IPPF International Planned Parenthood Federation
Western Hemisphere Region

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SPOTLIGHT
YOUNG PEOPLE

Investing in Vulnerable Young People: Preparing Providers to Meet the Charge

Amidst the backdrop of the Millennium Development Goals (MDGS) and other international commitments to reduce poverty and improve health outcomes by reaching the most vulnerable and marginalized young people, efforts to effectively meet the health needs of out-of-school youth with high exposure to the street remain limited. Importantly, the appropriate preparation and training of health care and health-education providers is critical to addressing this highly consequential gap in unmet need.

MAKING THE CONNECTION

Vulnerable young people are a diverse group, but have in common a combination of economic and social factors that put them at risk of engaging in behaviors that jeopardize healthy transitions to adulthood. Since the quality of a young person's future depends on how she/he negotiates this critical time of development, health behaviors adopted by young people during this time period have important implications for their well-being, morbidity and mortality.[1]

Those with high exposure to the street are at the nexus of police brutality, drug trafficking, sex trafficking, sexual assault and gang involvement. Among this group there is a high number of unintended pregnancies and sexually transmitted infections, and little to no access to health care services.

Adequate provider preparation represents the fulcrum for improving access to clinical and educational services and thereby changing health outcomes among vulnerable youth. However, mainstream public health organizations and sexual and reproductive health (SRH) service providers have not been successful in reaching the young people most at risk for adverse outcomes.

To advance the rights-based framework of the International Conference on Population and Development agenda and the poverty reduction strategies of the MDGs, it is essential to examine the barriers to provider success in meeting the needs of the most vulnerable youth.

PROJECT OBJECTIVES

With generous support from the European Commission, the International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) is working with its network of sexual and reproductive health organizations, its Member Associations (MAs), and their health care and health-education providers to improve the overall health and wellbeing of vulnerable youth ages 10-24 in Bolivia, Guatemala and Peru in order to:

1) increase access to high-quality SRH services, including STI/HIV prevention, testing and treatment, contraceptive services through clinic and community-based strategies;

2) strengthen knowledge and life-skills with a focus on preventing STIs/HIV, gender-based violence and unwanted pregnancies; and 3) develop an advocacy plan for documenting and disseminating best practices among key stakeholders, including public and private health and education institutions, human rights and children's rights organizations, journalists and key policy-makers, in order to sensitize them to the rights and SRH needs of vulnerable youth.

This initiative uses a peer-based approach to empower street youth and other vulnerable adolescents to exercise their rights and to access SRH and rights information, sexuality education and high-quality services.

CIES, our Bolivian partner, provides basic health care and reproductive services to marginalized and vulnerable young people.

PROJECT ACTIVITIES

Among a multitude of strategies directed at meeting each objective, the project participating MAs (CIES Bolivia, APROFAM Guatemala and INPPARES Peru) implemented a quantitative survey in early 2009. A total of 302 providers (CIES 113, APROFAM 152 and INPPARES 37) working with vulnerable youth and/or other vulnerable clients responded.

The purpose of the survey was to assess 1) provider needs for sensitization or training (attitudes and self-reported preparedness related to working with vulnerable young people) as well as 2) provider needs for self care and support (burnout, stress and reward).

KEY FINDINGS

It is important to IPPF/WHR that the evaluation component truly be used to improve programs. Please note that the small sample size for number and type of providers are small enough to put anonymity at risk, therefore the data do not refer to specific country projects in some cases when the topic is considered sensitive.

Provider attitudes toward serving street youth

The majority of providers in CIES, APROFAM and INPPARES demonstrated positive attitudes towards working with vulnerable young people. They reported that street youth should receive services regardless of their ability to pay and that it is important for the MA to be involved in health service provision for this population.

Overall, **certain key factors influence provider attitudes towards vulnerable young people with high street exposure in all countries.** These factors are: 1) training related to the topic of vulnerable young people, and 2) direct exposure to this group.

Those with prior training as well as those with greater exposure to vulnerable young people had more positive attitudes and beliefs about young people. For example, in one country, respondents who had received training were significantly more likely to believe that vulnerable youth make sufficient efforts to prevent HIV infection, in comparison to providers that had not received training.

Importantly, across project sites **barriers to working with vulnerable young people** were: lack of training, misconceptions around provider risk of illness and infection, as well as the negative perceptions of mainstream clients. Inappropriate infrastructure and lack of time were cited as the reasons for discomfort when working with vulnerable youth. In contrast, financial implications of subsidized services and human resources were least often cited.

A specific area identified as a training gap was the provider's per

"Street youth should receive services regardless of their ability to pay."
- project participant

ception of vulnerable young people' self-efficacy and their likeliness to succeed in healthy transitions. Many providers did not believe that

street youth were capable of improving their lives or of protecting themselves from sexually transmitted infections, such as HIV. For example, 27-57% of providers reported that vulnerable youth would not use condoms even if they had access to them. Notably, the key factors that influence favorable perspectives--training and exposure to street youth--are adversely affected by frequent staff turnover (due to the payment model applied by most MAs whereby the majority of physicians are paid by consult and not salaried employees).

