

Project Summary

Youth Space: Empowerment and Improved Health among Young Mothers



Introduction

MATERNAL HEALTH is a key priority for CARE and globally youth are disproportionately impacted by poor maternal health outcomes. Beyond improving health systems and service delivery, CARE sees empowering young women and changing the social and political contexts in which they make health decisions as fundamental to improving their health. For this reason, since 2002, CARE Ecuador has supported the Humanitarian Clinic of the Pablos Jaramillo Crespo Foundation in the implementation of Youth Space (*Espacio Joven*), a comprehensive, integrated maternal health program aimed at adolescent girls and young mothers¹.

As part of the LIFT-UP Initiativeⁱⁱ, funded by the Bill and Melinda Gates Foundation, CARE Ecuador conducted qualitative and quantitative study on Youth Space. The study focused on exploring the Youth Space model and assessing whether adopting health services to the specific needs of young mothers as part of a specialized, integrated health intervention leads to greater empowerment and increases the frequency of their utilization of antenatal care services.

The LIFT-UP study suggests that participation of young mothers in the Youth Space program was associated with empowerment, as well as an increased use of antenatal care services among young mothers. Moreover, the young mothers identified specific elements of the interventions which they considered to be associated with these improvements. While further research is needed, these findings can help inform other health programs that target young women and young mothers.



Background

Promoting the health of young women and encouraging the postponement of pregnancy have been identified as important strategies for reducing maternal mortality in Ecuador. Rates of pregnancy are increasing among Ecuadorian youth, representing the highest fertility among Andean countries. For example, 12.5 percent of adolescents aged 15 to 18 and over 50 percent of young women 19 to 24 are mothers. These pregnancies are particularly concentrated among youth with the least financial resources and education. These statistics are especially alarming as young mothers face a higher risk of complications with pregnancy and

delivery, and are up to five times more likely to die from pregnancy related causes.ⁱⁱⁱ Once pregnant, young women often face barriers to seeking and accessing care, such as lack of decision-making authority and access to resources, stigma associated with early pregnancy and poor treatment by the health system. Youth empowerment has been identified as an important factor in promoting better sexual and reproductive health decisions^{iv} and helping address barriers to care.

In the last decade, the government of Ecuador has made efforts to promote the healthy development of youth. In 2008, Ecuador approved a new constitution, which not only guarantees the rights of children, but, for the first time in its history, also recognizes that youth (between 18 and 29 years old) are strategic actors in the country's development. In addition, the National Development Plan calls for reducing adolescent pregnancy by 25 percent by 2013, and the Law of Free Maternal and Infant Healthcare increases access to care by making all maternal and reproductive health services free. Finally, the National Plan for Preventing Adolescent Pregnancy explicitly aims to reduce this phenomenon and recognizes the social and cultural forces that affect adolescent pregnancy. Despite this progressive policy framework, systematic barriers continue to undermine youth development and propagate inequalities among Ecuadorian adolescents.

Youth Space

Youth Space is only for young people. They understand us better. At other clinics, they blame us and ask us, "Why did you do this to yourselves?" Here, I have learned to have more confidence and to relax."

18-year-old-mother at Espacio Joven

Youth Space is a specialized program for youth housed within the Humanitarian Clinic of the Pablo Jaramillo Crespo Foundation in Cuenca, Ecuador. The clinic is a private, non-profit agency that provides low-cost services to poor families. Youth Space was established to provide services to adolescent girls and young mothers – especially those at low and middle income levels – that need sexual, reproductive and maternal health services^v.

Youth Space mission

To contribute to the reduction of poverty by providing youth with health services; promoting their physical, psychosocial and spiritual development; and fostering values that help them to establish goals, give direction to their lives and exercise their right to receive high quality care.

For Youth Space, empowerment means “that mothers are accessing resources and opportunities, as individuals and as a group, and that they believe that they have the right and power to make their own decisions.”

