



**Keys to youth-friendly services:
Celebrating diversity**

Keys to youth-friendly services: Celebrating diversity

Young people are often seen as a single homogenous group, but in reality they are a diverse population whose sexual and reproductive health needs are complex, shifting, and varied. Each young person has a unique social, cultural and economic identity that impacts on their sexual and reproductive well-being. Youth-friendly service delivery is based on an understanding of, and respect for, the realities of young people's diverse sexual and reproductive lives. It is about creating a service which young people trust and feel is there for them and their needs.¹

Every human being's individuality contributes to diversity. These differences can be in relation to race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. The concept of diversity encompasses acceptance and respect. This means understanding that each individual is unique and moving from tolerance to celebration of diversity.²

Sexual rights



Sexual rights are an evolving set of entitlements related to sexuality that stem from internationally-recognised human rights to freedom, equality, privacy, autonomy, integrity and dignity. The inalienable nature of sexual rights is particularly important for the concept of diversity. Human rights cannot and should not be taken away from anyone, irrespective of their age, gender, ethnicity, race, religion, nationality, sexual orientation, socio-economic status, disability, HIV status or health status.³

Article 1 of *Sexual Rights: an IPPF Declaration* upholds the right to equality, equal protection of the law and freedom from all forms of discrimination. This article mandates the elimination of any form of legal or other discrimination based upon sex, sexuality, gender or any other personal characteristic.

Box 1: Sexual rights and diversity

1. The right to equality: All human beings are born free and equal in dignity and rights. No young person should be discriminated against on the basis of sexuality, sex, gender, gender identity, sexual orientation, age, religion, race, ethnicity, nationality, HIV status, marital status, physical or mental disability, socio-economic status, or any other status. Barriers must be removed so that everyone, especially marginalized and under-served groups, can enjoy all human rights. Non-discrimination is at the heart of promoting and protecting human rights.
2. The right to participation: Everyone has the right to actively and freely participate in all aspects of human life. The principle of participation entitles young people to: recognition, protection and fulfilment of young people's legal rights at all times, no matter their age, gender or sexual orientation; freedom to explore one's sexuality in a safe and pleasurable way, irrespective of sexual orientation or gender identity; and societies that celebrate all forms of diversity.
3. The right to health: Every young person has the right to enjoy the highest attainable standard of physical and mental health and well-being, including sexual and reproductive health and the underlying factors that contribute to health. This principle entitles young people to access the most comprehensive package of youth-friendly sexual and reproductive health services that respond to the specific realities of diverse groups of young people. All health services and interventions must be especially sensitive to the special needs of marginalized young people and their communities. Service health professionals' values and beliefs should not interfere with the provision and quality of services.
4. Right to life and be free from harm: Everyone has the right to life, liberty and to be free from harm. This includes the right to express one's sexuality and gender free from coercion or violence. No one can be harassed, harmed, punished or killed because of their sexual practices, gender identity or expression, nor as a way to protect the reputation or honour of a family or community.

Layers of diversity

Whilst diversity is often recognised to some extent in sexual and reproductive health programming for young people, it is easy to fall into the trap of over-generalising or stereotyping. Labelling groups of young people in this way and providing generic programmes for their perceived needs can be just as unproductive as lumping all young people in one category. For example, assuming that all young people living with HIV need the same services ignores differences in age, culture, gender, sexual diversity and socio-economic status.

To be able to meet the complex and changing needs of young people, it is important to understand the complexity of diversity. One way of doing this is working from a person-centred approach and looking at the layers of diversity. This provides a framework for understanding the interplay of factors which make everyone unique.



This layers of diversity model shows that there are a number of core, unchangeable characteristics that overlay an individual's personality to make them who they are. On top of this are external dimensions which are liable to change over time – sometimes gradually such as educational background, and sometimes suddenly, such as marital status or geographic location. This model highlights the changing nature of diversity and how a variety of internal and external factors – and the interplay between them – needs to be taken into account when designing youth friendly services.

