Understanding Reproductive Health needs of Serbian Youth

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Marija Pavlovic
This work is dedicated to my children

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ABBREVIATIONS:

RH- Reproductive Health

STD-Sexual Transmitted Diseases

SY-Serbian Youth

YFHS-Youth Friendly Health Services

RHR-Reproductive Health Rights


RSHR- Reproductive and Sexual Health and Rights

HS-Health Services

GP-General Practitioner

NGO-Non Government Organization

ESPAD-European School Survey on Alcohol and Other Drugs

WHO-World Health Organization

HCW-Health Care Workers

NSYDH-National Strategy for Youth Development and Health
FGD-Focus Group Discussion
HIV- Human Immunodeficiency Virus
AIDS- Acquired Immune Deficiency Syndrome
UN- United Nation
ICPD- The International Conference on Population and Development
1. Introduction

Being young and healthy with many possibilities is such a good feeling. Maybe I was too optimistic but I grow up with this feeling in the former Yugoslavia. That was Yugoslavia before the last war.

I am used to read newspaper every morning before going to work and taking my kids to school (kindergarten). Like never before I am reading more and more articles about children and young people. Never before I have done such kind of reading but, I notice now, as I became a mother, I got more interested in it. I began realizing that children and young people do not have the same life conditions as we had just twenty few years ago in Yugoslavia. It is however possible the problem existed even than in society, but not mention in the media. My personal experience with my friends and people around me is not able to support this statement (Data before 1991 were not checked out for the propose of this study). I felt really bad reading about violence in schools (physical and mental). Newspapers issued warnings about increased number of pregnancies and abortions among teenage girls as well as about unsafe sexual behavior. The focus is primary on the use of condoms and one gets impression that condom´s use is getting better and better (National Health survey 2013-Serbia). Safe sexual behavior is not connected only to condom´s use. Many different factors determine sexual behavior. Socio-economic status, attitude towards personal responsibility, trust in physicians, rest, and knowledge are some of the different factors which are determining sexual behavior (1). Today it is evident that young people are entering into sexual intercourses earlier than before and have an increasing number of sexual partners. This phenomenon among Serbian youth also will be addressed in this thesis.
Many other problems, like unemployment and young people leaving country, are present there and they are connected to each other. I also heard story about the problems of students, who were no longer interested in learning and performing their duties. All these problems intertwine and it is difficult to say which one is bigger or more important or even more significant.

Personally, it was not difficult for me to choose a topic which I was supposed to do my master on. As a medical doctor and mother I could choose only topic about Reproductive health for me most relevant and interesting one.

1.1 Rationale for the study

Young Serbians and their sometimes inappropriate reproductive health (RH) behavior (early initiation into a sexual activity) and poor knowledge (a poor understanding of sexual transmitted diseases (STD) and contraceptive protection) in this field may result in immediate health problems such as STD and unwanted pregnancy as well as cancer in later life (2, 3, 4, 5 and 6). Aim of this study is to:

Understand and identify Serbian youth RH needs which are necessary to achieve good RH.

To be able to understand and identify Serbian youth (SY) (The UN Secretariat uses the terms youth and young people interchangeable to mean age 15-24 (7)) RH needs study will focus on specific research objectives:

- To get youth’s opinion about factors which necessary to meet their RH needs
- To identify their knowledge about Youth Friendly Health Services (YFHS) in their community
- To identify conditions required for increasing attendance to YHFS and thus to increase possibility to meet young people RH needs.
• To find out how SY understand the term RH and Reproductive Health Rights (RHR).

Young people need to learn basic RHs concepts and need to understand their rights. Getting to know these topics creates a safe place for young people to form their own opinion and values. The knowledge empowers them. Empowerment gives them the ability to make better decisions about their health.

1.2 Structure of the thesis

In the chapter two focuses is on backgrounds information about Serbia and Serbia’s demographic profile, health system, education system as well as health status of SY. This chapter also will review available literature on RH situation among SY. The third chapter discusses methodology used in this research project as well as study site and reflexivity. Chapter four and five go in for discussion of findings, and researcher will try to answer the research question (objectives) in these chapters.
CHAPTER 2
2. Background, literature review and theoretical concepts

2.1 Background

Map of Serbia (8)

Serbia is South-East European country. Until 1991, country was a part of Yugoslavia which collapsed that year, but many different conflicts in the area of former Yugoslavia existed until 2000. Constant conflicts in the area and in Serbia have led to the impoverishment of the state and individuals. Economic and political instability as well as steady increase of refugees from other parts of former Yugoslavia weaken the country and its ability to successfully cope with problems. In difficult times, young people are most affected. Year 2000 happened important political change in Serbia,
change that led to the transformation of the economy. Economic transition started in Serbia (9). People were exhausted from the events in the area and many expected that the transition would lead to a better life immediately, unfortunately this was not possible. Major economic changes have led to social differentiation. The middle class, which was the strongest slowly, loses, older people go into early retirement, middle-aged men are losing their jobs and have difficulty finding new. They spend more time home, without payment, career opportunities, full of anxiety and uncertainty. Young people find it difficult to find work after finishing school and college. In such an environment it is difficult to motivate young people to learn well and finish school and college on time. Young people lose their life optimism, faith that they can achieve their goals, and their confidence is very low. One gets the impression that the whole society suffers because of a lack of money, lack of optimism, and without faith in the future. From a safe and promising country (former Yugoslavia) after several difficult years Serbia has become independent country burdened with many problems. According to the Ministry of Health of Serbia and many different studies, all these events led to health problems in Serbia, particularly vulnerable group are young people under 14 and those between 15 and 24 (5, 24, 27, 28, 32 and 33).

2.1.1 Demographic profile of Serbia
According to statistics 1.1.2015 Serbia has 7 111 393 inhabitants. From 2002 to 2009 population decreased by 179 000 inhabitants (10). The average salary in the Republic of Serbia in February 2011 was 49394 Serbian din and in August 2015 was 61 538 Serbian din (500 euro) (11). It seems like a significant increase in salary; however this is not the case, not a real significant increase in euros and not in customer’s purchasing (buying) power. For the average consumer basket, calculate by EU Methodology, family should have more than 500 Euros- 67 481, 88 Serbian dinars (12). The literacy rate (%) in population >15 of age is 98.1 (13). Primary education is compulsory in Serbia and it covers all children after six years of age. Primary and secondary education is free, although parents have to buy the necessary books and supplies. To the disintegration of former Yugoslavia, many identified themselves as atheists. Tito’s Communist Party was strong and powerful and it was not desirable to identify as a believer. After the breakup of Yugoslavia, there were changes. Serbs began to be more interested in their Orthodox roots, and began to apply the customs related to their faith and their orthodox church. Today, 84.6 % of the populations are Serbian Orthodox, 5 % are Catholics, 3.1 % are Muslims and 1% are Protestants (13). It seems that religion has become more important after the war in this region, war in Yugoslavia. The conflict has awakened and reinforced the religious diversity among the residents of Former Yugoslavia. Today is not easy to be a Serb Orthodox in Croatia or the Croatian Catholic in Serbia. Muslims generally live in Bosnia. But one gets the impression that the situation in this area is getting better as the years go
by and wartime events are more distant from us. According to World Bank- "Growth in Serbia for 2015 is projected at 0.5%, (a small but important recovery of economy after a severe impact of floods in 2014 which led to a decline of economy of 1.8% in 2014). More robust growth rates of around 2-3% are forecasted over the medium term.” The Economist means that Serbian government has pushed through difficult reforms to improve the business environment and in early 2015 reached agreement with the IMF (International Monetary Fund) on a new reform program (14).

2.1.2 Serbian Health System

The network of health facilities that exist in Serbia today is state and private owned. The network of state health services is organized into three levels of service delivery, primary, secondary and tertiary level (15). Primary care includes health care services or house of health, which are among other things responsible for the health prevention. To the health services are coming all the inhabitants of Serbia, from babies who need to be vaccinated to the elderly people who need basic health care. There are working general practitioner GPs and every citizen has the right to choose its. Services are listed as free, covered by mandatory health insurance, but those who are older than 18 have to pay participation. Within these services, there are counseling services for youth –Youth Friendly Health Services (YFHS). YFHS work with youth who are between 10 and 26 years of age. They usually have opening hour’s from 10 a.m. until 8 p.m. Medical examination or/ and conversation are scheduled in person or by the phone. Here are held educational seminars on
protection of RH, proper nutrition, smoking prevention and prevention of the use of psychoactive substances. The team that works here are a pediatrician, nurse, psychologist, gynecologist, physician. YFHS services are free. According to data from 2008, 42 YFHS existed in Serbia.(16,17). The total number of public health institutions (health centers, hospitals, clinical centers) in Serbia in 2007 was the 301, while ten years earlier; in 1997 this number was 228 (18). According to the Institute of Public Health of Serbia, the number of private health institutions is 5000. Their services must be paid and are not covered by compulsory health insurance. These are mostly small private, highly specialized medical practices, dealing with western and sometimes or some of them with alternative medicine. In 2009 were 2.11 physicians/1,000 populations in Serbia. In 2011 were 2.84 physicians/1,000 populations in Croatia. In 2012 were 3.1 physicians/1,000 populations in Hungary (13).

2.1.2.1 Youth Friendly Health Services

Global health organizations, including the International Conference on Population and Development Plan of Action, the Maputo Plan of Action, and the World Health Organization, (WHO) have called for the development of youth-friendly health services worldwide. (19, 20) YFHS are meant to be institutions that are able to meet the needs of young people, to understand them and to provide them with security and confidence (21). Serbia, with the support of UNICEF between 1999 and 2000 has developed a model of health services for young people. These services are
integrated into primary health care of Serbia (22). The scope of these services in Serbia includes the following:

" * Health education group work with adolescents.

* Individual counseling sessions with a preventive medicine specialist, psychologist, pediatrician or gynecologist.

* Diagnosis and treatment of reproductive health problems in male and female adolescents. “(22).

In 2003 (data from the report) was 30 YFHS integrated into primary health care in Serbia. 2008 was 42 YFHS (16) Presence of the YFHS in urban as in rural area contribute to reproductive health improvement. The idea is to make them accessible and visible to young people. One study conducted in 2013/2014 in the USA underline that programs that promote access to and uptake of adolescent sexual and health services are most effective when adolescent-friendly facility-based approaches are combined with community acceptance and demand-generation activities. More research is needed to determine how best to deliver sexual and reproductive health services outside the facilities, especially to vulnerable and marginalized populations, according to this study (19).
2.1.3 Health status of the young people in Serbia

The United Nations, for statistical purposes, defines ‘youth’, as those persons between the ages of 15 and 24 years (7). Youth (young people) is best understood as a period of transition from the dependence of childhood to adulthood’s independence. That’s why, as a category, youth is more fluid than other fixed age-groups. Yet, age is the easiest way to define this group, particularly in relation to education and employment, because ‘youth’ is often referred to a person between the ages of leaving compulsory education, and finding their first job (7). According to available data of the Republican Bureau of Statistic of Serbia, young people aged between 10 and 24 make up 16.06 % Serbian population (1.143 171) (23).