While the Clinic has been providing healthcare for more than two decades, Youth Space was created in 2002 with technical and financial assistance from CARE Ecuador^{vi}. Key components of Youth Space include:

- Physical space for youth-focused services - The Clinic was remodeled to create a private space, separate from where adult services are provided, dedicated exclusively to young adults, especially young mothers, to receive sexual and reproductive health services.
- Staff with specialized training in the provision of care for youth – The staff at Youth Space are trained to recognize the unique biological, social and emotional factors affecting youth. They have experience offering SRMH services in a youth-friendly and non-discriminatory manner.
- Medical and non-medical services available to address youth's biological, social and emotional needs - Youth Space has a diverse, multidisciplinary professional team that collaborates to meet their client's needs. This includes medical professionals (e.g., pediatricians, obstetricians and gynecologists, internal medicine specialists and psychologists), social workers and administrators, all trained to provide youth-friendly services.

- Provision of SRMH and personal development information - The program prioritizes giving client’s access to high quality, up-to-date, non-judgmental information on sexual and reproductive health and personal development through counseling and educational workshops. Topics include: healthy pregnancy, personal development, self-esteem, effective communication with partners and family members, domestic violence, sexual anatomy and physiology, sexually transmitted infections, newborn care, and sexual and reproductive rights.
- Financial support to access services - Clients are charged a small fee to access services; however, in order to ensure this does not become a barrier to access, Youth Space applies a sliding scale that charges clients based on their ability to pay.

Before Youth Space was established, the Clinic served an average of 200 adolescent girls and young women per month and a 10 percent increase in clients was projected with the opening of Youth Space; however, by the end of the first year, Youth Space had seen an increase in clients of over 200 percent. Youth Space currently serves approximately 780 clients, including 40 to 50 new clients per month, representing a majority (60 percent) of the total clients at the Clinic.

Project Study

The LIFT-UP study sought to better understand if and how Youth Space promoted empowerment and improved health-seeking behaviors among youth^{vii}. Specifically, it aimed to explore the following question: *Does adapting maternal health services to the specific needs of adolescent and young mothers as part of a comprehensive and specialized health intervention empower these mothers and increase their use of antenatal care services?*

The study required the selection of indicators that reflected youth empowerment and were measurable in the study context. Using CARE’s Empowerment Framework (see Box 1) as a starting point, as well as

existing literature on youth empowerment^{viii}, indicators were identified to assess youth empowerment (see Table 1 on page 4). An overall empowerment indicator, which represented an aggregate of the key indicators, was also developed.

BOX 1: CARE’s Empowerment Framework

Agency: Related to personal actions and decisions, and includes: self-esteem, skills, education, employment, mobility and physical integrity.

Structure: Related to institutions, social norms and policies, and includes: marriage, parenting roles and responsibilities, citizenship, rights, justice, access to markets and political representation.

Relationships: Related to the form in which the agency and structure manifest themselves in personal interactions, and includes negotiation and concept of oneself and others.

Data were gathered through semi-structured interviews with 74 young mothers – 37 Youth Space clients between 15 and 25 years old and a comparison group of 37 clients between 15 and 25 years old that received care at two clinics in Cuenca that offer similar maternal health services.^{ix} Interviews included both qualitative and quantitative questions regarding empowerment and SRMH decision-making. To gain further insight into how the young mothers felt their experiences at their respective health clinics affected their sense of empowerment and antenatal care use, focus group discussions were held with a sub-segment of the youth interviewed. Quantitative analysis was conducted on demonstrated and self-reported levels of empowerment and antenatal care use. Specifically, bivariate regressions were used to measure associations between program participation, empowerment, and young mothers’ self-reported number of antenatal care visits to determine significance. The qualitative data then helped to better understand the identified links between program participation and empowerment, as well as clinic characteristics or activities that encouraged young mothers to seek care.

