Family Health International

Improving lives, knowledge, and understanding

Meeting Adolescent Reproductive Health Needs in Egypt

Qualitative Assessment of Youth-Friendly Clinics

December 2007

Developed by:

Ms. Zeinab Hafez - Family Health International Consultant

Dr. Cherif Soliman - Family Health International

Dr. Doaa Oraby - Family Health International

Acknowledgements

Family Health International (FHI) would like to thank the United Nations Population Fund (UNFPA) for providing the financial support to undertake this activity and produce this document.

We are also grateful to the Egyptian Family Planning Association (EFPA) for facilitating the study team members' access to clinics, providing them with all required documents and data, and allowing them to work with the Association's staff and conduct interviews with peer educators. Our gratitude goes to all the physicians, peers, nurses, social workers and counseling staff whose positive attitude and openness have been remarkable. In particular, we wish to thank Dr. Amr El Ayyat, program manager in charge of the Youth Friendly Clinics (YFCs) for his kind assistance in facilitating our work and providing us with the required information.

Finally, we would like to extend our heartfelt thanks to the young men and women who participated in the focus groups without whom this work could not have taken place.

.

Table of Contents

List of Acronyms……………………………………………………………………………………... 4

Introduction…………………………………………………………..……………………………… 5

Goal and Objectives ……………………………………………………………………………… 6

Study Instruments and Methodology…………………………………………………………….. 7

Youth -Friendly Clinics…………………………………………………………………………… 13

Peers Program's Assessment …………………………………………………………………….. 26

Reproductive Health Information ………………………………………………………………. 32

Conclusion and Recommendations …………………………………………………………… 38

List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
EFPA	The Egyptian Family Planning Association
FGD	Focus Group Discussion
FHI	Family Health International
FP	Family Planning
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IEC	Information Education and Communication
IUD	Intra Uterine Device
MDGs	Millennium Development Goals
RH	Reproductive Health
STIs	Sexually Transmitted Infections
UNFPA	The United Nations Population Fund
VCT	Voluntary Counseling and Testing
YFCs	Youth Friendly Clinics

Introduction

Youth represent one of the main pillars of any society. In Egypt, they form a large, significant and growing population group. Despite that, young people do not receive much attention and suffer poor knowledge of RH and low contraceptive use rates. They form a relatively high proportion of the country's unmet health needs, new HIV infections, and maternal mortality rates. While these dynamics are attributed to a number of complex social, cultural, economic and gender-related factors, it is clear that many of the national and international health and development goals and targets, such as the Millennium Development Goals (MDGs) and the International Conference on Population and Development (ICPD) goals cannot be met without addressing the needs of young people.

Promoting comprehensive youth- friendly health services is essential in assisting youth to make responsible sexual and reproductive decisions, and empowering them to enforce these decisions. This vision is strongly supported by Family Health International (FHI), which has worked for more than 30 years to improve maternal and child health, increase the availability, safety, acceptance, and use of modern contraceptive methods, and prevent sexually transmitted infections (STIs), including HIV/AIDS, in collaboration with local, national, and international organizations in more than 80 countries around the world.

FHI works closely with UNFPA and the Egyptian Family Planning Association (EFPA) to improve sexual and RH services delivered to young people in Youth-friendly Clinics(YFCs) supported by UNFPA. FHI initiated activities in eight of these clinics by conducting a rapid review of previous project accomplishments, obstacles, and lessons learned. Baseline measurements were established to ensure effective monitoring and evaluation (M&E) of the project throughout the various phases. Using a participatory approach involving young people, the clinics were assessed in order to determine their current status: working conditions (working hours, locations, environments, privacy, confidentiality, costs, and clinic protocols) as well as information provided to young people, with the overall aim of determining whether or not they meet the needs of youth. The assessment aimed mainly at enhancing the performance of the YFCs through focusing on the obstacles that prevent young people (females or males) from visiting the clinics, and determining gaps in service delivery, "youth friendliness" issues, and training needs of staff.

Goal and Objectives

The overall goal of the study is to provide an assessment of the eight UNFPA - supported clinics in order to develop a strategy for enhancing their performance, target RH needs of adolescents and encourage young people to benefit from the services provided in the clinics. The general objectives are summarized in the following:

1- Assess the needs of youth, whether or not they attend the clinics
2- Identify reasons for visiting the clinics
3- Determine obstacles that prevent young people from visiting the clinics
4- Present an assessment of peers' program
5- Identify risky behaviors of young people
6- Determine the best routes to encourage young people to benefit from the services provided by the YFCs

Findings are expected to help FHI address the gaps in service delivery, identify "youth friendliness" issues, and training needs of staff in order to develop a strategy focusing on family planning (FP) and HIV/STI prevention and treatment.

Study Instruments and Methodology

The study was undertaken in October and November 2007 using three methods: focus group discussions, in-depth interviews and clinic observations.
Focus group guide, open ended questionnaire and observation guide were utilized to collect the required information. In case of contradictions between data collected and the observations, the managers of the eight clinics were approached to give logical explanations for the contradictions. Following is a detailed review of the adopted methodology:

Focus Group Discussions:

Sixteen focus group discussions were held in eight clinics: two in each clinic, one with males and one with females. The selection of participants was based on four criteria: gender, education, age, and whether or not they are clients of the clinics. At the beginning of each discussion, participants were informed of the various aspects of the project, and accordingly were able to offer their view of the issues under discussion. In addition, each participant was requested to fill a form providing basic information about him/her. The focus group discussion sessions covered the following topics:

- Information about the clinics and means of increasing number of visitors
- RH/FP information
- Risky behaviors e.g. sexual relations and drug addiction
- Strategies to raise young people's awareness of RH issues
- How young people can be encouraged to visit the clinics
- Strategies to encourage guardians to allow their children to visit the clinics.

In-depth Interviews with Peers:

The study team designed an open-ended questionnaire, which was used to conduct in depth interviews with 48 peers. The interview covered the following topics:

- Basic Information
- Information about the clinics and ways of increasing the number of visitors
- Obstacles faced
- RH/FP information
- Risky behaviors e.g. sexual relations and drug addiction
- Strategies to raise young people's awareness of RH issues

In-depth Interviews with Service Providers:

Eight interviews were conducted with service providers: seven with gynaecologists and one with a nurse. The interviews covered the following issues:

- Basic information and previous experience
- Information about the clinic and means of increasing number of visitors
- RH/FP information
- Risky behaviors such as sexual relations and drug addiction
- Strategies to raise young people's awareness of RH issues
- How young people can be encouraged to visit the clinics
- Problems faced by young people and how to overcome them
- Strategies to encourage guardians to allow the children to visit the clinics

In addition to the above-mentioned methods, the study team carried out observations of clinics and met their managers to clarify unclear points. These observations were valuable in enabling the study team to determine the accuracy and reliability of the collected data.

