Meeting the needs of young people for information and services related to their sexual and reproductive health is a worldwide challenge, particularly in countries such as Egypt where it is taboo for young, unmarried people to seek such information and services. Furthermore, adults and communities are often not equipped to respond to the needs of young people for accurate information and quality services. In 2003, Egypt began establishing youth-friendly clinics (YFCs) to fill this gap. These clinics are designed to ensure that there is adequate time and space for young people and health providers to interact, that trained peer counselors are available, and that hours and locations are convenient for young people. The plan for the clinics includes offering a wide range of services and referrals, as well as educational materials and group discussions. The goal is to give young people accurate health information so they can make responsible decisions.

YFCs in Egypt were started through a joint project of the United Nations Population Fund and the Egyptian Family Planning and Reproductive Health Association (EFPRHA), called “Meeting Adolescents’ Reproductive Health Needs in Egypt.” Under this project, the Ministry of Health established nine YFCs in government-affiliated teaching hospitals. By 2014, Egypt had 25 YFCs in 14 governorates run by either the health ministry or EFPRHA, serving both married and unmarried youth.

This working paper highlights selected findings from a recent study exploring the role of YFCs in providing sexual and reproductive information and services to youth in Egypt. The study showed that most clients who visited YFCs were satisfied with the information and services they received and were willing to return to the clinics. It also identified obstacles to overcome in order to reach more young people.

Study Methods
The study, carried out in collaboration with EFPRHA, consisted of a series of interviews with male and female youth, parents, and health care providers. In 2010, interviews were conducted in three communities, Mabara, Suez, and Damanhour (located in the Ismailia, Suez, and Behera governorates, respectively). The interviews included:

- Exit interviews with 140 youth clients, ages 15 to 24 (64 males and 76 females).
- Eight in-depth interviews with service providers (three physicians, two peer counselors, two social workers, and one nurse).
- Focus group discussions with 84 youth, ages 15 to 24 (45 males and 39 females). Focus group discussions with 80 parents (31 fathers and 49 mothers).

In 2011, the study gathered additional data on adolescents’ need for reproductive health by conducting interviews in the Cairo, Giza, and Gharbia governorates. The interviews included:

- In-depth interviews with 20 10th-grade students (12 males and eight females) who were supposed to have completed a science course in ninth grade covering reproductive health.
- In-depth interviews with 10 science teachers who taught the reproductive health course to ninth-grade students.

Why Are YFCs Necessary?
Egypt’s population is large and young. The number of young Egyptians ages 15 to 24 is estimated at 17 million, representing one-fifth of the population. Because of their curious nature and stage of life, these young people—married or unmarried—seek a range of sexual and reproductive services. The study showed that most clients who visited YFCs were satisfied with the information and services they received and were willing to return to the clinics. It also identified obstacles to overcome in order to reach more young people.
the respondents (97 percent) in all three locations (Behera, Ismailia, and Suez) were satisfied with the conditions of the buildings where the clinics were located. The majority of respondents described their discussions with service providers as “good” (74 percent) or “to some extent [good]” (another 16 percent). More than 80 percent described both the privacy and the treatment inside the clinics as good, although there were slight variations by location. In addition, the majority of the clients (92 percent) told interviewers that the cost was reasonable for them.

Whether a client would revisit a clinic is an indication of its success in providing appropriate services. Overall, 93 percent of clients said they would return to the clinic. In Behera, 90 percent of respondents said they would come back, and 100 percent in Ismailia and Suez would do so.

To assess how well the YFCs meet specific needs, Table 2 compares the needs indicated by youth in interviews and focus groups sessions with the services available at YFCs.

### Removing Obstacles to Reach More Clients

Because YFCs in Egypt are generally run under the umbrella of family planning services and the majority of clients are married, people are not fully aware that other services are available. The study revealed several obstacles preventing young people from visiting YFCs and seeking reproductive health information and services.

- Negative attitudes and misconceptions in the communities lead people to believe that discussing reproductive health issues is improper, deterring unmarried youth from visiting the clinics.
- Limitations on young women’s mobility prevent them from visiting YFCs.
- Young men often think they know everything and therefore do not need the YFCs’ services.