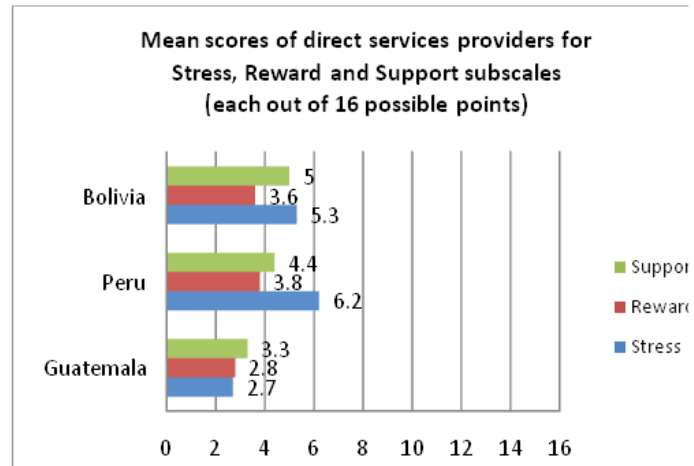
Therefore, the percentage of those who had received training in the six months prior to the questionnaire was extremely low, the highest being 27%. However, the majority of providers in each MA report very high levels of interest in receiving additional training.

Self-Care and Support for Providers

The survey tool designed by IPPF's Western Hemisphere Regional Office focuses on areas for programmatic action. Given the innovative approach of the project design that focused on addressing the "demand-side" issues of access, the project teams had to ensure that the supply-side would be ready to meet the demand generated. Thus, provider needs in terms of self care and support were assessed as an important element of the "supply-side" response for access to care.

As part of this tool, a "Burnout Scale" was developed to assess the providers need for self care and support. The scale included 14 questions related to three key sub-categories: 1) stress-contributors (emotional exhaustion, capacity and role confusion), 2) reward (sense of personal accomplishment) and 3) support (from supervisors as well as colleagues). The Burnout Scale was developed by IPPF/WHR in 2008 based on the Maslach Burnout Inventory (MBI)[2], the AIDS Impact Scale (AIS)[3], the UNAIDS VCT Tool[4], the UK Multi-Occupational Morbidity Study[5] and an existing list of theoretically linked stressor variables in the workplace arena[6].

Results reflected low levels of overall burnout at all participating MAs, though the countries differ in which sub-factors are driving existing provider burnout levels. The following graph notes the mean scores of direct services providers for stress, reward and support. Each country project was able to use these data to better target efforts to support their providers.



CONCLUSIONS

The survey tool and analysis allowed the IPPF/WHR project participating MAs to identify specific gaps in core competencies of providers as well as sensitization and training needs. Therefore, ensuring targeted follow up and avoiding generic sensitization and training. Importantly, the relevance of this tool is not limited to working with vulnerable youth, as providers need support for various facets of their work and an enabling environment for effective service provision.

The data will enable these MAs to build on the existing positive attitudes of providers and their stated interest in building the necessary skills for working effectively with vulnerable youth. For example, given the improvement in attitudes seen with greater exposure to the population, the MAs can identify efficient strategies to build favorable attitudes towards work with vulnerable young people among staff. Also, the results allow organizations to tailor an institutional response based on areas of need specific to their own settings.

KEY RECOMMENDATIONS

- Decrease the burnout levels of staff working with vulnerable youth by building support, including supervision, into the workplace.
- Ensure all staff that interacts with vulnerable young people have been trained and sensitized to the realities and clinical needs of the population, even if they are not full time staff with the organization.
- Provide opportunities to interact with vulnerable youth. For example, shadowing a peer that works comfortably with this population.
- Encourage staff members that feel very prepared or comfortable working with vulnerable young people to share their experiences and strategies for working with this population with other staff members.
- Address concerns about provider risks for working with vulnerable young people, both in terms of values clarification among staff and to identify any clinic changes that may need to be made addressing concerns about time and infrastructure limitations (modifications to the clinic flow process may be necessary).
- Explore and address factors that contribute to staff discomfort with providing direct services to vulnerable young people.

NOTES

1 The Changing Transitions to Adulthood in Developing Countries: Selected Studies by Cynthia B. Lloyd, Jere R. Behrman, Nelly P. Stromquist, Barney Cohen, National Research Council

2 Maslach, C.H., Ozer, E. (1995). Theoretical Issues Related to Burnout in AIDS Health Workers. In: Health Worker and AIDS: Research, Intervention, and Current Issues in Burnout and Response. Harwood Academic Press, pg. 1-14.

3 Bellani, M.L.; Furlani, F.; Gnecchi, M.; Pezzotta, P.; Trotti, E.M.; and Bellotti, G.G. (1996). Burnout and Related Factors Among HIV/AIDS Health Care Workers. AIDS Care, 8 (2), 207 -221.

4 UNAIDS (2000). Tools for Evaluating HIV Counseling and Testing.

5 Miller, D. (2000). Dying to Care?: Work, Stress and Burnout in HIV/AIDS. London, New York: UCL Press.

6 Cooper, C.L.. and Davidson, M. (1987). Sources of Stressors at Work and their Relation to Stressors in Non-working Environments. Cited in: Miller, D. (2000). Dying to Care?: Work, Stress and Burnout in HIV/AIDS. London, New York: UCL Press, Appendix.

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IPPF/WHR is one of the six regional offices around the world. We are a network of 40 sexual and reproductive health organizations, our Member Associations, throughout the Americas.