness to provide those services at a good level of quality, according to international standards of care.

SPA surveys strive to answer the following key questions:

- To what extent are health facilities prepared to provide health services to clients?
- What infrastructure, resources and support systems (standard precaution items, equipment, supplies, service guidelines, and trained health workers) are available at health facilities on any given day?

- To what extent does the service delivery process follow generally accepted standards of care?
- What issues affect clients and service providers' satisfaction with the service delivery environment?

The SPA employs several different modalities for data collection. We use data from health worker interviews and client-provider observations to inform our analysis:

Health worker interview: The health worker interview is conducted with a sample of providers present in the facility on the day of the survey. Typically, an average of eight providers per facility are randomly selected for interview. Providers are asked about their qualifications, the type of services that they provide, and training that they may have received. For this analysis, we look at the percentages of interviewed health workers who report that they provide youth-friendly services, and the percentage who report that they have been trained to deliver youth-friendly services within the past 3 years.

Client-provider observations: Client-provider consultations are observed to assess whether providers adhere to national or international guidelines for provision of each type of service covered by the survey. The sample for observations is usually selected on the basis of convenience. Clients are selected for observation when they arrive for services. Up to five clients for each provider of the service are interviewed, with a maximum of 15 observations in any given facility for each service. In some facilities, fewer clients are interviewed due to low client volume. For this analysis, we use client-provider observation data to examine the degree to which young women (age 15-19 and 20-24) receive key HIV prevention services (HIV testing and counseling on postpartum family planning) during antenatal care visits.

We also employ data from the Demographic and Health Surveys for the four study countries to further explore the degree to which young people have equivalent access to essential HIV prevention services through antenatal care.

Limitations of the analysis

There is an acknowledged lack of data available on young peoples' use of health care services and facility readiness to provide youth-friendly health care. Neither the SPA nor the DHS was designed to assess the degree to which young peoples' health care needs are met; nevertheless, they are the best nationally-representative data currently available for examining these questions. We therefore rely on the data available through the SPA and DHS for this initial exploration, and hope thereby to contribute to increasing the demand for future youth-focused data collection.

Results

(descriptive tables are presented below; they are not yet accompanied by text)

Table 1. Percentage of health workers that currently provide youth-friendly services (YFS), and percentage of health workers who have received training in YFS within the 3 years preceding the survey, Kenya 2010, Namibia 2009, Tanzania 2006, and Uganda 2007 Service Provision Assessment (SPA) health facility surveys.

Country	Percent of health workers currently providing YFS	N	Percent of health workers who received training in YFS in the past 3 years	N
Kenya 2010	26.4	2,499	18.4	2,487
Hospital	32.1	800	19.8	793
Health center	27.3	432	19.1	435
Clinic	21.4	415	16.9	408
Dispensary	22.4	751	17.2	750
Maternity	18.8	80	15.4	78
Stand-alone VCT	*	22	*	22
Namibia 2009	33.2	1,274	20.3	1,270
Hospital	30.2	506	16.1	508
Health center	39.7	232	23.8	231
Clinic	35.5	502	23.9	502
Stand-alone VCT	*	8	*	8
Sick bay	*	24	*	24
Tanzania 2006	10.9	2,351	6.9	2,354
Hospital	15.8	505	8.7	505
Health center	16.1	305	8.5	306
Dispensary	8.2	1,540	6.0	1,543
Uganda 2007	23.5	1,586	16.4	1,578
Hospital	23.9	306	17.1	304
Health center IV	34.3	181	21.5	181
Health center III	26.7	521	21.4	518
Health center II	17.3	578	9.9	575

^{*} Figure suppressed due to insufficient denominator (unweighted N<25)

Table 2. Availability of youth-friendly services (YFS) in the VCT and PMTCT units of the health facility, Kenya 2010, Namibia 2009, Tanzania 2006, and Uganda 2007 Service Provision Assessment (SPA) health facility surveys.