Overcoming these barriers is key to the success of YFCs in Egypt. The study showed that the young people who do visit the clinics are generally satisfied with the services they receive. However, these clinics need to expand their reach through better marketing and advertising strategies, and by addressing the negative attitudes and misconceptions about reproductive health issues in the communities. For example, youth suggested that trusted people (such as sheikhs and social workers) can play an important role in promoting the YFCs in their communities. The clinics could initiate this outreach in collaboration with the Ministry of Health and Population, the Ministry of Youth, the Ministry of Information, and the National Population Council.

### Which SRH Issues Concern Youth?

The study shows that issues related to adolescence and marriage are at the top of youth’s reproductive health concerns—although more so for young women than young men (see Table 1). The issues related to adolescence that respondents mentioned included puberty, menstruation, female circumcision, masturbation, virginity, and rape. Issues related to marriage included early marriage, marriage between relatives, marriage problems, illegitimate (urfi) marriage, love and engagement, and late marriage. The study also shows that young women are more concerned with issues related to pregnancy and childbirth, while young men are more concerned about issues related to sexually transmitted infections, impotency, and risky behaviors.

### Are the Clients Satisfied?

Overall, satisfaction levels are high among service clients. For example, more than 80 percent of respondents were satisfied with the cleanliness of the YFCs, and nearly all of the respondents (97 percent) in all three locations (Behera, Ismailia, and Suez) were satisfied with the conditions of the buildings where the clinics were located. The majority of respondents described their discussions with service providers as “good” (74 percent) or “to some extent [good]” (another 16 percent). More than 80 percent described both the privacy and the treatment inside the clinics as good, although there were slight variations by location. In addition, the majority of the clients (92 percent) told interviewers that the cost was reasonable for them.

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### TABLE 2

<table>
<thead>
<tr>
<th>Needs Expressed by Youth Clients</th>
<th>Services Provided at the YFCs*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information and educational programs on various reproductive health issues. Special camps and conferences for educated and uneducated young people. Reading materials such as books and magazines in the YFCs.</td>
<td>YFCs conduct outreach activities at schools, youth centers, and religious places, but more advertising is needed to inform young people about such activities. There are no camps due to limited resources. Books and other reading materials are available at YFCs.</td>
</tr>
<tr>
<td>Outreach and advertising about the various youth-friendly services that are available in the clinic.</td>
<td>Neither a strategy for outreach nor advertising about the services is available. The role of the clinic is not clear even among people living in the surrounding community.</td>
</tr>
<tr>
<td>Training courses for young people, given by peers, on how to face specific problems or risky behaviors.</td>
<td>Although no structured training is organized, physicians, social workers, and peers are available in the clinics to provide young people with information and advice.</td>
</tr>
<tr>
<td>Outreach activities by trusted people (i.e., sheikhs and social workers) to increase young people’s awareness of the YFC in their communities.</td>
<td>YFCs invite peers, social workers, and religious people to conferences to provide such information to young people.</td>
</tr>
<tr>
<td>Educational and information programs designed for specific age groups, tailored by gender, or targeting a particular time of life such as puberty or marriage. Involve youth in developing these programs.</td>
<td>Due to a lack of funds, YFCs’ awareness programs are not designed for the specific needs of different groups. For example, such programs are tailored mainly for educated young people but not those who are illiterate. YFCs have peers who provide clients with some information, but the peers do not participate in program development.</td>
</tr>
<tr>
<td>Mobile clinics to make youth-friendly services more accessible.</td>
<td>The YFC provides services at a fixed site. They sometimes have mobile units for HIV/AIDS services.</td>
</tr>
<tr>
<td>Great community acceptance of youth-friendly services.</td>
<td>The family planning services are acceptable to the community, but the YFCs’ other reproductive health services are not.</td>
</tr>
</tbody>
</table>
| Assistance for young people in the marriage process, including financial support. | YFCs do not provide financial assistance to clients. The clinics do provide medical tests and educational information related to marriage and sexual life in the following areas:  
  - Premarital medical testing.  
  - Gynecological information and services.  
  - Dermatology information and services.  
  - Counseling. |

*Based on reports by service providers and study observations.

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**Reference**


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- Cairo University Study Shows Mental Ill-Health During Pregnancy Is Associated With Spousal Violence, by Rehab Abdelhai and Hanan Mosleh
- School-Based Reproductive Health Education Among Adolescent Girls in Alexandria, Egypt, by May M. Tawfik, Omneya G. El-Sharkawy, Mohamed A. Abdelbaqy, Sara A. Hanafy, Shehata F. Shehata, Adel Malek, Ibrahim Kharboush, and Hanaa M. Ismail
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