Sample Description

The sample of participants is distributed as follows:

1- Focus group discussions' participants (166 persons)
2- Service providers (8 persons: 7 gynaecologists, one nurse)
3- Peers (48 young men and women)

First: FGDs' Participants

Gender of Participants

The total number of participant was 166 individuals. They were equally divided along gender lines: 83 males and 83 females and were selected from the catchment areas of the clinics whether or not they were clinic attendants.

The FGDs sample was distributed as shown in the following table:

Table: 1.3.1 Distribution of FGDs' Participants by Sex and Governorate

Governorate	Clinic	Sex		Total
		Male	Female	
Qalioubia	Shebin El Qanater	10	11	21
	Banha	10	10	20
	Total	**20**	**21**	**41**

Governorate	Clinic	Sex		Total
		Male	Female	
Ismailia	Abu Atwa	10	8	18
	El Mabara	8	10	18
	Total	**18**	**18**	**36**
Menoufia	Shebin El Kom	10	11	21
	El Bagour	12	11	23
	Total	**22**	**22**	**44**
Dakahlia	El Shenawy	10	12	22
	El Moqateah	13	10	23
	Total	**23**	**22**	**45**

Table 1 shows that 41 persons participated from Qalioubia governorate, 36 from Ismailia, 44 from Menoufia and 45 from Dakahlia. The number of FGDs' participants varied between 8 and 13 attendants per focus group.

Age Distribution

The study team targeted young people in the age group 15-25 years. Table 2 shows that about 55.4% of male participants were aged 15 -17 years and 54.10% of the females were 20+ years. Women aged 15 -17 years constituted 33.7%. Males aged 20+ constituted 22.8%.

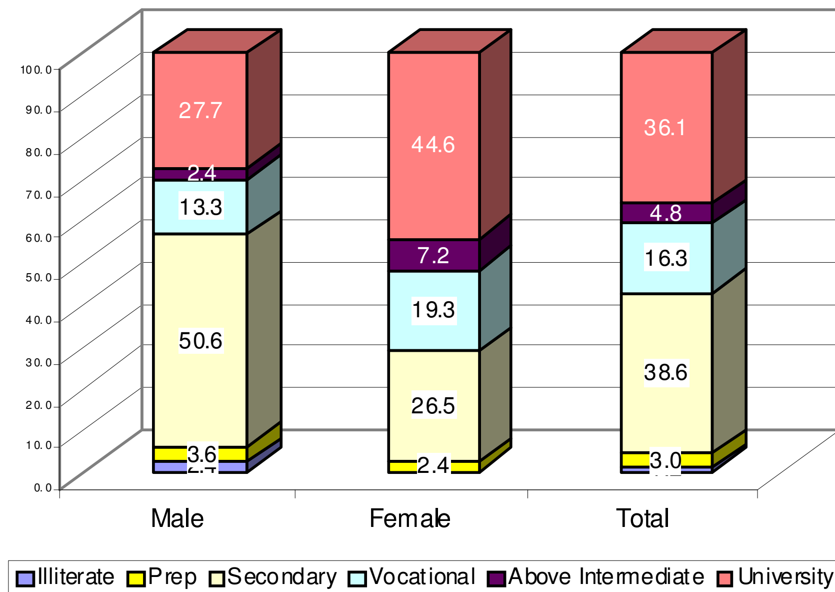
Table: 1.3. 2. Distribution of FGDs' Participants by Age and Sex

Age	Sex		Total
	Male	Female	
15	20.5%	7.2%	13.9%
16	27.7%	15.7%	21.7%
17	7.2%	10.8%	9.0%
18	8.4%	12.0%	10.2%
19	13.3%	19.3%	16.3%
20	8.4%	9.6%	9.0%
21	6.0%	6.0%	6.0%
22	2.4%	7.2%	4.8%
23	4.8%	6.0%	5.4%
24		2.4%	1.2%
25	1.2%	3.6%	2.4%
Total	**100.0%**	**100.0%**	**100.0%**

Educational Status

Female participants were mainly university students (44.6%); most of them were friends and relatives of peers and clinic's employees. The study team refused to allow about 20 secondary school girls to participate since they were under the age required for the study (they were 13 and 14 years old). One third of the girls who participated in the FGDs had intermediate education while the percentage among males was 63.9%. Males mainly came from the surrounding schools and few of them were relatives and friends of peers. About a quarter of the male participants were university students. Illiterates constituted 2.4% of the male participants and none of the female participants.

Figure: 1 Distribution of FGDs' Participants by Sex and Education



Employment Status

Students formed the bulk of the sample: 72.3% among males and 60.2% among females. About ¼ of the male sample were employed in different types of work activities. One third of the females were unemployed.

Table: 1.3. 3 Distribution of FGDs' Participants by Work Status and Sex

Type of Work	Sex		Total
	Male	Female	
Student	72.3%	60.2%	66.3%
Not working	4.8%	28.9%	16.9%
Teacher/ engineer	1.2%	7.2%	4.2%
Sales	3.6%	3.6%	3.6%
Work in a factory	6.0%		3.0%
Work in a restaurant	3.6%		1.8%
Other	3.6%		1.8%
Technician	3.6%		1.8%
Services	1.2%		.6%
Total	**100.0%**	**100.0%**	**100.0%**

Marital Status

The majority of study participants were unmarried: 89.2% among females and 98.8% among males. Only 9.6% of the females were married in addition to two engaged young women. The low rate of marriage among participants might be attributed to their young ages.

Second: Service Providers

The sample of service providers is distributed as follows:

- (7) Female gynaecologists aged 40 – 48 who had worked in clinics before the implementation of the YFCs project.
- Female nurse aged (24) who started working in the clinic four years ago.

All services providers were females being more acceptable by female clients. Additionally, as the clinics were mostly in rural areas, it was deemed more appropriate to have female service providers for female clients.

Third: Peers

The study targeted all peers. However, five peers were not included because it was not feasible for them to be available during the period of the interviews (they had lectures to attend). Thus, the interviews were conducted with 48 persons i.e. 89.6% of the peers working in the clinics. Out of the 48 peers, 22 were males and 26 were

females. About 79.1% were less than 22 years old (secondary and university students); eight persons only were aged 23+ years. Their work experience varied between less than a year and 4 years. One of the peers is a board member of the EFPA.