TABLE 1: Empowerment Indicators

Elements of Empowerment		Indicators
<p>AGENCY Related to actions, choices, and resources of individuals and groups when they take action.</p>	Knowledge	Knowledge related to <ul style="list-style-type: none"> • Contraception • Transmission of HIV-AIDS • Women’s rights • Antenatal and delivery services
	Skills	<ul style="list-style-type: none"> • New skills for communicating sexual and reproductive health with intimate partner • New skills for communicating with parents
	Self-Esteem	Greater demonstration of: <ul style="list-style-type: none"> • Self-confidence • Values and goals • Self-esteem
<p>STRUCTURE Represents the generally accepted ideas, institutions and “rules of the game” that constitute norms.</p>		Perceives that: <ul style="list-style-type: none"> • The clinic provides culturally appropriate and high quality services. • Adolescent-friendly spaces and activities are effective.
<p>RELATIONSHIPS Describes the quality of social interactions through which empowerment is mediated; the social channels through which changes in power relationships flow.</p>		<ul style="list-style-type: none"> • Better communication with parents • Improved capacity to negotiate with a partner • Better interpersonal relationships

Lessons

The analyses revealed strong associations between participation in Youth Space, empowerment, and increased use of antenatal healthcare services among young mothers.

Empowerment

The analyses indicated relationships between participation in Youth Space and empowerment, both with the individual empowerment indicators and at the aggregate level (See Table 2). The qualitative data highlighted that Youth Space clients attributed their empowerment (across the indicators) to participation in Youth Space, while young mothers in the comparison groups showed much lower levels of empowerment and rarely attributed this empowerment to the health clinic.

Increased Use of Antenatal Care Services

Analyses revealed a strong trend between a young mother’s participation in Youth Space and her use of antenatal health services ($p < 0.08$). In fact, nearly 90 percent of Youth Space mothers had attended at least seven antenatal visits, the minimum standard of care prescribed by Youth Space physicians, compared to 74 percent of comparison youth. The analysis also demonstrated that the global empowerment indicator and rates of antenatal visits showed a strong trend ($p < 0.08$) and that SRMH knowledge (an individual empowerment indicator) and rates of antenatal visits were statistically significant ($p < 0.01$).

These findings were corroborated by qualitative data. When asked why some young mothers

TABLE 2: Comparison of Empowerment Indicators and Participation in Youth Space

<u>Empowerment Indicators</u>	<u>Youth Space</u>	<u>Comparison Group</u>
AGENCY		
Knowledge (scale) [†]	10.82 ± 2.66	8.11 ± 2.58
Ability to communicate about all SRMH topics [†]	88%	43%
Self-esteem [§]	70%	42%
STRUCTURE		
They feel comfortable in the health center [§]	95%	74%
RELATIONSHIPS		
Relationships improved with family and/or partner [†]	95%	44%
Global empowerment indicator (scale)[†]	4.05 ± 0.77	2.80 ± 0.84

† - p<.001

§ - p<.01

attended antenatal visits more frequently than others, Youth Space and comparison focus group participants identified factors that closely aligned with the study’s empowerment indicators, namely: a sense of responsibility and concern for the baby’s health; access to information; confidence; support from parents and partners; and quality of care. Even though youth tended not to use the term “empowerment,” their comments reflected the empowerment indicators. This close alignment helped to reinforce the empowerment model guiding this study.

Participants reported that accessing care in a friendly space created exclusively for young people made them feel more supported and safe in their pregnancy. In the interviews, the clients expressed that they were satisfied with the quality of services

and had recommended the program to their friends and family. They also appreciated that the services were not expensive, and that the Clinic was flexible about payment schedules, with consideration of a youth’s particular financial situation.

Conclusions

The findings support the hypothesis that the integrated and comprehensive approach to SRMH services for young mothers implemented by Youth Space serves to empower them and promote better decision making around maternal health. The key elements of the Youth Space model that appeared most associated with promoting empowerment include: having a dedicated youth-only space, offering comprehensive health services (both medical and non-medical) and using educational workshops to provide young mothers with skills and information. This study suggests that a comprehensive youth-centered approach, like that utilized in Youth Space, may help overcome some of the barriers that often prevent young mothers from seeking or accessing care.