**PERSONALITY
(inner circle)**

Being person-centred, one's personality is the core of this model.

**INTERNAL DIMENSIONS
(2nd circle)**

Also known as the 'core dimensions', these are dimensions which make up a person

**EXTERNAL DIMENSIONS
(3rd circle)**

These dimensions are characterised by their variety and generally include a choice by the individual.

'Religion/worldview' is highlighted as it overlaps between internal and external dimensions as these cannot always be freely chosen.



Adapted from Gardenswartz & Rowe.
Available at: <http://www.gardenswartzrowe.com/images/layers.jpeg> Accessed 17 Aug 2011.



Diversity and vulnerability

Diversity and vulnerability are intimately linked; a full understanding of diversity helps to identify the factors that increase one's vulnerability. Understanding the complexities of diversity and interactions with vulnerability is vital when designing youth-friendly services which are relevant, appropriate and fit for purpose. No youth-friendly service can ever meet the varied needs of every single young person who might walk through the door. Deciding on the correct service mix requires an analysis of which groups of young people locally are currently underserved and particularly vulnerable to HIV, violence, sexually transmitted infections, unwanted pregnancies and other sexual and reproductive ill-health.

Vulnerability occurs when 'people are limited in their abilities to make and effect free and informed decisions.' Singly, or in combination, these factors mean some groups are systematically more vulnerable than others. Whilst who is most vulnerable will vary by country and within countries; ultimately, what young people are vulnerable to is dependent on what is happening around them, who they are, and what they do [see box 2].

Vulnerability, stigma and discrimination are also closely interconnected. Young people are discriminated against because of vulnerabilities which they cannot change – in other words, due to the layers of diversity which make them who they are. As stigma and discrimination are barriers to accessing sexual and reproductive health services, overcoming these multiple layers of stigma requires a better understanding of diversity.

Key to breaking down the barriers raised by stigma and discrimination is ensuring that health professionals are trained to work sensitively and respectfully with young people.. Whilst some of the issues and topics raised, such as sexual diversity, may be uncomfortable or clash with health professionals' personal beliefs and values, youth-friendly health professionals have an ethical obligation to be non-discriminatory and non-judgemental. The following case study shows how vulnerability, diversity and stigma overlap in the case of sexual diversity.

The challenge is that stigma and discrimination are deeply rooted in some contexts, especially towards people who desire or engage in same-sex experiences or relationships. The impetus is that youth friendly services are a vital way of overcoming this stigma and discrimination and giving access to those who feel like outcasts. This in turn will help to reduce risk and vulnerability to HIV, other sexually transmitted infections and unwanted pregnancies. Health professionals respecting the diversity of the young people they meet is key to this transformation taking place. The next two case studies show how this can happen in practice.

Box 2: Factors that impact on vulnerability:

- Poverty and inequalities
- Stigma and discrimination
- Access to good quality education
- Access to basic health and social services
- Access to employment and livelihood opportunities
- Gender roles and expectations
- Social and cultural marginalisation
- Living with a disability
- Violence and conflict
- Family breakdown and community/social disintegration
- Laws and regulations that impede access to SRH & HIV information and services

Source: UNAIDS IATT on Education (2009) A strategic approach: HIV & AIDS and Education

Case study one: Addressing stigma and discrimination in youth participation



“I am being discriminated secondarily, because at first I was discriminated because of being gay, and now there is this HIV.”

These are the words of a young South African man who is both gay and living with HIV. Just as there are a number of layers to diversity, there are also a number of layers to stigma and those from key populations such as MSM, drug users or sex workers, who are also living with HIV face stigma and discrimination for both. Due to this discrimination, many young people remain hidden, too scared to access services and invisible to those providing life saving information about how to reduce the risks of HIV transmission or how to use contraception to avoid unwanted pregnancies. Not seen or heard, youth friendly services rarely exist for these groups.