Youth -Friendly Clinics (YFCs)

The Youth Friendly Clinics (YFCs) were established to meet the following health needs of youth:

1. RH Information
2. FP
3. Premarital counseling and examination
4. Sexually transmitted infections
5. Medical services for the disorders that accompany puberty
6. Ante and post- natal care.
7. Lab services and ultrasound

In addition to these services, another package of services is provided through the information corner that contains the following:

1. Reproductive health library
2. Video and TV set, scanner, printer and tape recorder
3. Computers and internet enabling access to the EFPA website that provides RH/FP information

The above-mentioned services should be provided while maintaining confidentiality and privacy.

2.1 Clinic Description

Participants of the FGDs' spoke about the impact of the location and characteristics of the clinics on the rate of attendance

Clinics' Locations

Most of the clinics are located either in over-crowded areas or in the town corner. They are all located near the main roads where different means of transportations are available. With very few exceptions, young people do not exert much effort to get there. Only three peers mentioned that the location of the clinics was not good: one of the clinics is hidden behind a huge building, or having no means of transportation or located in a remote area. The study team's own evaluation is that the clinics are centrally located in vital areas and the locations of the clinics are suitable for most of the target groups

Table: 2.1. Description of Youth Friendly Clinics

Governorates	Location	Description
Qalioubia	Shebin El Qanater	It is located near a big market place. The apartment is small, not exceeding 60 sq. m. It consists of 3 rooms and a kitchen. The reception is around 12 square meters. One of the 3 rooms is assigned for medical services (gynaecology and dermatology), the second for counseling and the third is the information corner.
	Banha	It is located on the first floor of a new building in an urban area. It is quite large consisting of 2 apartments: one for medical services (gynecological and dental services) and the other for the information corner. The clinic was quite neat.
Ismailia	Abu Atwa	It is located in a rural area and is part of the Community Development Association. It hosts a number of services including a kindergarten and a clinic with a lab.
	Mabara	It is located in an urban area. The whole building is assigned for RH services. A small room is the Information corner. Different medical services are also provided.
Menoufia	Shebin El Kom	It is located in an urban area and contains different RH services. It has a large reception and 2 rooms for medical services. The Information corner is located at the end of the clinic. One room is assigned for medical services and one room is a lab.
	El Bagour	It is located in a rural area in an old building. It is big and contains two rooms for medical services, a counseling room and a large reception in addition to the Information corner
Dakahlia	El Shenawy Mansoura	It is located in an urban area and consists of two apartments: one for administration and the Information corner and the other for medical services and lab
	Moqateah Sembelawein	It is located in an urban area and consists of 4 large rooms for medical services, the Information corner and counseling.

The Common Features of the Clinics:

1. They are all visibly located in vital streets and are easily accessible
2. Gynecological and dental/dermatology services are the main components of the clinics
3. All the clinics provide FP services
4. The reception faces the Information corner in most of the clinics
5. The Information corner contains a library, a video and TV set, scanner, 2 computers, printer and tape recorder together in the same room
6. Premarital and FP counseling are provided in small rooms
7. All the clinics were neat and clean with clean bed sheets especially in the rural areas
8. All the clinics have modern flush toilet with potable water
9. Staff of the clinics were presentable
10. Most of the clinics do not carry the sign of the YFCs and most of the people identify them as clinics for RH services only
11. There are many RH posters hanging on the walls
12. The personnel of the clinics are a gynaecologist, a dermatologist, a dentist (in some clinics), nurses, social workers and administrators.

Specific Characteristics

1. The manager's desk is placed in the Information corner in one of the small clinics
2. In one of the clinics, there is one room only for medical services that is used alternatively by two doctors: gynaecologist and dermatologist
3. The counseling room in some clinics is part of the reception and made of glass partitions
4. Few HIV/AIDS posters in two clinics
5. One clinic only includes "STI services" in the price list of the clinic

Some male participants claimed that it was embarrassing for them to get into a clinic for RH. It was also inappropriate to have the manager's desk in the information corner depriving young people from privacy.

2.2 Services Provided

Different services are provided in most of the clinics. They are divided into two main types: health services and information services.

Health Services

a- Reproductive health services
b - Antenatal care
c- Sexually- transmitted infections
c- Premarital counseling and examination
d- FP
e- Lab tests and ultrasound

Participants who benefited from RH services reported that the service quality was good and satisfactory. Service providers reported that the number of those who come for medical services varies between 15 - 25 per day, which is considered a reasonable number. Direct observation revealed the same i.e. large numbers of clients came to receive medical help and were treated satisfactorily.

Information Services

Different information services are available through the information corner that contains video, TV set, computers, printer, scanner, posters, brochures and books about RH. Information is also offered during conferences and sessions organized by peers in different locations. In addition to that, the internet provides information through the website of EFPA. Peers in the information corner also provide counseling for young people about puberty problems and adolescent psychological changes.

2.3 Attendance Rate

Most of FGDs participants agreed that they knew about the clinics from schools through the conferences held by the peers there. Besides, friends-both peers and others- talked about the clinics. They also knew about them from female relatives who attend the clinics for medical services.

Most of the conferences and other activities targeted educated groups. Very few conferences were held in youth centres that target out of school and marginalized groups[1].

[1] Marginalized group are mainly out of school youth , poor people, and those who do not take part in political and social life

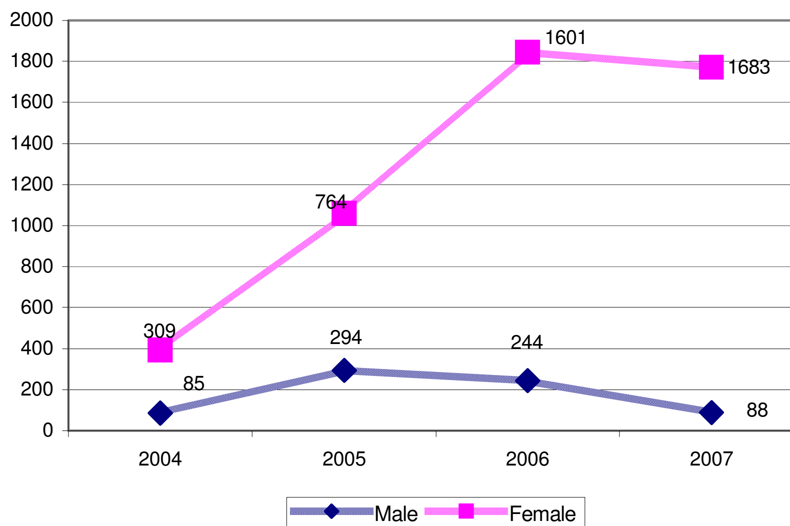
Statistics about the attendance rate of the Information corner is lacking in most of the clinics, since there is no documentation for attendance other than the forms that are filled for women who come for medical services. The only available information about attendance rate was in the Menoufia clinics. However, the information was not detailed enough but matches the attendance rate mentioned by peers and FGDs participants.