Apart from the health problems in the field of reproductive health (which will be discussed later in the thesis), young people in Serbia today are faced with a range of other issues related to health. One gets the impression that their health’s problems are related, influences each other, and is due to the difficult period through which the Serbia past or is still undergoing. According to data from The European School Survey Project on Alcohol and other Drugs (ESPAD) drinking in our country is lower in comparison to some countries in the region Croatia for example, but higher compared to Scandinavian data (The overall aim of ESPAD is to collect comparable data on substance use among 15–16 year old students in as many European countries as possible). 57 % of all European school students used alcohol past 30 days. In Serbia 52% of all students used it last 30 days, in Croatia 66%, in Hungry
61%, in Montenegro 38% and finally Norway 35% and Sweden 38% of school students age 15-16 used alcohol past 30 days (24). 39% of all school students included in this big European survey in 2011 had heavy episodically drinking last 30 days, 36% of Serbian 15-16 years old, 54% Croats, 45% Hungarians, 27% Montenegrins, and finally 30% Norwegians and 31% young Swedes age 15-16 (24). Past-30-days use of alcohol and heavy episodic drinking were reported less frequently than average in Montenegro, Norway and Sweden, almost average in Serbia and above average in Croatia and Hungary. Heavy episodic drinking could lead to poor health and sometimes criminal behavior (25). Many unwanted sexual contacts and rapes took place under the influence of alcohol. It is less likely that young people will use condoms under the influence of alcohol. All this raises the possibility of the occurrence of unwanted pregnancies and STD. Globally; drinking patterns among Serbian students do not differ much in comparison to the ESPAD average. However, it is still far from the situation in Scandinavia, which is better than European average.

World Health Organization (WHO) published in 2012 information on suicide worldwide. Every year, more than 800 000 people die by suicide – one person every 40 seconds. It is a public health issue that affects communities, provinces and entire countries. Young people are among those most affected; suicide is now the second leading cause of death for those between the ages of 15 and 29 years globally according to WHO (26). Global age standardized suicide rates per 100,000 was 11.4
in 2012 (26). In Serbia in 2012 was age standardized suicide rates 12.4 per 100,000 and this is a -32.4% age standardized change since 2000 according to WHO. Suicide rate among young people age 15-29 was 5.7 per 100,000 in Serbia in 2012. This is great improvement if we compare data with data from 2007. The suicide rate among young Serbians was 9.0 per 100,000 in 2007 (27). In Croatia this rate among young Croatians age 15-29 was 8 per 100,000 and In Macedonia 2.1, in Greece 3.0. This data coincides with the global trend which shows that despite the increase in the global population between 2000 and 2012, the absolute number of suicides has fallen by about 9%, from 883 000 to 804 000 worldwide (26).

2.2 Reproductive Health – Situation among SY – a literature review

In this study we seek to examine and understand the needs of the Serbian youth to maintain good reproductive (RH). Definition RH of WHO is:” Reproductive health is a state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive processes, functions and reproductive system at all stages of life.” Good reproductive health implies that people are able to have a satisfying and safe sex life, the capability to reproduce and the freedom to decide if, when, and how often to do so. (Young) Men and (young) women should be informed about and have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and the right to appropriate health-care services that enable women to safely go
through pregnancy and childbirth. A literature review is performed in 2009 before research proposal was written. Additional literature review was done this fall (2015).

2.2.1 First sexual experience (penile-vaginal intercourse)

The research conducted between 1999 and 2001 in Belgrade, Nis, Podgorica and Banja Luka (Podgorica is in Montenegro, but then, Serbia and Montenegro were one country, Banja Luka is in Bosnia, mainly Serbs live there in this town) on 1101 young people aged between 13-25 showed the following: Boys had their first sexual intercourse with 16.7, while the girls had it with 17.8 years. The data of this study do not coincide fully with similar research, probably because they included other areas and not just Serbia (28).

In period December- January 1999/2000 was conducted study on sexually behavior among 169 young Serbian (First and fourth high school grade- 15 and 18 years old), small sample. First sexual intercourse was 15.6 for boys and 16.5 for girls (29). Delva and co from International Center for Reproductive Health conducted a study on 2150 urban high-school students in Serbia, Bosnia and Macedonia. The main age at sexual debut of sexually active is 15.5 for boys and 16.3 for girls. Study is conducted in December 2004 (30).

Another study from February 2008, which was conducted in Belgrade, included 292 students (again small group of students) from the 1st and 5th Belgrade Gymnasium and the High School St. Sava showed following results (maybe the group was not big
enough). The average age of entry into sexual intercourse was 15.7 years for boys and 16.5 years for girls (31). This study has shown another interesting fact, namely those students with poorer results at school usually engage in sexual relations before others do. A little bit bigger study conducted this time in Vojvodina (northern part of Serbia) on 933 high school students in 2008, showed almost the same results. Boys had first sexual intercourse with 15.8 years of age and girls with 16.38 years of age and an average for both sexes of 16.1 (22). Provided data could be interpreted as early beginning of sexual activity with longer active period before realization of the reproductive function, which increases risk for reproductive health disorders. Additionally unprotected sexual intercourses and large number of partners increases the risk of RH troubles.

Finally, According to the (October- December 2013) National Survey (19079 participants, 13.7% of those were between 15-24 years old), 33.1% of the young people in Serbia aged 15–19 engaged in sexual intercourse, significantly more boys than girls (39.9% against 25.7%). Compared to 2006 National Survey, there was an increase of 4.1% of young people aged 15–19 who engaged in sexual activities. The median value of engaging in the first sexual intercourse among young people aged 15–24 has not changed compared to 2006 National Survey, and it is 17 years (32).
2.2.2 Use of contraception among Serbian youth

The study conducted on 169 high school students from Serbia in 2000 shows that one-third of sexually active participants used some type of protection always (34.4%). 29.5% use some type of contraception almost always, 27.9% seldom and 8.2% never used contraception (29). Data from this study shows that boys (41.9%) use more frequently condoms than girls (26.7%). During the first sexual intercourse 74.1% young people used protection, mainly condom (75.9% boys and 72.3% girls). According to this study the condom is most commonly used protection. Fertile days are the type of protection holding the second place, says this study, all other are less frequent.

Eight years later in 2008 in Belgrade contraception’s use among high school students was examined -292 participants from three secondary schools. The semi-structured questionnaire about adolescents’ knowledge, attitudes and behavior about RH was filled in by participants in presence of a student-investigator who provided assistance when necessary. It was a small number of participants in this study, which gave a good result. 83.7% participants always use some kind of contraception, 10.2% almost always, 6.1% of participants use not contraception during sexual intercourse (31). Results are published in 2010 (surprisingly good results).

A survey which included urban high school students from Bosnia, Serbia, Macedonia and Montenegro was done in December 2004 and had 2150 participants.
This was cross-sectional survey which used self-administered questionnaires and was conducted by International Centre for Reproductive Health. Condom use at first sexual contact was relatively frequent, it did not significantly differ between boys 73.7% and girls 69%. However consistent condom use with the current or last partner was reported by only 64.3% of boys and 48.5% of the girls (30).

Out of the total number of young people aged 15–19, who, in the year preceding the National Survey in 2013, engaged in sexual activities with occasional partner, 73.8% used condom during the last intercourse. Boys engage in sexual intercourse with occasional partners significantly more than girls (19.7% against 3.4%), but they also use condom much more often (76.4% against 58%). In the population aged 20-24 participated in National Survey 70.3% used condoms during last sexual intercourse. National survey indicates that use of condom with occasional partners is reduced with age and it is significantly less practiced in women with lower educational status.

While presenting good condom use with current or last partner, the use of oral contraception is unfortunately very low max 10.6% -Bosnian girls (Balkan study which included Serbia too, Bosnians girls came out with best result in oral contraception’s use). This study point out sharply contrast with data from Belgium and Netherlands (63% and 73% oral contraception use among sexually active high school girls from those countries), (32).
One should be cautious when analyzing those results contraception, particularly on condom use. Figures from those studies represent relatively high condom use during the last sexual intercourse and not all studies are exploring condom use during a fixed time interval-consistent condom use. Probably such kinds of studies need to be conducted. The big study from 2004 presents that consistent condom’s use was present among 64.3% in boys and 48.5% in girls. While in a small study done in a Belgrade in 2008 this result was much better. Here is presented very low use of oral contraception among girls in the Balkans and Serbia as well.

2.2.3 Adolescent pregnancy, Sexual Transmitted Diseases and National Strategy for youth development and health

Government of Serbia with support from UNICEF has developed and accepted National Strategy for Youth Development and Health (NSYDH) in 2006. The Strategy underlines the need to provide all young people with a set of healthcare services that are confidential and with a high-quality, based on youth needs, and provided by motivated, friendly and educated health professionals in a safe environment, where young people will have a key role in planning, implementation, monitoring and evaluation.

According to data from NSYDH estimates, during each calendar year there are around 50 pregnancies per 1000 girls aged 15–19. The size of this health and psychosocial problem in the Republic of Serbia is illustrated by the fact that in same
age group in Holland there are 7 pregnancies and 28 in Great Britain, a country that has the worst health state indicators of adolescent populations in Western Europe (33). There is no reliable data on the scale of deliberate abortions (33). Condom use at first sexual contact or at last intercourse was relatively high and not significantly different between boys and girls. Thus the question is how such a large number of pregnancies among young girls in Serbia exist. The explanation is probably connected to the low oral contraception use and not so considerable consistent condom use. However this phenomenon requires clarification through additional nationwide survey which needs to include youth from rural high schools as well. This recommendation comes from Delva - International Centre for Reproductive Health too, Delva conducted the big study on 2150 students from urban high schools (30).

On average young people who are sexually active has knowledge about three STDs. Studies conducted in Serbia as well as NSYDH highlighted that youth need to improve their knowledge about sexuality and reproduction (4, 5, 6, 33 and 35). The most common and best known disease was AIDS (22) In addition to HIV/AIDS they frequently mentioned gonorrhea and syphilis. They are significantly less likely to know about genital herpes, chlamydia, trichomonas, candidiasis, genital warts, hepatitis B and cytomegalovirus (6). However the problem of STD among young people in our country is not completely clear because of the incomplete registration of these diseases in Serbia (35). Today’s generation of youth is the largest in the World history. According to UN definition young people are those aged 10-24, adolescent
10-19 and youth aged 15-24(7). Younger than 25 years are nearly half of the global populations (36). They are endangered by early sexual intercourse, early pregnancy, STDs including Human immunodeficiency virus (HIV)/AIDS, which can affect their future life, education and well-being. Trend is likely to increase (37). This year has Serbian Government adopted additional strategy-National Youth Strategy 2015-2025 which has the goal (one of the goals) to improve health and well-being of young women and men. Specific goal of the Strategy is to develop programs for health promotion and prevention of risky behavior among the Serbian youth (38).

2.2.4 Reproductive Health- What is next?

Canadian government settled “Balkan youth and health “project with the attention of improving RH in Serbia (39). During 2007 and at the beginning of 2008 they induced the youth from rural as well as urban areas of Vojvodina (part of Serbia) mostly from refugees, gipsy and low-income population to express their needs in RH field and to offer possible solution to the problems (40). From focus group discussion they realized that young people want to be informed more about RH, they would like to address RH problems to “somebody”, need to talk about RH, but they think that even adults have no adequate knowledge on this topic. They suggested that is crucial for the school to be involved and to inform them either through sexual education or through workshops and tribune. They pointed out the importance of YFHS being out of health centers. They need premarital counseling, SOS
telephones, free condoms distribution as well as more information through media.