Recommendations

- Provide a space, separate from that for adult services, in which to provide care exclusively to youth. These spaces should be welcoming and respectful, and should guarantee confidentiality so that young people will access services without fear of being judged or of freely expressing their concerns.
- Emphasize partner and/or parental involvement within maternal health care service delivery for youth, when appropriate.
- Adapt services to the specific needs and circumstances of youth, keeping in mind their diversity and day-to-day realities.

- Employ multi-disciplinary teams that specialize in youth health and who approach care in a way that most effectively addresses the unique biological, social and emotional factors that affect the sexual health of young people.
- Approach youth sexual health in a holistic way through providing medical, psychosocial and educational programs and services that improve knowledge, communication skills, personal development and healthy motherhood practices.
- Design flexible payment systems that take into account the socioeconomic realities of youth and help remove barriers to access to quality health services for young women with limited financial resources.
- Continuously evaluate services using feedback from youth about the health services they need, their degree of satisfaction with current services, and their ideas about potential changes and improvements.

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ⁱ Study participants included pregnant females between the ages of 15 and 24, which includes both adolescents, defined by the World Health Organizations as ages 10-19, and young adults. The study uses the term “youth” or “young mothers” to encompass both groups.

ⁱⁱ LIFT UP, Leveraging Information from the Field to Transform US Policy, is a two-year initiative aimed at scaling up the impact of CARE’s advocacy for more effective and adequately resourced international health and development programs through the collection, analysis and systematization of best practices from the field.

ⁱⁱⁱ WHO, McIntyre, P., Williams, G., Peattie, S., Williams, A. (2002). Adolescent Friendly Health Services: An Agenda for Change. Retrieved November 28, 2011. http://www.who.int/child_adolescent_health/documents/fch_cah_02_14/en/index.html

^{iv} Hsu, H et al. (2010). Exploring the Effect of Sexual Empowerment on Sexual Decision Making in Female Adolescents. *Journal of Nursing Research*. Vol. 18, Issue 1. p 44-52.; M. Green and A. Levack, (2010). Synchronizing Gender Strategies: A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations, Report commissioned by USAID’s Interagency Working Group on Gender.; Transforming Gender Relations, Report commissioned by USAID’s Interagency Working Group on Gender. International Planned Parenthood Federation. (2010).; Haripriya, M., and Prasad, K. (2005). Reproductive Health Communication and Utilization of Health Services among Slum Women. *Women and Media: Challenging Feminist Discourse*, New Delhi: The Women Press.; UN (2006) prepared by Barker, G. Division for the Advancement of Women (DAW), Expert Group Meetings. Engaging boys and men to empower girls: Reflections from practice and evidence of impact. Retrieved November 28, 2011. <<http://www.un.org/womenwatch/daw/egm/elim-disc-viol-girlchild/ExpertPapers/EP.3%20%20%20Barker.pdf>>

^v While young men are not the focus of the services, as part of its comprehensive program for young mothers, the Clinic encourages the participation of the young women’s partners.

^{vi} CARE Ecuador has partnered with the Clinic since 1996 and provided support to Youth Space through the UNIVIDA project, financed by the European Commission.

^{vii} Certain methodological limitations of this research were considered when analyzing the study results including small sample sizes, the study had to rely on youth and adult *perceptions* of changes in empowerment because baseline data was not available, and the study interviews were conducted by CARE staff, which may have affected youth responses.

^{viii} Chinman, M.J., & Linney, J.A. (1998). Toward a model of adolescent empowerment: Theoretical and empirical evidence. *Journal of Primary Prevention*, 18(4), 393-413.; R. Lakin & A. Mahoney (2006). Empowering youth to change their world: Identifying key components of a community service program to promote positive development. *Journal of School Psychology*, 44 (6), 513-531.

^{ix} The research team conducted several analyses to ensure that the groups of young women were from sufficiently similar demographic backgrounds to enable a valid comparison.