Figure 2.3 shows that the number of female attendants is higher than male and has been steadily increasing while the number of males increased only during the year 2005 and declined in 2007 to 88 attendants only. Again, this goes on with the statement of peers in other clinics. Females represent ¾ of the attendants and ¼ for males. Motives behind the attendance rate will be discussed in details below, however participants reported that the main reason behind the low attendance rate of males is their belief that the clinic is only for RH services " *The clinic is for females, why should we come*?" said one of the Ismailia participants.

\

Figure 2 Attendance Rate in Menoufia Clinic

Source: Shebein El Kom-Menofia clinic



2.4 Reasons for visiting YFCs:

Young people visit the clinics for different reasons:

1- Reading books from the library
2- Using computers and the internet
3- Printing documents
4- Medical services particularly for menstrual and puberty problems. In addition, some of them come for antenatal care "*I am pregnant so I come here to do the follow up…. I like this clinic, the gynaecologist is a kind- hearted person and she is efficient. I also pay less here than in any other private clinic.*" Female participant, Shebin El Kom -Menoufia
5- Receiving counseling about risky behaviors, puberty problems, virginity etc.
6- Imitating peers; meeting VIPs and travelling to attend conferences abroad
7- Receiving information that parents can't talk to them about, e.g. menstrual and puberty problems

Moreover, both male and female groups agreed that the clinic mainly provides RH/FP services. Hence, most of them visit the clinic only to get information. Seeking medical help is only for married, not unmarried people. Peers reported that the ratio of males to females is 1: 3. This could be attributed to the following reasons:

1. Females are in need for information more than males because they do not have access to it from other sources
2. Females have more RH related problems than males and they try to find solutions for their problems
3. Males are bolder than females; they have no problems asking for information
4. Males tend to seek information from a variety of sources more than girls do
5. Males are embarrassed to visit the clinics being known for providing RH/FP services
6. Males have access to computers so they are not in need to use clinics' computers
7. Most of the conferences organized by peers take place in nearby girls' schools. Therefore, the number of girls who visit the clinics is higher than males
8. Females usually accompany their friends and relatives when they come for medical services

However, some peers reported that some parents do not let their unmarried female children go to the clinics and that some husbands do not allow their wives to visit the clinics and leave their house chores.

2.5 Reasons for not visiting YFCs:

Different reasons for not visiting the clinic were mentioned by FGDs' participants, service providers and peers. They are as follows:

Reasons Associated with the Adolescents

1- Both males and females are under the wrong impression that the clinics provide only FP services. Hence, both males and unmarried females do not visit the clinics. "It *is family planning clinic, why should we come*" Female participant, Ismailia.

2- Males have the opportunity to engage in other recreational activities and do not like coming to the clinic " *I prefer going to cafe or internet cafe"* male participant, Dakahlia

3- Males think that they know everything and are not in need for any additional information "*They are conceited and they believe that they know everything - Mr. Know every thing*" female participant, Ismailia

4- Males prefer to get information from the internet at home. They do not want to do any effort to get information. "*I have access to computer in the university and have my personal computer at home; no need to come here*" male participant- Dakahlia. "*I can log on to the site of EFPA and get the information without visiting the clinic*" female participant, Ismailia.

5- Females do not feel comfortable in the presence of males. They also prefer to deal with female peers "*I can't talk to male peers about sensitive issues. I prefer to talk to female peers*" Female participant, El Menoufia

6- Both females and males think that sexual and other sensitive issues cannot be discussed with strange people. They should be discussed with a doctor only

7- Fundamentalists think that the clinics have a hidden agenda and that they serve foreign and hostile organizations

8- The topics discussed in the clinics are not acceptable to some conservative individuals, because they do not conform to their religious beliefs, such as female circumcision. "*One of my friends is a*

fundamentalist. I tried to convince him to come to the clinic, but he refused. He is narrow minded" said one of the peers in Menoufia

9- People who did not come to the clinics before or heard about from a friend do not know about them. This is because there is no adequate promotion for the clinics and their activities. "*This is the first time I have ever heard about these clinics*" Male participant, Shenawy - Dakahlia

10- Most of the females and males are busy studying. Some of them also study in Cairo. "*We do not live here. We are studying in Cairo University.*" Female participant, Dakahlia

11- No male doctors are available in the clinics " *All doctors are females, men might face problems in dealing with females, especially if they have reproductive health problems"* Female participant, Shenawy, Dakahlia

Reasons Associated with the Family

1. For most of the families, the clinics are useless; they also get worried when their children visit the clinics
2. Most of the families believe that when a virgin woman visits such FP clinics, then this is a sign that she has committed an immoral deed that affected her virginity. Thus, going to the clinics might affect girls' reputation
3. Families pay more attention to their children's studies and believe that going to the clinic is a waste of time
4. Norms and traditions do not favour girls' physical mobility
5. Fundamentalists do not let their children go to the clinics for fear that they might discuss socially and religiously unacceptable topics

Reasons Associated with the Clinic

1. Most of the people read the following sign before visiting most of the YFCs: "FP -gynaecology – Intrauterine Device (IUD) insertion - Antenatal care" which makes it difficult for men and unmarried women to visit them. Few clinics put up the sign of YFCs beside their signs.
2. The space allocated for the Information corner in most of the clinics is limited. "*Males like to go in groups, let us say 4 friends go together to the clinic. Where would they sit?* Male participant, Shenawy, Dakahlia

3. There is no private place for providing counseling. In some clinics, the space allocated for counseling is extremely limited.
4. Some of the participants have to travel for one and half hour to get to the nearest YFC. Even if they had to visit the clinic, they might not come again.
5. Working hours are not suitable for some participants because of their work commitments. Some of them work all day long, particularly, during summer holidays (e.g. teachers who tutor in the afternoons).
6. In some of the clinics, information corners are located next to the gynaecology room, which might embarrass both females and males.
7. All services provided are mainly for educated groups. Out of school and the less educated groups are marginalized. The only service provided to them is the conferences organized in the youth centres. However, it is not easy to convince out of school youth to attend such events.
8. The Information corner in some clinics is part of a room, the rest of which is allocated for meetings. In one clinic, the manager desk was placed in the same room. Young people do not feel comfortable with this set up. "*We don't use the internet to search for sensitive subjects, but having the manager's desk in the same room is really annoying*" a male peer - Menoufia
9. Lack of a variety of services, for example books that discuss different topics, more computers, tests services, and others.