Education for parents is desired with attention to break their conservative attitudes about RH issues. From Health Care Workers (HCW) they want to be respected and treated with confidentiality (40). Almost the same needs regarding RH come from the other part of the World, Nepal. The needs assessment confirmed that young people lack adequate knowledge and information regarding anatomy, physiology, reproductive processes, and sexuality (41). The needs assessment also shows that services are not easily accessible to young people, mainly because providers often have judgmental attitudes towards adolescents who seek services. Providers’ reluctance, discomfort, and judgmental attitudes extend not only to unmarried youth, but also to married adolescents, a large proportion of who have no access to services. At the 4th Asia-Pacific Conference on RSHR one speech underlined that “young people are voicing their needs and aspirations louder and louder—are we brave enough to listen?” (42). It has been said that they have sex for pleasure, but have no possibilities to truly enjoy it because of conflicting messages and norms.

Main message sent from the speech of Arushi Singl was that without involvement of youth we are not in position to achieve universal access to sexual and reproductive health services. Involvement should occur from the very beginning, starting from a program design (42). Adult RH program stakeholders often believe that they are able to understand the needs of the youth and have capacity to recognize what is the best for them. Unfortunately there is a big knowledge and understanding gap between
program owners and target population (40). An opinion held for a many years by RH experts is that we need to assess the needs of youth because they can understand their problems in the best possible way (37, 43).

2.3 The Educational system in Serbia

Serbia’s education system includes: elementary (primary) education (grades 1-8), secondary education (grades 1-4 or 9-12) and higher education. Primary education or primary school lasts for eight years and is attended by children who are at least six and a half years old or maximally seven and a half years old. Before entering primary school a child should pass a medical examination and interview with the school psychologists whom assess the psychophysical capabilities of the child. School psychologist may propose an enrollment of the child into the first grade or delay the enrollment for one academic year. In the Serbian school system, there are also primary schools for children with special needs. A recommendation for a child to attend a school for children with special needs is provided by practitioners in the health center. In Serbia there are schools for ballet and music education that children can attend in addition to regular primary schools. This type of education is not mandatory and children are enrolled on their own initiative, after passing an entrance exam. Regular elementary education is compulsory in Serbia and all children have the right and obligation to attend it (44).
Secondary school education in Serbia is realized through secondary vocational schools and gymnasium. It provides general or vocational or artistic education. This type of education in Serbia is not compulsory. People who finished primary school can enroll in the first year of high school after passing the final examination after the primary school (44).

Higher education is gained at the faculties, art academies and universities of professional studies. The entrance examination is required and it determines whether a person can enroll in a preferred institution or not. While the primary and secondary education is free, higher education in some cases requires funding. A certain number of students are financed from the budget of the Republic of Serbia while others must provide personal funds (44). In Serbia there are private primary and secondary schools and private higher education institutions. People who attend them have to provide personal funds to finance this kind of education. As shown in this part of the thesis elementary education in Serbia is compulsory. This opens up the possibility of introducing compulsory education in the field of RH. Articles from Serbian newspapers indicate that suggestions for such a kind of education exist in Serbia today.

2.4 Summary

Good reproductive health as well health in general is a key element of a happy, satisfied, fortunate and fulfils life. Substantial number of young people experiences the negative health consequences of early, unprotected sexual intercourse-
unwanted pregnancy, unsafe abortion and sexually transmitted disease. Many different studies from Serbia confirm early onset of sexual activity-sexual intercourse and high number of sexual partners and low oral contraception use among young sexually active girls as well as low consistent condom use especially among girls. This model of behavior makes them especially vulnerable for STD including HIV and unwanted pregnancy. Different study show different result on condom use. Condom use at first and at last sexual intercourse was relatively high, with consistent condom use only 64.3% in boys and 48.5% in girls. An additional National survey could offer an explanation. Problem of STD among SY is not completely clear because of incomplete registration of these diseases. Serbian government has recognized challenges which are associated with these phenomena. The Government has adapted to Strategies for young people. The last one is verified this year. Challenges to achieve and maintain good health might not seem to be as big as in some African countries, but are bigger than for example in Northern Europe.
CHAPTER 3
3. Methodology

Chapter three will be used to discuss methodology employed in this study. Study design and the research approach should be described first. We move on to the description of study site and study population (study participants). The data collection methods will be present and discuss as well with an emphasis on strengths and limitations. The ethical consideration needs description. Getting ethical clarification was an important part of the study which has to be shown and described here. At the end of this chapter we move on to reflexivity.

3.1. Study design

This is a qualitative research study. Semi-structured interviews and focus group discussions (FGD) were used to collect information from high school students from Serbia.

The aim of this study is to understand and identify SY reproductive health needs which are necessary to achieve good RH. Bickman and Rog highlight three kinds of goals (aims) for doing a study in their book about research methods, personal goals, practical goals and intellectual goals (45). My personal goals were described at the beginning under introduction and overlap both practical goals and intellectual goals and they are focused on understanding needs of young Serbians for achieving good reproductive health.

A qualitative approach was chosen in this study over quantitative approach for two reasons. The first one is a sample size and the second is that qualitative research studies can provide us with details about human behavior, emotion, and personality characteristics and thus allow us to gain a better understanding of the RH situation among young Serbians (46). The literature review was done and the topic which is
explored in this study has not be previously explored in Serbia, and thus through this qualitative research study will be able to both answer to my research question and to generation new information about SY and their health, particularly reproductive health.

3.2 The study site and research participants

3.2.1 The study site

My study occurred in Serbia in the city of Belgrade as well as in the city of Kragujevac. Belgrade is the capital of Serbia and two million people city with a lot of high schools and a couple of public and private Universities. A positive side of Belgrade is that youth from very different backgrounds live there, and I tried to collect them. But negative side can be that the youth from Belgrade are better informed then the youth living in rural areas. A lot of refugees from Yugoslavia live in Belgrade today. Their children go to school there and it is thought that they influenced Belgrade to change its profile a bit.
Kragujevac is a city with around 200,000 people. The city is placed in the middle of Serbia. This city used to be the capital of Serbia from 1818-1842. This city has a university, as well as numerous High schools. The first Kragujevac Gymnasium is located in this city. It was founded in 1833 and it is the oldest Gymnasium in Serbia. This school was based in a building where it is today since 1887. This school (or its students), which is in the picture above has been involved in the research as well. The city located in the center of Serbia has received a large number of internally displaced persons from Kosovo (Serbs from Kosov). Kragujevac is also the city which was badly hit by transition. Car factory – “Crvena Zastava” is placed in the city. This factory works badly today and that is the reason why many families live with low-income. A large number of internally displaced persons and the poor economic situation are some characteristics of this city today. The city in some way and because of its problems represents probably a true picture of Serbia.

3.2.2 Research participants-sample selection and size

Subject selection in qualitative research is purposeful; participants are selected who can best inform the research questions and enhance understanding of the phenomenon under study. In qualitative research, however, the sample size is not generally predetermined. The number of participants depends upon the number required to inform fully all important elements of the phenomenon being studied. (47). This study had together 12 focus groups discussions with a total of 70 participants (For the focus groups discussions I included the maximum of 6-8 participants in focus group’s discussions). 5 focus groups discussions were organized in Belgrade and 7 FGD were organized in Kragujevac.

Semi-structured interviews have been placed in Kragujevac and included 20 participants (20 is planned, accomplished is 18). My participants have been from 2
Belgrade’s High-schools and 2 Kragujevac’s High-schools as well as an institution for children without parental care was included too.

Young participants were between 16-19 years of age. Origin, national or religious affiliations were not important to participate in the survey. It was important only if they wanted to participate or not. Those who signed up were able to leave the focus group or interview whenever they wanted. In order to enter the school and work with young people, I had to talk with the school principal first. They sought approval from the Ministry of Education that such kind of research might be applied at school. Upon written request and submission of project proposals, I have received an approval from the Ministry. The Ministry has informed me that they want to have the results of the research when they are published. After obtaining approval from the Ministry, I was able to return to school. School principals then sent me to school psychologists and/or teachers who continue to inform the students. They informed them verbally and through posters. Students were able to sign in on the paper if they wanted to participate. I would call them after (by phone) and again ask the same question, if they wanted to participate or not. Students did not have any obligation to participate in the survey. Questions and information consent was tested with the first group of students. The important thing to me was whether the questions were clear, understandable and whether they felt uncomfortable to answer them.

At the beginning of each conversation, both FGD and semi-structured interview (though there sometimes was same participants), I tried to explain the reasons for the research. They had 15 minutes to read the information consent and (if agreed) to sign the consent.

After the conversation in the focus group I asked them the question of whether someone wanted to say something else/more. I gave them the opportunity to contact me by the phone if they had to tell more in an interview. I personally and after
rehearing audio recordings, called and asked some students (2 of them) if they wanted to come in an interview, which according to my opinion had more to say. It was shown in the fact that it was bad assessment, they just were introvert. There were a few participants (4 of them) who chose both the FGDs and the semi-structured interview. However, most of them have signed either for the interview or for the FGDs.

3.3 Data Collection methods

3.3.1 Involving Focus group discussions

“Focus group is the use of group interaction to produce data and insights that would be less accessible without interaction found in a group” (48). The advantage of using focus group discussion is that face-to-face involvement of a moderator can ensure that the conversation is always on track, and encourage participant’s engagement without one individual dominating the meeting. Other advantage is that moderator can modify the topic prepared before discussion to make it more suitable for the purpose. FGDs are spontaneous and do not expect participants to give answers on every question (49, 50, 51). Disadvantage is that findings may not present the view of larger segment of the population (49, 50) and Individual responses are not independent of one other and may present opinion which acceptable among other participants (52)

FGD are expected to bring knowledge about young people’s RH needs and their understanding of RH terms and RH rights. I expected to get information about available health services (HS), (YFHS are part of HS) which they are informed about, and to get to know if and how participants use them. I tried to use groups with only boys or only girls (original idea which was rejected, young people did not have problem of being together), of the same age and background. I did not want anybody to dominate the group and to take control over the conversation (49). A good relaxed
environment built with trust can help participants to be eager to tell their points of view. If I felt that a person wanted to tell me more but was afraid to, I would invite that person to the interview. I brought a couple of topics for discussion, but because of RH issues that can be specific for different age and gender groups, I tried to be open to redefine topics if needed. I wanted some RH expert from Serbia to help me after FGD and to respond to participants’ questions in a case they had them. Unfortunately it was not possible to have them (the experts) all the time with me after every FGD. That is way I copied a small booklet on reproductive health, which I received in the YFHS and shared with the youth. I thought I was obliged to do so (especially when the experts were not with me). I found these to be ethical issues because I probably stimulated their need to be better informed, to know more and if it was so, I wanted to respond. I am not an RH expert and thus not a perfect person to inform them. Focus groups were organized during regular classes. When the case was different, we used to arrange some time which fitted all participants. Young people are most consistent with the afternoon. They were late to FGD very often, but not always. Although the original idea was for the group to involve only boys or only girls, the idea which was rejected, I therefore tried to combine them (boys and girls). All were equally represented in the conversation. One gets the impression that nobody dominated the conversation, neither girls nor boys. The focus groups were held in schools. Interviews were audio-recorded, after receiving approval from the participants. Young people voluntarily reported that they want to participate in groups after receiving an oral notice of the study. There was their phone numbers circled on the left side of the paper. I have contacted them and asked if they want to participate.