To give a greater voice to young people living with HIV, 121 young people from local networks of people living with HIV learned the art of video making during week-long participatory training workshops in the Dominican Republic, India, Mexico, Russia, South Africa and Swaziland. During each workshop, they had the opportunity to record, edit and produce their own short video testimonies to tell the world about their experiences living with HIV (both positive and negative), and the services and support they felt they needed.

These videos document the experiences and desires of young people living with HIV around the world, making a powerful advocacy tool for policy and programme makers alike. Striking about these videos was a commonality in talking about six themes: 1) facing HIV-related stigma and discrimination; 2) accessing health services; 3) sex and relationships; 4) starting a family; 5) being supported; and 6) getting involved in the response to HIV.

Most important to young people living with HIV was the opportunity to be involved in the design and implementation of programmes and policies, including service provision, that affect their lives. Just as important is access to non-discriminatory, accessible and affordable services which meet the particular needs of young people living with HIV.

Source: IPPF, UNFPA, Young Positives and GCWA (2011) Love, Life and HIV: Voices of young people living with HIV

Case study two: Improving access is more than providing ramps



An estimated 10% of the world's population – 650 million people – live with a disability, and a significant number of them are young people. Young people with disabilities have the same sexual and reproductive health needs as other young people, yet they experience barriers to information and services disproportionately. As a result, a large proportion of young people living with disabilities have unmet sexual and reproductive health needs. Yet these needs, as for other groups, are diverse, complex and changing. They require more than the usual response of providing a ramp to improve physical accessibility. Changes also need to be made to make communication, materials and media more accessible.

A growing number of technological advances, including the availability of information via computer, have significantly improved the quality of life of persons with disabilities in industrialised countries. Such technologies should be made accessible to all persons with disabilities, including those in developing countries.

For example, in Kenya, a sexual and reproductive health NGO offers special HIV voluntary counselling and testing services for deaf persons. These services entail confidential HIV counselling and testing at clinics managed by deaf staff; mobile VCT activity and community mobilisation in urban and rural deaf communities; support to deaf clients in need of referral and care; establishment of post-test support groups within deaf communities; and development of communication materials.

Source: WHO and UNFPA (2009) Promoting sexual and reproductive health for persons with disabilities

Health professionals who provide services to young people need to do more than just tolerate diversity; they need to respect and celebrate it, as well as tailor the information and services provided to each individual client.

Providing youth-friendly services to a diverse population

Here are some suggestions for designing a youth-friendly services strategy:

1. Conduct a needs assessment: Undertake needs assessments or studies to investigate the barriers that prevent young people from accessing sexual and reproductive health services and possible strategies to overcome these barriers.
2. Define key groups: Setting up youth friendly services that seek to meet the needs of all young people runs the risk of failing to meet the needs of any specific group and limiting the number of people that will want to use the centre overall. Activities that are ideal for reaching 20–24-year-old out-of-school men may actively discourage 15–19-year-old disabled women. Therefore, at the core the strategy needs to identify the key group(s) for which you will provide youth friendly services. This should be based on where the greatest need is identified particularly those who are currently marginalised, under-served and particularly vulnerable in the local context.
3. Develop a strategy: Clearly outline a strategy for addressing the diversity of needs based on the key groups identified, the needs assessment and the input and involvement of the young people the services are aimed at.
4. Involve young people: Work in consultation with young people to find out the current barriers there are to their attendance and to understand the types of services they want and the way in which they want them to be delivered.
5. Establish partnerships: Develop partnerships with organizations working with the key group(s) to avoid duplication and to help with promotion and referrals to/from your services.
6. Increase accessibility: Ensure all the services reach and serve the key populations. Opening hours of a youth friendly centre need to reflect the hours young people have available. In some areas, this may mean that the centre needs to open on Saturdays if young people find it impossible to access the centre during office hours. Other barriers to overcome can include the cost of services and travel difficulties.
7. Promote dignity and empowerment: Empower young people by respecting their choices. This empowerment involves giving young people the following: decision-making power; access to information and resources; a corporate identity; an understanding of their rights; the resources to build skills and and increase positive self-image and overcome stigma.