Reasons Associated with the Community

1. The community members closely observe the clinic visitors, because clinics might be places where young men and women can meet. " *Rumors can spread and affect our reputation*" Female participant, El Bagour, Menoufia
2. People are suspicious towards young visitors to the clinics because of the FP sign outside the clinics. Young people do not like to cause troubles to themselves.
3. Religious fanatics are not in favour of YFCs that promote discussion of topics such as female circumcision. "People *say that such clinics are funded by America and Israel, since they discuss taboos.*" One of the peers.
4. Members of the local community adhere to norms and traditions and are resistant to new trends or ideas.

5. Community people do not provide support to the clinic team. This problem was mentioned in Menoufia.
6. The media does not play any role in raising people's awareness or promoting the YFCs.

2.6 System of Work

Clinics' Working Hours

The clinics work in two shifts: one in the morning and the second in the evening. Typically, they work from 9 a.m:1p.m. and 7 p.m:9 p.m. The working hours seem suitable for both working and non-working young people. Most of the participants who come to the clinics are satisfied with the working hours, except for those who work the whole day or have private lessons. During the summer, most of the males work for long hours so they do not benefit from the clinics' long working hours.

All peers agreed that the working hours are suitable for them, as they can arrange among each other to be available during the morning and night. Additionally they added, "*They suit young people who work by providing services in the evening and suit housewives who can go in the morning"* all peers.

Information Corner

As mentioned above, the information corner contains a video, TV set, a scanner, two computers, a printer, RH books and brochures and a tape recorder. They are all placed together in the same room except for three clinics where they have placed the TV set and the video in the reception.

In order to generate income for the clinics, peers developed a system by which young people pay money to browse the internet, to print materials and to know their results in the "Thanaweya Amma" through the internet.

Most of participants were in favour for the Information corner because it provided the following:

1- Free use of computer or in return for a small amount of money
2- Printing materials in return for a small amount of money
3- Availability of RH books and brochures
4- Counseling provided by peers in a respectable and satisfactory manner.

However, most of participants were not satisfied with the space allocated to the information corner being small and not securing privacy. In addition, they did not like to

have the same place for males and females. In addition, they complained from the number of computers, which was not enough in some clinics and the available books focusing on RH and not attractive for youth.

Below are the observations of the study team on the information corner:

1. The Information corner is a good source of income for some clinics, since young people pay money to use the computer, the internet and print materials, which is good for the sustainability of the clinics
2. The Information corner provides guidance and support for young people who conduct research.
3. Most of the participants reported that they benefit from the internet, particularly in obtaining information. Additionally, they cannot engage in chatting since peers and clinic managers are nearby.

4. The Information corner is also useful for the peers, because they use the computers in preparing studies, researches and presentations for the conferences and meetings they attend.
5. On the other hand, the study team noted that the space allocated for the Information corner is limited and allows no privacy. In addition, having the computers, TV set and video with the books in the same place is disturbing for the readers. Some of the clinics placed the video and TV in the reception and used them to raise the awareness of the visitors sitting in the reception.

Most of the information sources available in the Information corner are useful for both young people and peers. However, the analysis of the peers' in depth interviews showed that their information was not adequate to pass on to visitors of the information corners, particularly the information related to sexually transmitted infections and HIV/AIDS. This emphasizes the need for more accurate information in these areas.

Medical Services

The clinics offer the following medical services:

1. Gynaecological services provided by a female gynaecologist
2. FP
3. Premarital counseling and examination
4. Ultrasound and lab tests
5. Antenatal care
6. Sexually transmitted infections

In addition, some clinics offer dermatological and dental care. It is unusual for people to disclose their infection with STIs. The study team probed this point further and the gynaecologist reported, "*No one of course comes for such a service. However, people come to be examined. During the examination, I tell them about the disease they have*".

All respondents agreed that the medical services provided are of affordable cost and satisfactory quality. However, in some areas the participants reported that clinics are short of rooms and sometimes there is one room only to be shared by two doctors alternatively. Married female participants were in need for delivery services. However, it is not easy to have such a service without having access to a hospital or ambulance nearby.

"*Since most of the clinics have a lab room where tests can be done, the other clinics should be provided with the same service*" Female participant, Shebin El Kom Menoufia.

Based on study team's observations, attendance rate was high especially during the morning when housewives visit the clinics for FP counseling, gynaecological examination and antenatal care. Young females seek dermatological examination for acne, hair and puberty problems.

Most of the service providers reported having encountered virginity problems in the clinics. They emphasized, however, that they only provide guidance but never interfere medically with such problems as this could be destructive to the reputation of the clinics and could lead to loss of credibility of the clinics and respect of the staff.

Documentation, Monitoring and Evaluation

The study team could identify the following forms of documentation in the clinics:

1. Family planning and antenatal care forms including obstetric history, medical history, FP history and pregnancy follow up
2. Documentation of the conferences and sessions held in schools, youth centres etc.

No documentation was available for the attendants of the information corner except at El Menoufia clinic.

2.7 Have the Clinics Met Adolescents' Needs?

Adolescents' needs are complex and overlapping. Table 2.7 shows the needs of adolescents who participated in FGDs and services provided by the clinics.

Table 2.7: Adolescent Needs and Services Provided

Adolescent Needs	Services Provided
Reproductive health services	Medical services related to RH
A gynaecologist	A good gynaecologist who works 2 shifts
Reasonable prices	Nearly 75% less than private clinics
Lab and x-rays	Lab and x-rays
Physicians of different specialities	Dermatologists and dentists in some clinics
RH Information (accurate- simple- clear)	Information sources (books - videos – internet – conferences - peers) which are sometimes boring and not always accurate
Computer services	Two computers in each information corner
Counseling related to STIs	Poor inaccurate counseling provided by peers and social workers
Privacy	Limited privacy in the information corners

Peers' Program Assessment

The peers' program is considered the most important activity offered by the YFCs, since peers are the channels that link young people with the YFCs. At the start of the program, there were hundreds of peers. However, now, they are around fifty. The decline in their number could be attributed to the low salary and remuneration and their inability to combine their duties as peers with work or study. Most of them are university students who preferred to have permanent jobs after graduation.

Peers provide information to young people, organize conferences for raising awareness, undertake advocacy among members of the community and raise funds through the services provided in the clinics. Given the importance of their role, the study team decided to interview them to evaluate their role and ability to provide services in the YFCs. The questionnaire was administered to all the peers who were available in each clinic during the study. Forty-eight peers were interviewed.