3.3.2 Involving a Semi-structured interview

At the beginning I tested my interview questions to two or three young people with a desire to adjust them to be as suitable as possible. The interview that I used for testing I used in further analysis of the data too. By using a semi-structured interview
I have been in a situation to redefine my questions from person to person. This method is especially good because it allows them to talk about sensitive topics like reasons for their RH needs, which may be hard to talk about in the focus groups. The idea was to use sensitive topics in discussions and to define them better for every new interview, if needed. The great opportunity is that even uniterary youth can be involved. This is primarily related to children living in institutions for children without parental care. I did not ask them whether they are literate or not, but I got the impression that they all went to regular schools. An advantage of using an interview is that a participant can describe what is meaningful and important for him using his own words, thus feeling more relaxed and open. It is also important that high sensitive topics like sexual behavior, sexual abuse or violence may be discussed here because of maximal privacy and intimacy (50). Other advantage is that questions that may cause embarrassment if discussed in a group researcher can bring here. These can also be ethical issues because with this method we can protect participant’s privacy. It is also an advantage that the interview allows evaluator to probe for more details and ensure that participants are interpreting questions the way they were intended (50, 51)

3.3.3 Audio recording

Qualitative researchers are interested in details of participant’s responses and the language and concepts use during talking about their perspectives. Therefore it is important to have precise record of conversations (53). These arguments were used to explain importance of FGD/interviews recordings. The best results are achieved by audio-recording and producing the transcripts almost immediately after conversations. Trying to produce transcripts right after conversations was important because this process enabled researcher to make notice about body language and facial expressions which audio recording could not capture (53).
Audio-recorder was positioned on the table and participants were placed around the table. Participants did not show dissatisfactions with audio-recording. Each participant was asked for permission. Two audio recorders were available to have a backup and the recorders always were pre-checked.

### 3.3.4 Conversation with key personnel

At the beginning of the work I went to counseling for teens. There I talked informally with health professionals who work there. The discussion was about attending counseling centers, we talked about the seminars which were organized by them as well as about general impressions of employees. In addition to these discussions, I conducted interviews with gynecologists. There I was particularly interested in their opinions on the situation in this area among young people in Serbia today. I may not be precise enough, when I say that I conducted interviews with them. These were more like conversations which helped me gain a little better and clearer picture of what is actually happening in this area. One gynecologist and one person who conducted seminars for young people have decided to be with me at the end of talks in the focus groups. They have never been present during my conversation with the young. They used to come at the end of the conversation, whenever they could and responded to questions of young people. Occasionally, young people had huge number of questions for them. It happened that sometimes we discussed one hour longer than expected, or they tried to answer all questions. The gynecologist was surprised by the openness of youth to ask questions. He had a gentle, friendly attitude to young people. He was welcomed with open arms. He proposed to me to invite the media to record our conversations. I was forced to reject the proposal; I had no ethical committee approval to do so. Besides that I thought it would influence my further research in a negative way. He agreed. Another person who was with us (the person who was usually organizing seminars for young people) had a little tougher approach to young people. It happened that this person advised them even then
when they did not ask for advice. I noticed that the young were little bit reserved with her and that they accepted her advice with limitation.

3.4 Ethical Considerations

In this study I consider confidentiality which must be addressed in relation to individual participant (53, 54), anonymity and informed consent as ethical issues that are important. Regarding to individual participant and confidentiality, researcher may need to use pseudonyms when coming in situation which could reveal participant’s identity.

I also found that providing participants with desired information is something that needs to be done. Generally speaking they did not face any medical risk by being involved into the study because this was not experimental or clinical study by its nature and did not include any treatment.

Project proposal has been evaluated by the Norwegian Ethical Committee based in Oslo. The approval was obtained. The project was also evaluated by the Ethical committee of the Medical Faculty in Kragujevac. Approval was obtained from them too. The project proposal is written in English and was translated to Serbian before submitting to Serbian Ethical committee.

As I said earlier, before each conversation I tried to explain the reasons for the research. Participants had opportunities to ask question about study. Participants got informed consent form to read, and if agreed to sign it. Getting informed Consent is especially important when doing researches people are involved (53, 54). Individuals participating in a research study have a reasonable expectation that they will be informed of the nature of the study and may choose whether or not to participate. When and if they signed it we were able to continue. I informed them that they could leave the conversation anytime and that they would not have any consequences of
such a decision. I asked them whether they agreed FGD or interview to be audio-recorded. Participants did not oppose it. I explained to them what would happen to the audio recording of conversation. After the conversation I had to overwrite it, and when I finish writing this master thesis recordings will be destroyed.

I explained to them that their name will never and for any purpose be used. I added also that their stories will never be associated with their personal name. I told them that (if I use names) I would use fake names in writing.

Another thing was also very important and I wanted to tell them. During conversation in the FGD participants presented their ideas, knowledge and their personal stories. I wanted to inform participants that it was very important for these stories to remain within the group. To tell the story further to other people may jeopardize the privacy of participants. Participants generally agreed that it was the best for them not to retell personal stories of other participants.

Earlier I mentioned that the participants could ask questions to experts in this field after the conversation. The experts would come when the conversation was over and they were never present during the FGD. When none of the experts was there with me, the participants were given brochures that inform us about reproductive health. Brochures were given to all of them. They came from the youth counseling, were copied with the consent of the counseling centers and shared.

3.5 Reflexivity

According to the literature one can find a many meanings for reflexivity, it is usually associated with a critical reflection on the practice and process of research and the role of the researcher (55). It concerns how researcher affects the study and vice versa, how the study affects the researcher. According to Russell and Kelly Reflexivity is typically represented in the literature as a process of self-examination
that is informed primarily by the thoughts and actions of the researcher. Russell and
Kelly consider that is necessary to examine research process from formulating
research question to the dissemination of results to be able to gain understanding of
reflexivity (56). Some of us consciously avoided this part of study. This is challenging
part which influences researcher; it is also a process that leads to new insights about
oneself. Being awake and having good abilities for observation, gives us possibility to
set a good research question. This part of the research is influenced by researchers,
its geographic origin, social environment, education and many other factors. A man
meets a moment when asked whether his research (study) is important or not. What
is important in southern Europe is perhaps less important in the north Europe. The
problem perhaps is less frequent in the north Europa. What is perceived as a
problem of reproductive health in the south-east of Europe cannot be compared with
the problems in-Africa. This part of the research influenced me as a researcher and
took a lot of time and forced too many thinking. Several times it brought me to the
point to give up. My background and my assessment of the problem formulated my
research question. Literature review assured me that situation in Serbia need to be
improved. However, in other parts of the world even greater problems exist. Here, at
this stage my research and research question started to affect me. According to
Marecek, Fine and Kidder, research questions spring from our values, passions, and
preoccupations (56). A commitment to reflexivity suggests that we continue to look at
the impact of our research at all stages during the research process—including its
impact on us. Certainly, we begin with our research studies with (among other
wishes) the wish to learn something new. It has been our experience that we
ourselves have typically been transformed in and through the research efforts
(57). Through this process we are learning about others as well as about ourselves.

Data analysis, interview rehearing, rereading and thesis writing is an essential part of
the whole process. I ended up rereading my transcripts again and again. During this
process I tried to understand the participants, as well as meaning of their comments and explanations. I tried, during writing my thesis, to give as little personal comments as possible. However, is it always possible? Then we realize that our work is changing us. We become more moderate during research process. I agree with Diane Watts comments which she came with in her article about reflexivity (58, 59). This thesis completely took over my life, especially during last couple weeks of writing process. It is clear that it is not easy; there are a lot of obstacles, but a feeling that something is learned is present too. One learns to reflect on its behavior and thoughts during this process (58, 59).

“It enhances (reflexivity) our ability to stay engaged with our own reactions and the reactions of others. It insists that we learn more about our personal and intellectual strengths and limitations”- Russell &Kelly (56). Ability to stay engaged with our own reaction and especially reactions of others, our research’s participants whom was not always easy to “win over”- to gain their confidence. During my field work I realized that some of them were more skeptical then others.

I will never forget one particular focus group with girls. I tried and tried but I missed abilities to open them up (girls from this particular group). My decision came spontaneously and I had to ask them if they did not trust adults. I was in the middle of my field work; this was not my first focus group. Some experiences were already gained, however and to my regret, I could not get closer to those girls. Discomfort was in the air. Communication was superficial. Answers on the questions were short, without content. Eye contact was not possible to achieve. Why they signed up to participate in focus group was the question I could not answer to myself. I was wearing ordinary shoes, not expensive at all, jeans and white T-shirt. My face did not have make up on. I got impression that I did not differ them, I however was elder than those girls and of course medical doctor and master student from Norway. What’s going on, I asked myself and could not find answer. Connected the girls me to
somebody/something? Many questions, I started to feel uncomfortable, I had to do something. I asked them if they did not trust adults and if not why. Suddenly, something happened. Girls started talking, they opened up and every girl wanted to say something. These girls were together since elementary school. After more than a half an hour girls began conversation with me. They opened up and started to tell me their story.

Based on what they told me, girls were experienced, in teacher’s eyes, like different from other girls (some off them). They were in puberty and still in elementary school, couple years before this research was conducted. They began to use make up. Their behavior was assessed like behavior which required additional attention and conversations about puberty, sexuality, health, etc. Girls were sent by their class teacher to school counselor. According to the girls; their class teacher had only good intentions with sending them to school counselor. School did not have school psychologist, and I am not sure if YFHS existed then. Girls recognized good intentions their class teacher had for them. Here we come, they came to significant moment. They expected conversation with a person they could trust. Person which should inform them about puberty, and which was supposed to give them information important for making decision for maintain health/reproductive health. They went to talk with school counselor and they were full of confidence. Information they received were experienced like-“blah-blah”. They estimated that the school counselor only wanted to fright them. Even more, after their conversation, the school counselor shared their conversation with other teacher at the teacher’s office. Confidence disappeared.

I was confused and disappointed after hearing their story, at the same time I was sorry they had to experience this with the person they were supposed to trust. I asked them why they signed up to participate in this research then. Unfortunately, I
never got an answer. Maybe they wanted their story to be told? Maybe they wanted to test, once again, adults; I do not have answer.

I got permission to tell their story and I gained their confidence. I do not know what helped me to gain their confidence, whether that I just was listening or maybe the fact that I was an ordinary, non-judgmental woman. I will never know. I think it was my wardrobe, my face without makeup and attitude that I only wanted to hear them and their story. I was with them and I was there for them.

3.6 Limitations of the study

Although this research was carefully prepared, one is still aware of its limitations. First a sample size was not that big, rather small than big. In addition the sample represented high-school students from to urban towns, Belgrade as a capital of Serbia and Kragujevac as a relatively big and urban town. Therefore this study might not represent the majority of the Serbian high-school students, Serbian youth. The sample size could have been expanded by including young people from rural area of the country. Finally, this study could have benefited from similar studies which could have examined RH needs among young Serbians.
CHAPTER 4
Discussion in this chapter four will mainly be based on the findings from this research project which has aim to understand and identify Serbian youth reproductive health needs which are necessary for achieving good RH. This chapter will have focus on youth’s opinion about factors which are necessary to meet their RH needs. This chapter will also try to present how young Serbians understand the concepts-Reproductive health and Reproductive Health Rights. Knowledge about their rights as well as knowledge of the concept of reproductive health empowers young people thus opens the door to make the right decisions related to their health and their future. Present generation of young people will take a different path through adolescence from previous generations and will face new challenges to their health and wellbeing. We need to understand their needs to secure their uninterrupted development/growth. One gets impressions that many needs they have are insufficiently understood.

