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

**Methods**

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

**Findings**

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

There were not enough YFS-trained, full-time, and skilled/professional service providers to keep all service centers fully staffed, and the referral system was weak. Out-of-school centers had a better referral network, because most providers came from the health system and could provide better information on linkages to the system than counseling teachers. Youth were not involved in setting policy for the centers, providing services, or publicizing YFS. In-school service centers got higher scores for youth friendliness than did out-of-school service centers, although out-of-school centers offered services beyond counseling, such
Adolescents were eager to obtain youth-friendly services and were most concerned about cost, procedures, and confidentiality of services. The integration of YFS with life-planning skills training in the school system, which was facilitated by the same school psychologists, greatly promoted the use of YFS. At some of the community centers, because youth had to pass through adult services and feared detection, attendance was so low that the service was suspended.

**Conclusions**

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

**For more information**

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