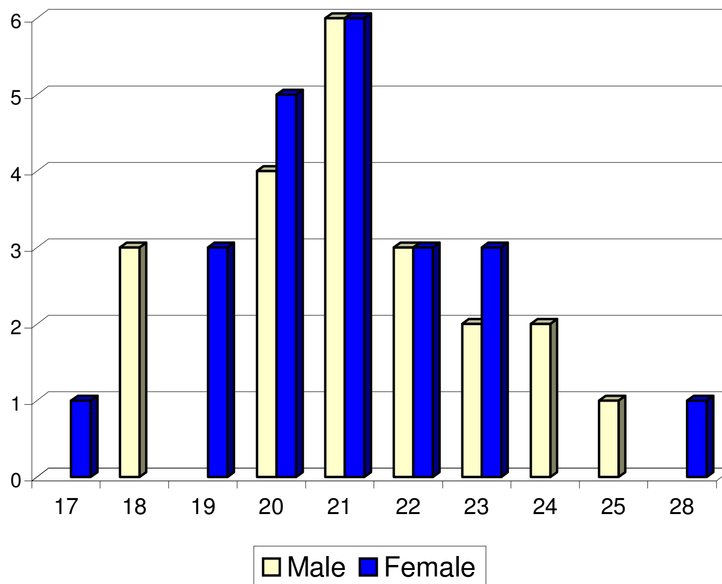
3.1 Peers' Characteristics

Peers have worked in the clinics since year 2004. Through the interviews conducted with the peers, the study team noticed they all share the following characteristics: "An intelligent person with good communication skills and the ability to mobilize and advocate community people. He/she is friendly, efficient, dedicated and has good sense of humour". The EFPA considers these qualities in the selection process of peers from among young people who applied for the task.

Age Distribution

The age of the peers interviewed ranged between 17 and 28 years. Those aged 20 to 23 constitute about 72.7% of the sample.

Figure 3. A: Age-Structure of the Peers by Gender



Education

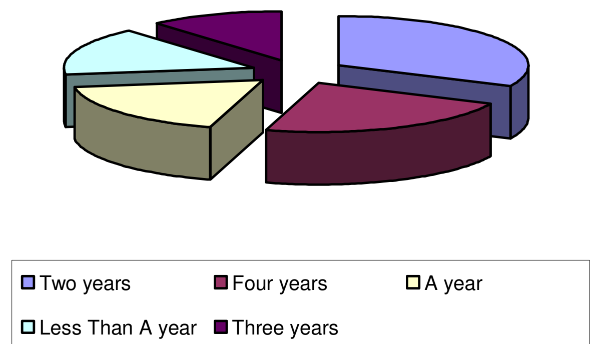
All peers are enrolled in university except one who is still in secondary school. The fact that they are still students has been useful to the program because peers can easily transfer the information to their colleagues in universities and schools. Some of them attend medicine and engineering colleges. Those provided role models and good examples for young people and encouraged families to send their children to the clinics.

Occupation

A high percentage of the interviewed peers are students. They work as volunteers and get remuneration. One of the peers became a board member of the EFPA.

Peers who have four years of experience in YFCs amount to 20.5%. In all YFCs, the total number of years of experience does not exceed four years since the clinics started operating the Peers' Program in 2004.

Figure 3.B: Years of Experience of Peers inside the Clinics



Attending training workshops is useful, since peers are the most important source of information for youth clients. Peers attended several training workshops during their work in the YFCs as follows:

Table 3.1. A: Received Trainings by Peers

	N	%
Reproductive Health	35	19.3
Communication Skills	32	17.7
Gender Equity	20	11.0
STIs	18	9.9
Project Planning	11	6.1
Awareness Raising	9	5.0
Leadership	7	3.9
Advocacy	6	3.3
Female Genital Mutilation	6	3.3
Evaluation	5	2.8
Quality	5	2.8
Human Rights	5	2.8
Violence against Women	3	1.7
Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW)	3	1.7
Social Problems	2	1.1
Resource Development	2	1.1
Networking	2	1.1
Planning for Youth Initiatives	2	1.1
Statistics	2	1.1
Breastfeeding	1	0.6
Sexual Health	1	0.6
Sustainability	1	0.6
Political Problems	1	0.6
Financial Management	1	0.6
First Aid	1	0.6

About 75% of the peers attended less than five training workshops while 15.9% attended 8 to 10 training workshops. These different types of trainings were provided to build the capacity of peers. The most important trainings from their perspective are RH and communication skills. However, they requested more trainings, refresher courses and sharing experiences with other peers. In addition, peers requested learning strategies for reaching out to marginalized and vulnerable groups (out of school youth, illiterates, etc) in order to change people’s perception that clinics serve educated individuals only.

The in depth interview of peers revealed that there is a strong need for more training workshops as listed below.

Table 3.1.B: Required Trainings by Peers

	N	%
RH and STIs	14	24.1
Communication Skills	10	17.2
HIV/AIDS	7	12.1
Sexual Health	4	6.9
Female Genital Mutilation	4	6.9
Gender Equity	4	6.9
Project Planning	3	5.2
Advocacy	2	3.4
Risky Behaviors	1	1.7
Drug Addiction	1	1.7
Dealing with Children	1	1.7
How to establish an NGO	1	1.7
Leadership	1	1.7
Monitoring and Evaluation	1	1.7
Resource Development	1	1.7
Self Development	1	1.7
Illegal Marriage *(urfi)*	1	1.7
Human Rights	1	1.7

3.2 Peers' Activities

Peers conduct several activities as follows:

Advocacy and Community Mobilization

1. Mobilize members of the community to provide support for the clinics
2. Organize conferences and meetings to advocate for RH of youth
3. Familiarize media and press personnel with youth issues and the activities of peers
4. Participate in international conferences
5. Enhance networking with other international associations

Awareness Raising

1. Organize conferences for the youth to discuss RH issues
2. Organize cultural events and sports' days to encourage young people to visit the clinics and obtain information

3. Design and develop IEC materials (brochures – posters … etc) to raise awareness about risky behaviors and puberty problems
4. Provide counseling to young people
5. Develop power point presentations of different RH issues and risky behaviors as drug addiction and female circumcision
6. Organize meetings with parents to change their knowledge and attitude towards youth RH and to encourage them to allow their children to visit the clinics
7. Form small entities at schools to provide RH information and encourage students to work as facilitators in the conferences

Fundraising and Networking

1. Communicate with members of the local community to provide financial support
2. Collaborate with political parties and other associations to conduct conferences in their constituencies
3. Secure funds from local and international donors to support the activities of the clinics
4. Network with different organizations (CEDPA, Youth Association for Development and Population)

Peers are active and enthusiastic. They plan many activities to make the clinics useful for the community people. However, more work should be directed to out of school youth.