Surveys conducted in Serbia, especially National Health Survey of the Republic of Serbia 2013 point out high rate of premature sexual activity with a number of sexual partners and poor knowledge about STD (32). Sexual activity without adequate knowledge could induce unwanted pregnancy and sexual transmitted diseases (STD). As a consequence of risky behavior, unwanted pregnancy and STD many young people could face social and psychological problems. Solving the problems which originate from risky behavior some young people have is time-consuming, expensive process for society and the problems could change if not destroy the life of young people. To understand their behavior patterns and needs they have to protect their health/reproductive health is absolutely necessary. This research did not have focus on behavior patterns, although the behavior patterns could be recognized.
through our conversations. This research have focus on their needs, important was to understand the needs they have to maintain good health/reproductive health. The overall impression is that young people want to communicate/talk about this subject. They showed a remarkable level of maturity during our work. They want and require that their opinion is heard and they believe that are many needs they have which are not met, not yet.

4.1 Information – knowledge needed for maintaining good health

Information, all young people agreed that information are vital for maintain a good health.

One young man had an interesting observation during semi-structured interview:

“We need information about the mental, physical, emotional and spiritual development. Often we are not satisfied with our bodies. We start with diets even though we know so little about them. It is the same with the sex life. We have a need for it, we start with it and we know so little about sex life”- Boy

Young people speak more and more openly that they have a need for a sexual life. It's part of their life which they want to practice. It is remarkable that they want to indulge into sexual life after the knowledge is gained. This indicates the presence of responsibilities as well as the awareness that knowledge is essential. It certainly was the case with this young man who participated in this semi-structured interview.

Some young people get information about protection, STD and generally about sexual interactions from their parents and friends. They talk about this subject with their friends and older brothers/sisters. Many young people find information on the internet. They are not sure that information, collected from internet, are completely correct/precise. They accept them with the doubt and it is probably good.
“We find information on the internet, if we need them. But, are they trustworthy, it is hard to tell. Second, not all young people have internet at home, of course not, those who live for example in the countryside. I personally want to get information from medical doctor or a health care worker”- girl (FGD)

Internet has a great potential for defining the model of sexual and reproductive behavior of the young Serbian people. At the same time, the young people are critical towards the information they receive through this media. They are looking for texts and are reading the texts on the Internet that have been signed by health workers (doctors, nurses, psychologist….). It is clear that the Internet is an important tool of obtaining information and for communication among the young people in Serbia.

Internet has proven to be accepted research tool among the young people according to this research study. That also was confirmed by the study conducted in Serbia from January 2011 to the January 2012 among girls aged 19-20 years. It is clear that the Internet is popular information and communication channel among the Serbian young people (61).

Although not all young people have access to the Internet, the Internet offers the possibility of solving the problems connected to reproductive health. The Internet can offer different articles about STD and protection written by health professionals, as well as possible internet courses on reproductive health, as well as communication between health workers and youth via Internet.

All agree that the most trusted information is that information which comes from the medical doctors. If they find texts/articles about health in magazines, and if text is signed by medical doctor, then they trust.

According to the 2013 National Survey, 33.1% of the young people in Serbia aged 15–19 engaged in sexual activities, significantly more boys than girls (39.9% against 25.7%). Compared to 2006, there was an increase of 4.1% of young people aged 15-
19 engaged in sexual activities (32). According to the results of 2013 survey, still some 2% of young people starts their sexual activity before they turn 15.

Sexual experience should not undermine their physical and mental health. Information about protection from unwanted pregnancy and STD has to be available for those young people. However, this study has shown that emotions are equally important for them. Young people have a need to share them and analyze them with skilled professionals. They have strong need to learn how to manage emotions.

“We learn how to make a lunch, take care of the house, become writers, trader, craftsman, doctors, footballers, but we do not learn how to develop a good relationship”-girl (FGD)

Young people recognize need for continuous education in the field of health. They consider it necessary to learn to manage the emotions, and not only to be protected from STD and unwanted pregnancy. They want to learn how to fit into society and how to understand emotions. Young people want to know more about the emotions and it shows a considerable degree of responsibility which is essential in every age and particularly in this which is so important for the health of young people and their future.

Disharmony between biological and psychosocial maturity opens up the possibility for high-risk behaviors that could undermine the psychological and physical health as well as reproductive health of young people. Early age of entry into sexual relationships, larger numbers of sexual partners, coupled with the practice of unprotected sexual intercourse. This represents significant risk factors, suggesting the need for better education and information with the aim of responsible sexual behavior and protection of reproductive health of young people (32).
Almost all countries are parties of the Convention on the Rights of the Child, which guarantees the right of all children, including adolescents, to obtain the health information and services they need to survive and grow and develop to their fullest individual potential (61). We should especially be sensitive to those young people who are in potential risk to develop sexually risky behavior and health problems. The fact is that young people involved in this study send us a clear message. They want permanent/continuously health education which includes education about emotions and society expectations. According to the Convention on the Rights of the Child, they should get this type of education. Another survey is conducted in Serbia in February 2008 and published in 2010. The results of these studies have also pointed out need for education of young people in the area of reproductive health in Serbia. This education could help them to gain the knowledge, develop skills and develop positive attitudes towards their own and other people’s sexuality and individuality (31).

“I want to be more informed about the STD. What causes them and how they are cured? I want information about unwanted pregnancy and abortion, information about the consequences of abortion.”-girl (FGD)

“We think that we are informed about STD, some of us. An NGO visited us at school. They hold the lectures about STD. We were tested before and after lectures. The difference was obvious. We have learned a lot.”- Boy-focus group.

Internet is the main source of information for young people, then come peers and parents. All listed resources meet their needs for information about the reproductive health.

Parents are important source of information. Mothers are more open and available, according to this study’s participants. But one gets the impression that not
all young people have the opportunity to speak openly with their parents. One girl, focus group participant expressed her experience here:

“I understand when we cannot discuss this topic with our fathers. However, I have a friend who is afraid to discuss this topic with her mother too. Then she often talks with my mom.”

This is a qualitative research and it is not possible to present the percentage linked to this phenomenon. They feel that it is important that parents start a conversation on this topic, thus they get signal that they can continue to talk with parents on this topic. Young people consider that some parents are conservative. Those parents believe that sex before marriage is unacceptable. According to some study participants’ one group of parents experience children as a too small and immature for talks about reproductive health. They are sure that education through school and school subjects is the best solution for all young people. The education has to be mandatory and need to have chapter on emotions and according to SY need to start already in the age 10-11, based on the opinion of the majority of participants.

In addition to information about STD, unwanted pregnancy, abortion, emotions, protection from STD and information about protection is necessary. Those who use condoms know where to buy them. The problem is that it is sometimes unpleasant to buy them. They think it would be easier if there were machines with condoms.

4.2 Late nights out, alcohol abuse and risky sexual behavior – bad practice which need to be changed

There is a visible a phenomenon which is new in the Serbian society. Late nights out, although some of those young people are not over 18 years, and alcohol abuse among young people which are not over 18 years. Alcohol is forbidden (to buy alcohol) for young people younger than 18 year in Serbia. Discos and night clubs
should not allow young people under 18 to enter. Participants in this research claim that late nights out among young people are reality in Serbian today, and as well as alcohol abuse among them.

“Nobody goes out before 12 o’clock (24), nobody. Discos are not opened before 24. ID cards are required to enter into disco clubs; reality is that nobody controls ID cards at the entrance/doorway. I was sitting in a cafe with comrades when the guys, who went to the junior prom (15 years old), arrived. They ordered alcohol cocktails and they were not legitimized by waiter. Each of them drank three cocktails. “- Boy (FGD)

In the Republic of Serbia there is no law regulation that minors are not allowed to enter bars after 23 h without adults, but there are recommendations to parents and guardians to take care of minors and it is not recommended to visit bars/disco clubs after 23 h for minors (62). The previous Mayor of Belgrade, Dragan Djilas, submitted an initiative to change the Consumer Protection Act. He suggested changes, according to which the age of 18 or younger cannot stay in places that serve alcohol after 23 without parental or guardian. A book “Developing strategies to deal with trauma in children “ point out that Serbian’s young people have a habit to go out during the night and to sleep during the day and that society have no idea how to solve the problem(63).

The data, the accurate data and analysis of this phenomenon, I was not able to find. I got impression that the phenomenon is new and accepted by society, or more precise, it begins to be accepted by society. Parents do not like this phenomenon. They believe that something must be done and the phenomenon has to be stopped. Parents think that the state has to act and adopt a regulation. However, at the same time, they do let their children to go out at night beside that their children are not over 18 years old. Their explanation is always the same. They do not want their children to be different from their peers and thus be excluded from society. This explanation
had triggered some kind of dissatisfaction in me. Questions were born one after
other, but no single answer.

“If It is a weekend we go to sleep at 4 am or 5 am and then get up around 12 pm or
13 pm and again out around 12 am”- participant (FGD)

“If, for example Sunday (night Sunday to Monday), we come home 4am or 5am or 6
am, and then we have to get up and go to school. Sometime we sleep only an hour.
We are then tired, and if we learn something we forget it quickly.”- Participant (FGD)

“…..we are not able to talk of tiredness.”- Other participant (FGD)

“Do you think this is bad for your health?”- Researcher.

“Yes, but many do not pay attention to it. Many think it is funny. It is especially
popular to say that you was drinking and got drunk.”-Participant.

“Nobody goes out before 12 am. So you go where everyone goes.”- Participant.

It is obvious, that late “go out” and alcohol in this population is connected to risky
behavior. Study on attitudes and behavior among young people which was
conducted in Serbia 2008 pointed out significant connection between going out and
number of sexual partners. The study was conducted among young people from first
and fourth year of high school. To precise- young people aged 15 and 18. A higher
incidence of going out is related to a higher number of sexual partners (31).

“Everything is connected her. If a young woman goes out to 4am or 5 am, she has a
greater chance to enter into communication with older men. This communication can
lead to a relation and other kind of contact, which can be dangerous for her. She
could be drawn into pornography, human trafficking, I do not know.”-Girl (FGD)

Young people are aware of the problems associated with late nights out. The
problem is connected to young people under 18 years. Parents are aware of the
Unfortunately, nothing has been done to solve this problem. This really was an unexpected finding. The finding that young Serbians are practicing late “go out” and at the same time are not satisfied with this practice. This was an unexpected and important finding and I think it is needed that society highlight the problem.

These late outs affect young people’s health/reproductive health. Deprive them from the right to a normal physical and mental development. The decision regarding the limitation of going out must be made by adults/government. They are obligated to provide a normal physical and mental development to young people. Therefore is a reaction necessary to meet the young people’s needs in the field of health/reproductive health. Late outs young people experience as negative, as negative environment effect. They are not able to stop to go out so late. They are afraid that other will make fun of them and they will be excluded from the society of other young if they decide to stop with late outs. At the same time they are aware of the problem and the negative effects that this phenomenon has on their health. They have a need this to be changed and they expect society to do something with this phenomenon.

4.3 Emotions and Reproductive Health

This study on reproductive health needs in young people of Serbia have not examined relation between reproductive and sexual health and mental health. However it is important to mention the knowledge which is obtained. Mainly knowledge connected emotions. It is difficult to separate discussion on the topic of the reproductive health from discussion on the mental health. The Mental health could not be separated from the reproductive health. However it could be observed correlation and also need among young people to discuss mental health issues. Their attitude is that emotional well-being as a mental health indicator (64) and mental health are related to reproductive health as confirmed by different studies.
Youth or adolescence is a time of physical, emotional and social transitions. Many different needs occur in this period of life. All are connected to each other. They all have to be noticed and adequate relationship has to be established towards them to be able understand and meet young people’s reproductive health needs. Their position is clear they need to gain knowledge, but as she says a young girl, the focus group participants:

“Yes but not only about protection and STD and unwanted pregnancy. We need somebody to talk with us about our emotions.”

