PREPARING THE SERVICES AND PROFESSIONALS TO RECOGNISE AND RESPOND TO THE NEEDS OF ADOLESCENTS AND YOUTH IN SEXUAL AND REPRODUCTIVE HEALTH
Country, Guyana

- **Country:** Guyana
- Ten Regions, 4 remote hinterland areas—Regions 1, 7, 8 and 9
- **Estimated Population:** 750,000
- 53% of population is less than 24 years old
- 69% of the above figure are between the ages of 10–14
- 31% between the ages of 15–24

*(census conducted in 2002)*
Percentage who had sex before age 14

- Total
- Male
- Females

Percentage who had sex before age 14
National Facts and Stats on what Adolescents know about HIV/AIDS (UNICEF & MOE-2013)

- 98% Out of school youths who have knowledge about HIV
- 52% In school youths who knew all three methods of prevention
- 61% Out of school youths who have misconceptions about HIV
AT THE NATIONAL REFERRAL HOSPITAL STUDIES FOUND THAT FOR THE PERIOD OF JUNE 2009- JUNE 2012, 3776 BIRTHS WERE TO Females < 20 YRS AN AVERAGE OF 1265 PER YEAR (UNICEF, MOH & MOE 2013)

20% OF LIVE BIRTHS WERE TO MOTHERS < 20 YRS

64% OF THE TEENAGE MOTHERS SAID THEY REGRETTED THE FIRST TIME THEY HAD SEX

22% DISCLOSED THEY HAD BEEN RAPED
Evidence indicates that Adolescents are sexually active

The data collected in the above mentioned studies are indicative that adolescence and young people in the Society are sexually active and some become mothers at an early age which has negative consequences for their lives.

The CARICOM Secretariat in a study conducted in 2009 reported that the age of sexual initiation across the Caribbean was 10 years.
Focus group discussions over the years (across the country) have indicated that adolescents are skeptical about seeking social care and Sexual Reproductive Health information due to barriers found within the different sectors (education, health, religious and human services etc).

Adolescents have complained that the personnel are judgemental, unprofessional, do not maintain confidentiality and do not understand their needs.
EVIDENCE Versus the RESPONSE

Despite the fact that data collected indicates that adolescents are initiating sexual activity at an earlier age and are becoming mothers, policy makers are slow in their response to aggressively address the situation despite commitments made to the International Conventions.
CHALLENGES IN ADDRESSING ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

- Lack of a sustained ASRH Programme
- Lack of a multi-sectorial approach (ASRH is an issue for all sectors but only the Health Sector tends to address some aspects)
- Legislation limits the services offered by Health Care Workers since they can only provide services to adolescents accompanied by an adult
- Contradiction in the law - age of consent is 16 yrs while the age of majority is 18 yrs
- Limited financial resources to resource Health Centres with adequate facilities
CHALLENGES – SOCIO - CULTURAL

- Traditional norms and values of Parents, Health Care Workers, Teachers to issues of SRH and Sexuality Education
- Parents feel that the provision of SRH and Sexuality Education with adolescents will promote promiscuity
- The Doctrines of the FBOs limit the access of Adolescents to ASRH and Sexuality Education
- Incest and Gender Based Violence is a norm in some families and community and the violations are hidden in secrecy and not reported
CHALLENGES

- Poverty and inequalities puts adolescent girls in vulnerable situations (Single parent mothers encourage their daughters to reach out to men for financial support)
- Adolescents (M & F) also seek out men to satisfy their basic needs for food and clothing while they are also some (shine eye girls/boys) who encourage relationships with men for money, hence they are vulnerable to GBV, HIV infection and unwanted pregnancies.
- Reaching adolescents in the hinterland regions is very difficult and costly
Establishment of Community Adolescent Youth Friendly Spaces

In order to address the gaps which existed in the MOH, UNFPA in collaboration with the Ministry of Culture Youth and Sport established the Adolescent Youth Friendly Community Space initiative in several communities.

