Impact of Youth-Friendly Counseling Services in Shanghai

This study evaluated the status and quality of various types of youth-friendly service (YFS) centers introduced as part of the China Youth Reproductive Health (YRH) Project.

Methods

Nine YFS centers served as the study sites. Among them, two centers each were at the city, district, and community levels; one center was in a magnet senior high school at the district level; one center was in a common senior high school at the district level; and one center was in a magnet senior high school at the city level. Participants included program managers, service providers, and youth clients. The evaluation team used in-depth interviews, facility inventories, observation of services, mystery clients, and record and report reviews to gather information about the impact of YFS. The team measured 17 indicators to assess the overall degree of youth friendliness of the centers for the period of July 2003 to June 2004. Example indicators include hours of service, confidentiality, and youth involvement.

Findings

The target populations of the YFS were students, out-of-school youth, and unmarried young migrant workers. The primary service of all centers was counseling, including face-to-face; hotline; mailbox; email; and online (through an interactive web page) counseling. The centers at the community level also provided contraceptives (mainly condoms). All services were free of charge. There were differences in service hours for different types of counseling. Online counseling was available 24 hours a day and was very popular, accounting for 66 percent of all counseling interactions. Counseling rooms in schools were convenient for students; the out-of-school locations were less convenient, and the hours for face-to-face counseling were limited. Parents interested in counseling their children accounted for 23 percent of hotline callers.

There were not enough YFS-trained, full-time, and skilled/professional service providers to keep all service centers fully staffed, and the referral system was weak. Out-of-school centers had a better referral network, because most providers came from the health system and could provide better information on linkages to the system than counseling teachers. Youth were not involved in setting policy for the centers, providing services, or publicizing YFS. In-school service centers got higher scores for youth friendliness than did out-of-school service centers, although out-of-school centers offered services beyond counseling, such

as providing contraceptives. (Contraceptives were only distributed to those at least 24 years old, for fear of community backlash.) The online counseling service center got the highest score for youth friendliness, because it was able to offer round-the-clock availability, personalized and professional responses, and anonymity.

Centers at the city level had the highest level of service use. Among different counseling methods, online counseling reached the largest number of young people, followed by face-to-face and hotline counseling. Only a few people were counseled through email or mailbox. The use of online counseling expanded notably over the year. With the exception of one hotline, the ratio of female to male clients was approximately 2 to 1, possibly because there was a preponderance of female counselors.

There were differences in the age distribution of adolescents among different types of service centers and different counseling methods. Adolescents between 15 and 19 years old and unmarried youth over 20 years old accounted for the majority of all clients, while those less than 14 years old accounted for less than 10 percent. Youth seeking online counseling were mostly unmarried youth in later adolescence who had recently become sexually active.

In school centers, the leading three counseling topics were academic pressure, physical development, and communication with parents. In the out-of-school centers, which tended to serve older youth, key topics included sexual behavior, pregnancy, emergency contraception, abortion, and prevention of sexually transmitted infections. The leading three counseling topics for out-of-school centers were pregnancy and contraception, unsafe sex, and physical development. Online counseling questions were more personalized and urgent, underscoring the need for responsive and confidential services.

Adolescents were eager to obtain youth-friendly services and were most concerned about cost, procedures, and confidentiality of services. The integration of YFS with life-planning skills training in the school system, which was facilitated by the same school psychologists, greatly promoted the use of YFS. At some of the community centers, because youth had to pass through adult services and feared detection, attendance was so low that the service was suspended.

Conclusions

Service contents in all centers should be enriched and expanded to include integration of counseling; contraceptive services; relevant diagnosis, treatment, and health care. The low use of services was a prevalent problem because of insufficient publicity (partially due to fear of community backlash) and poor service quality. Youth should be actively involved in the design, provision, and evaluation of services. Ensuring the privacy of adolescents is fundamental to quality service provision.

For more information

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