3.3 Peers Program Assessment

The above discussion of the peers' program pointed to its efficiency in establishing communication channels with young people, which is not an easy task to accomplish.

The assessment of the peers' program was not based on the FGDs since one third of the attendants were friends and relatives of the peers, and so the objectivity of their statements was questioned. The assessment was mainly based on the observation by the study team and the in-depth interviews conducted with service providers.

Peers play an important role in the clinics. They provide counseling for the clients of the information corners and organize conferences and meetings to raise RH awareness and advocate for YFCs.

Out of the hundreds of peers who started working in the clinics, less than fifty persons are currently working there. Peers do not work for a salary but only receive remuneration. Only three of them earn a salary; "I *get a salary that is enough only for transportation*" said a male peer in Menoufia.

Gender diversity among peers is very useful, since young females prefer to deal with females and males with male peers.

Reproductive Health Information

Making RH information available is one of the main objectives of the YFCs. This is why it was important for the study team to focus on available information and misconceptions in order to delineate information gaps and the most appropriate strategies to fill them.

The study team applied a number of criteria to assess the quality of information provided and ended up with some findings on the pattern of available information. The most important sources of information were investigated in order to be able to develop an appropriate strategy in the future.

4.1 RH Information and Misconceptions

The analysis of the focus group discussions revealed the following:

Family Planning

1. The willingness of people to use contraceptives

   All participants agreed on the importance of and need for FP due to the difficult living conditions "*Most of the people can hardly get by; they can't afford having too many children*" said all the participants. However, some of them reported that some people still like to have too many children. Some conservatives believe that using FP is religiously forbidden (*Haram*). In general, participants were aware of the importance of FP for the benefit of mothers and children.

2. Contraceptive methods

   Young people listed many types of contraceptives e.g. IUDs, pills, implants and injections. The most commonly used method is the IUD. The condom was not mentioned as a contraceptive method. For most of the participants, the condom can be used in two conditions 1) health problem of the husband or wife 2) illegitimate sexual activity. The participants believe that child spacing, leaving two to 5 years between two consecutive children is necessary so the mother can rest and the baby can be properly breastfed.

3. Person responsible for choosing the contraceptive method

Participants did not agree on whose responsibility it is to choose the method of contraception. Eventually, three options came out of the discussions:

a. The husband is the person who decides to use contraceptives
b. The wife with the help of the doctor decides the appropriate method, taking into consideration that the selected contraceptive should not be inconvenient for the husband (no condom and no IUD if causing discomfort to the husband)
c. Mothers in law and mothers provide guidance in choosing the method

Advantages and Drawbacks of the Condoms

All participants mentioned the following disadvantages of the condoms:

1. Uncomfortable during sexual intercourse "*Using a condom is as boring as having a shower without taking off your clothes*" male participant from Menoufia
2. Badly manufactured; might be torn during the sexual act
3. Expensive
4. The man is not responsible for using contraceptive methods; it is the task of the woman
5. The condom is associated with illegitimate sexual practices thus the man might be scandalized if he uses it
6. The condom might cause irritation for both the man and the woman

Sexually Transmitted Infections

Shortage of information was common among all participants. Participants and peers do not have enough information about STIs. They were briefly exposed to STIs related information at school but could not remember much now. While they could list the names of STIs, they could not recall the symptoms, means of transmission and prevention. In addition, they confused the diseases and their symptoms. For example, they mentioned itching as a disease not a symptom. They had information about HIV/ AIDS, which they acquired from the mass media. None of them could identify HIV VCT. These findings are important as one plans to address filling the information gaps.

Table 4.1: Participants' and Peers' Information Regarding Sexually Transmitted Infections

	Disease	Symptoms	Modes of Transmission	Prevention
Participants information	Gonorrhea	Red spots Bleeding	Illegitimate sexual relations	Avoid illegitimate sexual relations
	Syphilis	Abdominal swelling	Don't know	Don't know
	HIV/ AIDS	Will be discussed in detail		
	Virus B and C	Infect liver Yellowish face Losing weight Big belly Irritations Discharge	Contamination Pollution	Cleanliness Hygienic behaviors Visiting doctors
	Irritation	Itchy genital organs	Don't know	Don't know
	Herpes	Don't know	Don't know	Don't know
	Candida	Don't know	Don't know	Don't know
Peers Information	Gonorrhea	Weakness Fever Discharges Bad smell Red spots Losing weight Pimples	Using infected syringes Blood transmission A mother to the fetus Organ transplant Using belongings of others Illegitimate sexual relations	Sterilized syringes Using condoms Medical follow up
	Syphilis	Change of semen Irritation during urination Bad smell	Using syringes Blood transmission A mother to the fetus Organ transplant Using objects that belong to other people Illegitimate sexual relations	Not using others personal objects
	HIV/ AIDS	Will be discussed in detail		
	Irritation	Weakness Severe pain in the abdomen Irritation Scratching	Wearing tight clothes Sexual relation	Wearing comfortable clothes Safe sex
	Herpes	Yellowish face Weakness	Do not know	Do not know
	Moniliasis	Irritation Discharge	wetness in genital organs	Showering and making sure to keep genital organs dry
	Prostate	Inflammation Pain in genital organs	Through using others' underwear's	Avoid using others' clothes
	Chlamydia	Abdominal pain Bleeding	Do not know	Do not know
	Candida	Do not know	Do not know	Do not know

The analysis of the above table shows that there is no difference between the information of peers and that of participants, which is quite surprising because peers are responsible for providing STIs information to youth.

HIV/AIDS

Compared to STIs, information available about HIV/AIDS was better and covered many of the related issue. Information was acquired through the media. Yet, HIV/AIDS is stigmatized. The following was revealed:

1. Symptoms of HIV/AIDS
   Both peers and participants listed the following:
   a. Weakness
   b. Yellowish face
   c. No symptoms
   d. Loss of weight
2. Modes of transmission
   a. Illegitimate sexual relations
   b. Sharing drugs and syringes
   c. The status of unconsciousness that results from addiction might also lead to illegitimate sexual relations
   d. Mother to the fetus
   e. Contaminated blood
   f. Using the objects of infected persons
   g. Sharing shaving tools
   h. Some of the participants mentioned mosquitoes' bites, sharing food, toilets, coughing and sneezing as methods of infection
3. Stigma
   Most of participants were not in favour of dealing with HIV/AIDS patients i.e. going to same work, school, and sharing food. However, they mentioned that they were willing to look after them. They claimed that there was no guarantee that the infected person would not bleed. None of the participants approved revealing that he/she is infected with HIV/AIDS "I *don't want to be scandalized"* said all participants. None of them accepted to be tested for HIV/AIDS.
   The study team used an indicator to reveal the severity of stigma. By the end of each FGD session, the moderator asked the participants if they would shake her

hands if they knew she was infected with HIV/AIDS. Almost all participants – 99% - left without shaking the moderator's hands. Stigma and fear of scandals is very severe in local communities.