“There is so much going on in our lives now in this period of live. Sometimes I am not able to understand even my emotions and where they come from. Sometimes I do not know who to help to my friends with their emotions.” –other girl (FGD)

“We need to learn something about emotions too. We learn foreign languages, we learn mathematics, we learn to cook, but we do not have a subject about emotions.” The third girl (FGD)

“From whom and where you want to receive that information?”- The researcher

“It would be good to have a subject in the school. The subject about emotions”- Boy (FGD)

“Or maybe the subject which would be called- Health Education”- The second girl

“Can internet help here”- The Researcher

“No, not here, the information about emotion has to come from an expert.”-Boy

Lancet has published an article/paper in 2007 and it comes with some recommendations. The paper stress out that it is needed to integrate youth mental-health interventions with all existing youth programs, including those in health sector such as reproductive and sexual health and outside this sector such as education
(65). Everything confirms that sexual and reproductive health is linked to social climate and mental health.

One gets the impression that we are very often focused on unwanted pregnancy and STD. We inform young people about the disease and how to protect them from unwanted pregnancy. That is a significant work too and young people expect it of us. But it becomes clear that their reproductive health is connected with their mental health and many other area of life. Stable young people who understand their body and emotions are not entering so often into risky behavior. Studies show that stress and mental instability led to a greater number of sexual partners. The larger number of partners is connected to the risk of getting the STD and the risk of unwanted pregnancy. Young people involved in this study have said clearly. They want to understand their emotions; they want to learn to understand them. There are suggestions that emotional well-being is indicator of mental health (64). Their needs are not met here. It is good sign that they are aware of those needs as well as the fact that those needs are not being met.

Poor mental health is strongly related to other health and development concerns in young people notably lower educational achievements, substance abuse, violence, and poor reproductive and sexual health (65). 992 girls (women) ages 18-20 were included in a population-based cohort study in USA. Researchers from Michigan conducted this study. Their findings are pointing to the link between adolescent’s mental health and sexual activity. There is 1, 6 times higher odds of sexual intercourse experienced by young women in this study with moderate/severe stress symptoms at baseline (compared to those without symptoms). Other researchers which are given like references in this study have found association between mental health and frequency of sexual intercourse. According to those studies commonly experienced stress symptoms appear to influence young women’s sexual behavior (66).
4.4 Reproductive Health and Reproductive Health Rights as terms

4.4.1 Reproductive Health as a term

One of study objectives was to find out whether and how young people understand the concept Reproductive Health, and then to continue to work with them. One has to start from somewhere. Talk about the concept of reproductive health sounded as a logical beginning, it looked like easy opening of the conversation. Furthermore we all received something from the beginning. I was – getting answers on my questions, which were important for my study. They got better understanding of the term/terms and discussion about RH already at the beginning. So they were always at the beginning of the conversation, asked how they understood the concept.

“*Well, for me means, well, the first thing I think of is to keep myself, well, how I should preserve myself, so hopefully we look at nutrition, a healthy diet, what I may eat, how much amount I should eat and so on, well, I am not sure at all.*”-boy with a look of uncertainty (FGD)

It was obvious already from the first focus group discussion that term was unknown for them. Participants in this study tried to explain the term. Understanding the term was not essential. It was important to clarify the term and familiarize them with it. For some of them, the answer was simple-I do not know. Others tried to come up with the first thing that came on their mind-as this young man quoted up above. There were those (few) who were trying to follow the logic of the words and then to find explanation.

“*To me it means health overall, going to the dentist, gynecologist, an urologist for men, breast examination, maybe.*”-Girl (FGD), after long thinking period.

“*Health in general, we could not function if it was threatened*”-another girl (FGD)
I tried with probing question (follow up question)-What does it (RH) mean for you? The answer was often linked to the prevention of AIDS and prevention of unwanted pregnancy. The impression was strong and the message was clear. They did not understand the term, at least not completely. When additional question returned to them for further reflection, they came almost always with the same answer. Reproductive health was linked to prevention of AIDS and unwanted pregnancy. Young people involved in my research did not have knowledge about and did not understand the concept of reproductive health. However one could get impression that the desire for conversation in order to gain knowledge and information was present. They were clear that it was essential for them to have a conversation on this topic with someone they trusted. Even though the Internet is always there, young people still want to be informed by competent people.

When asked with whom they would like to talk about RH, they had various responses. Psychologist or skilled person was often the first answer, then mothers and friends. Important to them is that the person has knowledge about this topic. Trust is absolutely necessary to be able to enter into a conversation with someone.

4.4.2 Reproductive Health Rights

Human rights are basic standards to which all human beings are entitled. They concern fundamental freedom and human dignity. They are enshrined in international conventions, agreements, laws and declarations. Further, governments are obliged to respect, protect and fulfil the human rights of all their citizens.

Significant international commitment to address human rights in general and sexual rights in particular was generated in the 1990s with a series of United Nations conferences. The International Conference on Population and Development (ICPD),
(Cairo 1994) and the Fourth World Conference on Women (Beijing, 1995) put sexual and reproductive firmly on the human rights agenda (67)

There and then they talked about reproductive and sexual rights included in human rights. These rights include the right to information, education, the right to services that will assist in making the right decisions, etc. These rights are unknown to many.

Young people with whom I spoke are not familiar with the term. At the same time, although they have not heard about this term Reproductive Health Rights, they think that those rights certainly exist. It is interesting to point out here, that young people without parents care, who live in centers that takes care of them, they have heard about these rights.

"We have the right to be healed; however we have a right to be informed before we get sick...” Boy (FGD)

All of them were actually very interested in these rights. During the discussion in the focus group all agreed that they have to be better informed about those rights. They said that it does not matter whether one lives in a big city or in the countryside, everyone must have the same treatment, should get the same quality of service and equal access to information about their rights. The picture is clear here. Young people do not know what rights they have in this area, but are confident that rights exist and they want to know them.

This finding is not surprising, especially when taking into account that even older are not informed about reproductive health rights.

One high school's rector, with whom I was in contact during my field work, was very interested in these rights. He wanted to hear more about reproductive health rights. He asked what exactly does that term mean and which the reproductive health rights we all have.
The explanation that these rights are part of human rights was not enough. One gets the impression that there is a general lack of knowledge about basic human rights, too. In fact, you who are reading this now, are you sure you know all your human rights and as well as obligations which they bring?

Information about Reproductive rights must to get closer to everybody and especially to young people. People who know their rights are able to protect them better. They are in position to “fight” for them to request them. Young people form this study have a clear position. Through school classes, maybe particular classes or workshops they expect to be informed about their rights. However it seems that it is not enough. Discussions on this topic in the media, as well as the overall presence of this theme in society are absolutely necessary.

Serbia is a country in which the media sometimes speaks (I would say now even more than before) about reproductive health. I would like to say now even more than for some years ago. Discussions in the media are mainly about protection from sexually transmitted diseases and abortions as well as about sexually transmitted diseases particularly.

Reproductive rights must be protected, promoted and fulfilled if sexual and reproductive health outcomes are to be improved, particularly for the poor and vulnerable and young people for all. A rights perspective highlights the importance of empowering people to take their own decisions about their sexual and reproductive lives. It strengthens the ability of poor and vulnerable people to demand and use services and information and to be heard (68). Sexual and reproductive health and rights are fundamental to individuals, couples, and families, and to the social and economic development of communities and nations. However, 20 years after the International Conference on Population and Development and the UN Fourth World
Conference on Women, universal access to sexual and reproductive health remains an unfinished agenda.

4.5 Conclusions

A present generation of people aged 10-24 is the most numerous in the world’s history. According to some publications (69), the health of young people has improved far less than that of younger children over the past 50 years. Young people are a part of the society with unique needs. Sexual interactions are an important part of their life and it is obvious that they are aware of it and they say it openly. They need to get the knowledge about sexual interactions as well as how these interactions influence their lives. Present generation of young people will take a different path through adolescence from previous generations and will face new challenges to their health and wellbeing. Depending on how they manage during these years they will have a powerful effect on their future health and their country’s economic and social prospects. We need do understand their needs to secure their uninterrupted development/growth. One gets the impression that many needs they have are not understood properly.

Innumerable health, social and mental changes face young people in countries around the world and in Serbia too. It is time to start to understand this age group and their health/reproductive health needs and to focus our energies to meeting their needs. Young people sexual and reproductive health has been overlooked historically despite the high risk that countries face for its neglect, underlines in the article about reproductive health published in International Journal of Gynecology and Obstetrics 2015 (70). Although overlooked historically, international agencies are now focusing on improving young people’s sexual and reproductive health. It’s happen in Serbia too. Both government and nongovernment organization are focused on improving young people’s RH in Serbia.
This study shows that needs in the area of reproductive health are diverse. Need to have information about STD, unwanted pregnancy, about emotions, information on protection and safe sexually behavior. Need to know where to buy condoms, to talk about their problems with HW, need to have adequate social climate which help to meet those need which exist to achieve and maintain good reproductive health among young people. They are aware of their needs and they want to meet them.

As was assumed before the start of this survey, young people have a need to be informed and to gain knowledge. In addition to information about STD, protection from STD, unwanted pregnancy, abortion and emotions, information about protection in general is needed. Young people from this survey are sure that education, sexual and reproductive health education through school and school subjects is the best solution for all young people. According to them, the education has to be mandatory and needs to have a chapter on emotions. The first need for information occurred about 10-11 years of age (most of young people agreed here). They consider therefore, that this compulsory education needs to start when they are 10/11 years of age.

Social climate and late nights out are a big problem. Young people are aware of the problems associated with late nights out. The problem is connected to young people under 18 years. Parents are aware of the problem too. Unfortunately, nothing has been done to solve this problem. This was an unexpected finding and I think it is important to highlight the problem. These late outs affect young people’s health/reproductive health. Deprive them from the right to a normal physical and mental development. The decision regarding the limitation of going out must be made by adults/government. They are obligated to provide a normal physical and mental development to young people. Therefore is a reaction necessary to meet the young people’s needs in the field of health/reproductive health.
Youth or adolescence is a time of physical, emotional and social transitions. Many different needs occur in this period of life. All are connected to each other. They all have to be noticed and adequate relationship has to be established towards them to be able understand and meet young people’s reproductive health needs. Young people suggest a solution here, too. A compulsory education on emotions through school is suggested here by young Serbians. Emotional/Mental problems are strongly related to other health inclusive reproductive health. This study on reproductive health needs between young people of Serbia have not examined relation between reproductive and sexual health and mental health. However it is important to mention the knowledge which is obtained. It is difficult to separate discussion on the topic of the reproductive health from discussion on the mental health. The Mental health could not be separated from the reproductive health. However it could be observed correlation and also need among young people to discuss mental health issues. Their attitude is that emotions and mental health are related to reproductive health as confirmed by different studies.

Young people do not know how to explain concepts Reproductive Health and Reproductive Health Rights. They are sure that rights exist in this field, but SY are not sure which they are and are not able to talk about them. Desire to learn more about these rights exist. They argue that these rights are important; that all young people have them and that those rights must be protected.

With the knowledge about their health and their rights we empower young people. With the empowerment we enable them to make decisions about their health which are based on knowledge and thus to avoid undesirable behavior. Young people do not ask for much. They are seeking for health education and safe environment.

The final conclusion is that young people are aware of their needs in this area. They understand that they occur around 10-11 years of age. They want to communicate
with adults about RH. However the approach the adults have is very important for young people. Young people want to participate in finding solutions and openly give their suggestions. This new generation of young people which is growing and developing in Serbia, is open and problem-oriented and should be supported.