	Percent of VCT units with YFS on site in the unit	N	Percent of VCT units delivering YFS that have written policies for YFS observed in unit	Percent of VCT units delivering YFS that have staff trained in YFS present in unit on day of interview	N
Kenya 2010	10.7	476	51.7	43.5	51
Namibia 2009	25.1	331	38.6	58.0	83
Tanzania 2006	15.2	187	(21.2)	(71.5)	27
Uganda 2006	9.1	205	*	*	18

	Percent of PMTCT units with YFS on site in the unit	N	Percent of PMTCT units delivering YFS that have written policies for YFS observed in unit	Percent of PMTCT units delivering YFS that have staff trained in YFS present in unit on day of interview	N
Kenya 2010	na	na	na	na	na
Namibia 2009	na	na	na	na	na
Tanzania 2006	7.4	93	*	*	7
Uganda 2006	8.4	143	*	*	12

^{*} Figure suppressed due to insufficient denominator (unweighted N<25)

⁽⁾ Figure should be interpreted with caution due to small denominator (unweighted N=25-49)

disaggregated by client age. Kenya 2010, Namibia 2009, Tanzania 2006, Uganda 2007 Service Provision Assessment Surveys Table 3. Selected elements of HIV-related service delivery observed during client-provider observations of antenatal care visits,

	Kenya 2010	0	Namibia 2009	009	Tanzania 2006	006	Uganda 2007	107
	Percent tested		Percent tested		Percent tested		Percent tested	
	or referred for		or referred for		or referred for		or referred for	
	HIV test	z	HIV test	z	HIV test	z	HIV test	z
Client age <19	40.0	195	41.1	163	11.3	203	40	85
Client age 20-24	39.6	530	51.7	236	11.0	372	28.4	109
Client age 25+	36.7	681	45.7	460	14.4	723	21.2	179
Total	38.3	1406	46.4	859	12.9	1298	27.6	373
	Percent		Percent		Percent		Percent	
	counseled on		counseled on		counseled on		counseled on	
	postpartum		postpartum		postpartum		postpartum	
	planning	Z	planning	z	planning	z	planning	z
Client age <19	11.8	195	19.5	164	22.7	203	17.9	84
Client age 20-24	18.0	528	24.6	236	25.0	372	25.7	109
Client age 25+	29.1	681	31.1	460	36.9	723	24.4	180
Total	22.5	1404	27.1	860	31.3	1298	23.3	373

Table 4. Among women with a recent antenatal care visit, the proportion receiving selected PMTCT-related services during their antenatal care visit, disaggregated by age, Kenya 2008-09, Namibia 2006-07, Tanzania 2010 and Uganda 2006 Demographic and Health Surveys.

	Percent of respondents who were:							
	Counseled on PMTCT at ANC visit	Counseled on HIV prevention at ANC visit	Counseled on HIV testing at ANC visit	Offered HIV test at ANC visit		N	Percent who were tested and received HIV test	N
Kenya 2008-09								
15-19 years old	66.5	67.0	79.0	84.4	79.6	224	92.1	178
20-24 years old	74.6	71.5	82.7	82.2	80.5	956	98.4	766
25-49 years old	75.2	73.0	82.3	82.1	79.3	2126	97.6	1677
Total	74.4	72.2	82.2	82.3	79.7	3306	97.5	2621
Namibia 2006-07								
15-19 years old	81.1	76.3	83.5	83.9	81.0	249	94.0	201
20-24 years old	84.2	82.5	88.0	84.2	82.5	875	95.7	720
25-49 years old	85.7	83.8	87.6	80.7	78.0	2091	95.5	1615
Total	84.9	82.8	87.4	81.9	79.5	3215	95.5	2536
Tanzania 2010								
15-19 years old	65.6	62.5	81.1	80.3	73.6	355	96.9	262
20-24 years old	71.3	68.2	84.8	85.2	77.2	1158	96.0	894
25-49 years old	71.8	72.5	84.3	83.7	73.2	2876	95.8	2103
Total	71.2	70.5	84.2	83.8	74.3	4389	95.9	3259
Uganda 2006								
15-19 years old	57.0	53.9	56.6	39.4	35.4	349	83.1	124
20-24 years old	53.1	50.0	50.3	36.1	28.9	1197	77.5	338
25-49 years old	55.1	52.7	48.8	33.0	24.8	2733	83.4	673
Total	54.7	52.0	49.9	34.4	26.9	4279	81.6	1135