4. *Prevention and treatment*

Both peers and participants agreed on the methods of HIV/AIDS prevention. They were as follows:

a. Adhering to religious precepts and refraining from illegitimate sexual relations
b. Using hygienic medical tools
c. Having blood tested before any transmission
d. Using syringe once only
e. Undergoing HIV/AIDS tests from time to time without informing anyone

None of the participants or peers identified condoms as an effective method for preventing the transmission of STIs and HIV/AIDS because of their bad quality. However, most of them mentioned that males are accustomed to using condoms during illegitimate sexual relations. None of the participants, peers or service providers has ever heard about voluntary counseling and testing (VCT) for HIV. All participants agreed that no medication is available for HIV/AIDS treatment apart from sedatives.

Risky Behaviors (Illegitimate Sexual Relations- Drug Addiction)

Participants' information related to risky behaviors was rich. Participants listed the below types of illegitimate sexual relations:

a- Heterosexual relations which are common in schools and universities
b- Homosexual relations which are rare
c- Incestuous sexual relations

Service providers also reported that some young women visit the clinics to check their virginity status and/or have abortion but all service providers reported that they only provide counseling without medical interference to maintain their credibility and respect in their local communities.

The information related to drug addiction was also rich and accurate as addiction is common in most of these areas. Both participants and peers reported a high rate of addiction in their local communities. The most common addicted drugs were:

a. Marijuana
b. Opium
c. Injections
d. Chemicals
e. Glue

All participants agreed that drugs are more common among young people, regardless of their education status. Most of the participants reported that drugs are widely spread among unemployed young people "*They feel frustrated so the only escape is to have drugs*" said a female participant from Qalioubia. Participants claimed that street children are addicted to different types of drugs, mainly petrol and glue.

Male participants alleged that opium is not addictive " *No one got addicted in case of using opium*", said a male participant in Dakahlia. All participants agreed on the relationship between drugs and HIV/AIDS, through sharing needles, injections and through risky sexual behaviors under the influence of drugs.

Finally, most of the participants reported that no services are provided for drug addicts except in public hospitals and they recommended conducting awareness-raising programs to combat drug addiction.

4.2 Sources of Information

The analysis of the FGDs and peers' interviews revealed the following sources of information:

Table 4.2: Sources of Information

Type of Information	Source of information
FP	TV- friends- neighbours – peers – conferences – counselors
STIs	Peers - conferences – books- school- TV-Internet
Sexual Relations	Neighbours- newspapers - TV
Drug Addiction	Streets – TV- newspapers

Conclusion and Recommendations

5.1 Conclusion

YFCs are valuable facilities for young people, since they offer holistic and comprehensive services that combine both RH services and information. The qualitative assessment has shown that the clinics fulfilled most of the RH needs of adolescents. Yet, several gaps exist that need to be bridged to ensure that YFCs become effective channels for the enhancement of young people's RH.

Most of the peers and participants are in need for accurate and simple RH information through an attractive approach. TV is the most preferred method, followed by friends, peers of the same sex and physicians who play a pivotal in raising young people's awareness concerning RH/FP since most of the people trust them. Misconceptions and negative attitudes are one of the most intransigent challenges faced by clinics. Hence, it is important to involve TV and other types of mass media personnel during the process of developing awareness raising programs. Additionally, service providers and peers should be well trained to communicate, reach out for youth of all segments and present simple, accurate and attractive RH information.

YFCs still need to be promoted and advocated for to overcome the resistance of the local communities, which affects attendance. In addition, including more services (e.g.VCT) and more medical specialities together with upgrading the quality of delivered services will improve utilization. Out of school youth have not yet been targeted, with the exception of a limited number of conferences held in youth centres. More activities should be directed to them as they constitute a significant portion of youth and this will change people's perception that clinics serve educated individuals only

5.2 Recommendation

Participants of FGDs and interviewed peers and service providers listed the following recommendations to ensure that YFCs become effective channels for the enhancement of young people's RH.

To Enhance Services

1- Provide a larger space for the clinics
2- Ensure privacy in the information corner
3- Upgrade existing mechanism to document and evaluate clinic performance
4- Provide more physicians for different medical specialities

To Increase Clinics' Attendance Rate

1- Place a YFC sign at the entrance of the clinic
2- Organize recreational activities to encourage young people and out of school youth to visit the clinics
3- Include different types of books in the information corner
4- Provide more computers
5- Provide peers with the needed training courses
6- Target the out of school youth through awareness-raising campaigns
7- Reach out to religious fundamentalists and build trust with them
8- Establish youth corners in schools to provide information through "resident peers"
9- Secure funds to achieve sustainability of the clinics
10- Provide a hot line for providing information and counseling to those who do not like to visit the clinic[2]

Enhancing Peers' Performance

1- Develop a mechanism to reduce the turnover rate of peers
2- Provide more training courses tailored to the peers' needs
3- Organize more workshops with peers to allow them to exchange their experiences
4- Organize computer courses for some peers particularly the new ones

Awareness Raising

1- Increase number of awareness –raising campaigns and meetings for different community members
2- Promoting YFCs through commercials and advertisements on TV and radio
3- Involving religious leaders to assist peers and work actively with them

[2] El Shenawy Clinic in El Dakahlia provides good quality counseling through telephone calls during which privacy and confidentiality are ensured.

4- Involving community leaders to provide help to the peers and to the YFCs through facilitating conferences and mobilization of community members

Required Trainings

Most of the trainings provided to peers were conducted once for a short time. Peers recommended more trainings of longer duration. Additionally, refresher-training sessions were recommended regularly using different types of interactive approaches. The needed training sessions are:

1- More detailed sessions about RH of youth
2- Sexually- transmitted infections
3- Communication skills and community mobilization
4- HIV/AIDS
5- Condoms
6- Human rights and gender equity
7- Risky behaviors
8- Monitoring and evaluation
9- Computer courses
10- English Language
11- Database and statistical analysis

Required Equipment

It is important to increase the number of computers and printers. In addition, all computers should be updated with recent programs.