Finally an article which is published in Lancet 2006 underlines that sexual and reproductive health is fundamental to the social and economic development of communities and nation, and a key component of an equitable society. We can bring sexual and reproductive health care and choice to those who need it most, which will be a vital contribution to making the world a fairer place (71)
CHAPTER 5
5. Youth Friendly Health Services- Does YHFS meet reproductive health needs of young Serbians?

In this chapter I will present what young people from Serbia know and think about YHFS and which kind of relationship they have towards them. They aim of this chapter is therefore:

1. To identify their knowledge about Youth Friendly Health Services (YFHS) in their community

2. To identify conditions required for increasing attendance to YHFS and thus to increase possibility to meet young people RH needs.

5.1. Information about the existence and use of YFHS services

Before I came to Oslo, I lived in the Serbians capital – Belgrade for many years. I do not see myself as an over-informed person, but I am sure that I have had a lot of information about the health system in Serbia. It is interesting to say that before I started working on this project I did not know and even haven’t heard that YFHS existed in Belgrade, Serbia. I do not know how this could be interpreted, whether as a personal problem (a poor personal awareness) or poor general awareness. I tried to test the knowledge of people in my environment (my environment in Serbia). People from my environment had no idea and absolutely no knowledge about them.

Among youth the situation has been much, much better than in my environment. It seemed like it was a good sign. Not all of young people who participated in the project knew about the services, but the vast majority was aware of the fact that this type of services existed somewhere. They could not locate them geographically, but they had been sure that they could find them in case they needed their help and
advice. They receive information about YFHS existence at school. Some of them were informed by teachers, and others received information from health workers (HW) which were coming to school occasionally to inform young people and to try to familiarize them with YFHS. HWs organize lectures, seminars and workshops in schools. Sometimes, these meetings and workshops are organized in the YFHS too. Young people consider these contacts as very useful. HWs, who are engaged, are either general practitioners or psychologists or gynecologists. They are assessed as competent by young people. But their way of dressing that includes extremely expensive clothes and high heels during lectures for young people are unacceptable. Heavy makeup on the face of the trainer gives the impression (according to the words of the young) that the trainer came only to get job done and to impress without having a real desire to help. Information they got was useful.

“Does this mean that you are going there to (YFHS) to get additional information and help when needed?”- Researcher

“No, we do not visit YFHS, not at all. I knew that they existed, but I had no need to go there, and I do not want to go there. I feel unpleasant, embarrassed when there…. ”- young man (FGD).

I conducted many talks with young people through interviews and focus groups discussions. All and absolutely all answers were similar. Young people are not attending YHFS.

Young people included in my research were determined and they do not avoid to say openly that neither they nor their friends went to YFHS. They lack confidence towards the people who work there and they are afraid of HCWs judgmental attitude. Furthermore young people (my participants) are sure that other young people, their friends, do not go to YFHS, too. They think that hardly anyone visits the counseling. In fact and according to their opinion, nobody visits YFHS. My research participants
spoke openly about it, about their opinion about this service as well as about their experience with HW:

“Their approach towards us does not exist; there is no approach at all. However, for them (HWs, YFHS) it is only important that they exist, now (she thinks)… if someone will come to them or not, it does not matter. This is my way of thinking, I have got that impression. It seems like they have no real desire to work with us…” – girl (participant- FGD)

Unfortunately these statements are common. Young people do not feel very well there.

“Many of us find it embarrassing to go there. We, many of us do not believe in this!”- Young man FGD

“What is it that you do not believe in? Could you explain it please?”-researcher

“I do not trust them. It seems that they are coming only to get salary and it does not seem like they are very interested in us…”-boy- FGD

“I do not trust them too…”-girl

“This people only walk in here. They conduct some boring lectures for us. They demonstrate their expensive clothes and leave…. ”-other girl (yes, yes, yes…all participants agreed)

A paper about adolescent health published in Lancet 2007 (73) concluded that health services might not be acceptable to young people, even if available and accessible. The fear of experiencing the lack of confidentiality is a major reason for young people`s reluctance to seek help, the fear of being recognized in a clinic waiting room, the fear that health workers will not maintain confidentiality, especially from parents. Furthermore the paper published in Lancet underlined that if and when
young people sought help, they were often unhappy with the consultation and determined not to go back, if possible (72). Young people involved in my work are sending the same message. Youth believe that they will not get the desired assistance, by going to YFHS. They are not able to find good reasons to go there and they occasionally feel the fear of going to YFHS. They felt that they would not be understood and that their needs would not be adequately answered on.

This finding that young people do not believe that they can get help at YFHS was interesting and unexpected. The reason for not going to counseling that young people cite is the fact that the information which is needed could be obtained from other sources like parents or friends. At the same time they understand that parents and friends do not always have all the answers and that sometimes, their answers are not precise and complete. Some agreed that they thought they were informed adequately about sexual and reproductive health, but some workshops convinced them that there was still much to be learned.

Adults from the environment around young people came up with similar attitudes. YFHS was a waste of time and money, according to them.

One gets opinion that young people have a prejudice towards YFHS. Simply, one gets impression that youth does not give a chance to health workers to get closer to them. At the same time HWs attitude and behavior could be improved. Literature emphasize that staff (HCW) should respond in friendly and non-judgmental manner (73). The problem is that mistrust is cultivated between young people and HCWs.

5.1.1 What about location of YFHS?

One gets the impression that the location of YFHS is not a problem. Although the participants have some suggestions for other location, they agree that the location is suitable. In Nepal, for example the reason for not coming to YFHS is location. A
qualitative research that was done in this country (results were published in 2010) has shown that a change of location could encourage young people to attend counseling (74). Locations of YFHS are adequate, in the opinion of young people. YFHS are located in clinics for young people, which are a part of primary health care. The dispensaries for youth (clinics for young people) are places they usually attend when they are sick, when they need an excuse for absence from school. Therefore they often visit them. Visiting this place is something normal. It is not unusual and therefore this location for YFHS is acceptable. Young people agreed that current location of YFHS is almost perfect for them.

During my visit to YFHS I got an impression that they have prepared brochures and rooms for conversations with young people. Enthusiasm is hard to measure, as well as confidentiality, but I think that counseling is not so different from other health institutions. This situation has been improved in the last few years in Serbia, although a big job is still in front of the government in this sector. It is possible that the situation differs from town to town, from office to office and unfortunately, that depends largely of the amount of money available.

5.1.2 Information about existence of YFHS and location

The conclusion is that young people are informed and aware about the existence of YFHS. If they want to visit YFHS and to talk with HCWs they should not experience any trouble finding them. Furthermore, young people are satisfied with the location of YFHS. However, many of them think that it would be “stupid”, very “stupid” to go there. It is important to mention that there is some kind of a fear in them, the fear which is directed to YFHS and HCWs in them. According to their words it is therefore better if they keep problems for themselves and possibly share them with their nearest friends or parents too. The fear is related to the feeling that they could be
labeled and linked to the problematic sexual behavior. They often compare going to YFHS with visiting a psychologist or psychiatrist.

“If you visit psychiatrist or psychologist others can tell you immediately that something is wrong with you” - Boy - semi-structured interview

The present generation of young people is facing, as we know, more complex challenges to their health and development than their parents did. The major health problems for young people are largely preventable. Access to YFHS is an important component of care, including preventive health care, and an access to them already exists in Serbia. Furthermore we need to conclude that young people are informed about these primary-health services in their community. The location is not unknown for them, but somehow they are still facing barriers in accessing those health services.

Back to my participants:

“Well…only a couple of my friends dare to visit YFHS/doctors or someone to talk to. It is almost the same like going to psychiatrist or psychologist. That would label the person immediately. I think that existence of this attitude among young people prevents them from visiting YFHS. They/we do not dare to go there. Maybe some of us do it, but there is a very low attendance. We do not trust and we do not have awakened awareness. That is a problem. Yes” - Boy - interview.

Priority for the future is to understand that they need to be informed, and that they need and discuss RH with friends and some of them with parents too, but they do not
attend YFSH. Assessment of the YFHS is necessary as well as removing barriers they are facing.

5.2 Conditions required for increasing attendance to YFHS

The concept of sexual and reproductive health and of reproductive rights was adopted for the first time under the International Conference on Population and Development in Cairo in 1994. Governments are called to meet the educational and service needs of adolescents to help them in a positive and responsible way to get familiar with their sexuality. An article/commentary is written by Joar Svanemyr and co. and published in journal of adolescent’s health 2015(75). Key recommendations twenty years after ICPD are to link provision of sexual education and sexual and reproductive health services –YFHS, build awareness, acceptance and support for youth friendly education and services (75). However, our recommendations should be based on the attitudes and desires of young people.

Their opinion about requirements for increasing attendance to YFHS is what counts. Only information that YFHS exist is not enough to increase attendance and use of services, it will not attract them to visit services. There needs to be more. Special approach to young people which is comprehensive and a thorough research after the conversation with young and after they share their opinion about services is needed. They want to be included in the process of developing youth friendly services. They want to be heard. They want to meet/to talk with confidential health workers.

“Hum, for me it would not be a big problem to go to another town, or to climb up to the 5th floor to visit YFHS. Of course it is important that it is not very warm there, but the most important thing is that inside (of YFHS) is a nice person which can motivate me to come back. Yes to come back there again and again if I need so. I need to trust…”—boy (FGD)
There is an opinion among boys and girls that “somebody” needs to work on and to improve social climate and social attitudes which are built up towards YFHS. According to young people, it is essential that they accept and consider that going to YFHS is just like going to (for example) the dentist. Going to the services needs to be accepted like something normal, necessary, absolutely unavoidable for preserving and developing a good sexual and reproductive health. Those goals are hard for society to reach, they believe so. To reach the goals will take time, according to my participants and will require hard work with both parents and teachers. They are sceptics whether society is ready and mature for such an advanced job. However, they noticed that the generation of their parents is far more open than the previous generation.

Involving youth in planning and creating RH programs is an important step. They can get and should get a feeling that the program for protection and improvement of their reproductive health belongs to them. It is especially important for them to get a feeling that their opinion counts and that is implemented in the program (76). However, the literature reveals that beside the inclusion of young people one other fact plays a significant role. Getting support from key figures in social community is something that could give good wind into the programs back (77, 78). There is a general opinion that many parents and community leaders are open and support education in the field of reproductive health. However the problem arises when one has to speak about sex and sexuality as an integral part of RH. Many think that the youth would become promiscuous if they have learnt about contraception and sexuality (79). Unfortunately, they do not know or are not able to see the consequences of not providing information about this issue to the youth. It is almost impossible to improve RH and to meet the needs of young people without the support
of the key person in the community. It is furthermore believed that their support should be obtained before starting these programs (77, 78 and 80).

Social climate makes them uncomfortable. There is a clash between conservative attitudes of particular group of people and modern lifestyle of young people. As they say, going to YFHS is like going to/visiting a psychiatrist and you immediately get a label that something is wrong with you. They do not have high hopes that things will change in the future. Already at the beginning of my field work I could notice and feel that some discomfort was it the air. It was not always easy to “win them over”, to gain their confidence. Some of them were more skeptical then others. As well as many other researches show, positive and negative experiences were determined by the doctor’s, psychologist’s, health worker’s attitudes and behavior (81, 82 and 83). Characteristics which are most valued by young people are staff attitudes and confidentiality, and improving services for young people should focus on changing attitudes rather than addressing structural issues. Key people such as medical doctors, psychologists and other health workers should improve, or at least some of them, their communication with young people. Australia has developed a standard for working with children and young people. The needs of this population are different from those that adults have. Mental and physical development of young people requires a sensitive approach. Australia is advocating in its standards that those who work with young people must undergo a special training. It is important to recognize the special needs of this population, not less important is that staff (doctors, psychologist, health workers, etc.) will need to develop channels for communication, and to secure confidence in dealing with youth/young people (84).