A youth-friendly health professional...



8. Improve health professionals' attitudes: Work with health professionals, clinics or hospitals to develop, implement and evaluate guidelines and protocols on how to deliver youth-friendly services that respect, protect and fulfil the sexual rights of all young people.
 9. Understand the opposition: Engage in respectful and participative discussion with community members, creating a shared understanding of the benefits that adolescents would gain from health services.
 10. Advocate for the sexual rights of young people: Working with local and national partners, advocate for national legislation to be changed where necessary to uphold the sexual rights of young people, including young people living with HIV, young men who have sex with men, young sex workers and young people with disabilities.
- Respects young people's differences and celebrates their diversity.
 - Does not discriminate against anyone based on age, gender, sexual orientation, marital status, race, ethnicity, nationality, HIV status, physical or mental capability, socio-economic status or religion.
 - Involves young people in decisions that affect their lives.
 - Understands that diversity is a complex concept. It exists in all aspects of people's lives and that there is diversity between groups and within groups.
 - Distinguishes between his/her moral beliefs and the needs, concerns and desires of young clients.
 - Avoids normalizing any one kind of sexual practice or preference.
 - Empowers young people by respecting their choices.

Resources



University of Vienna. Layers of Stigma. Available at: <http://www.univie.ac.at/diversity/knowledge.html> Accessed 20 June 2011

IPPF Exclaim: Young people's guide to 'Sexual rights: an IPPF declaration' Available at: <http://www.ippf.org/en/Resources/Guides-toolkits/Exclaim.htm> Accessed on 20 June 2011

IPPF, Stigma Index. Available at: <http://www.stigmaindex.org> Accessed 20 June 2011.

IPPF, UNFPA, Young Positives and GCWA. Love, life and HIV: voices of young people living with HIV. Available at: <http://www.ippf.org/en/Resources/Guides-toolkits/Love+life+and+HIV.htm> Accessed 20 June 2011

WHO and UNFPA, Promoting sexual and reproductive health for persons with disabilities. Available at: <http://www.who.int/reproductivehealth/publications/general/9789241598682/en/index.html> Accessed 20 June 2011

IPPF Provide: Strengthening youth friendly services. Available at: <http://www.ippf.org/en/Resources/Guides-toolkits/Provide+Strengthening+youth+friendly+services.htm> Accessed 20 June 2011

IPPF, UNFPA, et al. It's all one curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education. Available at: <http://www.ippf.org/NR/rdonlyres/A4E80079-6F28-4D42-8009-87A8EB5BC4C7/0/ItsAllOneGuidelines.pdf> Accessed 20 June 2011.

Interact Worldwide, Who are we failing? Available at: <http://www.interactworldwide.org/objs/1300703639-srhradolescentmarginalisation1.pdf> Accessed 20 June 2011.

¹ IPPF (2008) Provide: Strengthening youth friendly services

² Diversity initiatives - <http://gladstone.uoregon.edu/~asuomca/diversityinit/definition.html>

³ IPPF (2010) Exclaim! Young people's guide to 'Sexual rights: an IPPF declaration'

⁴ UNICEF (2000) Human Rights and HIV/AIDS. Draft Background Document, UNGASS, Roundtable 2: Human Rights and HIV/AIDS

⁵ Chamberlin (1997) A working definition of empowerment

Published in October 2011 by the International Planned Parenthood Federation

IPPF
4 Newhams Row
London SE1 3UZ
United Kingdom
tel + 44 (0)20 7939 8200
fax + 44 (0)20 7939 8300
email info@ippf.orgweb
www.ippf.org

UK Registered Charity No. 229476