The main objective of the Initiative is to provide:-
Sexual and Reproductive Health Information and Services
Including HIV Prevention Counselling, Access to male and female condoms, Family Planning information, Life and Income Earning Skills, Recreation, Games, Outreach to the Community including schools, Parenting Education
The AYFS initiative has created a safe space for many adolescents and youths to access relevant information about their sexuality and SRH issues. They are able to make wise choices and decisions about their lives and to positively involve their peers.

The AYFS Initiative was also introduced to some FBO such as the Anglican Diocese, Mandirs and Mosques and they have also introduced Spaces in their religious organisations for adolescents and youth.
An Initiative for Adolescent Mothers was also developed between Women Across Differences and UNFPA to reduce second and third pregnancies. The young mothers are between 12-16 years and are involved in a Comprehensive Empowerment Programme which focuses on Personal Development/Life skills, SRH/FP information and Services, Income Earning Skills, Counselling and Advocacy for their reintegration in the school system.

Over the five years of the programme there is 90% success rate of no second/third pregnancy and the girls are on Family Planning methods.
Scaling Up the Initiatives of the AYFS and Programme for Adolescent Mothers

- Based on the success of the AYFS Community Initiative and the Adolescent Mothers Programme there is a call for scaling up these initiatives to reach more adolescents and youth especially in the rural and hinterland, underserved communities.

- There is the need for more friendly spaces which provide access to information and services
ADVOCACY FOR REINTEGRATION OF ADOLESCENT SEXUAL
REPRODUCTIVE HEALTH IN PRIMARY HEALTH CARE

- Given the need to scale up Youth Friendly Services for a wider coverage across the country as a result of the limited access of the Ministry of Culture, Youth and Sports AYFS Initiative and the Programme for Adolescent Mothers, the Ministry of Health which has coverage throughout the ten regions of the country is working towards the establishment of Youth Friendly Health centres.
OPPORTUNITIES FOR SCALING UP ASRH SERVICES TO ADOLESCENTS

- Through strong advocacy the MOH has committed to reintroduce the ASRH Initiative. A Focal Point for Adolescent Health has been appointed.
- Pilot Sites for Youth Friendly Health Centers have been identified.
- Training of Health Care Workers, Teachers, Social Workers and Parents has commenced with the objective to sensitise them to issues of Adolescent SRH and how to address their needs.
OPPORTUNITIES

- Ministry of Human services launched the Family Life Commission and one of it’s key focus is the facilitation of Positive Parenting Education. UNFPA has advocated for the integration of SRH, FP and GBV in the Course Outline.

- Review of legislation to address the contradiction between age of consent and age of majority as well as the authority for Health Care Workers to provide ASRH Services.
Opportunities exist to create a multisectoral committee with Health, Education, Youth, Human Services, Civil Society and FBO sectors.

The intention is to have a collaborative approach among the sectors to address the issues of ASRH.
OPPORTUNITIES

- The National Youth Policy is being reviewed and the National Stakeholders Forum includes ASRH advocates hence which provides an opportunity for SRH and Sexuality Education to be well placed in the revised policy and implementation plan.

- Ministry of Education provides Health & Family Life Education (HFLE) at the secondary level but needs to include Comprehensive Sexuality Education.

- Caribbean Regional Meeting on Comprehensive Sexuality Education (CSE) at which Guyana will be represented should offer insights on approaches for inclusion of CSE into the HFLE curriculum.

- UNFPA will be brokering S/S Cooperation between Columbia and Guyana for technical support to the Adolescent/Youth Friendly Health Centre Initiative. Brazil is also an option which can be sourced for technical support.
CONCLUSION

- The success stories of the Adolescent Youth Friendly Space Initiative and the Adolescent Mothers Programme suggest that access to a safe and friendly environment for the provision of information and services on ASRH issues empowers adolescents and youths to make informed choices and decisions about their sexuality.
CONCLUSION

- The Ministry of Health will take the lead role to work within a multidisciplinary team to advance implementation of a robust Adolescent Youth Friendly SRH Programme that will benefit adolescents and youth throughout the ten regions of the country.