This study, this research study conducted in Serbia strongly recommends Australia’s standards for working with children and young people. Warm, relaxing atmosphere, a person who understands them and who has knowledge is what they want to receive in counseling services (YFHS). Confidence and a relaxed atmosphere might be
placed on the first position, although it is hard to place knowledge on the second position. They strongly insist on the knowledge. The attitude that comes from Iceland matches with the attitude of young Serbians. They both want to meet a pleasant atmosphere at YFHS, confidence and friendly staff. Plus it all has to be free (85). YFHS are already free in Serbia. A study which evaluated YFHS was conducted in South Africa in 2013/2014. This study investigated young people’s experiences of using sexual and reproductive health services at clinics providing the YFHS programmer, compared to those that did not, using the simulated client method. Positive and negative experiences were predominantly determined by the healthcare worker’s attitudes and behavior. This is in line with the findings of other studies that the characteristics most valued by young people are staff attitudes and confidentiality, and that improving services for young people should focus on changing attitudes rather than addressing structural issues (81). The study from South Africa gives support to this research’s findings.

It seems to me that it is not so difficult to come up with a conclusion that services need to be improved. A clear message what is wanted and expected from these health services for young people should be obtained. Young people send clear message what they want to receive from these services. However, I believe that implementation of changes is time-consuming, maybe expensive too. Nothing changes overnight and establishing some standards for working with young people is probably a nice beginning. Social climate needs to be modified, but it could take years, probably decades.

One boy, participant: “Something needs to be done. Some changes in communication with us, young people. No, it is late for us, for my generation, too late, but for those who are coming, for kids who are growing up. Not just doctors and health workers, adults should communicate with us openly, maybe all adults. We need respect, yes, but it is too late for my generation.”
It is never too late to send clear message to governments and many others. I am very grateful to my participants.

5.3. Conclusions

YHFS are integrated into primary health care of Serbia. They are developed in Serbia between 1999 and 2000 with the support from UNICEF (19). There were around 42 YFHS in Serbia in 2008 and it is not possible to find new data on it today (16). Most of young people who was involved in this research, know that services exist, but they do not attend them beside that they have a need to be informed and to discuss RH needs with somebody. Young people are clear. They do not go there because of barrier that was created. Warm and relaxing atmosphere, a person who understand them and who has knowledge is what they want to receive from these services. Confidence and relaxing atmosphere might be placed on the first position, although it is hard to place knowledge on the second position. The attitude that comes from all around the world matches the attitude of the young Serbians. Young people want to meet pleasant atmosphere in YFHS, confidence and friendly staff (78). Although it is a very good sign that young people know that these services exist. It seems to me that it is not difficult to come up with a conclusion that services need to be improved to be able to meet RH needs of young Serbian

5.3 Recommendations

Researcher does not want to present concrete proposals which the government could take into consideration. The only suggestion which researcher has for the government is to hear what young people have to say. Recommendation to the government is to consider this and many other studies that exist in this sector which speaks about RH problems among young people. The aim is to remove the barriers
that exist. To meet the young people’s reproductive health needs and thus preserve and improve reproductive health among young Serbians. One gets the impression that young people openly seeking education on reproductive health and their reproductive health rights and this education should be offered then to young Serbians.
Reference:


42. Singh Arushi. Meeting the needs and aspirations of young people, including addressing the importance of male involvement speech. Paper presented at: 4th Asia-Pacific Conference on Reproductive and Sexual Health and Rights 2007


77. POLICY BRIEF strategies guided by best practice for community mobilization; 2014 [cited 2015 Sep 12]. Available from:


Date: 28 September 2009
Your ref.: 2009/275a
Our ref.: 2009/275a

2009/275a Reproductive Health needs of Serbian youth

Project Manager: Professor Johanne Sundby, University of Oslo
M. Phil. Student: Marija Pavlovic

We refer to your letter dated 6 June 2009 with revised information letters enclosed containing feedback on the committee's remarks.

The committee accepts the explanatory response. Concerning the recruitment of participants in the classroom situation we assume that attention will be given to avoiding potential participants openly to declare if their will participate. We recommend also that information about the focus groups will be given in the information letter.

The committee gives its approval to the implementation of the project.

Best wishes for the project!

Yours Sincerely

Gunmar Nicolaysen (sign)
Professor
Chairperson

Jørgen Hardang
Secretary

Copy to: Marija Pavlovic Student MPhil International Community Health, UiO
marijadrpavlovic@yahoo.com
Етички комитет
22.07.2009. године

На седници Етичког комитета Медицинског факултета у Крагујевцу донета је:

ОДЛУКА

Прихватио се предлог истраживања др Марије Павловић под насловом „Потребе младих Србије у области репродуктивног здравља“ и принадајући информациони пристанак.

ПРЕДСЕДНИК ЕТИЧКОГ КОМИТЕТА

[Подпис]

Проф. др Славина Ђукић-Дејановић
У вези са Вашим молбом за пружање подршке у реализацији истраживања у средњим школама за потребе израде магистарског рада Потребе младих Србије везане за репродуктивно здравље, обавештавамо Вас о следећем:

Министарство просвете подржава пројекте и активности којима је циљ да младе људе оснаже за активну партиципацију у демократском друштву и животу, преузимајући и примењујући права и одговорности за своје здравље и здравље других, што долом представља циљ магистарског рада који припремате.

На основу члана 56. Закона о основама система образовања и васпитања («Службени гласник РС», 62/03, 64/03-исправка, 58/04, 62/04-исправка, 79/05-др.закон и 101/05-др.закон), Министарство просвете није надлежно за давање сагласности школама или другим институцијама за учеће у пројектима или истраживањима, већ то сматра аутономијом школе у коме орган управљања установе треба да описа одлуку о условима и начину укључивања у одређени пројекат или предложено истраживање.

Министар
Др.Жарко Обрадовић
Informed Consent Form

Inquiry about participation in the research project

Reproductive Health Needs of Serbian Youth

My name is Marija Pavlovic, I am registered Medical Doctor, but here I am coming like a master student in International Community Health, University of Oslo, Norway, not like an MD. This research is part of my study which will try to explore your Reproductive Health needs and knowledge about Reproductive Health and Reproductive Health Rights. My research will last for 3 months and during that period of time I will have couple interview with youth in different towns in Serbia.

I would like to state that I am an independent student, not hired by any organization to do research, and I hope that data received from you will help future youth programs to think and implement in, your needs. Interview will take 60 min of your time and I would like to tape it if you agree. The recordings will only be used by me in order to listen to the interviews later on. After the interviews have been analyzed, all the recorded material will be deleted.

Participation
I would like to state that you can participate voluntary in this research. You can withdraw interview if you want and I will not use what is said, in my research.
I would like to inform you that I will publish my research like my master thesis when I finish my work. But your name will not be connected with information’s received and I will not ever use your name or surname.
If you feel that you need more information’s about Reproductive Health after interview, I would be pleased to offer you sources of it (web pages, books) which I received from RH experts.

If you say yes to participate, you can still withdraw from the study at any time without any consequences.

Contact information’s
If you have any question about my research please contact me:

Marija Pavlovic
Vojvode Dobrnjica 18/5
11000 Beograd
Mob.0641183111
I have received information's about this research from Marija Pavlović, and I would like to participate.

Signature, name, surname, data, place
Informacioni pristanak

Zovem se Marija Pavlović, doktor medicine sam, ali dolazim u ulozi master studenta sa Instituta za Medjunarodno zdravlje, Univerziteta u Oslu, Norveška, a ne kao doktor medicine. Ovo istraživanje je deo mog magistarskog rada koji istražuje potrebe mladih Srbije iz oblasti reproduktivnog zdravlja, znanja mladih iz ove oblasti, kao i znanja o Reproduktivnim pravima. Moje istraživanje će trajati 3 meseca i tokom tog perioda organizovaču nekoliko fokus gruga sa mladima iz Kragujevca i Beograda.

Шта су Fokus grupe
«Razgovor u okviru fokus grupa koristi se za dobijanja podataka i sagledavanje činjenica koje bi teže bilo shvatiti bez razgovora i interakcije koja postoji u grupi» (Morgan, 1988)

Želim da naglasim da sam ja nezavistan student, i nisam angažovana od bilo koje organizacije da uradim istraživanje. Nadam se da će podaci dobijeni od vas pomoći budućim programima za mlade da misle o vašim potrebama i ugrade ih u programe. Razgovor može da traje od 90-120 minuta i ako se slažete ja bih ga snimila. Snimak će jedino biti korišćen u svrhu slušanja i analiziranja rečenog, nakon čega će snimak biti uništen.

Učešće
Učešće u istraživanju je dobrovoljno, i ako se odlučite da učestvujete zamoliću vas da podatke dobijene tokom razgovora od drugih učesnika sačuvate unutar grupe. Razlog je zaštita privatnosti. Želim da vas obavestim da nikada neću koristiti vaše ime i prezime niti ga vezati za vašu priču. Ako se odlučite da učestvujete i dalje možete da odustanete kada god želite bez bilo kakvih posledica. Takođe tokom razgovora u okviru fokus grupe, možete da odustanete. Želim da vas obavestim da ću publikovati (objaviti) moje istraživanje kada ga završim.

Ovde ne postoje dobri i loši odgovori, ali ako vam treba još informacija o ovoj temi možete da ostanete posle razgovora u okviru fokus grupe i porazgovaratе o temi sa osobom koja se bavi Reproduktivnim zdravljem. Nije obavezno da ostanete, samo ako želite.

Kontakt
Ako vam treba još informacija o istraživanju, molim vaš kontaktirajte me

Marija Pavlović
Vojvode Dobrnjca 18/5
11000 Beograd
0641183111
Dobio/la sam informacije o istraživanju od Marije Pavlović, želim da učestvujem

Potpis,ime,prezime,mesto,datum
Informacioni pristanak

Zovem se Marija Pavlović, doktor medicine sam, ali dolazim u ulozi master studenta sa Instituta za Medjunarodno zdravlje, Univerziteta u Oslu, Norveška, a ne kao doktor medicine. Ovo istraživanje je deo mog magistarskog rada koji istražuje potrebe mladih Srbije iz oblasti reproduktivnog zdravlja, znanja mladih iz ove oblasti, kao i znanja o Reproduktivnim pravima. Moje istraživanje će trajati 3 meseca i tokom tog perioda imaču nekoliko intervjua sa mladima iz Kragujevca i Beograda. Želim da naglasim da sam ja nezavistan student, i nisam angažovana od bilo koje organizacije da uradim istraživanje. Nadam se da će podaci dobijeni od vas pomoći budućim programima za mlade da misle o vašim potrebama i ugrade ih u programe. Interviju će trajati 60 minuta i ako se slažete želela bih da ga snimim. Snimak će jedino biti korišćen u svrhu slušanja i analiziranja rečenog, nakon čega će snimak biti uništen.

Učešće


Kontakt
Ako imate dodatna pitanja o istraživanju molim vas pozovite me

Marija Pavlović
Vojvode Dobrnjca 18/5
11000 Beograd

Tel 0641183111
Dobio/la sam informacije o istraživanju od Marije Pavlović, želim da učestvujem

Potpis,ime,prezime,mesto,datum